



# Yukon Legislative Assembly

---

Number 134

2nd Session

34th Legislature

---

## HANSARD

Monday, April 1, 2019 — 1:00 p.m.

Speaker: The Honourable Nils Clarke

# YUKON LEGISLATIVE ASSEMBLY

## 2019 Spring Sitting

**SPEAKER — Hon. Nils Clarke, MLA, Riverdale North**  
**DEPUTY SPEAKER and CHAIR OF COMMITTEE OF THE WHOLE — Don Hutton, MLA, Mayo-Tatchun**  
**DEPUTY CHAIR OF COMMITTEE OF THE WHOLE — Ted Adel, MLA, Copperbelt North**

### CABINET MINISTERS

NAME	CONSTITUENCY	PORTFOLIO
<b>Hon. Sandy Silver</b>	Klondike	Premier Minister of the Executive Council Office; Finance
<b>Hon. Ranj Pillai</b>	Porter Creek South	Deputy Premier Minister of Energy, Mines and Resources; Economic Development; Minister responsible for the Yukon Development Corporation and the Yukon Energy Corporation
<b>Hon. Tracy-Anne McPhee</b>	Riverdale South	Government House Leader Minister of Education; Justice
<b>Hon. John Streicker</b>	Mount Lorne-Southern Lakes	Minister of Community Services; Minister responsible for the French Language Services Directorate; Yukon Liquor Corporation and the Yukon Lottery Commission
<b>Hon. Pauline Frost</b>	Vuntut Gwitchin	Minister of Health and Social Services; Environment; Minister responsible for the Yukon Housing Corporation
<b>Hon. Richard Mostyn</b>	Whitehorse West	Minister of Highways and Public Works; the Public Service Commission
<b>Hon. Jeanie Dendys</b>	Mountainview	Minister of Tourism and Culture; Minister responsible for the Workers' Compensation Health and Safety Board; Women's Directorate

### GOVERNMENT PRIVATE MEMBERS

#### Yukon Liberal Party

<b>Ted Adel</b>	Copperbelt North
<b>Paolo Gallina</b>	Porter Creek Centre
<b>Don Hutton</b>	Mayo-Tatchun

### OFFICIAL OPPOSITION

#### Yukon Party

<b>Stacey Hassard</b>	Leader of the Official Opposition Pelly-Nisutlin	<b>Scott Kent</b>	Official Opposition House Leader Copperbelt South
<b>Brad Cathers</b>	Lake Laberge	<b>Patti McLeod</b>	Watson Lake
<b>Wade Istchenko</b>	Kluane	<b>Geraldine Van Bibber</b>	Porter Creek North

### THIRD PARTY

#### New Democratic Party

<b>Liz Hanson</b>	Leader of the Third Party Whitehorse Centre
<b>Kate White</b>	Third Party House Leader Takhini-Kopper King

### LEGISLATIVE STAFF

Clerk of the Assembly	Floyd McCormick
Deputy Clerk	Linda Kolody
Clerk of Committees	Allison Lloyd
Sergeant-at-Arms	Karina Watson
Deputy Sergeant-at-Arms	Harris Cox
Hansard Administrator	Deana Lemke

**Yukon Legislative Assembly  
Whitehorse, Yukon  
Monday, April 1, 2019 — 1:00 p.m.**

**Speaker:** I will now call the House to order.  
We will proceed at this time with prayers.

*Prayers*

**Withdrawal of motions**

**Speaker:** The Chair wishes to inform the House of changes which have been made to the Order Paper. The following motions have been removed from the Order Paper as they are now outdated: Motion No. 224, Motion No. 225 and Motion No. 269, standing in the name of the Member for Lake Laberge; and Motion No. 282, standing in the name of the Leader of the Official Opposition.

We will now proceed with the Order Paper.

**DAILY ROUTINE**

**INTRODUCTION OF VISITORS**

**Speaker:** I would like at this time to welcome Dan Cable, who is in the House today. For April, he will be the Clerk in training. He will be learning from our Clerks-at-the-Table over the course of April and will then be in the position in May of this year. Welcome, Mr. Cable.

Are there any further introductions of visitors?

**Hon. Mr. Streicker:** In honour of the 35<sup>th</sup> anniversary of several communities, we have in the Legislature today Mayor Cheryl O'Brien and Councillor Erin Labonte. We also have Councillor Kari Johnston and her young daughter Lily, who are here for the Daffodil Days tribute, but I would like to acknowledge her as a councillor. We also have with us Sam Crosby, Jordan Stackhouse, Kirsti de Vries, Andrea Buckley, Matt King — our deputy minister — and a brand new community advisor, Alex Hill. It's lovely to see you, Alex. I didn't know until I found out that you were coming today. Also in the House, we have with us Jim and Minnie Clark. Jim was a member of the first council of the Village of Teslin from 1984. He was there for three terms, including one as mayor. If we could welcome them, please.

*Applause*

**Mr. Gallina:** I would like members of the Assembly to help me welcome a few friends, family and volunteers who have joined us here today for the Daffodil Days tribute. Volunteers Mary Mickey, Fae Jamieson, Kari Johnston and her baby Lily Kallio — good friends Darlene Large, Ray Magnuson, Dayna Magnuson and Heather Kerr, and my lovely wife, Sarah Gallina — welcome.

*Applause*

**Mr. Cathers:** I would like to ask members to join me in welcoming Chris Young to the gallery.

*Applause*

**Speaker:** Are there any further introductions of visitors?

Tributes.

**TRIBUTES**

**In recognition of 35<sup>th</sup> anniversary of Watson Lake, Haines Junction, Carmacks, Mayo and Teslin**

**Hon. Mr. Streicker:** I rise to pay tribute on behalf of the Yukon Liberal government, the Official Opposition and the NDP caucus to five of Yukon's municipalities that will celebrate 35 years of incorporation in 2019.

1984 was a big year, Mr. Speaker, for George Orwell and for local government in the Yukon. Watson Lake incorporated on this day — April 1 — 35 years ago, Mayo on June 1, Teslin on August 1, Haines Junction on October 1 and Carmacks on November 1.

1984 was a year of municipal firsts. In 1984, the chair and members of the respected local improvement district served as their first mayor and councillors pending the first municipal elections, which were held in November of that year. Once incorporated, these communities joined Dawson City, which incorporated in 1902. Whitehorse incorporated in 1950. Faro incorporated in 1969.

All eight of our municipal governments provide important services to citizens and, through the Association of Yukon Communities, create effective local governance, improving the quality of life of all Yukoners.

In turn, Yukoners place tremendous value, hopes and expectations on municipal government and our locally elected officials. Their success is so important for the territory.

Watson Lake is the proud gateway to the Yukon. I should highlight the great work Watson Lake is doing on fiscal management, economic development and solid waste. Thanks to city manager Cam Lockwood along with Mayor O'Brien and her council for sharing their expertise and innovation on solid waste for the benefit of the whole territory.

Mayo is at the heart of the Yukon. It might have been incorporated in 1984; however, the townsite of Mayo was established in 1903. The community has seen its share of mining and tourism through the years as not only a staging point for resource exploration and mineral development, but also exploring the backcountry wilderness — like the Peel — with canoeing, hiking, hunting, fishing and more.

At mile 804 — kilometre 1244 — on the Alaska Highway along the bank of Teslin Lake, the Village of Teslin and the Teslin Tlingit Council hold joint council meetings and partner in ways that benefit the entire community — a great example of collaboration in service of the entire community.

The Village of Haines Junction is the stopping-off point for the jaw-dropping beauty of Kluane. Kluane, along with Tatshenshini-Elsek in BC, Wrangell-St. Elias and Glacier Bay in Alaska, form the largest internationally protected area on planet Earth.

Last but not least, the Village of Carmacks. Set at the confluence of the Yukon and Nordenskiöld rivers, Carmacks is the hub of the Yukon. A theme that comes up with all of our

communities is that each is a gateway or a hub to regions that are unique, spectacular and beautiful, connecting the land and all of us together.

Municipal governance is important. It can be tough too. It often pays peanuts. Our mayors and councillors don't seek the glory. No, Mr. Speaker — it's a commitment to community, a belief that local matters matter and a vision of a better Yukon that drives them. So thank you to them.

Thirty-five years in, here is another first: At the elections this past fall, the Yukon elected 50 percent women to our municipal councils. As far as I know, across all jurisdictions and all orders of government, this is an electoral first in Canadian history. Congratulations.

*Applause*

**Ms. Van Bibber:** I rise today on behalf of the Yukon Party Official Opposition to pay tribute to the 35<sup>th</sup> anniversary of several Yukon communities.

1984 — what a year that was for incorporating new communities within the boundaries of Yukon. First, on April 1, 1984, Watson Lake — or mile 635 — close to the BC border on the Alaska Highway and a well-established highway junction with Robert Campbell and Cassiar highways and home to the Kaska people of the Liard River First Nation.

Second, on June 1, 1984, Mayo, on the Silver Trail — located on the Stewart River about 30 miles from the junction of the Klondike Highway and home to the Northern Tutchone people of the Na Cho Nyäk Dun.

Third, on August 1, 1984, Teslin — mile 804 on the Alaska Highway, bordering Teslin Lake and home to the Tlingit Tlingit people of the Teslin Tlingit Council.

Fourth, on October 1, 1984, Haines Junction — mile 1016 on the Alaska Highway, with a junction to Haines, Alaska and home to the Southern Tutchone people of Champagne and Aishihik First Nations.

Lastly, on November 1, 1984, Carmacks, on the Klondike Highway, bordering the Yukon River and home to the Northern Tutchone people of the Little Salmon Carmacks First Nation.

Our northern communities, whether formed before European contact or our current serviced towns and villages — we chose to be a part of these vibrant areas for a variety of reasons. The advantages of living in a structured community are many — none more than those towns and villages that have a certain location and amenities that appeal to all of us. It could be the river or lakes that the town was built around. It could be jobs or opportunities. It could be where you were born, and that's it — you stayed. It could be the magic of the place and the beauty of the people that make someone choose to remain in a community.

So 35 years ago all over our amazing territory, we incorporated five villages or towns to better govern and to give the local residents more autonomy over their daily happenings. So congratulations to all the citizens of Watson Lake, Mayo, Teslin, Haines Junction and Carmacks on reaching this milestone. We wish you all the best as you grow and prosper.

*Applause*

### **In recognition of Daffodil Days**

**Mr. Gallina:** I rise today on behalf of the Yukon Liberal government to pay tribute to Yukon Daffodil Days.

For over 40 years, the Canadian Cancer Society has sold daffodils to help raise money in the fight against cancer.

Mr. Speaker, cancer has affected all of us here in one way or another. For many — myself included — as difficult as it may be, we reflect when cancer reared its ugly head. When we reflect, this enables us to cherish the love that we have for those who have passed on. That love, Mr. Speaker — it blossoms. It blossoms into present-day appreciation for the world and the people around us — appreciation for our family, our friends — really, anyone that we want to have a connection with.

For me, that's what the daffodil represents: growth and life from situations that are otherwise overwhelming to process and even debilitating. When we wear the daffodil, we're a part of a community — a community where it's okay to have been hurt and even be hurting. I know I'm not alone when I see others donning the yellow flower.

Through this campaign, I have created new friends, had memorable conversations, have been a shoulder to cry on and have used a shoulder or two myself.

Mr. Speaker, about half of Canadians are expected to be diagnosed with cancer in their lifetime. That's a frightening statistic. Since its creation in 1938, the Canadian Cancer Society has advanced medical research in connection to cancer. Since 1947, the society has funded thousands of researchers and has invested more than \$1 billion in cancer research. This money supports hundreds of projects across the country.

There are many ways that you can support this important cause, and one of those ways is by participating in Daffodil Days. Each year, the Yukon chapter of the Canadian Cancer Society organizes a workplace campaign. Our office supports this campaign. I'm happy to say that, this year, our staff purchased 87 bundles of daffodils.

Another way to contribute and recognize this cause is to purchase and wear the daffodil pin which you see me and my colleagues proudly wearing today. In celebration, community volunteers contribute to this campaign's success in Whitehorse. There's Wykes' Your Independent Grocer, who hosted volunteers this year to sell the remainder of daffodils that were ordered as part of the campaign. In Dawson City, there's the Bonanza Market. In Haines Junction, there's The Little Green Apple. In Mayo, there are volunteer coordinators Joella Hogan and Bobbi-Lee Melancon. In Old Crow, the volunteer coordinator is Barbara Abel. A big thank you to all of those volunteers who contributed their time to support this important initiative.

Mr. Speaker, last year, the Yukon campaign raised \$28,247. Yukon's fundraising supports the Jean C. Barber Lodge in Vancouver which, in 2018, hosted 203 clients from Yukon. This lodge provides a welcoming place for Yukoners to stay as they receive treatment far away from home.

Mr. Speaker, there are millions of people who stand by one another, and there are millions of others who will benefit from funds raised to be put toward medical research and, closer to home, a welcoming lodge for those Yukoners away from their family going through the battle of their life.

*Applause*

**Ms. McLeod:** I rise today on behalf of the Yukon Party Official Opposition to recognize April as Daffodil Month.

You will notice that daffodils appear to have graced windowsills and desks over the last week. Daffodil sales take place just before April and provide a splash of colour heading into spring. It's easily one of the most anticipated fundraisers here in the Yukon. Daffodil Month is otherwise known as Cancer Awareness Month.

While work on research and treatment goes on all year long, we take the time in April to recognize and thank those who work so hard to fight against this disease.

The Canadian Cancer Society provides a focus for volunteers to raise funds and awareness on the prevention, treatment and elimination of cancer. While cancer continues to indiscriminately affect families around the world, it is comforting to know that there are so many good things being done in the fight against this disease.

Today, there is a wealth of knowledge around the prevention of cancer and even more around treatment. Many cancers today can be beaten, especially when they are caught early. It could be as simple as self-exams or blood tests. Keep up on your health and see a doctor if you see any sign of irregularity.

Here in the Yukon, we are fortunate to have some amazing organizations looking out for the well-being of Yukoners affected by cancer. Specifically, the Yukoners cancer care fund is made up of volunteers who work tirelessly to raise money to help Yukoners directly with monetary gifts during their treatment. Denim Day is coming up and their annual fundraising drive is in full swing. I would encourage everyone to support this great cause. Support Yukoners in their individual fights against cancer — buy a daffodil to wear on your lapel and buy a pin from the Yukoners cancer care fund for Denim Day. On April 24, wear your best denim with pride.

*Applause*

**Ms. Hanson:** I am pleased to join in paying tribute on behalf of the Yukon NDP to cancer awareness and Daffodil Month. As we have heard from others here, every one of us is touched by cancer — whether personally, through a family member, a friend or a colleague. Cancer has become pervasive throughout our community.

We are grateful to and acknowledge the professionals who work hard to treat and hopefully one day eliminate cancer, to the researchers and the health care professionals. We also acknowledge and thank the many volunteers who fundraise for research and provide the necessary day-to-day real support to individuals and their families who are facing cancer diagnoses.

We also thank those who sit at the tables in locations throughout town or in these Legislative Assembly offices selling daffodils.

Mr. Speaker, when we wear our daffodil, we need to remember that it is a symbol of strength, courage and hope. When we wear a daffodil pin or purchase a bouquet of daffodils, we are showing our support for Canadians living with cancer.

*Applause*

### **In recognition of International Transgender Day of Visibility**

**Hon. Ms. Dendys:** Today, I rise on behalf of our Liberal government and the Yukon Party Official Opposition to pay tribute to International Transgender Day of Visibility held yesterday, March 31.

International Transgender Day of Visibility is a day of empowerment and recognition of two-spirited, transgender and gender-nonconforming men and women. It is a day to acknowledge the accomplishments and contributions of transgender individuals here in Yukon and across the world. It is also a day to honour and thank the transgender and nonconforming people who are raising awareness around what is still needed to improve and save transgender lives.

Transgender visibility recognition and celebration has evolved and grown. International Transgender Day of Visibility marks an opportunity to show support for our trans community through conversations and calls to action. It is a day to acknowledge the work we have to do together to support the transgender friends, family and loved ones in our lives, workplaces and our communities, along with promoting, protecting and honouring a visible transgender community. This is an opportunity to see beyond gender roles and societal expectations to the individual inside every person.

All members of our society should be welcomed and supported in their unique gender identity. This goes beyond acceptance to everyday visibility in mainstream media, art and advertising. This means representation in government, legislation and policies. It is work we can all do and it is work that I and this government feel strongly about. We want to better serve all two-spirited, transgender, non-conforming Yukoners and foster a progressive, inclusive and safe community for everyone.

Throughout Yukon, we empower equality-seeking organizations to continue their important work at the grassroots level through our transfer payments and our support from our government. The most important consideration for this government is that all Yukoners feel safe, welcome and successful in their communities. Our territory-wide public engagement on the needs and priorities of LGBTQ2S+ Yukoners is an example of how citizen engagement will guide the integration of diversity considerations into new and improved programs and services.

In January 2017, the Government of Yukon prepared a three-year gender inclusivity diversity action plan to help government employees consider the needs and experiences of all Yukoners in their daily work. The action plan offers a

framework for a coordinated government-wide approach to inclusion, cultural relevancy and diversity.

In fall 2018, the Women's Directorate and the Department of Tourism and Culture have initiated a project to apply the gender-inclusive diversity action plan to all departmental policies, programs and services. Organizations such as Queer Yukon and All Genders Yukon lead the struggle for acceptance and enlightenment within Yukon society, and we honour and appreciate their incredible and valuable work.

Our strength lies with our diversity and everyone's lives are enriched from the equality, inclusion and visibility of all Yukoners.

*Applause*

**Ms. Hanson:** I rise on behalf of the Yukon New Democratic Party to mark and celebrate International Transgender Day of Visibility. We celebrate two-spirit identities, trans men and trans women. We celebrate those who are gender-nonconforming, those who are bi-gender and those who are agender. We celebrate the knowledge that you are of different ethnicities and racial backgrounds. We celebrate that you exist in all shapes and sizes, that your gender presentations vary, that your identities may be fluid and that your gender expressions are an individual journey.

We celebrate your participation and contributions in Yukon communities and the world as a whole. We celebrate your phenomenal strength and resiliency. We believe that you deserve to be visible without fear or judgment. We celebrate the courage of countless transgender and two-spirit individuals and their allies who have worked and continue to work tirelessly to raise awareness, speak out and live authentically as who they are.

Whenever any trans or gender-nonconforming community member steps into visibility and speaks up in the face of prejudice, that act of courage helps to change our world for the better.

We thank those in our very own community who continue to push and advocate for what is right and just, because trans rights are human rights. We thank the brave trans and two-spirit folks and their loved ones who have spoken up in the face of oppression. We look forward to the day when all feel safe to be who they authentically are.

*Applause*

**Speaker:** Are there any returns or documents for tabling?

#### **TABLING RETURNS AND DOCUMENTS**

**Hon. Mr. Streicker:** I have for tabling today a document, the federal-provincial-territorial *Red Deer Declaration for the Prevention of Harassment, Abuse and Discrimination in Sport*.

**Hon. Ms. McPhee:** Pursuant to section 16(3) of the *Yukon College Act*, I have for tabling the 2017-18 Yukon College annual report.

**Speaker:** Are there any further returns or documents for tabling?

Are there any reports of committees?

Are there any petitions?

Are there any bills to be introduced?

Are there any notices of motions?

#### **NOTICES OF MOTIONS**

**Ms. Hanson:** I rise to give notice of the following motion:

THAT this House urges the Government of Canada to acknowledge that most fentanyl being shipped into Canada and to customers in Canada is through Canada Post and urges the Government of Canada to support a proposal by the RCMP, the Canada Border Services Agency and the Canadian Civil Liberties Association to close this loophole in our laws.

**Mr. Gallina:** I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to engage with stakeholders on a new approach to housing for Government of Yukon employees in communities.

I also rise to give notice of the following motion:

THAT this House supports:

(1) construction of a new school in Whistle Bend; and

(2) consultation with community stakeholders prior to construction of the school.

**Hon. Mr. Silver:** I rise to give notice of the following motion:

THAT this House congratulates Nunavut as it celebrates its 20<sup>th</sup> anniversary as Canada's youngest, largest and northernmost territory.

**Speaker:** Are there any further notices of motions?

Is there a statement by a minister?

#### **MINISTERIAL STATEMENT**

##### **Yukon College bachelor of business administration degree**

**Hon. Ms. McPhee:** Our Liberal government is committed to working with Yukon College as it transitions to a university. I am pleased to announce today another major step forward in that process. The Government of Yukon has approved a new regulation under the *Yukon College Act* so that Yukon College can begin offering its newest degree — the bachelor of business administration — this fall.

The proposed degree builds on the business administration diploma and certificate programs that have been offered by Yukon College for over 35 years. The new degree program meets the Campus Alberta Quality Council standards and will provide Yukoners an opportunity to pursue a career in business that considers the unique context of the north and doesn't require travel to a southern city for school.

This is an important step for Yukon College's transition to a university that will meet the diverse needs of Yukoners, including providing trades, adult basic education and second-language support programs along with university-level degrees. Yukon university will offer university-level degrees as well as the programs that Yukon College already offers.

Last September, the college began offering its first degree program; a bachelor of arts in indigenous governance. The college also offers degrees that are administered in partnership with universities outside of the Yukon. In those cases, it is the partner institution that grants the degree. By offering and conferring its own degrees, the college is taking an important step in the transition to a university.

Mr. Speaker, another important announcement came last week in the Government of Canada's new budget. Yukoners saw up to \$26 million announced for the construction of a science building at Yukon College, which is very positive news for the future of a Yukon university. It is the strategic priority of our government to ensure our education system achieves solid outcomes that meet Yukon's social, economic and community goals. This includes a commitment to lifelong learning, and the transition to a Yukon university will further advance opportunities available in Yukon and the north.

I know that the Premier and all members of our government have taken every opportunity in meetings with the federal government to discuss Yukon priorities and the advancement of a Yukon university. Thanks to the dedicated staff at Yukon College for their work on behalf of all Yukoners and for their vision and energy in bringing a Yukon university to reality.

For the first time ever, I believe that Yukon College officials will appear as witnesses here in the Legislative Assembly this Sitting to answer questions about these exciting initiatives and all of the other great work that they are doing.

**Mr. Kent:** Mr. Speaker, it is my pleasure, as the Yukon Party Official Opposition Education critic, to respond to this ministerial statement.

We are curious as to why the minister would use House time for re-announcing an initiative that she just announced two and a half hours ago at a press conference. That said, we think that this is a good announcement and we support the college's work in this regard. We know that it will have positive benefits for our territory moving forward. It is an important step in their path toward becoming a university.

We also look forward to the Yukon College officials appearing as witnesses later this week, when we will have more questions for them. This was something that we had requested, so we thank the government and the minister for responding to our request. Regarding the minister's comments that this will be the first time the Yukon College officials have appeared as witnesses in this Legislature — just a quick search of the Legislative Assembly website found references to them appearing as witnesses a couple of times previously before both Committee of the Whole and the Public Accounts Committee.

Again, Mr. Speaker, thank you for the opportunity to speak today on this important initiative that the minister has re-announced. With that, I will end my remarks so that we can focus on the other bills before this House, including \$1.5 billion in government spending.

**Ms. Hanson:** Mr. Speaker, the Yukon New Democratic Party acknowledges the significant work by Yukon College, the board of governors and the administration who, along with all levels of government, have moved from the idea of a university in Canada's north to making it a reality here in Yukon through the signature achievement of the recognition of its newest Yukon degree, the bachelor of business administration — a compliment to the bachelor of arts in indigenous governance announced last fall.

You know, Mr. Speaker, Yukoners have talked about and dreamt about the creation of a Yukon university for decades. Looking back over Hansard, there have been many informative debates in this Assembly, all leading to a general consensus as to the importance of Canada's university in the north. In one of those debates, we discussed — I recall a considerable discussion about a book that was published by John Ralston Saul in 2014, entitled *The Comeback: How Aboriginals Are Reclaiming Power and Influence*. He made a powerful argument for a northern university as part of the renaissance of Canada — not just of the north, but of Canada.

So we are proud to see that renaissance begin with a Yukon university. We look forward to hearing more about this important initiative and more when the college appears before this Assembly this Thursday.

**Hon. Ms. McPhee:** I think it is absolutely critical to inform Yukoners through a ministerial statement here — and perhaps more importantly, to make sure that this significant initiative at Yukon College becomes an important part of the record of this Legislative Assembly. As such, a ministerial statement is an excellent vehicle for doing so.

This is an important step for Yukon College's transition to a university and reflects what the transition will look like, and that is important to speak to Yukoners about. It is important for Yukoners to know that the current programs and the courses being offered at Yukon College will continue. The Yukon university will be unique; it will be special; it will be in the north, for the north and by the north. It is absolutely critical, as they transition from Yukon College to a university, that as much information as possible is provided to the Yukon public so that they understand that the current and very successful programs being offered at the college will in fact continue.

The Yukon university will bring more programs and courses that will add to, elevate and provide more educational opportunities available here for Yukoners and for those who come here to study — an important element of how the university will grow. We will continue to work with Yukon College as they transition to a Yukon university to ensure that they are supported and that the transition is as smooth as possible for students, staff and our new students who want to

come to the Yukon and experience our life here and university life at the Yukon university.

**Speaker:** This then brings us to Question Period.

## QUESTION PERIOD

### Question re: School catchment areas

**Mr. Kent:** As you know, we have asked the Minister of Education several times to confirm if she is adjusting the attendance areas for all Whitehorse-area schools. In response, she continually dodged the question, acting very guarded and refusing to answer directly. Then, last Wednesday, she finally confirmed that the Liberals will be reviewing all Whitehorse school attendance areas, not just the few that we had mentioned previously. Understandably, this has made many Yukon families nervous. Some have purchased their homes in certain areas of town to ensure that their children could attend a certain school.

Now that the minister has confirmed that she will be reviewing all attendance areas for schools in Whitehorse, will she also commit that she will attend the public meetings with school councils instead of just delegating that work to her officials?

**Hon. Ms. McPhee:** The *Education Act* here in the territory requires that every school be assigned an attendance area. As part of the Whistle Bend elementary school project, we will review some existing attendance areas when we establish the attendance area for that new school. This work will be done with the Whistle Bend community and nearby school communities. As we plan for a new school and attendance area, we will review all existing Whitehorse attendance areas to ensure that we are effectively using all available learning spaces.

I don't agree, I think, with the member opposite's characterization of this question which was asked previously and the answer that was given, but I hope I have been clear today.

**Mr. Kent:** As I have said, many families in Whitehorse have moved to certain areas of town so that they can have their children attend a certain school. Now that the minister has made public her plans to review all Whitehorse attendance areas, we have heard from parents who are rightfully wondering what this means for them. Will their child have to leave the school they are currently attending to bus to the other side of the city, leaving their friends and teachers?

We know that there will be public meetings to discuss these changes. We do not know if the minister will attend, but we are left wondering whether these meetings will be true consultations.

Will the minister confirm how these public meetings will allow for parents to actually provide input, and if there are enough people opposed to these changes at these meetings, will the minister abandon plans to adjust their attendance areas?

**Hon. Ms. McPhee:** Mr. Speaker, I am assuming that the member opposite is not suggesting that we would build Whistle Bend school and have no attendance area attached to

it. Clearly, a new school will require us to review some existing attendance areas so that we can establish attendance for that new school. That will also require us to look at attendance areas, which is done from time to time over the years. This is not something that is brand new; it has been done many times. The review of attendance areas is something that the Department of Education should be doing on a relatively regular basis so that we can make sure that the spaces that we have for learning for students in various schools are effectively being used.

When we are ready to begin reviewing the attendance areas, which may or may not be adjusted depending on the circumstances of the review — of course, there will need to be an attendance area for the new school — we will meet with Whitehorse school communities and their school councils to ensure that their involvement is critical in the decision making.

**Mr. Kent:** Mr. Speaker, I am not sure what a new school in Whistle Bend has to do with students who attend the Golden Horn Elementary School on the other side of town.

Certainly, the minister has made this commitment to hold these public meetings — and regarding those public meetings, to discuss the review of all attendance areas for Whitehorse schools. Can the minister tell us when those meetings are set to begin and when she is intending to implement whatever changes come out of those reviews?

**Hon. Ms. McPhee:** Mr. Speaker, part of the planning process for a Whistle Bend school will, of course, include — I think this is obvious, but I guess I want to stress it because it doesn't necessarily seem obvious by the insinuation in the question — but part of the planning for a Whistle Bend school will, of course, include the requirement for determining what neighbourhood that school will serve.

That is the catalyst in the conversation about other schools in the area and in Whitehorse elementary schools as well. We have been speaking in this Legislative Assembly for part of this session, and certainly in the last session, about spots available in schools, where our children are attending schools, the schools having increasing enrolment that are coming to capacity and how we will deal with those situations. That requires planning; that requires work with the families, work with school communities and work with school councils — and that's work we're doing.

### Question re: Whistle Bend school

**Mr. Hassard:** Last week, we asked the minister a number of questions about the Whistle Bend school and, as is often the case with this minister, she didn't answer.

On March 18, the Minister of Education was asked about the ever-changing five-year capital concept. In her response, she said — and I quote: “Last year's capital plan had identified Christ the King and Holy Family schools, which have been replaced by the Whistle Bend and Whitehorse replacement of the elementary school for Whitehorse Elementary and the five-year capital plan.”

She went on to say that the department has met with the Catholic school councils and the Catholic Education



Association of Yukon to frame this information and to discuss their expectations moving forward.

Mr. Speaker, can the minister clarify: Is she saying that the department has met with the Catholic school boards and the Catholic Education Association of Yukon to discuss the Whistle Bend school?

**Hon. Ms. McPhee:** I have always enjoyed the opportunity to speak about schools in the Yukon Territory and the planning we are doing and the importance of those entities to school communities and to families here in the territory.

I don't agree with the narrative that is being started by the members opposite that I don't answer questions. I take great care to provide information that I have in answer to their questions on actually every occasion that I have the opportunity to stand here. I appreciate that they may not like the answers, but I certainly am working hard to provide them, Mr. Speaker.

The Government of Yukon has created a five-year capital plan that includes school projects to ensure that all buildings are safe and available for use for many years to come. The plan is based on current information. Should the needs change, this plan is flexible and may be adjusted — for example, if safety issues were to arise or something of that nature.

The plan that we have at the moment with respect to the announcements that have been made in relation to the budget shows that a new build of a school in the Whistle Bend neighbourhood is the most appropriate and most important step to take in planning for Whitehorse elementary schools so that new spaces will be created rather than just replacing a current school.

**Mr. Hassard:** It's interesting that the minister can stand up and say how she's answering the question, but I asked about the meeting with the Catholic school boards, and she did not mention them at all. We will try again, Mr. Speaker.

Going back to the minister's comments from March 18, she referred to — and these are her exact words, Mr. Speaker: "... Whistle Bend and Whitehorse replacement of the elementary school for Whitehorse Elementary..."

Can the minister tell us what she meant by that? Is the Whistle Bend school the replacement for Whitehorse Elementary, or are there plans to replace Whitehorse Elementary?

**Hon. Ms. McPhee:** I am clearly confusing the members opposite, and I certainly do not intend to.

The Whistle Bend school is in fact identified as a new build to create new spaces. It is not a replacement for any current school in the Whitehorse area. There may well be students who choose to attend that area either because they will live in the new attendance area or because the opportunity will present itself and they would be interested in doing that.

The current plan is a comprehensive one for the purposes of modernizing Yukon schools to meet the current and future needs of our education system. In 2019 and 2020 alone, over \$30 million in capital funding will support Yukon schools as part of the delivery of this plan. We are balancing fiscal

responsibility with the needs of Yukon school communities and, in particular — in this case and in answer to the question — Whitehorse school communities.

**Mr. Hassard:** We also asked the minister about the impacts of a new school and what impacts there will be on traffic in the community of Whistle Bend. Many residents are already concerned with traffic in the neighbourhood with so many young children and families living there, so the planning on traffic will have to be done very carefully, Mr. Speaker. If the minister's plans are to shut down one or more schools in the Whitehorse area and then move all of those students to the Whistle Bend school, that will obviously have major implications for traffic into that subdivision.

Can the minister tell us if Whistle Bend school planning will include a traffic study? Will residents of Whistle Bend be consulted on that traffic study?

**Hon. Ms. McPhee:** The planning of a new school — I appreciate that is something that was not done by the former government, and therefore, the scope of that planning is perhaps news to them.

It is news to anybody who hasn't built a school. Planning involves working with our partners on such a plan going forward for the Whistle Bend school. It will, of course, involve consultation with people in the neighbourhood and consultation with our partners in a one-government approach here in the Yukon government. It will involve cooperation between departments that will all work on this project. It will involve cooperation and work with our partners, which will include the City of Whitehorse, which has been responsible for many traffic plans or traffic studies when consideration of new buildings, new neighbourhoods or new work in the City of Whitehorse has been undertaken.

That work will be done by this government. It will be a comprehensive opportunity to discuss all of these important planning issues with members of our community.

#### **Question re: Seniors housing**

**Ms. Hanson:** Last week, this Assembly unanimously passed a motion urging this government to address safety and security concerns in Yukon Housing Corporation's seniors and elder apartments in Whitehorse. I thank the minister for her positive response to the intent of the motion.

The minister indicated that 24-hour security will be placed in two specific buildings. This is welcome news for those tenants who feel unsafe in their own homes due to non-tenants accessing their buildings, creating an environment where they feel unsafe and, on occasion, threatened.

Can the minister confirm which two Yukon Housing Corporation buildings will have 24-hour security personnel, when this will start and what the plan is for providing security for the three other seniors Yukon Housing Corporation buildings in downtown Whitehorse?

**Hon. Ms. Frost:** The proposal that we've considered with respect to ensuring that there is nighttime security for two of the residences that are occupied by seniors in downtown Whitehorse — as noted a week ago, the concerns that have been brought to our attention with respect to access

to these facilities by non-residents is posing a concern for the seniors. We've obviously taken that under serious consideration and have increased the supports to 24 hours a day, seven days a week. That is to ensure that we provide the supports there.

My understanding, based on what I have been advised by the department, is that the supports for the facility are in the Alexander Street apartments and I believe the other was Greenwood Manor — but I will have to verify that, as I don't have the note right in front of me — but I would be happy to provide that specific location.

**Ms. Hanson:** I did hear from residents after the debate last week who were relieved to hear that this was going to happen. They want to know when and when the other buildings will be covered.

During the debate, I also raised concerns around safety in Yukon Housing Corporation buildings should there be a fire or other natural emergency. We did not hear anything in response to how issues such as muster areas or evacuation plans are being addressed with residents in these buildings. It should be apparent that there need to be plans in place to evacuate residents, provide muster points for residents to gather and plans for transportation and shelter to be provided, especially in winter or in the middle of the night.

Can the minister assure this House that there are plans in place for each building? Can she tell this House how these plans are being shared with all residents of Yukon Housing Corporation seniors apartments?

**Hon. Ms. Frost:** I stand corrected on the first response. The location is actually on Front Street — so Alexander and Front Street. The support started today.

Of course, the overall wellness and safety of all our tenants is a priority, and it's obviously something we take very seriously. We are working with the seniors in each one of our units, ensuring that they have the supports that they require and of course ensuring that we have increased security services where required and enhanced supports — and of course concentration on specific areas, as they've advised. We are now in the process of improving the plans that are there in terms of the security plans and fire safety plans.

We have some other concerns that have been brought to our attention and Yukon Housing Corporation is doing a very good job in reaching out to the tenants in each one of the units and collaborating on best practices and best approaches to ensure that they are safe and well within their residences.

**Ms. Hanson:** I thank the minister for that clarification. I do note that the other residents are looking forward to hearing when they can feel secure.

It's apparent in speaking with constituents in these buildings that there is a power imbalance. As much as the minister acknowledges that these seniors deserve a safe and secure place to call home, they're still tenants, and the Housing Corporation is the landlord. Some tenants do not feel comfortable making complaints about their security or identifying problems with their neighbours. Tenants raising concerns or making complaints are concerned about being labelled as troublemakers or complainers. For this reason, it's

important that regular resident meetings be held and facilitated with staff who are trained in working with seniors and elders.

What changes has this minister made with respect to providing regular, ongoing liaison with tenants by personnel trained to work with seniors — a recommendation made by the chief medical officer of health in his recent status of health report — so that all Yukon Housing Corporation personnel who work with seniors know how to do so in a respectful way?

**Hon. Ms. Frost:** I will certainly take the recommendations under advisement.

Exactly what is happening with the Yukon Housing Corporation in terms of transparent and collaborative communication with all residents who occupy the seniors units across this territory of ours — of course ensuring that they are comfortable in expressing their views — we just held a comprehensive aging-in-place summit, and of course a “what we heard” document will be released shortly which will highlight and outline the concerns so as to not target any specific individuals.

We also have a housing navigator who will work directly with the individuals and really, I think, just try to provide a neutral, safe place for seniors to voice their concerns without feeling threatened or penalized in any way. That is not what we want. We want to ensure that we have overall wellness and a safe environment for all our seniors in Yukon.

#### **Question re: Cannabis regulation in Yukon**

**Ms. Hanson:** A recent report from Statistics Canada revealed that the sale of cannabis in Canada is still largely dominated by black market sales. The Statistics Canada report found that nearly 80 percent of all sales in Canada, totalling \$4.7 billion, continue to occur in the illicit market.

According to a briefing from the Yukon Liquor Corporation, Yukon sold approximately \$1.8 million worth of cannabis since it was legalized on October 17. If Yukon's sale of illicit cannabis matches that of the Canadian average, then we can assume that there is roughly \$6.8 million in illicit sales still going on in Yukon.

A key argument in the push to legalize cannabis was that it would displace the illicit market. Can the minister — either the Minister of Justice or the Minister of Community Services — provide this House with a current estimate for the market share of illicit sales of cannabis in Yukon?

**Hon. Mr. Streicker:** I can update this House and the member opposite that the sales in the Yukon have now broken \$2 million. The challenge of the illicit market, of course, is that it is illicit and it has always been very difficult — the numbers that we had leading up to the legalization of cannabis were estimates; the numbers that we have now are estimates.

I will turn back to the corporation and the departments to see if there is any new work which has been done to give us a sense of any changes. What I can say, very clearly, is that by legalizing cannabis, we have now displaced \$2 million worth of black market cannabis sales because that is what we have had so far.

We have made it a priority. We are working toward it. I am happy to discuss the ways in which we are seeking to make sure that we focus on well-being and on investing in health, education and building strong communities around this file. I don't have a number for the member opposite. I will do my best to try to find out about whatever research we have going on right now.

**Ms. Hanson:** We also recognize that the illicit cannabis market will not disappear overnight and that legalization itself is the biggest step toward curbing illicit sales; however, there are mechanisms available to speed up the displacement of the illicit market.

When debating Yukon's proposed cannabis legislation, the Minister of Justice repeatedly pointed out that one of the primary goals of the legislation was to displace the illicit market. She also stated that one of the goals of the Government of Yukon was to — and I quote: "... capture up to 45 percent of the total illicit market — we hope, very soon into this process."

Can the minister tell this House when she anticipates Yukon to hit the target of capturing 45 percent of the illicit market, how that number is being tracked and what steps her department is taking to further that goal?

**Hon. Mr. Streicker:** I will discuss ways in which we are working to try to displace the illicit market. First and foremost, as the member opposite noted, we have legislated and legalized it here, and we are trying to regulate it across the Yukon.

We have worked, for example, to provide access. We started with both an online store and a bricks-and-mortar store. We now are working to open that up to the private retail sector. We have had one application, which is in process right now. I have just heard that two more applications have been received by the corporation, so that is progressing as we had hoped.

We are doing a public education campaign through both the Minister of Health and Social Services and the Minister of Education to talk about cannabis and its effects. We work with the chief medical officer of health on that front as well. We are exploring all avenues to displace it. In fact, the first complaint I heard from citizens was about packaging. I wrote immediately to the federal Minister of Health to work on how to find ways to reduce and reuse packaging around cannabis.

So we are working on all fronts to displace the illicit market.

**Ms. Hanson:** For the record, that question was about tracking the illicit sales.

One of the issues raised during the debate around the legalization of cannabis in the Yukon was recognizing that displacing the illicit market in rural Yukon is much more difficult than displacing it in Whitehorse. The reason for this is obvious: There are no retail cannabis stores in Yukon outside the single location in Whitehorse.

It was hoped that Yukon's online cannabis website would help to displace some of the illicit market in Yukon, yet according to the Yukon Liquor Corporation, the Yukon sold only \$40,000 worth of cannabis through e-sales. This number

is alarming because e-sales are the primary legal means for rural Yukoners to purchase cannabis.

The question that might be asked is: Are rural Yukoners consuming far less cannabis than in Whitehorse, or are they purchasing their cannabis from illicit sources? Seriously, Mr. Speaker, what is this government doing to ensure that rural Yukoners have an improved legal avenue to purchase legal cannabis?

**Hon. Mr. Streicker:** Anecdotally, I am not able to give a direct answer to the question as it was posed. But what I have seen is that there are Yukoners from communities who are coming to the store. They have chosen to step into the store. This was one of the reasons that we wanted to open a store in the first place — because Yukoners actually want to see what they are getting for a time. Then I think that when they become comfortable, they can move to the online method.

What I will say is that of the three applications that we have had come into the corporation to date, one of them is from outside of Whitehorse. So I think that this will change. We are happy to see that happen. But I don't believe that the assumption that every person who walks into the store is from Whitehorse is correct.

#### Question re: Education governance

**Ms. Van Bibber:** I have some questions for the Minister of Education regarding some 2016 Liberal election promises. The Liberal platform promised that they would: "... enhance education governance, in consultation with partners in education, by exploring the establishment of an additional school board..."

Can the Minister of Education let us know if work on this commitment has started? Can she update us on what work has been done so far in achieving this commitment?

**Hon. Ms. McPhee:** I appreciate the question. The *Education Act* gives authority to Yukon school councils to carry out functions in conjunction with the Department of Education, the school administration and their school communities for the purpose of representing Yukoners in that arena. School councils have been extremely effective in doing that. As a result, school councils are operating in the Yukon much like school boards do with some of the elements of those activities from other jurisdictions. Our school councils have been long-standing in the territory as an opportunity for us to reach out to school communities and have input. As a result, they are valued in that role and continue to be so.

The conversation about school boards versus school councils is one that is ongoing, but there are no immediate plans to make changes with respect to the function of school councils through the *Education Act*.

**Ms. Van Bibber:** During the 2016 election, the Liberal election platform promised that they would: "... ensure that schools have the necessary resources (e.g. in-school social workers, psychologists) to facilitate health services work within all Yukon schools..."

Can the Minister of Education let us know what she has done so far to meet this commitment? Has she expanded the

amount of in-school social workers or the amount of school psychologists?

**Hon. Ms. McPhee:** As the member opposite knows, much of the work that she has described — which is support work in each individual school in the territory and the assessments for those support workers in those schools — needs to be done on an individual school basis and is provided through student support services.

I don't have the quotations. The members opposite have lots of quotations, and I really appreciate them saying what I said previously in the House again — works well for me. We did have conversations last session regarding student support services and the fact that we needed to work with — the Department of Education in fact needed to work with school communities to make sure that the student support services — which are not provided to individual students but more so to individual elementary schools and other schools — were in fact what was needed by that school.

We have undertaken an assessment of student support services and, in particular, are working closely with individual schools to find out what sort of services they need in their schools and how we can best meet those needs.

**Ms. Van Bibber:** These weren't quotes; these were from the Liberal election platform. This particular one stated that they would review teacher hiring practices in conjunction with the Yukon Teachers' Association.

Can the minister let us know if she has begun the review of teacher hiring practices and when it is expected to be completed?

**Hon. Ms. McPhee:** The recent negotiations with the Yukon Teachers' Association were extremely successful. Certainly part of the conversations there — as the members will know in this House based on the introduction of changes to the *Education Labour Relations Act* last week and our discussion at second reading of those changes — are in fact related, in a way, to teacher hiring practices with respect to the provisions that have been changed from the act into the collective agreement. It is an opportunity for us to continue a conversation with the Yukon Teachers' Association so that teacher evaluations — which is a project underway with the department and our continued relationship with the Yukon Teachers' Association — so that continued improvements can be made with respect to that process.

I can indicate that this is not a project that will have a beginning and an end, Mr. Speaker. We have the opportunity to improve our relationship with the Yukon Teachers' Association to make sure that each and every hiring decision and arrangement for teacher evaluations through our schools is done in the best interests of Yukon students.

**Speaker:** The time for Question Period has now elapsed.

We will now proceed to Orders of the Day.

## ORDERS OF THE DAY

**Hon. Ms. McPhee:** Mr. Speaker, I move that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

**Speaker:** It has been moved by the Government House Leader that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

*Motion agreed to*

*Speaker leaves the Chair*

## COMMITTEE OF THE WHOLE

**Chair (Mr. Hutton):** Order, please. Committee of the Whole will now come to order.

The matter before the Committee is Vote 15, Department of Health and Social Services, in Bill No. 210, entitled *First Appropriation Act 2019-20*.

Do members wish to take a 10-minute recess?

**All Hon. Members:** Agreed.

**Chair:** Committee of the Whole will recess for 10 minutes.

*Recess*

**Chair:** Committee of the Whole will now come to order.

### **Bill No. 210: *First Appropriation Act 2019-20* — continued**

**Chair:** The matter before the Committee is Vote 15, Department of Health and Social Services, in Bill No. 210, entitled *First Appropriation Act 2019-20*.

Is there any general debate?

### **Department of Health and Social Services**

**Hon. Ms. Frost:** Mr. Chair, here with me today, I have Deputy Minister Stephen Samis and ADM Shehnaz Ali. Thank you and welcome.

I am pleased to be here today to speak to the Department of Health and Social Services operation and maintenance and capital main estimates for 2019-20. The budget before you represents many hours of work by officials in the department and enables thousands of hours of program and service delivery in communities across the territory.

Thank you to every staff member in the department for their work not only during budget preparations, but throughout the year. While we as MLAs debate numbers and policies, they are on the front lines of the programs and services that we deliver, providing essential services and compassion to Yukoners. Thank you to all of the staff in the department. Thank you also to Yukoners involved in the delivery of health and social services outside of the department, including our First Nation governments and our NGO partners. I am honoured to be representative of your work here in the Legislative Assembly.

Mr. Chair, you will no doubt have heard me talk about how my department's work is part of a bigger vision guided

by department-wide priorities. These enduring priorities are instrumental in the direction that I provide to my department, so I just want to quickly highlight them here.

Our people-centred approach to wellness helps Yukoners thrive. Our strategic investments help build healthy, vibrant and sustainable communities. Our strong government-to-government relations with First Nations foster reconciliation. Our diverse growing economy provides good jobs for Yukoners in an environmentally responsible way. With these priorities in mind, my department's work is focused on promoting, protecting and enhancing the well-being of Yukon people through the provision of a continuum of quality, accessible and appropriate health and social services.

The department is requesting \$443.388 million — \$429.265 million in operation and maintenance and \$14.123 million in capital. This represents an increase of \$11.93 million — approximately 2.8 percent from the department's total capital and O&M budget request from 2018-19 main estimates. This includes a seven-percent increase in O&M. This budget is requested to enable the department to continue to work with NGOs, First Nation governments and stakeholders in the delivery of Health and Social Services programming in communities across the territory.

While Health and Social Services is a Yukon government department under my direction, it is the responsibility of all Yukoners to ensure that compassionate care and services are available to our families, friends and neighbours where they are at and when they need them.

Mr. Chair, it isn't about one program, one service. It's about a continuum of care ensuring that Yukoners have seamless access to the care they need to live healthy, meaningful and full lives. For those of you paying close attention, those are words we've heard over the course of the department's aging-in-place discussions.

Before I get into the details of the budget, I want to take this opportunity to provide some information on the investments we are committing to our NGO partners. Although this is not a specific line item in a budget — because funding for specific NGOs is provided throughout the department through the 2019-20 main estimates — we are requesting funding of approximately \$13.2 million for funding 32 NGOs. This figure does not capture funding requested for mental health services and counselling through Many Rivers. The department is working to support the delivery of these services and will continue to provide more information as it becomes available. Money has been retained in the budget to cover counselling services once a provider has been determined.

For the same 32 NGOs, this compares with funding of \$11.821 million in 2016-17, \$11.855 million in 2017-18 and forecasted funding of \$12.444 million in 2018-19. This represents a total requested increase of funding for those NGOs through my department of roughly 11 percent from 2016 to 2019-20 — an increase of approximately 7.5 percent from 2018-19 to 2019-20.

The department is requesting funding of \$250,000 to cover cost-of-living increases for our NGO partners. While I don't have time to highlight all these increases, three examples of NGO enhancements for 2019 are: \$340,000 for Blood Ties Four Directions to improve access to outreach services, drug testing and other services related to the opioid crisis; \$161,000 for the Yukon Association for Community Living to enhance additional services and provide job coaching to their clients; \$46,000 for Hospice Yukon to enhance grief and bereavement support; and \$108,000 for the Child Development Centre to ensure that continuity of programs to communities.

This investment in our NGO partners is critical to the ongoing services they provide to meet the diverse needs of Yukoners.

Mr. Chair, I am happy to answer members' questions regarding the NGO funding in more detail as we move forward in this debate. I am pleased to get into the details of my department's financial requests for 2019-20.

Under Corporate Services, the department is requesting \$19.118 million — \$17.45 million in O&M and \$1.675 million in capital.

The requests in O&M funding from 2018-19 main estimates under Corporate Services are due primarily to the following: an increase of \$4.131 million for the new transitional health investment fund, also referred to as THIF — which includes the staffing of 10.5 term FTEs. THIF is comprised of four initiatives that will strengthen health and social service delivery and increase access and quality using innovative technology.

These initiatives are: training and capacity building, including implementing leadership and change management systems for system innovation and transformation; collaboration and delivery models, including providing support to the mental wellness strategy; access and technology, including expanding remote-care patient-care delivery; data and performance, including strengthening the client information system and health records.

An increase of \$345,000 is requested to fund systems, licensing and support upgrades for the drug information system and the client registry system.

The primary capital request under Corporate Services is \$1.3 million for the Family and Children's Services management system. This system will enable better case management, reducing the amount of time officials have to spend on documenting and allowing them to spend more time with clients and their families or caregivers.

Family and Children's Services: The department is requesting \$47.481 million — \$46.971 million in O&M and \$510,000 in capital. The O&M requests under Family and Children's Services are due to the following: \$100,000 for the Watson Lake men's shelter. Watson Lake does not currently have a men's shelter. Funding is being requested to study the need for and build capacity within the community to operate an emergency shelter for men to complement the existing shelter that supports women. \$100,000 is also requested for ongoing funding to the Dawson City men's shelter, which is

cost-shared with the Tr'ondëk Hwëch'in First Nation government.

\$50,000 in one-time funding is requested to support the operation of the Watson Lake Food Bank, which is currently run by the Liard First Nation. The department and Liard First Nation are working closely to ensure that this important service is available to Yukoners in the Watson Lake area.

Under Family and Children's Services, the department is requesting \$510,000 in capital, with the majority — \$255,000 — requested to complete renovations to the new transition support services home located on Wann Road. Renovations on the Wann Road property began in March 2019, and our youth are expected to move in this summer.

Mr. Chair, under Social Supports, the department is requesting a total of \$58.125 million — \$58.090 million in O&M and \$35,000 in capital. This is a total increase of \$1.47 million over the 2018-19 main estimates — an increase of \$1.458 million in O&M and \$15,000 in capital. This requested O&M increase in Social Supports is due primarily to the following areas: an increase of \$807,000 to fund personnel and \$400,000 to fund the operations of the Whitehorse emergency shelter — formerly the Centre of Hope, which the government took over in January 2019. Preliminary information appears to indicate that the number of people being served at the Whitehorse emergency shelter has increased since the department took over its operations. In February, we served approximately 30 clients per night.

Mr. Chair, this funding request represents the allocation required to operate the facility for roughly four to six months while the department reviews data and trends, develops a business case for the facility and engages NGOs and First Nation partners in future programming and services. We are also gathering data and tracking trends to better understand this facility's impact on the system-wide health and wellness of Yukoners.

Mr. Chair, I want to speak briefly about the Sarah Steele Building. We are measuring the trends and caseloads at the Sarah Steele facility, and it initially appears that, since the department took over the operations of the Whitehorse emergency shelter, pressures at the Sarah Steele facility have eased.

An increase of \$302,000 is requested to fund the O&M for the Housing First project, which will provide 15 units of affordable permanent housing in Whitehorse to those who require ongoing support and care in addition to a place to live. This project is expected to be completed and operational this summer.

There is also a request for \$541,000 for the Yukon seniors income supplement to accommodate additional clients.

Under the Department of Health and Social Services, we are requesting a total of \$143.12 million — \$141.948 million in O&M and \$1.172 million in capital. O&M changes from the 2018-19 main estimates are largely due to the following: an increase of \$2.875 million for medical travel to account for annual increases in service levels and medevacs. This funding is requested to better align departmental allocations with service and program requirements. This is why the department

has committed to reviewing medical travel as part of the department's comprehensive review.

Mr. Chair, the department is listening to Yukoners on this important program and reviewing the medical travel program policies and procedures. We are finalizing a new policy that will ensure all Yukoners who need acute care in an intensive care or coronary unit who would like a family member or a friend with them for support will be eligible for an escort subsidy.

The department is developing clear road maps to assist patients when they need to travel for medical treatment. This will include updating our medical travel guide and creating brochures which will be available at physician offices and other health care offices to provide patients with information and contacts.

An increase of \$1.336 million is requested in Community Health, including \$165,000 for 1.5 FTEs in health promotion. Mr. Chair, this investment is so important because we know that a dollar spent in prevention and health promotion is the best investment in the health of every Yukoner.

The department is also seeking an increase of \$1.291 million to support the repatriation of specialty services. Mr. Chair, over the past two years, we have repatriated both orthopaedic services and pediatric services. In 2019-20, we plan to increase resident specialty services to include additional orthopaedic, psychiatric and pediatric specialists. \$100,000 is requested to fund opioid mental health nurses associated with the opioid strategy, with 75 percent of this funding recoverable from the federal government.

Mr. Chair, I want to touch briefly on the opioid strategy, as it arose out of the terrible crisis that affected all Yukoners. The government has been taking action to combat the opioid crisis in our communities since 2016. We released *Yukon's Opioid Action Plan* last November. It responded to current crises and looked at the bigger picture of prevention.

The *Yukon's Opioid Action Plan* focuses on four areas: harm reduction, public awareness, surveillance and opioid and pain management. Capital requests under Health Services totals \$1.172 million, with the majority of this funding — \$750,000 — for the planning of the replacement of the local health and wellness centre.

Mr. Chair, we know all communities have needs. We have prioritized the community health centre requirements across the communities, and Old Crow is the most critical. We are requesting to replace the Old Crow Health Centre to continue to serve the community's health needs and to have the added capacity to support collaborative care and the community's overall health and wellness program needs. We are developing a health and wellness centre to be used as a basis for future similar buildings. The plan is based on a collaborative care model to meet the needs of Yukon's communities.

Under Continuing Care, the department is requesting a total of \$86.829 million — \$80.606 million in O&M and \$6.223 million in capital. O&M changes in the 2019-20 main estimates in Continuing Care are primarily due to the following: an increase of \$4.987 million is requested to plan

and implement the new hospice that will open this year. The hospice is part of the palliative care strategy that we have worked with First Nation governments and NGO partners in developing. An increase of \$500,000 is requested for rapid response home care for enhancements to the existing home first initiative to ensure that appropriate care is provided in an appropriate time frame. This investment will support Yukoners to return home from the hospital or remain at home. Re-enablement will support individuals to regain their independence.

Capital requests under Continuing Care total \$6.223 million. \$2.651 million is requested to support fire and nurse call systems and other renovations to Copper Ridge Place. Capital requested under Continuing Care is \$6.223 million. I just want to make a correction — funding for home care has increased by roughly 11 percent from 2018-19 to 2019-20 and by roughly 26 percent over the last two years.

\$2.8 million for landscaping will finish up the Whistle Bend facility. Under the Yukon Hospital Corporation, we have a total request of \$79.409 million — \$74.909 million in O&M and \$4.5 million in capital. This total increase of \$9.611 million over the 2018-19 estimates is an increase of \$6.711 million and \$2.9 million in capital. I want to highlight the importance of this relationship. The Hospital Corporation recognizes the critical role that it plays in our health care system. It strives to ensure patients' journeys are not only seamless and safe, but are done with compassion and engagement with the Health and Social Services department.

We will continue to work with the Hospital Corporation to identify areas of priority. Also, we are looking to link this back to the comprehensive health review to ensure that we provide quality access and sustainable and coordinated care.

The O&M main estimates for the hospital: an increase of \$1.56 million for core funding; an increase of \$1.3 million to cover escalating costs for drugs prescribed in chemotherapy; \$506,000 to support the orthopaedic program; and, of course, we have the cataract support program that we have highlighted previously in a budget announcement.

**Ms. McLeod:** I want to thank the officials of course for attending today and helping us out with our discussion here. I have a lot of questions regarding the numbers that the minister has been discussing so far. Before I get to the numbers, I have some other general questions that I would like to address.

We have discussed in the House the timing of the comprehensive health review. The original date that this review would be done by was the fall of 2019, and now it has been extended to the end of 2019 — in fact, it may even be extended beyond that. Can the minister explain why it has been delayed from the early discussion of being finished in October to now being the end of 2019?

**Hon. Ms. Frost:** I would like to thank the member opposite for the question. We are working with the panel and working on completing the comprehensive review by the end of 2019. We still aim to accomplish that, and we will do that in collaboration with the expert panel.

**Ms. McLeod:** That didn't answer the question, but perhaps the minister can explain what changed between the

time when the minister announced that it would be finished in October to — now it is the end of 2019. Something happened in between, obviously, to extend the time. Maybe the minister can share those reasons with us.

**Hon. Ms. Frost:** With respect to timelines — the comprehensive health review was first introduced through a recommendation in 2017 by the Yukon Financial Advisory Panel. The consideration of the review was really a whole approach to all of Health and Social Services, focusing on factors around cost-drivers and the quality of outcomes. That is really important. What we are really focusing on is ensuring that we provide the necessary and essential critical services to Yukoners.

In doing that review, clearly we have to look at all elements. When we look at Health and Social Services — it's a huge department; it is the largest department in the government. This review will take time, and we are working very collaboratively with the expert panel. We are working on undertaking the review of programs and services offered by the department. That means that we will take the time that's necessary to do a very thorough job, and we will do that in supporting the comprehensive health review process in collaboration with the expert panel. I can commit that we will ensure that we will take the time that's required and will support the panel as advised.

**Ms. McLeod:** Can the minister update us on the work of the internal working group that is conducting the health review? I think they have been referred to as the "tiger team".

**Hon. Ms. Frost:** The tiger team has concluded its work. It was an internal review of Health and Social Services by the working group, the staff and senior management of Health and Social Services to look internally at any inefficiencies — with the eye and the vision to really look for efficiencies and then collaborate on making sure that we can implement those very quickly.

From that review, we found 14 inefficiencies. I would be happy to take a little time to explain what those are. But at this time, I don't have that in front of me. But very shortly, we will have that comprehensive assessment for an announcement.

**Ms. McLeod:** So the internal working group came up with a list of 14 — I think the minister said — areas to look at potential inefficiencies. These 14 items — what happens to that list now?

**Hon. Ms. Frost:** First off, I would like to just really take this moment to acknowledge the staff who are doing the assessments and providing a quick review and assessments of what we saw or what they saw as inefficiencies and barriers within the health care system, with the vision and focus of collaborative care and ensuring that, if there were solutions to be found and quick improvements with respect to policy changes and how we were conducting our business in Health and Social Services, the department quickly moved toward implementing that. I'm really pleased with that.

We will move toward implementing the efficiencies that were identified internally by implementing some policy changes. We are effectively doing that now.

**Ms. McLeod:** The list that the internal working group came up with looking at inefficiencies — if I understand the minister correctly — which may include policy changes is being implemented now in advance of the comprehensive health review. Is that correct?

**Hon. Ms. Frost:** Clearly the internal work was to assess what the 2008 report entailed and what the 2014 assessments entailed. Then, from there, we looked at implementing some efficiencies. One of the inefficiencies that perhaps were quite antiquated was the expectation that we were still having individuals come and write cheques to pay for service delivery, which is not acceptable given that a lot of the clients in our extended care facilities don't have access to — I guess they're just inefficiencies in that regard. So the pay system has changed somewhat to allow for that.

Another interesting fact is that income recipients from the social services side who were still receiving cheques were actually having to come in, when that in itself is perhaps a waste of time in that we would have the staff go through that exercise every month.

So really, it is about time management and it is about efficiencies. It is about delivering quick services.

Another factor that was quickly taken into consideration was new health care cards with photographs, for example, rather than mailing out sticky cards that you put on top of the other sticky card and the other sticky card. That way, I think is quite ineffective.

There were some specific efficiencies that were recognized and could quickly change through some policy initiatives. One of the other things to consider is the extended family care initiative. We had a number of children in our care that were perhaps of indigenous ancestry — a significant amount, in fact; I think it was quoted as something like 70 percent of children in care were indigenous. We knew that grandparents, through a family care program or a custom adoption process, were never supported. We had seniors who were raising their grandchildren and that therefore further marginalized our senior citizens in our communities. So we wanted to increase the supports there. That meant some adjustments internally so that they received the same amount of support that foster parents would receive. They got the supports. Really, it was about the children and ensuring that they were well supported with respect to the care that they need.

I would be happy to provide all 14 recommendations to the Legislative Assembly. At the moment, I do not have those in front of me, but just for the record, those are some of the few that quickly jump to mind with respect to the enhanced services and supports.

**Ms. McLeod:** I want to thank the minister for offering to provide that list of the 14 recommendations. I think that we would all appreciate having a look at those 14. I think there are some good news stories in there that perhaps we would all like to share in.

When is the government aiming to implement the recommendations of the comprehensive health review when it is done at the end of this year?

**Hon. Ms. Frost:** As part of the comprehensive review and the recommendations, I am really looking forward to the assessments in the review and, of course, the recommendations. Ideally, we want to be able to tie in some of the implementation and define an implementation plan. Clearly, this will mean some changes — legislative or financial — and it will take some time to start working on implementation. The review, in terms of immediate cost drivers or identifying a plan to slow growth of the government but also improving service outcomes, is really an essential piece of the recommendations and the assessment. We are really looking forward to that, considering that Health and Social Services is the size that it is. If we are looking at our partnerships, be it non-governmental organizations or the Hospital Corporation, then we really need to work effectively with our partners to ensure that we expedite the process but do it in a way that's very effective, efficient and strategic and always looking to improve efficiencies while enhancing the outcomes — and, of course, getting value for the resources that we have available to us.

**Ms. McLeod:** I didn't get a sense of timing on implementation. Would it be a foregone conclusion that the government will implement all of the recommendations that come out of the review?

**Hon. Ms. Frost:** I would say that once the panel provides its recommendations, clearly we would look at the priorities, do the assessments and determine which we can implement immediately and those that will require more time.

**Ms. McLeod:** What communications has the government had with the panel since they were announced in November?

**Hon. Ms. Frost:** There have been two face-to-face meetings with the panel and the department.

**Ms. McLeod:** Thank you to the minister for that.

Can the minister tell us what the panel has been doing since they were announced in November?

**Hon. Ms. Frost:** The independent expert panel is made up of cross-sections of the community. Really, I think that is an indication of representation from the community, be it the NGO community, the First Nation community or municipalities. So really, the scope of the review and the work that they have been doing is reviewing the internal workings of Health and Social Services with the objective of trying to clearly define the scope of their review. That is being presented to Cabinet this week. We would be happy to share that after that process happens.

**Ms. McLeod:** As the minister knows, we have discussed in this House previously that there have not been any terms of reference for the panel. If I am to understand what the minister just said, the panel has now determined their terms of reference and have presented it to Cabinet. Is that correct?

**Hon. Ms. Frost:** The terms of reference for the panel have been shared with the Legislative Assembly. It's a public document. The scope of the review has not yet been shared because that is what the independent expert panel has been working on. It will go to Cabinet this week once that has been



done through the official process. We will then be happy to make that available after next week.

**Ms. McLeod:** I think that there are some issues around that discussion, but it may not be productive to get into that right now. So I am just going to move on from that.

I want to move on to the Salvation Army transfer. If I understand what the minister said earlier, the new name of that facility is the Whitehorse emergency shelter. I would like a little bit of information about that emergency shelter. Perhaps the minister could tell us how many employees are currently employed there. How many of the former employees of the Centre of Hope were laid off, and how many new hires were made under the Yukon government?

**Hon. Ms. Frost:** As we look at the Whitehorse emergency shelter — what the Salvation Army was offering and what the current vision is of the Whitehorse emergency shelter — with the individuals who were employed under the Centre of Hope and the Salvation Army, the competencies were very different from what are required now. We know that we are trying to look at service efficiencies and enhancements for the complex client care needs, which means that the individuals who are currently employed in the facility have the capacity — in certain circumstances, we have individuals who are social workers and psychologists, and so are specialized in complex care needs. The staff at the shelter really looks at ensuring that the needs of the clients they serve are best met.

As we looked at the management of the Whitehorse emergency shelter, we looked at the complement of staff and we tried to look at identifying the competencies of the staff at the Salvation Army, trying as much as we could to bring those staff members over to continue program support. It was really important to do that. We have approximately 10 Salvation Army staff members who have transitioned over quite nicely, I might add, to the current facility, and we have 30 of our own staff who have been hired. They are there as temporary employees until we can scope out the more detailed plan for the facility.

**Ms. McLeod:** I gather then that there are 40 employees currently at the emergency shelter, 30 of them being Yukon government staff, so I wonder: Are those all new hires, or were they people who were taken from within the department?

**Hon. Ms. Frost:** I just want to go back to the previous question just to note that many of the Salvation Army staff did not apply for the positions that were available. Of those who were there, we brought over 10.

The current complement of staff is 37. Of that, we brought over a number of our managers who are overseeing the initiatives within Health and Social Services. Those are temporary employees. We did bring some over to the facility to oversee the management of the facility. Most of the staff are temporary employees.

**Ms. McLeod:** I just want to go over the numbers again. The minister said that 10 of the former Salvation Army staff were taken on strength because they have the appropriate skill level. The minister earlier said 30 Yukon government staff

were taken on, which makes 40. But the minister then said there were 37 staff in total, so I lost three somewhere.

When the minister says that the 30 government staff are temporary, I am still looking to find out if those are Yukon government staff currently. Do they have jobs that they will go back to when they have finished their term at the emergency shelter, or are they new hires, hired for a term of time?

**Hon. Ms. Frost:** Maybe I am not explaining this properly. In total, there are 37 employees of the Whitehorse emergency shelter. Of those 37 employees, we have a number who have transitioned over from Health and Social Services. Of that number, there are five, and those five are overseeing the initiatives and are there on a temporary assignment. The remainder of that 37 are hired as temporary employees to oversee the initiative or the project. We will continue to evaluate as we go ahead, work with our partners and define a longer term plan. They are referred to as “casual employees” under our classification system.

**Ms. McLeod:** Now I am up to 42 employees. I am not getting it together with the numbers here.

Five of them are Yukon government employees who are overseeing operations, 37 of them are on-site as staff, and 10 of those 37 are carried over from the previous Salvation Army operation. So I am trying to determine if the 27 positions that we are talking about are new hires on a temporary basis to cover off the six-month operation or if there are 27 people who were taken from other areas within government to fill in for this period of time.

**Hon. Ms. Frost:** I will start with the overall number: 37. Of that 37, we have five who transferred over from Health and Social Services on a temporary assignment meant to oversee the project. Of the 37 we had hired — the question earlier was how many of those staff members were brought on from the Centre of Hope. Of that, we brought 10 employees over. The remainder of the 37 — with the elimination of the management and the Whitehorse emergency shelter staff as previously managed by the Centre of Hope — are temporary hires or casual hires. These are new positions that will carry us through until we complete our comprehensive review.

**Ms. McLeod:** Can the minister tell us today the total cost difference of salaries from before and after the government took over?

**Hon. Ms. Frost:** I have to say that I’m not privy to the information from the Centre of Hope and what they paid their salaried employees. They never did share that with us, so I really can’t answer the question. What I can say is that in the mains for 2019-20 under Program Management, we have a request for the Centre of Hope of \$400,000, which is required to fund the operation and expenses for the facility, and that includes the salaries of the employees.

**Ms. McLeod:** So just to have a bit of a discussion then on the costs of running the centre — previous to the government taking over, I believe that the contribution agreement was in the neighbourhood of \$1.2 million annually. So if the minister is now saying that the amount that’s being spent for six months to look after the emergency shelters is

\$400,000 — I'm just looking for a confirmation: If we push that over a year, would the cost then be \$800,000?

**Hon. Ms. Frost:** I would like to just acknowledge the support that the Salvation Army provided. As the member opposite well knows, the facility was built, and the prescribed objective was not one that was encompassing of service needs of its complex clients, and therefore the arrangement — a mutual arrangement — between the Salvation Army and the Government of Yukon was to look at transferring the program — the whole program, including the facility — back to the Government of Yukon so that we can more clearly define and support the complex clients who occupy that space and who come there.

One of the things that I want to talk about a little bit is the program service delivery model that the Salvation Army employed — that was one where they had less staff in the facility and they provided care or support to complex clients. What we were seeing, and what they've acknowledged, is that they were not able, within the structure that they had in place, to safely provide support to the clients. It's clearly something that we take very seriously. We want to ensure that there is a clear distinction around ensuring that the women who occupy that space are safe and free from any type of harassment.

So we added more resources to the budget. Clearly that was necessary, because the running of the facility was done with members of the community and part of our NGO community. A lot of what we observed recently as well is that we're now seeing more people use the facility than before. We're seeing an average of — I would venture to say — maybe less than 20 a night using the facility, and there are times when we're seeing up to 60 people now entering the facility. We are really looking at completing a review of the cost-drivers and what this means long term.

At the moment, we put in place a structure that will ensure the safety and well-being of the residents who use the facility and ensure that the increased demand is met and that we are not turning anyone away. The other thing to note — which is very interesting — is that there are more women coming into and occupying that space. We have to ensure that we provide the supports there — I guess, just looking at tracking data to help us better look at long-term service delivery models to effectively address our budget pressures.

**Ms. McLeod:** I am trying to track the money — essentially is where I am going with this. I don't want to suggest that programming is not sufficient at this time. The previous amount was \$1.2 million. There is a line item in the budget for — I think it was \$150,000 or \$250,000 that was for the purchase of miscellaneous equipment from the former operator — but I do not know where the \$400,000 appears in this budget. It is certainly not here as a line item. I am looking for what the annual expenses to taxpayers will be to run the emergency shelter.

**Hon. Ms. Frost:** The question with respect to where the request is in the budget — it is under Social Supports under Program Management. There is \$3,669,000 captured in that. That covers a number of initiatives, but in particular, the emergency shelter is funded under that section.

**Ms. McLeod:** I just want to get to that page — Social Supports. The \$3.6 million that is under Program Management — is that the emergency shelter cost?

**Hon. Ms. Frost:** My understanding is that it covers a number of different areas, including the Whitehorse emergency shelter. I am waiting to get specific details as to what else is covered under that \$3.669 million. At the moment, I don't have it, but I will get it shortly.

**Ms. McLeod:** I thank the minister for that.

The minister indicated that, some nights at the emergency shelter, they have 60 persons using the services and that, on average, there are about 30 using the services. What is the capacity at the shelter?

**Hon. Ms. Frost:** The emergency shelter unit is currently able to accommodate 25 people. We have other rooms that are being used to accommodate as overflow space. We have cots there so we can quickly accommodate up to 60 people very comfortably, and we have the staff complement in place to ensure that the supports are there for those clients.

**Ms. McLeod:** In earlier discussions today and on other days, the operation of the shelter by the government is spoken of as a temporary solution. That obviously suggests that the government is looking to have somebody else take it over eventually. Can the minister tell us a little bit more about what the government is looking at doing in terms of future operation? Who are they considering handing that service over to, and where are we at with that work?

**Hon. Ms. Frost:** I would say that when we look at the opportunity to embrace our community partners, I think this is one that we want to look at — but also look at the fact that when the shelter was built and handed over to the Salvation Army, there was no consideration or scope of community-based needs other than providing a shelter. So for a facility of that magnitude, there is huge potential, and there are huge opportunities to look at a broader scope of care and bringing in community partners. We have done that very successfully already.

The objective is always to reach out into the community and work with our partners by looking at community programs. So what does a true community centre look like? There are successful models elsewhere in Canada, and because this is the first of its kind in the Yukon, we want to ensure that it is successful. We want to look at best practices elsewhere. We want to look at our partners. We want to look at ensuring that we consider traditional practices, for example, and that we bring in the necessary programs. We are really looking at working with our NGO communities as well as our First Nation partners. We are working with the Safe at Home community. Of course, the housing action plan — the implementation there as well and ensuring that we have the transient units that were historically — I think that when we took over the facility, there were only eight of those 20 units occupied, and that is not acceptable. We want to ensure that we have 100-percent occupancy and that the clients are supported — supported to success, supported to transitioning out of the units into permanent shelters.

So there is lots of really great work going on and of course a lot of opportunities for community engagement and collaboration. We have had some really good discussions also with the chamber of commerce, the surrounding businesses and looking at ensuring that we capture community needs — but also looking at some of the concerns that are being brought to our attention, including — a question that was asked most recently in the Legislative Assembly is: Are we seeing a reduction in emergency room visits? Are we seeing a reduction in visits to the RCMP, for example?

What we are hearing anecdotally — which obviously has to be tracked by data, given the short time frame — the observation is yes, we are seeing a reduction. We want to quantify that by looking at our partners and really giving it the time and of course the supports that it requires. That means the EMS — and the Sarah Steele facility is also another partner. Even though it is all part of Health and Social Services, it is a different unit. We want to ensure that we provide necessary supports throughout for the clients.

**Ms. McLeod:** Within the budget — the minister made mention of it earlier — there is \$100,000 for a men's shelter — it's under government transfers — in Watson Lake.

Can the minister tell me who the operator is? Who has the money been given to in order to conduct the survey of needs?

**Hon. Ms. Frost:** The \$100,000 was earmarked because this came forward as a priority for the community. The Help and Hope for Families board and their executive director saw this as a need and came forward to say that the community needs the support. As well, we have heard concerns from the Liard First Nation — wanting to look at a shelter facility in the community — for quite some time. The funding is set aside to ensure that we start looking this year at that and ensuring that we have something in place for the community of Watson Lake specifically for men.

**Ms. McLeod:** I am a little bit perplexed, I guess, as to how you put \$100,000 into a budget with no idea about how the government is going to move it forward.

I am told that, a couple of years ago, the women's shelter in Watson Lake received funding to do a survey of homeless needs. I have not been able to put my hands on the results of that funding arrangement or the results of the survey that was done. I have, however, talked to most groups in Watson Lake. I must say that this is the first indication I've heard from talking to the men's shelter folks who are working on a friendship centre concept and the folks at the women's shelter, that this is moving forward on a \$100,000 basis.

So I'm just kind of wondering about a little bit of background about how this money gets earmarked without a home.

**Hon. Ms. Frost:** I would say that we're using the same model in Dawson City. This is a good news opportunity. This is an opportunity for the community of Watson Lake to engage with the government — and of course Health and Social Services — to really define the scope of what a men's shelter looks like — where and what the needs are — and really start looking and working with Watson Lake residents and partners to scope out the needs.

We've allocated \$100,000 to do that work. My vision is to ensure that we provide the services, because what we're hearing — and what I'm hearing when I do visit the community and what I've heard from the Help and Hope community and of course the First Nations — is that we have some concerns around shelter for men, and I'm happy to say that I did identify in the budget some resources to allow for that to take effect.

Essentially, we've also provided additional resources in the budget — \$50,000 for the food bank. So we're doing what we can to ensure that the supports are there for the community. I'm quite pleased with that, and we will reach out to the community partners to scope out what that looks like in the coming days.

**Ms. McLeod:** So the government has received some funding through Canada for opioid strategies — let's call them that. Can the minister tell us how much funding the government has allocated toward the opioid action plan this year and confirm what kind of programming is going to be offered in school or in the public health domain?

**Hon. Ms. Frost:** When we look at the rollout of the opioid strategy, we have a limited amount of resources, and we have identified previously that we have utilized the funding that we received from the federal government over a five-year period of \$500,000 — allocated \$100,000 a year for an opioid mental health nurse, which is recoverable from Canada. But we have also put in additional resources from Government of Yukon of \$426,000. That really looks at providing supports to Blood Ties Four Directions and working with the Department of Education on prevention and education measures. We have also provided resources to the referred care centre, which also helps with the implementation of the opioid strategy.

We have taken a really broad approach to ensuring that we commit the investment that we do have in supporting the opioid action plan. We know that we are in a critical crisis right now, and the health and safety of all of our citizens, particularly our students — that we need to take the time necessary to put the resources in place to build capacity and of course educate our young people about the direct effects and the implications of fentanyl and some of the opioids that are showing up in the spring.

Just last week, we heard an announcement by the RCMP about some new type of drug that has now shown up in Yukon and of course in some of the adjoining jurisdictions — really, always trying to be ahead and making sure that we work with our partners.

In particular, we are working with the federal government to get access to more resources to ensure that we bump up the services and supports that we have in the Yukon. We do have the opioid action plan, and we will put the resources around implementing that effectively.

**Ms. McLeod:** Aside from the \$100,000 of federal dollars for this year, the minister said that there is \$426,000 going to organizations to provide some public education. I am wondering: What kind of mandated outreach do they have? I would particularly like to know how this information is

getting into rural schools and to rural communities so that we all have the same information.

**Hon. Ms. Frost:** The funding that the Government of Yukon is putting into the implementation of the opioid strategy is — keep in mind that we did a huge campaign around the naloxone kits and distributing that throughout the Yukon, and that is part of this funding.

We have also looked at enhancing education, ensuring that we get out into the schools in partnership with the Department of Education. We have provided more resources and supports to Blood Ties Four Directions as well, ensuring that we have more outreach through that initiative.

I want to say that the funding is really looking at the operation of the van; we're looking at case management; we're looking at after-hour supports. We're looking at — really, how we can provide enhanced supports? We're always open to feedback on what we can do better. This is new to Yukon — it is new to us and new to the department. So we are taking the necessary steps to ensure that we do the outreach and the education that are needed with our young people, ensuring that we have the resources in the budget to support the implementation of the opioid plan. That means working very closely with the chief medical officer as well as with the hospitals, the RCMP and our other partners throughout the community.

**Ms. McLeod:** I just want to chat a bit about medical cannabis. I would like to know if medical cannabis is being considered for coverage under pharmacare?

**Hon. Ms. Frost:** I don't have the specific response on whether or not that is covered under pharmacare, but I will get that very shortly.

**Ms. McLeod:** Mr. Chair, as I understand it, medical cannabis is taxed the same way as cannabis for recreational purposes. For example, licensed cannabis producers have to pay Ottawa's cannabis excise tax before shipping their product to consumers, medical or otherwise. Then the federal sales tax is layered on top of that. Other medications are not taxed like this, so it seems a bit unfair when we look at medical cannabis. Has the minister raised this issue with her federal counterparts?

**Hon. Ms. Frost:** Given that clearly this is a federal jurisdiction, I have not raised the taxation question with my federal colleagues regarding medical marijuana.

**Ms. McLeod:** So this is something that is fairly topical, and I'm sure a lot of Yukoners would like to hear the government's response — what progress has the government made to ensure coverage of the herpes zoster or shingles vaccine for qualified Yukoners?

**Hon. Ms. Frost:** That was captured in the chief medical officer's report for consideration. We are looking at it and having discussions around the support of that in the future.

**Ms. McLeod:** Good news for Yukoners.

On a different topic, moving on a bit — can the minister explain who keeps track of statistics such as how many Yukoners have type 1 or type 2 diabetes and statistics around how many Yukoners have a particular type of cancer or other disease?

**Hon. Ms. Frost:** So on an annual basis, the data that is collected from the Government of Yukon from Health and Social Services is sent to the Canadian Institute for Health Information. We've recently embarked on a relationship with them. Historically, the information was sent, and not a lot of analysis was done. So we are really happy to say that we now have this new relationship where they're doing a comprehensive analysis for us and feeding us back the information.

As well, we have ensured that Health Services within the department does data collection, and we also have the chief medical officer who collects data. BC Cancer Agency tracks the cancer data. As you can see, it's a bit complex in terms of who does what with the data. We have Health and Social Services' Community Health Program branch tracking diabetes. So it's really imperative on us as Health and Social Services to bring that all together, to do a comprehensive analysis and review around the various trends that we're seeing.

We just looked at the data that Dr. Hanley provided us most recently around cancer trends and different types of cancer in different communities. He noted that — through the University of Calgary — there was a specific assessment done in Old Crow, Aklavik and in places that predominantly use traditional types of foods. We saw a high rate of stomach cancer as a result of *H. pylori*, which is preventable. So we're trying to work with our partners there.

It's not just about permanent funding. What we've done is — we funded a permanent epidemiologist to assist with Health and Social Services and data collection as well. We currently have 2,226 Yukoners with diabetes, so that is an indication that we have a lot of work to do. But we also need to ensure that we provide supports to those individuals. We have recently taken to ensuring that we do a really comprehensive review of some of the trends. We are working with our partners to do some reduction strategies and preventive measures, and that is through the colon cancer review and the plans around that.

Our plan is focused broadly on the various elements of data collection, because that will help us better define improvements to program services. It will also help us look at reporting back to these specific areas — our demographic groups. We just did the aging-in-place review. As part of that, what we are seeing is a spike in specific areas and service delivery models that are required. We need to shift what we are doing, and that is done really clearly with the support of the chief medical officer and of course our partners.

**Ms. McLeod:** That will be good information to have in the hands of Yukoners and those who deliver programs.

The minister said that there were 2,226 Yukoners with diabetes. Does the minister have a breakdown between type 1 and type 2 diabetes?

**Hon. Ms. Frost:** I don't have the specific data, but my understanding is that the vast majority of those are type 2.

**Ms. McLeod:** So the majority of the 2,226 are type 2, but is there a way to get a more specific number?

**Hon. Ms. Frost:** I am sure that, as we look at all of the data that is collected through CIHI and through insured health services, we can get the data and information. At the moment, I don't have that in front of me, but clearly it is something that we can acquire. Just given the time right now, I can't answer the question specifically.

**Ms. McLeod:** If I understand the minister, she does not have the information right now, but it is available and the minister will provide the numbers to us soon. Thank you.

With respect to the family enhancement team partnership that the government has entered into with the Kwanlin Dün First Nation — can the minister confirm if there are plans in the works for opportunities to partner with other First Nations?

**Hon. Ms. Frost:** Yes — to the question.

**Ms. McLeod:** What are the cost obligations going forward with respect to this partnership? Is this a program that is funded 100 percent by Canada?

**Hon. Ms. Frost:** Maybe I could ask the member opposite to provide a little more clarity. I am not sure if she is referring to the specific partnership with Kwanlin Dün First Nation and how that's funded, what types of programming are on offer and whether that's Canada's responsibility. I am not sure of the question — maybe she can rephrase.

**Ms. McLeod:** Certainly, Mr. Chair. We were talking about the family enhancement team partnership that the government has currently entered into with Kwanlin Dün First Nation, and the minister did say that yes, there was an opportunity to work with other First Nations. The one that we have in place now is the one that we are talking about.

The question is about what the cost obligations are with respect to this partnership and whether or not this is funded — not whether it is a responsibility of Canada, but whether or not it is funded by Canada.

**Hon. Ms. Frost:** I am not going to speak about the relationship that Kwanlin Dün has with Canada, because clearly Kwanlin Dün has a partnership with Canada. What we have done is we have co-located our staff at the Kwanlin Dün facility to better enhance service delivery. They are still employees of the Government of Yukon.

**Ms. McLeod:** I won't go into the dollars and cents of this, but just how many staff are we talking about being co-located?

**Hon. Ms. Frost:** I want to just take a moment to acknowledge the relationship with the Kwanlin Dün First Nation because I think it is one that is very positive, and it better aligns with service needs. Really, I think it is a good model. It does not cost us any extra money. We just are co-locating five of our staff members within the facility, and we are working with Kwanlin Dün, who is currently being provided resources from Canada. I am really pleased about that. I think it is a really great model to better align service needs for those clients who occupy this and obviously that need the support. It is a great relationship.

**Ms. McLeod:** I want to move on a bit to talk about some hospital beds. The opening of Whistle Bend Place of course was supposed to alleviate some bed pressures that were

on the Whitehorse General Hospital. Can the minister confirm the current occupancy rates at the hospital? As she may recall, the hospital was operating at above 100 percent.

Are the bed pressures continuing? How much pressure did the opening of Whistle Bend alleviate?

**Hon. Ms. Frost:** We have a really great relationship with the Hospital Corporation — of course trying to address some of the current pressures, working to open up the re-enablement unit at the Thomson Centre so that we can help seniors get out of the hospital, into that centre and then back home, through the home first initiative.

Historically, we have seen approximately 110 percent — which is overcapacity — at the hospital. Now we are seeing that down to approximately 77 percent. Of course the relationship there is really working together to ensure that we not use the facility in such a way so that we are pressuring the hospitals — that we use it for acute care, that we use it for what it was intended and really look at the ideal rate of 75 percent, which is what the hospital would like to see.

We are going in the right direction, and we will continue to work with the hospital and of course look at other measures. I really do believe that the partnerships with our community helped to ensure that the reduction in pressure happened, and it has done so in a very short period of time.

**Ms. McLeod:** If I understand the minister correctly, the opening of Whistle Bend and the re-enablement and respite unit at Thomson Centre have led to a reduction to about 77 percent capacity at the hospital.

With respect to the 10-bed re-enablement and respite unit — are all of the beds currently filled? What was the final cost of the renovations to this building?

**Hon. Ms. Frost:** The objective is, I think, really to ensure that we use the re-enablement beds as that — to ensure that the individuals who come into the hospital transition into the re-enablement unit and that we then provide them the physio care or the supports they need and that we work with the Housing Corporation and work with home care to get the clients back into their own homes. Really, the objective is to not have it 100-percent full all the time so that we can transition in and out as quickly as we can, ensuring a successful transition back home.

We know that once you hospitalize an individual, the deterioration rate is such that an individual's longer stay in the hospital means that they will likely transition from the hospital into a long-term care facility. That is not the objective. We really worked hard with the Hospital Corporation, the physio team and Yukon Housing Corporation.

What I understand is that at the end of February, we had 13 people in and out of that facility. The cost for the renovations was \$997,000 to retrofit those units. Thanks to our great partnership with the Yukon Hospital Corporation, we were able to relocate the positions that were in that space. It was a very smooth transition, so I just want to give a shout-out to the hospital for partnering with us to ensure that we had these facilities available, as that itself caused a huge reduction in pressures on hospital beds.

**Ms. McLeod:** I just want to talk a little bit about drug and alcohol treatment. Is there an opportunity for a Yukoner to access funding from the Yukon government to access other treatment centres in other jurisdictions rather than attending the Sarah Steele facility?

**Hon. Ms. Frost:** I am just seeking some clarity around what we have done over the course of the last two years. With alcohol and drug treatment and the question around whether we access and provide services outside of the Yukon — my understanding is that there are periodically individuals who access services outside of the Yukon for specialized services. In particular, I know that families have gone south to acquire services as our facilities don't allow for that to happen here.

We work very closely with our First Nation partners and support the non-insured health benefits program to ensure that clients get the services and supports they need. That means that we work very closely with the mental wellness hubs in our communities to ensure that case management is done with smooth transition to the program that is defined for the individual. Of course costs would be covered either by Canada or the Government of Yukon, depending on the individual.

Not everyone goes to the Sarah Steele facility. We have a partnership with Jackson Lake and have a number of folks who go to that program. There are also additional resources that we put into our budget last year — and some resources this year — to look at pre- and post-care supports for our respective communities.

**Ms. McLeod:** Can the minister confirm the current wait-list for alcohol and drug treatment services at the Sarah Steele facility and tell us whether or not anyone who has been seeking treatment has been turned away in the last year?

**Hon. Ms. Frost:** I am just trying to get some clarity around the numbers. My understanding is that there are no wait-lists maintained at the facility. We have 14 beds, and every month, we provide services to programming for both men and women. We also look at deferral programming — so counselling and drop-in sessions, and we look at our partnership with Jackson Lake. We also look at community mental wellness supports and supports that are provided within the respective communities.

While an average of 23.5 individuals per month are referred to alternative supports, we really strive to ensure that we provide enhanced services and supports to the clients who do come to the facility. We are always looking at building a safety plan and a plan for the individuals. The assessments that are done in terms of appropriate supports are done with the case manager, and in some cases, we work with our mental wellness hubs and counsellors from the communities as well as directly with the First Nation partners through their health and social services supports. We also work very closely with the staff at the Whitehorse emergency shelter.

We are always open to improvements of course, because we have extended drop-in programs and counselling support programs that we can offer during the day if we are not able to accommodate 24-hour-care types of programming.

The whole withdrawal management program — I think we discussed that bit recently — with the detox centre. We are

seeing less and less pressure there because there is more diversion of services and supports to the Whitehorse emergency shelter — so really, just referral to other supports that are available in the community — and of course really looking at the urgency and the urgent needs of individuals as they come to the service centre for support, ensuring that we look at withdrawal management and case management and that we don't have individuals on a wait-list who are waiting for long periods of time.

As noted previously, we try to work with external partners outside the Yukon to provide specialized types of supports where there are multiple, say, family members, who are involved in treatment programs.

What we do know is that as we've tracked the statistics — of course, I'll bear in mind that this is an early indication, but the numbers dropped to 6.75 individuals per month since we opened up the Whitehorse emergency shelter. So we're seeing some trends happening. It's just really imperative that we start tracking that so that we can better align to meet the service needs of the individuals.

**Chair:** Do members wish to take a brief recess?

**Some Hon. Members:** Agreed.

**Chair:** Do we have unanimous consent?

**All Hon. Members:** Agreed.

**Chair:** Committee of the Whole will recess for 15 minutes.

*Recess*

**Chair:** I will now call Committee of the Whole to order.

The matter before the Committee is Vote 15, Department of Health and Social Services, in Bill No. 210, entitled *First Appropriation Act 2019-20*.

Is there any further general debate?

**Ms. McLeod:** The minister tells us that there are 14 beds at Sarah Steele that are available for treatment. Of those 14 beds, 6.5 are filled in any given month. The minister also said that 23.5 persons are diverted to alternative supports.

Is it a reasonable conclusion to think that at least some of the people who are diverted from Sarah Steele feel that they have been denied access to those treatment services?

**Hon. Ms. Frost:** Let me rephrase, and I will just qualify what is happening at the Sarah Steele facility. Currently, there are 14 beds. That is correct. From April to November, the average number of individuals who were turned away from the mental wellness supported unit due to the program being at capacity was 23.5 individuals. That was before we took over the Whitehorse emergency shelter.

Since December, when Health and Social Services took over the management of the shelter, we saw that number drop to 6.75 individuals per month — so an indication that the pressures are now diverted somewhat. We are seeing services and program enhancements at the Whitehorse emergency shelter. However, if an individual is seeking services and the mental wellness supported unit staff assesses the individual's physical and emotional needs, their eligibility for supports —

and of course to be eligible, the individual must be intoxicated or experiencing withdrawal, be conscious, be able to provide basic information and be able to safely participate in a co-ed type group. If an individual does not meet the criteria, a referral will be made to the appropriate service agency.

The number we have available is that we have 14 beds at the facility and we accommodate a cross-section of our community. The mental wellness supported unit program has intensive-type programming that runs from five to nine weeks for in-patient substance use and addiction treatment. The member opposite may remember that a couple of short years ago, they only ran 28-day alcohol addiction programming. The scope of collaborative care around the mental wellness services is more broad — to explore physical, emotional, psychological and of course spiritual effects of substance use, helping the individual to transition and building the program around the individual.

I just noted here — when I said there were 14 beds — I stand corrected. There are not 14 beds — there are 24 beds — I just want to clarify that. Half of those are for women and half are for men. We do now offer youth programming also at the facility, which hasn't happened previously. We do offer drop-in counselling services at the facility. With respect to intake appointments — they are scheduled on a regular basis through the mental wellness supports unit and then through partnerships with our communities.

These are the long-term beds within the facility. In the detox unit, there are 14 beds. I just wanted to qualify that. There is a distinction between the supported programming and that of the detoxification acute management program for the facility. When people are turned away, it is just for that support with the detox unit.

**Ms. McLeod:** So there are 24 beds at Sarah Steele for the long-term program — the five- to nine-week program. Currently, the average use of those 24 beds is 6.75. Is that correct?

**Hon. Ms. Frost:** No, no. I think the distinction between what is provided through the acute management type of programming through the detoxification unit is 14 beds. We talk about the 6.5 and the 23 — that is specific to that.

The beds at the facility itself — broadly around the long-term care programming — we provide services on a month-to-month basis, and we work very closely with Jackson Lake. We work very closely with our First Nation communities for pre- and post-care, and we work with external partners as well — outside the Yukon — to ensure that we meet the needs of individuals and we work with the mental wellness hubs — so two distinct programs.

The numbers I had given previously on the beds — when I had referred to 23.5 individuals per month, that was for the detox unit, and that has reduced to 6.75 individuals. Once we opened up the Whitehorse emergency shelter, we're seeing the clients going over to the Whitehorse emergency shelter getting the supports they need there.

**Ms. McLeod:** That clears up a couple of things for me, because I do want to be talking about the Sarah Steele Building and not the detox program. Also, the minister had

made mention that you had to be intoxicated to access the program, which caused a bit of a confusion because I didn't think that was one of the requirements for Sarah Steele long-term treatment. But it certainly fits if we're talking about detox.

So to get back to the long-term programming at Sarah Steele — there are 24 beds. The number I'm trying to track down is how many of those beds are occupied in any given month and whether or not there is a wait-list for those 24 beds.

**Hon. Ms. Frost:** I don't have that specific information around the program management system and the data on who comes and goes into that treatment program, but I would be happy to provide that once I get access to the information. Right now, it's not readily available to me. So I would be happy to provide the member opposite with the information.

**Ms. McLeod:** Of course I'm very interested to find out some information about that long-term — or the five- to nine-week treatment program at Sarah Steele. The information I'm after is: How many of those 24 beds are filled on a monthly basis? Is there is wait-list, and how many people are turned away? That's the information that I'm after. I thank the minister for agreeing to get that information for us.

Part of the reason that information is important because the minister has made comments regarding making a determination as to whether or not there are more beds that are needed. So we need to have the numbers and information on those beds before we can really have a conversation about future needs.

But I am going to move on now. Actually, I think I am going to stop here for today and turn it over to my colleague from the Third Party to ensure that they have some time. I want to thank the minister and her staff today. Because this is such a huge part of the Yukon government budget, I am hoping that Health and Social Services will see a return to Committee of the Whole.

**Ms. White:** I thank my colleague from Watson Lake for the generous sharing of time today.

Just to start — I have two things that I would like to start with. The first is that I fully support the Yukon government's decision to take over the Centre of Hope building — I do — for all sorts of reasons. It doesn't mean that there aren't questions, but I think the fundamental start is to say that I believe in that. I just wanted to get that off to start.

We talked a bit about the 2018 government summary. I raised a number of questions regarding the number of avoidable emergency room visits in 2018 because the Government of Yukon's performance plan states that 61 percent of all emergency visits could have been avoided. This year's accounting in the budget anticipates that the new Whitehorse hospital will have 35,000 emergency room visits this year — and that is the side where we have a brand new emergency room — but the underlying needs analysis and feasibility studies had certain assumptions on the level of community care that would be implemented in Yukon. That is what I am going to focus on — that the needs assessments that were done had very clear assumptions.

The November 2015 project report, entitled *Whitehorse General Hospital Expansion*, had the following to say about the key role that collaborative care would need to play for the success of the expanded emergency room. It is from section 3.2.3 entitled “Health care delivery” on page 10 of that document. It says — and I quote: “Based solely on today’s volumes, 21 spaces would be needed, which is more than double the current capacity. However, the data also revealed that a significant portion of those visits are for non-urgent or semi-urgent needs, which could be better supported within a community health setting.

“This means that planning for a new ED was done within the context of the whole health care system. A key assumption...” — and Mr. Chair, this is really important — “... in project planning was that improved access to primary care services through family doctors, referred care clinics, collaborative care practices and/or drop-in clinics could effectively divert a large number of lower acuity cases from emergency departments to a more appropriate type of care.

“Expansion will help create an appropriately sized emergency department with 17 suitable treatment spaces to meet the community’s acute care needs.”

The paragraph that I think we should focus on talks about the key assumption. This report was from November 2015. The key takeaway here is that the emergency room expansion was anticipating that the Yukon government would alleviate stress on the system by intervening in other areas across the health care spectrum.

In a second study that is dated June 11, 2014, entitled *Whitehorse General Hospital Expansion Project Needs Assessment Report*, similar assumptions were factored into planning.

In this report, the Yukon Hospital Corporation contracted Hughes Condon Marler Architects as the facility consultant advisory team to assist with the initial planning of the WGH expansion. Sterling Planning Alliance, a member of that team, conducted a space-planning exercise by first assessing the emergency department’s current requirements and by identifying what percentage of current volumes could be diverted from current visit volumes before projecting future visit volumes.

Their analysis found — and I quote: “... that if all CTAS Level 5 visits and 50 percent of CTAS Level 4 visits could be diverted to community based primary health services the proportion of ED visits by acuity would be approximately 38% Emergent (CTAS 1, 2 and 3) and 62% Less Urgent...”

They went on to conclude that, based on these assumptions, the recommended number of treatment spaces to meet that current demand in 2011 was 16.

Sterling Planning Alliance included a breakdown of expected visits with the assumption that community-based services would decrease — and non-emergent emergency visits. They assessed that emergency room visits could be curtailed by approximately 20,000 visits a year by 2019-20.

So here we are, Mr. Chair. We are anticipating 35,000 visits this year. I guess the part here is — if we look back at the 2011 report, the assumption was the following: Sterling

anticipated that we would need 17 beds for those 20,000 yearly visits. We are now 15,000 visits over that initial estimate in 2011.

The report goes on to say — and I quote: “It is important to note that in order to contain the WGH Expansion Project’s scope during the planning phase, the development process assumed that changes currently underway within Yukon’s community-based primary care services and work being planned and conducted by H&SS will continue to evolve and deliver results over time that provide for appropriate diversion of non-urgent and semi-urgent visits from the future ED. With this assumption in mind, Sterling Planning Alliance recommended an ED with 16 to 17 clinical treatment spaces as an appropriate sized ED to meet the community’s future needs.”

Mr. Chair, we have very clearly failed to implement sufficient programs to stem the flow to the emergency room. So the question I have is: What has changed since these two reports were written? The takeaway is that there was a key assumption in 2015 that improved access to primary care services through family doctors — and Mr. Chair, we know right now that if you call the health phone number to look for available family doctors, it will tell you that no clinic is currently accepting patients. Referred care clinics — there is the women’s sexual health clinic, the older women’s health clinic, and then I believe there is the Taiga. The minister can correct me on the others. Collaborative care practices — maybe we need to define what “collaborative care” is in the Yukon — and/or drop-in clinics could effectively divert a large number of lower acuity cases from emergency departments.

The first line of questioning that I would like to start with is that 61 percent of emergency room visits in 2018 were viewed as non-emergency. They didn’t belong there. We have these two reports from 2011 and 2015 talking about the assumption of how we are going to move forward, including how we get 17 beds — so if the minister could comment on that, please.

**Hon. Ms. Frost:** I can start by saying that we certainly learned a lot from past reports, and of course included in that is the 2008, 2014 — there are many reports that were provided in terms of best practices and scope of care for Yukoners. What are we doing now with respect to our collaborative care model for individuals? Of course the objective is to try to reduce pressures on the emergency room. We’re very aware that access to primary care will reduce some emergency medical visits.

We also know that we have some assumptions that have been made historically. What we don’t want to do is make assumptions. We want to quantify by getting real data and by starting to look at what we are doing with our partners in our communities. When we define collaborative care — health care delivery is really essential, and preventive measures are important in our community. So avoidable emergency room visits — we’ve seen significant reduction in emergency room visits here at the main Whitehorse General Hospital since we opened up the Whitehorse emergency shelter, so we are



tracking that very closely with our EMS partners and the RCMP.

Of course we certainly don't want to see 35,000 emergency room visits a year, because our objective is really to use it for what it was intended for — and that's to ensure that we provide emergency supports where emergency supports are required and that we're not occupying the space unnecessarily when we can provide supports elsewhere.

We are looking at referred care — some other models — and we supported the referred care clinic, ensuring that we provide additional supports for those clients who don't have a physician and who require some specialized support.

Improvements to mental wellness supported units also really are an objective — that we provide supports for mental wellness in our communities. We've seen historically — in 2011 and beyond — the shutdown of medical mental wellness supports that were provided, and we've now captured that through a different model. So the objective is really to provide care for the individuals where they are and where they reside — in particular, trying to ensure that we have supports in rural Yukon communities — and of course diversion of current volumes to community-based programming. So we're certainly very aware that it's necessary that we look at working with our community partners.

What we're doing right now — when we look at a nurse practitioner type of initiative — is looking at expanded care through our health centres because historically we have very distinctly defined what happens at the hospitals and what happens at the health centres. Right now, I think that there is a shift in the whole mindset of collaborative care and what we're doing at the community health centres — ensuring that we provide some enhanced-scope care there through nurse practitioners. We're looking at a model that's very successfully used elsewhere in the country. We've provided enhanced services as well for substance use disorder so that we will see fewer visits at the hospitals. We're supporting Blood Ties Four Directions so we will see less pressure there.

We are really happy to say that we are taking some experiences from the past and trying to eliminate pressures where pressures are seen. The department is looking at primary health care models, and we are committed to developing our community health centres to provide improved access of care for Yukoners. We are using our territorial health investment fund to help us get to that level, as well as working with the Yukon Medical Association, the physicians and our two outlying hospitals in rural Yukon — huge opportunities for significant improvements. We have acknowledged that.

**Ms. White:** What is the cost per visit at the emergency department for acute care — let's say, in Whitehorse, and then let's ask for Dawson City and Watson Lake as well?

**Hon. Ms. Frost:** I don't have that information available. I think that is very difficult to get. It really depends on the type of care that is required and the duration of time the individual spends there. I would certainly be happy to work with the department to try to get some very specific information with respect to the type of care that is required

when the individual enters the emergency room doors — looking at working with the hospital and the Hospital Corporation to try to get access to some of that data. At the moment, it is very difficult for the department to calculate the costs on its own.

**Ms. White:** Could the minister commit to getting me the numbers on the question I just asked? If it is not possible to tell me what the cost per visit is, is there an average cost? What is the cost for a person to walk into an emergency room — to walk through that door? There must be a base cost of what that is, without any other additional treatment? What is that number?

**Hon. Ms. Frost:** What I can commit to is that I will endeavour to work with the Hospital Corporation to try to get the number. I know that it is not something that we have readily available to us, but I would certainly be happy to work with the Hospital Corporation to try to get access to the numbers there.

**Ms. White:** Does the minister have that average cost for the 2018-19 year?

**Hon. Ms. Frost:** As I have noted, things have changed significantly in terms of the service supports we provide to clients from different means — through Blood Ties Four Directions, through the mental wellness support units or through reductions in emergency room visits to programs elsewhere.

I will endeavour to get the information and look at historical costs, try to track the data as we go forward and look at where we see reductions and where we see increases.

**Ms. White:** The reason I asked about the 2018-19 calendar year is that is the report that was put out by the Yukon government. There is going to be a cost to walk into an emergency room, and that is what I was asking for — just to get an idea, especially when that same report said that 61 percent of emergency room visits were avoidable had there been other options.

I think it is important to know that it was not a report; it was a needs assessment. So it was how the expansion of the emergency room department was decided.

It was not a report; it was a needs assessment. Within that, I did use the word "assumption", but I was quoting. It talks about how the assumption and planning of that project was the improved access to primary care services through family doctors or for care clinics, collaborative care practices, et cetera. Asking about the cost of walking into an emergency room, especially when I'm referring to the Yukon government's own numbers, is a question that bears asking.

The concern is that, according to those needs assessments, we have already exceeded the numbers expected this year. The government's own numbers say they expect emergency room visits to reach 35,000. When will we hit the maximum capacity of the emergency room at Whitehorse General Hospital? When do we expect to hit 40,000 visits a year or 45,000 visits a year? Until we really tackle the community aspect of health care, people's only recourse is to go to the emergency room. Has the government been looking at long-term projections of when we might hit those numbers?

**Hon. Ms. Frost:** We are certainly well aware of the pressures and trying to avoid emergency room visits by providing opportunities for the marginalized population, to give them the support they need through the referred-care clinic. We're working really hard with our community health centres as well. The Hospital Corporation will be here, I believe, in mid-April sometime. Specific questions that are directed at the hospital could be asked at that time, but I would certainly be happy to work with the Hospital Corporation in the meantime to look at what we're doing and what trends we're seeing as well as what improvements we can make, looking at the needs assessments in the community.

The other initiative that's happening right now is the effort to look at bilingual services in our community, noting also that the objective is to avoid bringing the pressures from rural Yukon communities into the main hospital, trying to look at what types of supports we can provide in our rural hospitals.

We are committed to opening a bilingual health centre in Whitehorse, and we are looking at collaborative care in our communities with the vision to ensure we reduce the pressures on the main Whitehorse hospital and just provide the supports where the individuals reside in rural Yukon communities. Services in health, broadly speaking, will help us see that vision to fruition as time evolves. That really ties nicely into the comprehensive health review where we see cost drivers and pressures and what the implication looks like. There were questions asked earlier around that.

It's well taken, and the recommendations are ones we welcome and will take into consideration as we receive the reports from the Hospital Corporation and look at our community hospitals. The comprehensive review is really a significant portion of that. The member opposite raises some really great points, and I just want to acknowledge that those are things that we are certainly considering.

**Ms. White:** How many nurse practitioners currently work in Yukon?

**Hon. Ms. Frost:** I can't say that. We have a number of nurse practitioners currently working for Health and Social Services but not ideally situated where we would like to see them working as primary health care providers in our health centres. That's not the scope of practice that we've seen. I think that's kind of the vision when we look at our supports in rural Yukon community health centres. There are a number, but I don't have that right in front of me. I would be happy to get that number.

**Ms. White:** I appreciate that the minister just said six. I know for sure that there is one nurse practitioner working in a primary health position, and that would be in the women's sexual health clinic. If the minister would like to fill me in on the others, that would be fantastic.

I spent quite a bit of time this morning falling down the rabbit hole of the contract directory. It's fascinating; I mean, I don't think you should probably read it before bed because it would probably help you fall asleep really quickly, but it is fascinating. I was going through those numbers. Of course, today is April 1, so we've started a new fiscal year, but I did

spend quite a bit of time looking at the 1,500 contracts that were under Health and Social Services last year, in 2018-19.

The reason why I'm asking about nurse practitioners is the fundamental belief that nurse practitioners are an important part of primary care. I don't need to see a doctor sometimes. All I would need to do is see a nurse practitioner, but I don't have access to one in my clinic, so that's why I was asking about that.

One of the important factors I think, at this point in time, is that I don't believe that the Yukon government has actually defined what they believe is "collaborative care". So if the minister could tell me what her understanding is of collaborative care, that would be helpful for me in my next questions.

**Hon. Ms. Frost:** So my understanding — just for clarification around the nurse practitioners: We have a total of six right now and there are a number at the hospital as well. We have two at Continuing Care, one at Mental Wellness and Substance Use services, two at sexual health and one at the Referred Care Clinic, and we have a number at the hospital as well. I can get those numbers.

When we speak about collaborative care, I just want to take a minute to talk about that because that is an opportunity for us to talk about the whole person and the well-being of the individual. When we look at programs and services in our communities, all we have ever looked at through the health centre is what type of medical care needs are required.

When we talk about collaborative care, it is interesting. If I am going to take a holistic approach to mental wellness, substance use, spiritual and physical well-being, preventive care, as well as look at the opportunity to work with the needs of the individual and where the individual is in the individual's particular life, collaborative care could mean a number of things. It is about ensuring that we have the whole wraparound support for the individual.

I want to talk a little bit about the vision for the Old Crow Health Centre. I talked about that as a potential model that we could look at to provide service supports for individuals there.

When we look at the health centre in the community, the individual walks in and you provide health care for that person based on their physical ailments. We don't talk about their mental wellness; we don't talk about social supports; we don't talk about physiotherapy, and we don't talk about access to other types of programming that might look at preventive care. Housed within one facility, the mental wellness and substance use vision at the Sarah Steele facility, for example, is really about that. It is about the opportunity to look at a model that may provide a holistic approach to the individual, ensuring that we bring multiple service providers together in one centre.

When we look at our health centres in our communities, it is imperative that we look at ensuring that we don't just focus on acute care needs — that we really focus on the holistic wraparound service supports that the individual needs at that particular time in the individual's life and ensure that we bring the services to them rather than pick them up and transport them into an urban centre for mental wellness supports,

physiotherapy supports, dental supports or ophthalmology supports or whatever it is that the individual requires. It is really about that. When we talk about collaborative care, we talk about it all. We talk about multiple service providers integrating services in a centre.

**Ms. White:** Will the upcoming health review include a definition of “collaborative care” as it is understood by the Yukon government as we move forward?

**Hon. Ms. Frost:** That is the vision.

**Ms. White:** The description of what the Old Crow system will hopefully look like sounds fantastic. It would be great if, in urban communities such as Whitehorse, we had access to similar things. A question that I have is: How many doctors are currently under the Yukon government and work by contract, and how many work on a fee-for-service basis?

**Hon. Ms. Frost:** I do not have that readily available in front of me, but as I understand it, I believe there were something like 140 doctors across the Yukon. I am not sure specifically, but I will come back and give that specific number and the details around that. I will respond to the question at a later date.

**Ms. White:** The reason why I ask about the difference between contract and fee-for-service is the concept that, as an individual, if I was seeing my health care professional, I could have a conversation about a multitude of things in the time that was required. That’s why I’m asking the question. I look forward to that response.

When my colleague from Watson Lake was asking about data collection, she was asking about the statistics, for example, for type 1 or type 2 diabetes and the numbers in the territory; she was asking about cancer. The minister said we had an epidemiologist. Can the minister tell me where the epidemiologist works?

**Hon. Ms. Frost:** This is based out of the chief medical officer’s office.

**Ms. White:** Is that a permanent position within the chief medical officer of health’s office?

**Hon. Ms. Frost:** Yes, it is.

**Ms. White:** I’m happy to hear that, because epidemiology is incredibly important. Every time any of my colleagues or I ask for statistics about, for example, type 1 diabetes, it’s trying to get a better understanding. I understand there are two programs in the territory, one being Yukon health and then NHIS — so understanding those numbers. There was mention of a pilot project for the constant glucose monitoring. Is that the pilot project that’s being run through the type 1 diabetes group?

**Hon. Ms. Frost:** The epidemiologist last year was funded under THIF. We made that permanent, so it’s a brand new position. I’m very pleased. I think it was necessary and so it’s there in the budget. The constant glucose monitoring pilot project — we had the really great debate in the Legislative Assembly previously on the defined need of ensuring that we provided supports for younger children. I met with the families of the children, and from that discussion, we went ahead and proceeded with a pilot initiative. That’s still continuing to run to March 31, 2020.

The type 1 diabetes glucose monitoring program provides supports to children 18 and under. Then there is another section there for older adults — 19 to 25 — so it is specifically trying to break it down. I think part of it is just tracking as well.

We are currently gathering the data and exploring options for the future, so I see this as something that is necessary, and we will track it closely to ensure that we provide the supports where the supports are needed.

**Ms. White:** I apologize ahead of time — just to go back. So the epidemiologist is now a permanent position at the chief medical officer of health’s office?

**Hon. Ms. Frost:** That’s correct. Yes.

**Ms. White:** That is a permanent position into the future? It is not a yearly position or a shorter term?

**Hon. Ms. Frost:** That is the vision, yes. It is a permanent position and is defined as such. I see that going on into the future.

**Ms. White:** That is exciting news. One of the reasons I was asking about the constant glucose monitoring is because I had casework last year — and now I will have casework again, and I will probably have casework into the future — with an individual who is over 26 years old and who, at one point in time, in a month, was picked up nine times by an ambulance and taken to the hospital because of their diabetes. As a type 1 diabetic, they have been working on it for a very long time.

One of the issues is that the constant glucose monitoring — the system itself — I mean, you can sign a contract with the company, but you still have to pay for the tabs, and the tabs can be upward of \$400 a month, which is actually not attainable for some people.

The minister talked about how important it was, you know, to have collaborative care — talked about how we wanted to have wraparound services and how it would be preventive. It would seem to me that it would be less costly to have an individual on a constant glucose monitor as opposed to not being able to keep up with their body’s demands. Has there been any thought about extending that funding to include adults who are over 26 years old?

**Hon. Ms. Frost:** I thank the member opposite for tracking this very closely and caseworking, because I think that is part of what we do in Health and Social Services — ensuring that we collect the data, look at individuals and look at where the individual needs are — clearly not wanting to turn anyone from essential services — in particular, a program area that might support and save a life. Those are things that we are looking at as we look at expanding the program. This was a pilot project and we certainly want to look at stabilizing this long term.

That will be very much a part of the comprehensive health review, and we will make sure that we trigger it back and make sure that we have the assessments that are needed, looking at eliminating some of this and providing supports where supports are needed.

**Ms. White:** I am just making a note to myself to ask the Minister of Community Services — just so he knows — about

the cost for an ambulance callout. The reason why I believe that these are relevant questions in terms of health is that there are a whole bunch of different factors as to how someone is. We talk about mental wellness, we talk about physical health, and we talk about all those aspects. One of those things is that if a chronic disease is unmanageable, no matter how much work you do, and there is a tool that can help — my hope is that we will look at that.

In terms of the minister's previous response — if a person was applying under the chronic conditions program to have this coverage and they were denied because it's not covered now, is there a way to continue on that process to have their individual case heard by someone within the department?

**Hon. Ms. Frost:** Back a couple of questions — I'll commit to providing the detailed information on the physicians. I was just trying to get that clarity because it's a little bit of a catch-all because we have visiting physicians, we have some on contract, and we have some who work fee-for-service. I just didn't want to put anything on the table that provided uncertainty.

The services for those who are 26 and over are certainly something that we will look at in the future. I'm hoping that once this pilot is completed by March 2020 — that will give us this year to work through the assessments, then of course tie it back into the health comp review and look at the questions around emergency room visits and trying to reduce there as well for specific access to emergency services.

**Ms. White:** I thank the minister for that answer and the assertion that she will share those numbers when she has them. When she said initially that she didn't have them here and that she would get them to me, I had already moved on. I was 14 questions down in my head, so it took a second to get back to it. But I do appreciate that because I also — like I said, I was looking at the contract registry and going through it, and I saw numbers, but I have no recollection at this point in time of exactly how many I saw.

The work that is done by the department — so Health and Social Services is the biggest budget in the whole Yukon government, and there's a reason for it. From birth to death, a person is affected by the Department of Health and Social Services. The work that gets done within that department is huge — every aspect of it. I don't think any of it is easy. I want to start with that because it covers so much.

What I have in front of me right now is the supplementary information related to operation and maintenance and capital estimates for 2019-20. I'm just giving everybody that so that they know what it is, so they understand what document I'm holding.

One of the questions that we've said often is — we've talked about the importance of information and accurate information. Some of the questions or some of the information — it's not that it's hidden; it's just that it's not being freely given. I wanted to know the difference between the information that I get in this handout now — so this is supposed to be the supplementary information that goes along with my budget section — so Vote 15, Department of Health and Social Services.

The reason why it's relevant is that I decided — I wasn't the critic for Health and Social Services before, so a lot of this, for me, has been new in the last two years. So I went back to a budget from five years ago. It is 2014-15. It's not that the minister needs to know this — it's just for comparison purposes.

If I look at page 4-3 on my supplementary information related to the operation and maintenance of the Department of Health and Social Services — on the very first page, it says Family and Children's Services, and it says, "number of family supports provided" — it says 45. It says, "number of child protection services provided" — it says 100.

If I look at the same page in the 2014-15 budget information, it says "individual families served in Whitehorse", and then it says "regions", and then under "child protections", it says "families" and it identifies Whitehorse and then the regions. Out of this supplementary information, under "number of family supports provided", it says 45. I would like to know: How many are in Whitehorse and how many are outside of Whitehorse? Under Child Protection Services, it says 100. I would like to know: How many are in Whitehorse and how many are regional?

**Hon. Ms. Frost:** I'm not quite clear what the member is referring to or which document she is referring to right now — the supplementary estimates or the main estimates? Or is she referring to the 2014 documents? I'm trying to make the links as to the specific question that is being asked right now so I can at least try to answer the question correctly.

**Ms. White:** Absolutely, Mr. Chair. I apologize because on my desk right now — it's covered in documents. The one I am asking about right now is the supplementary information related to operation and maintenance and capital estimates from the 2019-20 budget. It's the separate handout that's supposed to give me all my information about the department. The comparative question I'm asking is compared to a budget five years ago, because the information is different. The one currently just says "number of family support services provided" — 45; and then it says "number of child protection services provided" — 100. But the previous budget said how many of those were in Whitehorse and how many of those were regional — so outside of Whitehorse. I wanted a breakdown of the numbers 45 and 100.

**Hon. Ms. Frost:** I clearly do not have the specific numbers on services provided in rural Yukon for child protection services and the number of families supported. I do not have the distinction in front of me of what's rural and what's urban. What I can say is that we have our extended family care programs within our communities; we have some data that we provided and tabled last year around service supports for children and families within our communities. We have quite a lot of data that we have collected, so I would like to ensure that I get the right information. I will try to work with the member opposite and see specifically what she is looking for and get that data to her.

**Ms. White:** I thank the minister for that. I guess the point I'm trying to make is that there was more information available. The document that I'm asking the questions about is

the supplementary information related to the operation and maintenance and capital budgets for this fiscal year — 2019-20. The reason I am referencing the budget document from five years ago is that it had the breakdowns. The reason why I think the breakdowns are important is that it gives a better cross-jurisdictional look, so that is the reason I am asking for it. Now we are given a number, but we're not given information about the number. So that is what I was trying to understand.

The next page talks about child placement services and adoption services. I just had one general question — so the process of adoption is intense, as you would hope it would be. When a family is looking to adopt a child, it should be rigorous. Every aspect should be looked at and everything should be questioned. Sometimes, I know that when a family has been approved for adoption, there is a wait before they are matched up with their human — which is also fair. One of the questions I had is: Are homes approved for adoption able to, if they so choose, foster — can they be foster parents at the same time?

**Hon. Ms. Frost:** I believe that when we look at placement for adoption services, we have to consider that there are different methods of adoption. When you look at customary practices within our traditional communities or when we talk about the 100 or so placements within our community — we work with extended family care programs through customary adoption as a formal adoption process. We are trying to look at customary and traditional practices of how we care for the child, ensuring that the child's supports are there.

When we look at the foster care program — I believe that the objective is always to ensure that we provide long-term, stable care for the child. If the family chooses to adopt the child, that is certainly something that the department would look at. It is individual and case by case, I do believe. In this particular case, what we have seen historically — 389 children in care — is down to less than 20 in our group homes and 100 in extended family care programs. This is really an indication that we have a customary adoption process evolving within our communities that we have not seen historically, which is a new trend. So we need to look at it all and of course make sure that we provide supports to all the parents — foster parents and potential adopters who come forward.

**Ms. White:** So just to confirm — a family who has been pre-approved for adoption is able to also foster children if they so choose and if there is a requirement for a foster home?

**Hon. Ms. Frost:** I am not clear on that, but I would be happy to provide that. My vision is that we want to ensure that if we have potential parents who step forward, we look at placements. We want to ensure that we take into consideration the needs of the child. If that works, certainly we want to be flexible enough to allow for that to happen.

**Ms. White:** I think it's great. I think if a family or an individual has gone through the pre-approval process for adoption, then they obviously qualified under Yukon

government to be parents, and sometimes small humans just need love — so I would hope that anyone would be able to.

I'm now looking at page 4-5 on the supplementary information related to the budget under "extended family care". Under "extended family care", it just has the one number again. It says 80. I just wanted to know how many of those were in Whitehorse and how many of those were regional.

**Hon. Ms. Frost:** I don't have that readily available. I would be happy to see if I can get that information — but also being sensitive to the fact that there are very few in some of the communities and I really want to ensure that we protect the privacy of individuals so as not to give specific details on a specific community. If we can just talk in general, then I will certainly try to provide that for the member opposite.

**Ms. White:** I do appreciate that sensitivity, and it was just in general; I didn't want to know on a community-by-community basis.

Again, the reason why I'm asking these questions is because that information with that breakdown — between whether it was in Whitehorse or regional — was available previously. Part of the reason why I think it is important is that we can get into Mental Wellness and Substance Use services, and we get into a section where it doesn't tell us anything except for numbers. So how many people in rural communities are accessing these services and how many people in Whitehorse? It used to be right there.

Maybe what I'll do is — we're almost at the end of the day today, so I'll just highlight that I have questions between the document for this fiscal year and the numbers — to get a better understanding of what the breakdown is — and then I can move on to another question right now.

I am grateful that, during the briefing, we were given the organization chart. I do appreciate that, because it really shows the breadth of the department. For example, under Health and Social Services, there is the deputy minister of course, and then there are four ADMs. Under the ADMs, there are directors, supervisors and managers, and then it just filters out from that.

I had a question — because there is a line item in this year's budget that talks about a new position within the deputy minister's office. It is \$144,000 for the funding of one FTE senior advisor to the deputy minister. My understanding was that, with four ADMs, there were four senior advisors within those. So each ADM has a senior advisor who would advise the ADM, and then the ADMs, I thought, would act as the advisor to the deputy minister. Could the minister maybe tell me what the new \$144,000 line item for the senior advisor to the deputy minister — what that position is, exactly?

**Hon. Ms. Frost:** Just to clarify — all of the ADMs do not have a senior advisor. There is one position, and that is to support the office of the deputy minister.

**Ms. White:** I thank the minister for that clarification.

What exactly does the senior advisor for a deputy minister do? I know that when we were in Finance, we were told that it was a temporary position, as there was the

transition. This one says that it's one FTE. I just want to know what that position does.

**Hon. Ms. Frost:** The senior advisor is really — as you can see in the organization chart — as the member opposite describes, it is very complex. Of course it is the largest department in Health and Social Services, and multiple initiatives are happening. The position provides policy advice and policy direction, and it really looks at program support from all of the different areas and provides that to the deputy minister, who then provides support to me as the minister. That is the objective. It is a new position this year; it wasn't there previously. It is to ensure that we capture everything with respect to policy direction and program management within Health and Social Services.

Mr. Chair, seeing the time, I move that you report progress.

**Chair:** It has been moved by Ms. Frost that the Chair report progress. Are you agreed?

*Motion agreed to*

**Hon. Ms. McPhee:** I move that the Speaker do now resume the Chair.

**Chair:** It has been moved by Ms. McPhee that the Speaker do now resume the Chair.

*Motion agreed to*

*Speaker resumes the Chair*

**Speaker:** I will now call the House to order.

May the House have a report from the Chair of Committee of the Whole?

#### **Chair's report**

**Mr. Hutton:** Mr. Speaker, Committee of the Whole has considered Bill No. 210, entitled *First Appropriation Act 2019-20*, and directed me to report progress.

**Speaker:** You have heard the report from the Chair of Committee of the Whole. Are you agreed?

**Some Hon. Members:** Agreed.

**Speaker:** I declare the report carried.

**Hon. Ms. McPhee:** I move that the House do now adjourn.

**Speaker:** It has been moved by the Government House Leader that the House do now adjourn.

*Motion agreed to*

**Speaker:** This House now stands adjourned until 1:00 p.m. tomorrow.

*The House adjourned at 5:27 p.m.*

**The following sessional paper was tabled April 1, 2019:**

34-2-90

*Yukon College 2017-2018 Annual Report and consolidated financial statements (McPhee)*