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STANDING COMMITTEE ON PUBLIC ACCOUNTS

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Wednesday, August 18, 2021 — 1:30 p.m.

Chair: Currie Dixon

STANDING COMMITTEE ON PUBLIC ACCOUNTS

Chair:	Currie Dixon
Vice-Chair:	Kate White
Members:	Scott Kent Hon. Jeanie McLean Hon. Richard Mostyn
Clerk:	Allison Lloyd, Clerk of Committees
Witnesses:	**Department of Health and Social Services**
	Stephen Samis, Deputy Minister Shehnaz Ali, Assistant Deputy Minister, Social Services Cameron Grandy, Acting Director, Mental Wellness and Substance Use Services Sonya Parsons, Director, Human Resources

EVIDENCE
Whitehorse, Yukon
Wednesday, August 18, 2021 — 1:30 p.m.

Chair (Mr. Dixon): I will now call to order this hearing of the Standing Committee on Public Accounts of the Yukon Legislative Assembly.

The Public Accounts Committee is established by Standing Order 45(3) of the Standing Orders of the Yukon Legislative Assembly. This standing order says: "At the commencement of the first Session of each Legislature a Standing Committee on Public Accounts shall be appointed and the Public Accounts and all Reports of the Auditor General shall stand referred automatically and permanently to the said Committee as they become available."

On May 17, 2021, the Yukon Legislative Assembly adopted Motion No. 11, which established the current Public Accounts Committee. In addition to appointing members to the Committee, the motion stipulated that the Committee shall "have the power to call for persons, papers and records and to sit during intersessional periods."

Today, pursuant to Standing Order 45(3) and Motion No. 11, the Committee will investigate the Auditor General of Canada's report entitled: *Report of the Auditor General of Canada to the Legislative Assembly of Yukon — Mental Health Services in Rural Yukon — Department of Health and Social Services.*

I would like to thank the witnesses from the Department of Health and Social Services for appearing today. I believe Deputy Minister Stephen Samis will introduce these witnesses during his opening remarks.

I will now introduce the members of the Public Accounts Committee. My name is Currie Dixon. I'm the Chair of the Committee and the Member of the Legislative Assembly for Copperbelt North. To my left is Kate White, who is the Committee's Vice-Chair and the Member for Takhini-Kopper King. To her left is the Hon. Jeanie McLean, Member for Mountainview. To her left is Scott Kent, Member of the Legislative Assembly for Copperbelt South. Finally, behind me, is the Hon. Richard Mostyn, Member for Whitehorse West.

The Public Accounts Committee is an all-party committee with a mandate to ensure economy, efficiency, and effectiveness in public spending — in other words, accountability for the use of public funds.

The purpose of this public hearing is to address issues of the implementation of policies — whether programs are being effectively and efficiently delivered — and not to question the policies of the Government of Yukon. In other words, our task is not to challenge government policy but to examine its implementation. The results of our deliberations will be reported back to the Legislative Assembly.

To begin the proceedings, Mr. Samis will make an opening statement on behalf of the Department of Health and Social Services. Committee members will then ask questions. As is the Committee's practice, the members devise and compile the questions collectively. We then divide them up among the members. The questions that each member will ask are not just their personal questions on a particular subject but those of the entire Committee.

After the hearing, the Committee will prepare a report of its proceedings, including any recommendations that the Committee wishes to make. This report will be tabled in the Legislative Assembly.

Before we start the hearing, I would like to ask that questions and answers be kept brief and to the point so that we may deal with as many issues as possible in the time allotted for this hearing.

I would like to also ask that Committee members and witnesses wait until they are recognized by the Chair before speaking. This will keep the discussion more orderly and will allow those listening on the radio or over the Internet to know who is speaking.

We will now proceed with Mr. Samis' opening statement. Mr. Samis, go ahead.

Mr. Samis: Good afternoon. As Deputy Minister of the Department of Health and Social Services, I am pleased to appear before the Public Accounts Committee to respond to the performance audit conducted by the Auditor General of Canada that was provided to the Yukon Legislative Assembly on June 7, 2021.

I would like to start by introducing the key officials from my department who are here with me today. To my left is Shehnaz Ali, assistant deputy minister of Social Services; to my immediate right, Cameron Grandy, acting director of Mental Wellness and Substance Use Services; and on my far right, Sonya Parsons, director of Human Resources.

We will respond to your questions to the best of our ability. If you require additional information or greater detail than we can provide at the moment, we will be prepared to have it sent to you without delay.

I know that we will explore many of the issues further as we go through this process today. However, I would like to — and thank you, Mr. Chair — make some initial remarks in response to the Auditor General's report, which focused on three main themes and made four recommendations.

Firstly, we want to recognize that we thank the OAG for the audit and the recommendations that will support the department in continuous improvement in the provision of these important services to Yukoners. The overall findings of the audit team were positive. Indeed, as stated in paragraph 18 of the report, the auditors determined that the Department of Health and Social Services successfully increased access to mental health services in rural communities during the time frame of the audit from May 5, 2016 to September 1, 2020. This success is due to a great deal of hard work, structural and cultural change within the department, and a strong focus on collaboration and working in partnership with community partners, particularly Yukon First Nations. The auditors included a number of areas in which our department has improved the provision of mental health and substance use services in rural Yukon, thanks to the hub model and increased collaboration with local communities and First Nations.

We noted many areas where the auditors provided positive findings that provide learnings for the department for future

work. While there are numerous instances, I would like to highlight several for you today.

In the area of identifying need, the auditors note in paragraph 21 that the department "… conducted research and consultations with various stakeholders to identify and understand the mental health service needs of rural residents."

Following on the needs identification, the auditors recognized that we created a needs-based service delivery model — the mental wellness and substance use hubs.

Paragraphs 31 and 32 state that the auditors "… found that the department's model incorporated research on approaches from … across Canada with the results of its previous needs assessments and consultations…" and "… also found that the department worked with Yukon First Nations, stakeholders, and other community members in developing its hub model."

The development and implementation of the mental wellness and substance community hubs has increased access to mental health and substance use services in rural communities, and this was recognized by the auditors in the section entitled: "The department increased access to rural mental health services". They also note that: "The hubs gave rural Yukoners access to services … in their communities or in closer proximity than what was available in the past…" and that the department finally "… increased access to mental health services by integrating 3 separate services into 1 overall service…" — a "one-stop shop" that has a single intake process.

The positive impact of the creation of the unified Mental Wellness and Substance Use Services branch within the department and the four community hubs is underscored by the auditors' analysis to support these findings, including: reducing clients' trauma of disclosing difficult experiences; increasing access to mental health services due to the hubs having a permanent physical presence in communities; and improving relationships between service providers and communities. The auditors also provided valuable recommendations and suggestions around areas that we could build upon, such as recruitment and retention, culturally responsive services, and performance measurement.

Recruitment and retention of staff for rural and remote communities is a challenge across Canada. This has been exacerbated by the pandemic. While we agree that the recruitment and retention of mental health and substance use staff has been a challenge for the MWSU community hubs, the department has been actively and successfully filling positions on an ongoing basis. We are working with communities on creative solutions to support mental health and substance use services across the Yukon and are developing the recommended recruitment and retention strategy, among other actions outlined in the auditors' findings and in our response.

The auditors' findings also touched on the work that Health and Social Services has done to make our services more culturally responsive. We continue to learn, grow, and improve in this area, and we have taken a number of actions acknowledged by the auditors in the section on culturally responsive services.

The final paragraph of the audit report notes that the creation of the Population and Public Health Evidence and Evaluation branch is clear evidence of our department's commitment to strengthen and improve our use of data and evaluation. This is a new team that is working closely with MWSU to determine appropriate performance measures and reporting for mental health and substance use services throughout the Yukon. This was a key recommendation of the independent expert panel on the *Putting People First* report and one that we were quick to enact to enable us to improve our evaluation and performance measurement.

I would like to thank the auditors for their work. We appreciate their recommendations and are moving forward and continuing to improve the provision of mental wellness and substance use services to rural Yukoners.

I will have other generalized comments to make, but I can make those as we go through the recommendations, and my colleagues and I look forward to today's conversation.

Chair: Thank you, Mr. Samis. We will now proceed with questions from members of the Committee, and they will proceed randomly, based on our allocation of these questions previously.

To begin, Kate White, Vice-Chair, will ask the first few questions.

Ms. White: Thank you, Mr. Chair, and thank you to the witnesses for appearing today. Just for folks listening, the witnesses do have a list of the questions, and I say this ahead of asking the seven that I have in a selection.

The Auditor General found that, as noted in paragraph 21, "…the Department of Health and Social Services conducted research and consultations with various stakeholders to identify and understand the mental health service needs of rural residents. However, some of these consultations took place after the new hub service delivery model was developed. Also, the department could not demonstrate how it integrated feedback into the model's development."

According to the report, the department could not provide records of how the feedback it gathered, while developing the hubs, was integrated into the model's development, which leads to the next questions.

How much consultation had taken place with a broad representation of rural communities? Was any of the feedback integrated into the model's development? How was the feedback integrated? Why was the department unable to provide records to the Auditor General about this?

I will start with those four.

Mr. Samis: As noted by the Auditor General in paragraph 19 of their report, the department engaged and consulted with many stakeholders to identify the mental health service needs of rural residents. From September 2016 to May 2017, members of the mental wellness implementation team visited Yukon communities to meet with First Nation government representatives and service providers. Those invited to participate in each community included the First Nation, municipal council, service providers, and RCMP. The communities visited included Beaver Creek, Burwash Landing,

Carcross, Carmacks, Dawson City, Haines Junction, Mayo, Old Crow, Pelly Crossing, Teslin, and Watson Lake.

The intention was to gain a better understanding of each community's specific mental wellness needs, to learn about existing community initiatives, and to hear local ideas to improve mental wellness. This information was shared with the working groups to be integrated into their planning process and plan activities.

I'm going to ask, as a follow-up to that, Sonya Parsons, who is our current director of Human Resources but was, prior to that, one of leads on the development of the mental wellness strategy, to continue.

Ms. Parsons: So, some of the overall themes that emerged include: a strong interest in land-based healing and cultural camps; the need for services for youth, including training, cultural activities, and mentorship; and the need for support workers. Communities also indicated that they had a need for training for community members.

The feedback was integrated into the models for development as the strategy evolved after each consultation. Feedback was brought back for consideration and then integrated into the pillars or activities for the First Nations partnership committee to approve. Some of this was informal as it shaped how the mental wellness strategy was written.

Feedback was integrated through various ways, one of which was changes for consideration through the First Nations partnership committee, and they changed as we went along. HSS provided records to the Auditor General on the feedback gathered from the community engagements. Health and Social Services also provided a lot of ongoing communications with First Nations and other participants, such as e-mails as well as some meeting minutes. The auditors wanted to see minutes for the engagement sessions or for the meetings, and we did not have meeting minutes for each one of the meetings.

Ms. White: Just to follow up on one of those responses, why did the department not have minutes collected from those meetings?

Ms. Parsons: The meetings were generalized and oftentimes informal. They were done through think sessions with big mapping on walls, et cetera, and they weren't minute by minute for those particular meetings. It depended on how the community wanted to proceed with the meetings.

Ms. White: Sure. I will come back to that later on.

Has the department developed better record-keeping as a result of this gap that has been identified? Can you provide specific improvements that have been made? How will the department consult with stakeholders and integrate feedback on a go-forward basis?

Mr. Grandy: So, yes, going forward, we have developed better record-keeping, particularly on the hubs. The hubs originally were an integration of three different service provisions with three different record-keeping processes. Mental Wellness and Substance Use Services, including the hubs, has implemented a new electronic medical records system, which allows us to keep much more timely and accurate documents and information that we can then use and implement changes based on them, quite quickly.

We now have a consistent form throughout all of our mental wellness and substance use services. This allows us — and we'll talk later — to develop more uniform client feedback information and to bring information to communities from our electronic medical records to bring back the program changes. Another way of sort of supporting how we document information that we're getting from the communities, as well as meetings with the communities, is that part of the hub system was a dedicated manager to the community hubs, whereas prior, there would have been three different managers from three different services that were integrated; so there's one portfolio within that hub community model.

Ms. White: Just to follow up on that, is that one manager per community hub, or is that one manager for all community hubs?

Mr. Grandy: One manager for the community program.

Ms. White: The Auditor General recommends that the department — and I'm quoting: "… regularly consult with a broad representation of residents of rural communities to identify and implement adjustments and improvements so that the department provides the mental health services that are most needed."

The department's response, in paragraph 38, includes a commitment to — and I quote again: "… quarterly client satisfaction surveys…"

What is the timeline for the delivery of these client satisfaction surveys, and how will that information shape services provided at the hubs into the future?

Mr. Samis: We agree with the statements made by the auditors in paragraph 26, that: "Consulting with partners and stakeholders makes it more likely that their concerns will be considered in the design and delivery of mental health services. It also helps to build trust and increase the likelihood that rural Yukoners are comfortable…" with the services provided.

We are actively engaged in this approach to understand the needs of rural Yukoners so that we can provide the services they need, as noted in paragraph 28. I will turn to Mr. Grandy to provide a little more information on how we're doing that, as well as to answer the specific questions around the client satisfaction surveys.

Mr. Grandy: So, MWSU has recurring meetings with First Nation governments. We regularly attend CYFN Health and Social Development Commission meetings with health and social services directors from all First Nations. We frequently participate in discussions related to the administrative justice agreements with First Nations and directly involve First Nation partners in new hiring staff.

In terms of the question specifically to quarterly client satisfaction surveys, we are going to be implementing that in September 2021. We have created what we are calling a "community hub performance measurement plan". Part of that is quarterly surveys that will go out every three months for one week to clients who, of course, choose to engage and who can engage safely with their service providers to give us that feedback. That will be implemented on an ongoing basis starting in September.

Chair: All right. Before moving on, are there any follow-up questions to those?

If not, go ahead, Ms. McLean.

Hon. Ms. McLean: Thank you to the officials for coming today to provide answers to the questions of our Committee. I will start with this.

The department released *Forward Together — Yukon Mental Wellness Strategy — 2016-2026* in the spring of 2016. Paragraph 34 of the Auditor General's report cites that "… under the strategy, a community advisory committee was planned to ensure broad representation in working groups. The committee was also to ensure that initiatives included rural and remote issues and First Nations cultural perspectives. However, this committee did not become operational."

We were told that terms of reference had been created, but the committee never got off the ground. The first part of the questions is: Why not? And then, further to that, is: What lessons has the department learned from this experience?

Ms. Parsons: The First Nations partnership committee was established as part of the mental wellness strategy under the development of that strategy and it was operational for two years. The first priority of the committee was the development of the Mental Wellness and Substance Use Services branch. Due to the high level of turnover in First Nation representation, there wasn't consistent participation in the First Nations partnership committee, and once MWSU was established, interest in the committee waned. Health and Social Services provided a one-year term policy resource to the First Nations partnership committee and helped support First Nation participation during the first year of that committee.

I think I would like to go to Cameron to answer this.

Mr. Grandy: Mr. Chair, in terms of lessons learned, we have worked with our partners at CYFN and created the terms of reference for the Mental Wellness and Substance Use Advisory Committee, which will be active going forward. This is a committee that will include community members, both First Nation and non-First Nation, as well as CYFN and Mental Wellness and Substance Use Services with at least one person with lived experience as part of that committee. It was scheduled to launch in the spring of 2021 after the terms of reference were agreed upon; however, the current wave of the pandemic hit the Yukon and that was put aside until it was more safe and timely to meet.

The committee is largely based on input from CYFN as well as First Nations, and our intent is to reignite this group in September. MWSU also has a new — which we will get to later — not new now, but I suppose it was new at the time of the audit — but a cultural counselling coordinator, who will also be part of this committee.

Ms. White: When the term "interest waned" was used, did the department ever go back and find out what happened for interest to wane? Did we go back and figure out why the participation number dropped or why things stopped, or was the assumption just made that there was no longer interest in the issue?

Ms. Parsons: Yes, so first, when the committee was struck, we involved CYFN, Kwanlin Dün First Nation, and the department — both the health portion of our department and the social services portion of our department. The interest was there to integrate these services, and then, as the services became integrated, we spent a lot of time as a First Nations partnership committee discussing how to keep the movement and the momentum alive. Underneath the First Nations partnership committee, we had subsections of committees; we had three working groups. One of those working groups was around community involvement. It was very difficult because of capacity within First Nations in the community to devote time to those committees, and they suggested that it was because there was already an integrated working group within the community itself, so we tried to link into those committees. So, we did some work back and forth and we added other First Nations to our First Nations partnership committee, and it became more and more difficult because of time constraints for everybody involved. Then we started looking at a new way, because we were now a mental wellness and services hub, and that is where Mr. Grandy explains how we move forward with a new kind of approach with everybody on board.

Ms. White: Sorry, just to follow up — when we talk about the working groups, and especially with the community involvement — you reference both the CYFN and Kwanlin Dün First Nation, but both central offices focus on the City of Whitehorse, whereas we are talking about community wellness hubs in communities. Were those involved in the — you referred to it as "community involvement". Were those folks volunteers, or was there an honorarium, or were they employees of a First Nation?

Ms. Parsons: They were employees of the First Nation. We did provide travel, if there was a need for travel. We also expanded out beyond Kwanlin Dün First Nation and the Council of Yukon First Nations to include Champagne and Aishihik First Nations and Selkirk First Nation as well. That was done through an ask, through all First Nations, of who would like to participate.

Mr. Kent: Like my colleagues, I would like to thank the officials for their appearance here today before the Public Accounts Committee, as well as thank you for your role and the efforts in keeping Yukoners safe during the COVID pandemic. I know that it is much appreciated.

The few questions that I have deal with the delivery of the mental health services. The first one that I wanted to ask is about the location of the hubs. In 2018, the department opened these mental wellness and substance use clinics called "hubs" in Watson Lake, Haines Junction, Carmacks, and Dawson City. The service areas for these hubs are illustrated on page 3, exhibit 1 of the Auditor General's report. I am curious: What were the criteria used to choose which communities would host the hubs, and how were the service areas chosen for each hub?

Mr. Grandy: Thank you for your question, Mr. Kent.

So, the location and service areas of the hubs — they emerged from engagement around the development of the mental wellness strategy. They were based largely on need, which can be connected to population — location, in partnership with resources that previously existed in the community. That may include housing, office space

availability, but the hub model largely is a hub-and-spoke model. With the layout of the Yukon, the hubs did allow us to put perhaps a larger team in one area that could then travel quickly to other areas. So, for example, in the Carmacks hub, we are able to have a group of individuals there who can travel to Ross River and to Pelly. Through the Dawson hub, we can cover Old Crow and Mayo.

There was that piece to it as well, making sure that we could take those services and provide them. As well, there are not only employees in the hubs; there are employees in most of the Yukon First Nation communities. It allows, with that hub model, those who work in the same communities to link back to a team of support. So, there was that consideration as well as to how we would have teams.

There were other criteria. For example, Teslin, given its location, was originally thought of to be serviced out of Whitehorse. However, Teslin felt that they would be more supported through the Watson Lake hub in terms of that rural component to it. Those were considerations as well.

Mr. Kent: Just a quick follow-up based on that last comment. Which communities — are there communities being served out of Whitehorse, like Carcross/Tagish, maybe Johnson's Crossing? Are those communities that are served out of Whitehorse, or are they just being serviced out of these rural hubs?

Mr. Grandy: That has changed based on need. There are some specialties within the hubs. For example, we may have a clinical counsellor who specializes in child and youth treatment. Somewhere like Carcross may have a need that has changed and they might get serviced from one specialty out of Whitehorse or another out of another hub. The original design has been flexed based on the needs of the community in terms of where they might get served from.

Mr. Kent: So, paragraph 54 of the report notes that hub users' views of services were mixed. Some users informed the auditors — and I'll quote: "… that although services were more accessible than they were before the hubs were set up, some smaller communities where hubs did not exist still lacked easy access to services."

So, a couple of questions from that — what is being done to address the availability of access for smaller communities where hubs are not located? Are there any plans to expand the hubs to other communities? Is there a service review scheduled at some time in the near future to look at the possible expansion to other communities?

Mr. Grandy: The department is working with communities to find creative ways to provide mental wellness and substance use services that meet community needs, particularly in communities that may have had difficulty finding permanent employees or are more difficult to serve as geographic locations.

I would like to give an example, if it's all right, in response to that question. We have had challenges in Old Crow, and we have worked closely with the Vuntut Gwitchin First Nation, with their health director at the time, the current MLA for Vuntut Gwitchin, in developing a model that seems to be proving quite successful where we have struggled to have somebody stay in the community for long periods of time, but we want consistent coverage for the community, given that it's a counselling profession, and we don't want different people each time. So, we were able to hire somebody who works out of Whitehorse but who goes to the community every other week, and then there's another individual from the Dawson City hub, too — one who performs counselling duties and one who performs what we call "clinical counselling" duties who will go in on those other weeks. So, we have similar people coming who are able to provide more fulsome coverage.

Those unique things are happening in different communities to try to make sure that we fill those. We have done the same thing with having somebody who was part of the Carmacks hub but chose to live in Ross River to provide services in that way.

We are coordinating with First Nation governments for in-person visits and for travelling there to make sure that, if we don't have somebody there permanently or full time, we can bring that support in from other hubs or from Whitehorse. We're working with First Nation health and social directors across the territory to establish regular schedules. This also includes meeting regularly, quarterly, with First Nation directors and First Nation partners so that we are very clear on what the needs are, what our supports can be, in addition to the supports that are there.

I will say that the current pandemic has probably changed how a lot of us have viewed virtual service delivery from a therapeutic perspective and a medical health perspective, as well, and so we are actively working with our First Nation partners on what virtual options can be delivered and will be maintained beyond the pandemic and the current restrictions.

Hon. Mr. Mostyn: I want to thank the officials for showing up this afternoon. I know how incredibly busy you have been over the last 16 months and especially in the last eight weeks or so; so I know how much work it takes to prepare for a hearing such as this, and I really do appreciate your efforts on behalf of the Yukon people.

I have a couple of questions this afternoon, all of which, at this point in the hearing, relate to services offered by hubs. The hub service delivery model was developed prior to the release of the mental wellness strategy in 2016.

My first question is: What are the reasons for it taking more than two years to be implemented?

Mr. Grandy: Okay, first — well, I guess first; it's the only question so far. Mental Wellness and Substance Use Services — it was created and integrated three distinct services. It integrated what were called "child and youth treatment services", "mental health services", and "alcohol and drug services". There was a lot involved administratively in changing those services as well as from a therapeutic framework and a delivery model. They were services that had different approaches to mental wellness. Those approaches were also informed by the meetings with our First Nation partners.

The work to move from the conceptual model envisioned in the mental wellness strategy took years due to the

complexities involved in combining, as I said, the previous groups and really developing a new, modern approach.

The audit report clearly states in paragraph 51 that the integration of these three services made services more accessible and more efficient in allowing clients to go through a single intake process, explaining their situations once. As I'm saying that, I wonder if I'm answering your next question, so I'm going to wait.

Hon. Mr. Mostyn: That does lead into my follow-up question. What other strategies in this document are designed to help rural Yukoners in need of mental health services?

Mr. Grandy: A working group focused on community supports has been established under the mental wellness strategy. It has, as we've talked, been difficult to secure ongoing community involvement. I'm just re-reading the question.

I think I would like to come back to the specifics of the strategies in that document that are designed to help rural Yukoners in the need of mental health services, just to make sure I give you the right information from the document.

Hon. Mr. Mostyn: All right. Thank you, Mr. Chair. The services offered by each hub are listed in paragraph 10 of the Auditor General's report. Has that list changed since the Office of the Auditor General initially contacted the department?

Mr. Grandy: The list of services offered by each hub is essentially the same as the list provided in the Auditor General's report, and they include that we provide assessments and intakes to determine the level of service required with MWSU — the level of service that requires the appropriate intervention for the appropriate individual. We provide individual and group counselling; we do referrals to specialists. This includes psychiatry, intensive treatment services, live-in treatment services, and other case management services. We do community education; we do prevention work — the provision of harm reduction services and supplies. We provide outreach for those individuals who require a more robust and consistent service with everyday living and managing their wellness; coordination of pre- and post-care for individuals to access the programming in Whitehorse or out-of-territory; coordination and consultation with local First Nations and governments.

So, largely, that list is still the same. We probably have tweaked some of the psychotherapeutic interventions or the psychological frameworks that we provide.

Hon. Mr. Mostyn: I'm going to turn to Many Rivers Counselling, which operated as an NGO for a number of years and delivered mental health services to rural Yukon. Are we at the same level of services that were offered by Many Rivers Counselling, or have we exceeded that service delivery?

Ms. Ali: Health and Social Services is now providing a higher level of mental health services to rural Yukoners than was previously offered by Many Rivers Counselling. Mental Wellness and Substance Use offers a broad range of services with better integration across communities and Whitehorse and more consistent treatment modalities and types of support across communities — so, not just counselling but also psychiatric services and access to other mental health services.

The auditors recognize the higher level of service in several places in the report, including paragraph 52, which states that: "… creating the 4 hubs increased access to mental health services through their permanent physical presence in these communities."

Hon. Mr. Mostyn: Thank you for that answer. Are there any planned service expansions or improvements for the mental wellness and substance use hubs?

Ms. Ali: Since the time frame of the performance audit, we have made a number of adjustments to mental wellness substance use hubs. This has included: rapid access counselling; expanded psychiatric services across Yukon; increased and added psychoeducational group therapy programs; regular review of the psychosocial therapeutic framework so that it is based on current best practices and evidence and is consistent across jurisdictions and that is contemporary; expanded access to opioid agonist treatment; strengthened our harm reduction services and education in communities; and expanded use of virtual supports.

We have brought in intra- and interdepartmental collaboration as part of *Putting People First*, and we have significantly increased our cultural programming and supports.

Mental Wellness and Substance Use is a learning organization, and we are building on the partnerships with Yukon First Nations and also receiving input from clients and information from our electronic medical records to inform quality improvement in our programs and services.

Hon. Mr. Mostyn: So, then, what I am hearing is that this isn't a static process, that once you have established these hubs, you are looking at the services that communities need and then building and refining them to better reflect what the community need is, as we go forward.

Ms. Ali: That is correct, Mr. Chair. We are continuing to work with communities and adjust as we go. No community is stagnant. Communities change over time and needs change. We are listening to communities in terms of what their concerns are, what their needs are, and adjusting our model as things evolve.

Ms. White: When you refer to "rapid access", what is the average wait time from when a person contacts a hub to when they are first able to access the services?

Mr. Grandy: It is within 72 hours that you would get an appointment. For communities, the average wait time for rapid access counselling is generally lower, but we make sure that the "rapid" means that you get an appointment within three days of requesting.

Ms. White: Just to follow up, is that in all communities, including, for example, Old Crow?

Mr. Grandy: It is in all communities. Again, "rapid access" right now does not necessarily mean in person; rapid access counselling can be delivered virtually. Old Crow does have coverage in the community at the moment, so it would.

Ms. White: That is excellent news. When we talk about "virtual", are we looking at setting up designated spaces in communities that don't have the physical presence of counsellors?

Mr. Grandy: We have. I'm not going to say in every community. It has been community specific at this point. But we have provided individuals with options for finding a phone or perhaps a place where they can use a computer with a camera.

Chair: The next questions will come from me. Regarding the impact of COVID-19, in the report, the Auditor General notes that the Government of Yukon's response to the pandemic is expected to have an impact on Yukoners' mental health, so there are two questions pursuant to that. The first is: Has the department done any work to quantify or determine what the impact has been on Yukoners' mental health as a result of the Government of Yukon's response to it?

Mr. Samis: The COVID response unit, the chief medical officer of health, and the Executive Council Office have worked together and have conducted the Canadian Index of Wellbeing survey in August 2020. The survey was adapted to include questions related to the pandemic and the impacts of public health measures on the health and wellness of Yukoners.

Preliminary results were shared with community representatives during recurring COVID community calls, but final results of that survey have not been publicly released yet.

HSS, as we've gone through the pandemic, has also undertaken an analysis of health service utilization during the pandemic, which included use related to mental health issues. Analysis of those results is still underway. We anticipate that we will be able to release preliminary information related to this utilization in the fall — late fall of this year — noting that we are still very much in our current COVID-19 wave and still very much analyzing the utilization data as we work our way through this.

Chair: Has there been any analysis about these expected impacts? Has this been incorporated into decisions and recommendations with respect to the pandemic? How so?

Mr. Samis: Mental Wellness and Substance Use Services has focused on operational service delivery and supporting the needs of communities during the pandemic. Working with First Nation partners, we've provided additional in-person services to communities for specific events and circumstances, including those related to the pandemic and that have required increased mental health and substance use support. We've strengthened collaboration with other health service providers to support whole-person care, and we've paid close attention to Mental Wellness and Substance Use Service utilization during the past 18 months and adjusted to meet client needs.

This responsiveness to client needs is noted, actually, in paragraph 55 of the report where it states: "… the department and other agencies worked together to maintain access to mental health services while managing the many effects of the pandemic in rural communities. They identified new mental health service needs created by the pandemic, such as the emotional impact of imposed isolation. Also, they developed solutions for the identified needs."

Communities decided to deem mental wellness and substance use staff as essential service providers during the pandemic, and so clients have been able to continue receiving services in-person, or virtually, throughout the pandemic. This underscores the importance of mental health and substance use services in communities and the progress that has been made by the team in MWSU in strengthening relationships while meeting community needs.

Chair: Is there any follow-up from Committee members?

With that, Ms. White.

Ms. White: Thank you, Mr. Chair. This directly relates to staff vacancies, something I have asked a lot about over the years. There have been difficulties with the tracking and retaining of staff for providing mental health services in rural communities since the hubs opened in 2018. For example, the report notes that the original plan was to have 33 resident staff members in the communities, but as of August last year, they only had 26. How many resident staff members are currently in the communities, and what is the breakdown by community? Has there ever been 33 resident staff members at one time?

Mr. Grandy: I can answer that. As of August 6, 2021, MWSU staff, including the Old Crow dedicated position — we have 25, soon to be 26, with one who is not quite onboarded yet, and they are dedicated to the communities. In addition, we have two supervisors and an MWSU community manager. One supervisor is just a new hire.

The specific breakdown by community is: In Watson Lake, we have five staff; in Teslin, we have one staff, with one who visits biweekly; in Carcross, we have three staff, where we have two clinical staff who visit biweekly; in Haines Junction, we have four staff, and those individuals do cover Burwash Landing, Beaver Creek, and Destruction Bay; in Carmacks, we have two staff, and they cover Pelly Crossing and Faro; we do have a staff in Ross River, however, the Carmacks hub will also cover Ross River with other specialty services; in Mayo, we have one staff and we have a specialty service visit biweekly; in Dawson City, we have eight; in Old Crow, we have one dedicated staff who serves from Whitehorse; and then we have — and this is, again, due to the housing situation as well as retention in Old Crow — one hire being finalized, and we have two staff who visit itinerantly from Dawson City.

Ms. White: Just to follow up to that, would the numbers that were just listed — are any of those numbers that were referenced overlapping? Do they serve more than one community, or are they individual, so that each is one human, as opposed to one number or two numbers representing one human?

Mr. Grandy: I'm sorry. I'm not sure that I understood the question. If I say that there is "one staff in Teslin and one visits biweekly", that one staff in Teslin is the count; that is part of the 25. The one who visits biweekly would come from Watson Lake. It's the 25 — soon to be 26 — that is the full staff contingent.

Does that answer it?

Ms. White: It was a poorly executed question, but you did very well.

So, paragraph 58 of the Auditor General's report notes — and I quote: "… vacancies in human resources put pressure on existing staff and have a negative impact on the level of service

the hubs are able to provide." Has the department collected any data or feedback on staff wellness? I might include in that anything like exit interviews when people leave.

Mr. Grandy: I can't speak to exit interviews here today; I haven't been given one. I didn't actually gather that, and if it is something that needs to be followed up with, I certainly can. The short answer is that nobody has given an exit interview to me.

As part of our community performance measurement plan, which I had referenced earlier — and that is part of our survey that is put out to clients — we are also going to be including an annual staff survey.

We are currently exploring options for development of this survey, including development of an internal survey or use of an existing survey for monitoring the wellness of staff. MWSU participates in Health and Social Services engagement surveys undertaken by the Public Service Commission, and we do review the survey results each time they are released.

The community performance measurement plan also includes monitoring of staff turnover through HR. Specifics of this monitoring have yet to be developed.

MWSU staff have regular opportunities to talk with their supervisors. I think that it is important to note here that the supervisors who provide direct supervision to the hubs are called "clinical supervisors", and by nature of counselling or therapeutic service delivery, discussion of one's own wellness, one's risks for burnout, and one's struggles with maintaining boundaries or dealing with what can be very challenging circumstances are a part of supervision in order to grow within the profession.

That can be collected through PPPs; it can be collected through clinical supervision contracts, but I think it's important to note there that some of that should exist within the clinical supervision framework now that we have two clinical supervisors.

Ms. White: Just a follow-up to that, when we say that it "should" be included, is it included?

Mr. Grandy: Now that we have two clinical supervisors, the hub has a full leadership team. The hub has a full leadership team with a manager and two supervisors.

Ms. White: I thank the witness for that answer, but it is important, on a go-forward basis, that it be included.

Is there any community hub that struggles to maintain staff more than the others, and does the department have an understanding of why that is?

Ms. Ali: With small rural and remote communities — such as Old Crow, Ross River, and Pelly Crossing — we certainly see more challenges for both recruitment and retention of staff. Limited housing and limited office space contribute to these challenges. Mental Wellness and Substance Use is working very closely with Yukon First Nation partners in the hiring process for new community staff, and this is helping us to support the optimal community fit and to increase the retention.

As well, we continue to work with Yukon Housing Corporation with regard to housing accessibility within communities.

Ms. White: What is the status of the development of the department's recruitment and retention strategy for mental health service providers? The department mentions using innovative approaches to recruit for these positions. Can you give us some examples of that innovation? How many people have been recruited and retained since implementation of this strategy began in the fall of 2020?

Ms. Parsons: Approximately 10 people, soon to be 11, have been recruited and retained since the fall of 2020. Mental Wellness and Substance Use continues to work with HSS HR to develop unique retention strategies, one of which is a boutique recruitment website that we are currently working on with the Public Service Commission. It encompasses all of Health and Social Services' difficult-to-fill positions, especially in the year of the pandemic and the need for clinical service providers. We're looking at a way to recruit to the Yukon by telling the story of the Yukon, and that means telling the story of each individual community and working with those communities to tell their story so that people understand where it is that they could go to live and what those jobs actually encompass and what it means to work in rural Yukon.

We work closely with our First Nation government partners on collaboration and consultation during the recruitment process. This means that a First Nation health director could sit on and be involved in the interview process to onboard into the community so that people who are working in those communities understand the needs of that community and become a community member.

Chair: If it's all right, I will slip in with a quick follow-up. In your response to us, dated August 13 — just recently — the document referenced that this work is supported by the hiring of a human resources consultant who will focus on this area of work. It's a quote from page 2 of the August 13 letter. Can you explain what the human resources consultant does and how that works, how that contract was let, and the activities that they undertake?

Ms. Parsons: So, we've recently hired a human resource strategist who will begin work on a retention strategy. That person will work with Yukon First Nations, the Hospital Corporation, and Yukon University and will work to develop how we can start bringing individuals into the Yukon as a whole instead of everybody trying to do it individually so that we can reach a broader audience. They will work on that strategy and we will do an implementation plan for that.

Chair: So, just to be clear, that person is a full-time employee of the Yukon government?

Ms. Parsons: Correct.

Chair: Thank you, Ms. Parsons.

Ms. White: Just to follow up from previously, congratulations are in order for the 11 folks who have been recruited since fall 2020. But that begs the question — out of the 26, and then the two supervisors, that is pretty new. It's nearly half of the folks who are included. Is there any concern about the continuity or the support within those communities with having 11 people in less than a year being put into those hubs?

Mr. Grandy: Concern in it — yes, we continue, as was noted — we're putting effort in trying to make sure that our recruitment and retention works. We have been flexible enough to react to some of these concerns by — with the hub model — being able to provide other staff who are within the same hub-and-spoke component. Certainly, it is our goal to continue to try to recruit the right person, the right skill level, and maintain them as much as possible in the fabric of the community.

Ms. White: I thank the witness for that answer. I don't mean to be pointed. I'm passionately supportive of the work that you all do. The community wellness hubs are really important, and I want them to be successful; so, when I ask the question, it's just trying to understand better. I do appreciate the answers.

When I veer off the questions that I've handed out, it's mostly just trying to get a better understanding. But I think the answer from the witness really flows beautifully into my next question, which is: Has the department looked at different community nursing models across the north that have been successful in other jurisdictions? Have you ever considered a system of recruitment that would allow for mental health professionals to maintain residences outside their work community while serving the communities on a rotational basis — for example, such as six weeks on and six weeks off?

Mr. Grandy: The vast majority of employees who are working in the hubs are either counsellors or what we call "support workers", and the continuity of service provider is optimal for the provision of that type of service.

In addition, the model that other agencies use, perhaps more successfully, would go against what we have heard from communities and what they want to see, in terms of having continuity within the community, of people who are members of the community.

In consultation with First Nation governments, we have found that out. It would also not be consistent with one of the OAG report's main recommendations, which is to increase and further develop in-depth consultation strategies with our First Nation government partners.

As I exampled with Old Crow, we have tried to be flexible and change sometimes how we go in on a rotation basis; however, it's the same individual going in on a rotation basis. Particularly with the type of therapy we provide and what the First Nation is wanting our support with, that continuity is very important.

Hon. Mr. Mostyn: I have a point of context, just for my own edification, please. We're talking about staff vacancy. The initial question was to have 33 staff members in place, as part of the original plan. How many staff did we have prior to 2018, in 2016-17? Do we have that number?

Mr. Grandy: That's a number that we can provide you. I could provide you with what I would consider a pretty close guess at the moment, but that is information we could provide later, if that's okay. Just give me 10 seconds.

Our child and adolescent treatment — it was the amalgamation of three services. Our child and adolescent treatment services were all itinerant. There might have been one at one point in one of the hubs, which wasn't a hub at the time, but all child and youth treatment services were provided. Either they would travel for three days and come home for a week or travel for three days. Alcohol and Drug Services had a counsellor in Watson Lake and they had two counsellors in Dawson City. Mental health services had a travelling nurse who travelled out of Haines Junction and had travelling clinicians out of Whitehorse, and they had a mental health clinician in Dawson City, I believe. So, about seven — but, again, that's a guess.

Hon. Ms. McLean: I know the question was a little bit earlier, but I just wanted to follow up on the clinical supervisors. You mentioned that you have two full-time clinical supervisors now. Are they government employees full time?

Mr. Grandy: They are. They're MWSU supervisors.

Hon. Ms. McLean: Just following up on that, a couple of things that came to mind — are you still contracting other clinical supervisors at this point?

Mr. Grandy: Currently, no. That doesn't mean we couldn't if a very specific psychological mental wellness or mental health issue occurred and we wanted to get an expert opinion. But currently, we have generalist therapists and we have generalist clinical supervisors.

Hon. Ms. McLean: That's why I was asking. I just wondered if it was sufficient to meet the needs of 26 individuals who are out in the field doing the work. That's a pretty, I think, big case load — for splitting it among the two clinical supervisors. That's why I was just wondering if that's sufficient. Do you think that's sufficient at this time?

Mr. Grandy: I appreciate the question. I think, in terms of our client surveys, that is something that our community performance plan is making sure that we address with our staff — is finding that we currently have the supports necessary to provide the challenging work.

Ms. White: Just a follow-up to the question that Mr. Mostyn asked — and I appreciate that he was asking about the past, but at that same time, when you referenced seven Yukon government employees, were there not employees of Many Rivers, at that point, established in communities?

Mr. Grandy: I am comfortable saying that there were not as many, in terms of therapists, as there are now, and I couldn't tell you, over the course of Many Rivers' time, who and when.

Hon. Ms. McLean: I'll move on to staff housing. I know that there was a bit of a mention of staff housing in the previous set of questions, but I will go a little bit deeper. Paragraph 56 of the report states — and I quote: "From the time the hubs opened in 2018, there were staff vacancies. A lack of available housing was a factor in recruitment and retention challenges."

Is the Department of Health and Social Services working with the Yukon Housing Corporation to identify gaps in rural staff housing needed for hub positions?

Ms. Ali: Yes, Yukon Health and Social Services works closely with Yukon First Nation governments and Yukon Housing Corporation on the development of strategies with regard to staff housing. For example, the current health and wellness project in Old Crow includes staff housing, which will

help to address a lack of housing options in that community. Health and Social Services looks forward to seeing this approach taken by Yukon Housing Corporation in other communities and will be continuing to be engaged in that discussion.

Hon. Ms. McLean: You definitely went into the next part of it, which was: Has a work plan and a timeline been developed to rectify the shortage of available housing for staff in communities?

Ms. Ali: Yes, we are continuing to work on a timeline, and it is community-by-community based. Not every community is the same — so, working with the Yukon Housing Corporation and our First Nation partners on those.

Ms. White: Yukon Housing Corporation has implemented almost a time-out option for staff accommodations as far as Yukon government staff within Yukon Housing Corporation units. Has that been worked around with the Department of Health and Social Services?

Mr. Samis: We have certainly worked with the new model that has been put in place by the Yukon Housing Corporation. I can come back to you with some information about how that has impacted particular staff. I don't really have that with me at this time, but we also know that there have also been some provisions within that policy that enable people to stay in the housing beyond the specified period of time, particularly if they are a key and rare service provider or in a difficult-to-recruit position in the community.

Hon. Ms. McLean: We'll move on to administrative support. In paragraph 66, the auditors note: "Mental health service providers that we interviewed felt that there was a lack of administrative support in the hubs."

What is the department doing to address this identified issue?

Mr. Grandy: Since the audit time frame, Mental Wellness and Substance Use Services has dedicated an admin to the community hub positions. Also, having the manager and the one supervisor, now a second supervisor, it's going to be a support to that — and also implementing the new electronic medical record. During parts of this audit, that medical record was in implementation. Now that is quite solid within the MWSU framework and has been a great help to clearing up some of the administrative issues that the hub staff have felt.

Hon. Ms. McLean: In terms of the next section, it's physical space. The Office of the Auditor General found that mental health service providers "… felt that the physical space in the hubs was not always conducive to providing confidential services." This is found in paragraph 66.

Has the department done an audit on the effectiveness of the physical hub spaces?

Ms. Ali: Health and Social Services is working closely with the Department of Highways and Public Works to ensure that essential space needs are addressed. Mental Wellness and Substance Use has partnered with Community Nursing and First Nation governments to identify appropriate physical spaces for mental wellness and substance use services in communities. This is a very community-specific issue, as each community has its own set of resources and facilities and also its own unique needs; however, all communities share the challenge of limited space, especially office space availability.

The new health and wellness centre currently under construction in Old Crow, as I mentioned before, is based on an interprofessional model located within a building that will provide a scalable template for other communities. We believe that this approach will help to improve services to Yukoners and address the physical space issue.

Hon. Ms. McLean: Moving on to cultural responsiveness — and I know that there was some mention in previous answers, but we'll go again a little bit deeper — the Auditor General is recommending that the Department of Health and Social Services develop and implement a plan to work with First Nations to improve cultural safety and service delivery.

Paragraph 78 of the report says that the department "… had intended to develop a quality improvement plan to include ways to enhance culturally responsive services, but this plan was not developed."

What happened? Why wasn't a plan both developed and implemented?

Mr. Samis: Thank you for the question. Mental Wellness and Substance Use has worked closely with First Nation partners to guide our service offerings and integrate more fully into the culture of each community. We regularly work with the Health and Social Development Commission, for example, and consult with them regularly on how we can provide better and more culturally appropriate services. We're deeply committed to improving in this regard.

As noted by the auditors in paragraph 79, Mental Wellness and Substance Use hired a cultural counselling coordinator in February 2020 really to help support culturally responsive services. We would be prepared to speak about further improvements that we're making to all staff, including MWSU staff, on culturally relevant services, cultural humility, cultural safety.

Hon. Ms. McLean: You've just mentioned paragraph 79. In this paragraph, it notes that the auditors found that only about 60 percent of service providers had taken a required course intended to develop their understanding of and appreciation for Yukon First Nation history. Why was there this oversight? Has a plan been developed to address this gap?

Ms. Parsons: Courses on Yukon First Nation culture and history continue to be required by mental wellness and substance use service providers, and it's a priority for new hires to take this as a required course at the first available opportunity, as well as for existing staff if they have not already completed it. We're working with the Public Service Commission on how to have more frequent offers of this course. Currently, it's a requirement by many Yukon government employees, and there are only a few people who can deliver the training. It's really working with them to have more offerings so that we can offer more to more staff.

We are also working with the Public Service Commission and San'yas Indigenous Cultural Safety Training Program, which is a BC-based organization. They are helping us develop a Yukon-specific cultural training program and to identify the

best way to roll it out across all government — for everybody in the Yukon who provides health and social services to Yukoners. The cultural safety program is referenced in the Auditor General's report in paragraph 79.

In some of our communities, our First Nation partners have indicated how they prefer MWSU staff to learn and develop their understanding of each First Nation's culture. This includes on-the-land activities and cultural events in the community or communities in which they are based. Mental Wellness and Substance Use staff are fully supported to attend these activities, as requested by the First Nation partners.

In paragraph 77, the Auditor states — and I quote: "This was one way to develop more trusting relationships with people in the communities."

Hon. Ms. McLean: Again, staying on paragraph 79, the report states that in February 2020 — and I quote: "… the department created and filled a position for a cultural counselling coordinator to offer resources and training to providers." What is the current status of this work, and what are the timelines for rollout and training?

Mr. Grandy: The cultural counselling coordinator was hired in February 2020 and has been working to support changes in all areas of MWSU, including our mental wellness hubs, to increase cultural responsiveness of services and cultural accessibility. The cultural counselling coordinator currently is providing training to staff on reconciliation, supports cultural awareness for MWSU staff, advises on some changes to our processes that could be from intake processes — from questions that we ask and the way we ask them — to improve the cultural accessibility for Yukon First Nation members to areas of MWSU in our programs.

Our cultural counselling coordinator is also preparing educational materials and information to inform MWSU on topics such as reconciliation. Actually, the actions that they have done and some of the materials that they have implemented have now been shared across the government. They were picked up in other branches of one of them as well.

So, the coordinator is now beginning to travel to Yukon communities and to focus on connections with Yukon communities. That is happening immediately.

I will definitely say that the community travel piece was delayed a couple of times throughout — I might not have to finish that sentence.

Mr. Kent: I have a couple of questions with respect to the measuring and reporting on the performance. The Auditor General is recommending that the Department of Health and Social Services measure and report on the performance of its mental health services in rural Yukon. Paragraph 83 says that the auditors "… found that the Department of Health and Social Services did not have a clear picture of how effective the delivery of mental health services was in rural Yukon. It did not adequately monitor the performance of these services and had not identified the performance indicators it would use to monitor and measure services on an ongoing basis. As a result, the department could not know whether the mental health services were meeting Yukoners' needs."

What has been done since the report was issued to improve the data collection, and have performance indicators been created at this time?

Mr. Samis: Thank you for the question. As we have heard, we have instituted now, or are instituting, quarterly client surveys and are also working much harder to obtain real information from those we serve, from the staff who are serving them, as well as those with lived experience to really inform our performance measurement framework, our evaluation, and our quality performance.

We have implemented this new electronic medical record, which you have heard about, since the time frame of the OAG report, and this will greatly improve not only our access to data but also our ability to use that data to analyze it and to adjust our service model based on that data that we have.

In addition to what the Mental Wellness and Substance Use branch itself has done to improve its performance and quality in performance and evaluation, we did establish the Population and Public Health Evidence and Evaluation branch within the department. It is now operational. It has been staffed by bringing together analytical supports, like epidemiologists and analysts and others from different parts of the department together into one analytical unit, which is working to identify all of the data sources within the department where we can, under HIPMA, link data sources to give us a fuller picture of what's going on and develop a performance measurement plan for the department. They are being tasked with developing a performance measurement plan that would include indicators for our performance, which we can report on publicly like many other responsible government departments do in other parts of the country.

So, Mental Wellness and Substance Use is working on the implementation of their work and their plan, and we've established a group from across the department that is working with the Population and Public Health Evidence and Evaluation unit. There is a team of people who are looking at the processes, what kind of data we actually have available to us, and how easily we can get that data. We've hired two people who are leads, working with people with lived experience — those really trying to understand better, from the clients we actually serve, how we're doing and what their needs are going forward. That's within that population and public health unit.

That team that we've brought together — that interdisciplinary team from across the department — is really trying to look at what we need to measure, what's important to people, and then actually what data do we have available to develop a performance measurement plan and the indicators that we'll report on regularly.

Mr. Kent: Mr. Samis answered my next question with respect to the creation of the Population and Public Health Evidence and Evaluation branch. I was looking for a status update and timelines, but I believe he provided that in his response. I know that my colleague, Mr. Mostyn, is going to be asking about the financial implications of that branch, so I will turn it back to you.

Hon. Mr. Mostyn: We're now going to turn our attention to money. What is the overall budget for the mental wellness hubs?

Ms. Ali: The 2021-22 mains budget for the mental wellness substance use hubs is $3,029,040. This budget marks the first time that mental wellness substance use is reflected as an entity in the mains. Additional funding has been provided outside of the mains with regard to COVID. We have received some COVID funding to address specific needs as a result of the pandemic.

The operating budget is not generally separated by each hub as there are common expenses across the communities. The budget distribution between hubs varies over the year depending on evolving needs, supports required, and opportunities to hire staff, et cetera, for specific locations.

Hon. Mr. Mostyn: So, just to follow up then, the cost of operating all hubs — I think you anticipated a breakdown of each hub individually, but the operational cost of running the hubs is combined in that $3-million figure. Is that correct?

Ms. Ali: Could you repeat the question? Sorry.

Hon. Mr. Mostyn: The $3-million figure you provided at the outset of your answer encompasses the total cost of operating the hubs throughout the territory, and you can't break it down individually because that pot of money is disbursed to the hubs that need it at the times they need it.

Ms. Ali: Correct.

Hon. Mr. Mostyn: Thank you very much for that answer. How much of this budget was new money, and how much was absorbed from other areas within the Department of Health and Social Services?

Ms. Ali: The funding for the newly created Mental Wellness and Substance Use Services and the hubs included existing budgets for the alcohol and drug services unit, mental health services, and child abuse treatment services. These were three program areas that were essentially combined, and the funding for those three was combined to create the Mental Wellness and Substance Use branch and hubs.

Additional resources from within Health and Social Services have been allocated to Mental Wellness and Substance Use when available, particularly when there are joint initiatives with Mental Wellness and Substance Use and other social services or health services units.

Health and Social Services also accesses funding from other sources, including the federal government. For instance, Yukon received $230,000 in 2021-22 for improving access to community-based mental wellness/substance use services.

Hon. Mr. Mostyn: Thank you for that answer. When was the Population and Public Health Evidence and Evaluation branch created, and what is the budget for that branch? I'm going to add my supplementary to the question. How many new full-time equivalent positions were hired to support that branch?

Mr. Samis: Thank you for the question. The Population and Public Health Evidence and Evaluation branch was created in 2021. We actually recruited the director for that position in October 2020, so it's a relatively new entity within the department. We worked within the department's allocation to realign resources into one central branch to provide services for the whole department in these key areas. The new branch includes some new positions, as well as existing positions that were moved from elsewhere in the department. The existing positions were moved with FTEs and associated funding from other parts of the department, while there are a few others that have been funded by the territorial health investment fund.

Hon. Mr. Mostyn: What is the estimated cost of implementing the Office of the Auditor General's recommendation in this report?

Mr. Samis: Thank you for the question. The department has already been working on the recommendations from the Office of the Auditor General, and we have been making changes as part of our existing budget. Right now, we don't really see the need for new funding required to continue addressing the recommendations. That is, in part, because we had already sought approval for some of the things that we are trying to do, like the work with San'yas on the cultural humility and safety training, et cetera. So, we think we are going to be able to meet the recommendations of the Auditor General within our existing budget at this time.

Chair: Is there any follow-up on the financials?

With that, I will proceed to my final questions.

Looking forward, the last health status report in 2018 was focused on seniors. The next report is required to be tabled this year in the Legislative Assembly. What will the focus of it be?

Mr. Samis: As a department, we support the office of the Chief Medical Officer of Health to develop and release the health status report. The Population and Public Health Evidence and Evaluation branch is supporting the CMOH in the development of that annual health status report. It is not really our report. It is the office of the CMOH's report, but it is our understanding that this next report is going to sort of take a look back over the last three reports that have come out as well as taking a more forward look at some of the key determinants of health and sort of population health forces and factors that are at work in influencing the health and well-being of Yukoners.

Chair: With the acceptance of all of the recommendations, what do you plan to prioritize, and how do you plan to proceed with implementing these recommendations?

Mr. Samis: The department has prioritized hiring, consultation, community collaboration, ensuring that we are providing culturally responsive and respectful services, and data gathering and evaluation. These recommendations are interlinked and really can be addressed concurrently. We see all of this as part of a quality improvement package.

Chair: What is the planned future of the mental wellness and substance use hubs?

Mr. Samis: The plan is to continue to operate the mental wellness and substance use hubs in collaboration with community and other government partners and to serve the needs of Yukoners with an eye to looking for opportunities for further integration. For us, that means ensuring a better integration between mental wellness services and other kinds of services, such as health services in the communities, really

trying to provide much more interprofessional, interdisciplinary, and whole-person care.

Chair: That concludes the pre-prepared questions that we had submitted to the witnesses prior. I will now entertain questions from Committee members on any matters related to the report that they want to follow up on.

Ms. White: Just to go back to when we were talking about the importance of staff recruitment and retention — just having spent time speaking to HR specialists about the importance around exit interviews, or even 360-degree interviews, to find out what works and what doesn't — I guess I'm urging the department, as you work on expanding and supporting your folks in the field — understanding how important that work is. Again, despite maybe how the questions came off, I am very supportive of what's going on — but just making sure that we understand the realities for those people on the front-line in communities and what works and what doesn't — looking forward to hearing back from everyone who has stuff to come forward, including Yukon Housing Corporation, on that go-forward basis.

Again, thank you so much for the work that you do and the support that you offer communities. I can only see a future that's better going forward. Thank you for your time.

Chair: I don't know if the witnesses want to respond to that.

If not, Mr. Kent.

Mr. Kent: I believe — Mr. Samis, did you have your hand up for a response?

Chair: Mr. Samis, go ahead if you would like to respond.

Mr. Samis: I would just like to say thank you for that. I really appreciate that encouragement, as we continue to go forward. I would say that there are some 360-degree performance evaluation processes underway in the department. We haven't done that as a full department at this time, but we are certainly looking at how we can improve our performance development process, for sure, and that would involve doing more of that.

I couldn't say more — that we would agree with you, in terms of really understanding the unique needs and perspectives of people working in the communities, which is very different from working here in Whitehorse.

Mr. Kent: Some constituents of mine reached out to me about a week or so ago, and that's why this wasn't a formal question. It's something that I was looking for some input on. Obviously, they are Whitehorse-area residents, and they have been told by their school that they need a psychoeducational assessment done for their child and have been told that it's a two- to three-year wait for that to get done.

Obviously, it could be as much as 25 percent of their student's time in school. In this e-mail that they sent me, they go on to say that COVID has truly impacted our children's anxiety, mental health, and sense of normalcy. We're obviously all hopeful that we get back on track.

I guess my question, with respect to the mental wellness hubs in rural communities — is there cooperation or is there work being done by the mental wellness hubs to support the schools in some of the work that they're doing? I can imagine that if it's a two- to three-year wait in Whitehorse for some of these assessments, it's likely even longer in rural Yukon. I'm just curious what role the hubs play with respect to supporting schools in their efforts to get some of this work done.

Mr. Grandy: Thank you for the question. In terms of in the hubs, we have what's called a "child, youth, and family treatment clinical counsellor". They are master's trained therapists and, in each hub, they are located physically, I think, in every school, partly because that's where we need to be, partly because that's where we have space to be as well. We are able to work directly with — in terms of a psychoeducational assessment, I don't want to speak too directly to that. That's not normally something that MWSU performs in terms of that type of assessment. It sounds like — from a registered psychologist. However, we would work closely with school counsellors, with teachers, and with parents in the school within the hubs to provide that wraparound care, whether that's part case management or part the therapeutic intervention and part of a bigger team supporting children and youth within the hubs.

Mr. Kent: Thank you, Mr. Chair. That's all.

Chair: I just have a few concluding questions then, if the Committee will entertain me doing that.

I wanted to turn to a few of the responses with regard to recruiting and retaining staff that appear in the August 13 letter to the Committee from the department. The letter references the establishment of partnerships with Yukon Hospital Corporation and Canadian universities to provide practicum opportunities and support students with placement opportunities in communities. I'm wondering if the witnesses can elaborate somewhat on the placement opportunities that are available in communities and how those work.

Mr. Grandy: As a whole, in the Mental Wellness and Substance Use branch — last year, we created a student placement committee, so we accept students from multiple agencies, through universities or through other ways that students connect with us, and put them in placements under the appropriate proctor or tutor. I don't believe that, at this point — and certainly within the COVID-19 pandemic, we have not put somebody directly in a community through Mental Wellness and Substance Use Services, but through this committee, we have the ability to do so and to start to expose growing therapists and nurses and support workers — therapists and nurses — to community work.

Chair: Thank you. So, just to be clear then, the proctoring opportunities and placement opportunities that are referenced are planned but have been hampered by COVID-19 — is that correct?

Mr. Grandy: For the community-based ones. We have been able to have — they were greatly reduced in the past 14 months, even in terms of the abilities that we had within here, and part of that was to be able to provide effective supervision as well as our social distancing and things like that.

Chair: So, to follow up on that, the letter goes on to note that: "Health and Social Services is also working on the development of a website that will focus on recruiting and

retaining talented health care professionals." That website is expected to launch in the spring of next year.

Can witnesses elaborate a bit on that website, and is that something that other jurisdictions do? Are we building off an existing website model, or is this something that we have generated uniquely for the Yukon?

Ms. Parsons: It's not unique to Yukon. We have looked at Nova Scotia, PEI, and some other jurisdictions that do similar things. It will be the first time that we're attempting to do that in the Yukon. We're working with a lot of partners across the territory, including First Nations, the hospital, and the university. We're also working with Tourism and Culture, trying to integrate what already exists within the Yukon and what we can bring together in one spot.

It is not a website; you wouldn't be able to go on to the website and apply for a job directly on that website. It links into the PSC website, so we're not interfering with how you apply on a job, but it talks about jobs more in general. So, what is it like to be a counsellor in rural Yukon? What is it like to be a counsellor in Whitehorse? What's it like to be a nurse? So, it is really personalizing those stories and really talking to individuals to attract the right type of people who want this type of experience in their career.

Mr. Samis: Thank you, Sonya, and thank you, Mr. Chair. Just to add on, this is a build-off as well from something that we did when we opened Whistle Bend Place. We did establish a micro-site for the recruitment of staff from across the country for Whistle Bend Place, and it was really successful, actually. It is a much more engaging way of representing this amazing place than is typically represented through the Public Service Commission website, which tends to be very word heavy and creates a portal for you to put in your CV. This is much more showcasing the beauty of the Yukon, what it is like to live here, what it is like to serve people here, and what an amazing place it is to live and work in. So, it is trying to address some of the challenges that we have had in terms of recruiting, and we think that it is going to be really critical as we come out of the pandemic because we know that there is a shortage of nurses across the country. There is a shortage of physicians in the country — including a shortage of some of the kind of speciality providers that we need in mental wellness and substance use hubs as well.

Ms. White: Just to follow up on some of this, I know that in other jurisdictions, including our own, when we talk about health care professionals, we talk about the recruitment and building of local talent. One would think that the best people who know how to live in rural communities in challenging times, like November, are people who grew up in small communities in times like November, understanding, of course, that you probably wouldn't want to practise in the community you grew up in, but is there an intention from the department to look at both, I guess, fostering, encouraging, and training Yukoners from rural communities to come back to work in Yukon rural communities?

Mr. Samis: Thank you for the question. It is a really important recruitment and retention strategy — to hire people from the communities who want to work in Yukon, even people in Whitehorse who want to start their careers in Yukon. One of the best ways that we can do that is by encouraging the development of educational programming here in the territory. We do have active and ongoing conversations with Yukon University about what kinds of programs we need, where do we see the need for staff, and what can the university do. So, for example, could the university move from just having an LPN program to having a registered nursing program? Is it possible for the university to partner with another university to bring the training of nurse practitioners into the territory, or are there mental wellness and substance use counsellors and service providers?

Those conversations, I would say, were more robust 14 or 15 months ago than they have been, as we've been diverted by COVID. But we've just been inside the department talking about and just communicating with the university. We really need to reconvene together to look at that recruitment and how the university can develop in ways that really meets the needs of Yukoners.

Chair: Thank you. Just one more from me — a pretty clear recommendation was made to develop and implement a recruitment and retention strategy. In both the department's response to the Auditor General's report and the letter to this committee from earlier this week, that commitment continued. I'm wondering if witnesses can offer a little more clarity around the timing and expected completion of that recommended recruitment and retention strategy.

Ms. Parsons: We do have two ongoing recruitment and retention strategies. One is a recruitment and retention strategy for all health professionals who were partnering with Yukon Hospital Corporation to look at how we recruit and retain people from across Canada or the world into the Yukon to those specialty services. Our new strategy is focused on rural Yukon; it's how to retain and recruit people to rural Yukon. We just hired the person — the HR person — who will be working on that strategy. They are due to start in September — start fully on the project. It's hoped that implementation will happen in the spring.

Chair: Thanks. So, just to be clear then, that's the human resources consultant who was hired for that; their primary activity is to complete this recruitment and retention strategy. Is that correct?

Ms. Parsons: Yes, that's correct.

Chair: Thank you. Unless there are any other follow-up questions from my colleagues, I'll proceed to closing statements.

Seeing none, before I adjourn this hearing, I would like to make a few remarks on behalf of the Standing Committee on Public Accounts.

First of all, I would like to thank the witnesses who appeared. I would also like to thank the Office of the Auditor General of Canada for their work on the report. While officials from the Office of the Auditor General were not able to be here with us today due to the COVID-19 pandemic, they have provided the Committee with a written statement that is available on the Committee's webpage. The documents provided by the Department of Health and Social Services are

also available for the public to consult on our webpage, which is yukonassembly.ca/committees/pac.

The Committee's report on this hearing will be tabled in the Legislative Assembly, and we invite those who appeared before the Committee, and other Yukoners, to read the report and communicate to the Committee with their reaction to it.

This afternoon's hearing does not necessarily signal the end of the Committee's consideration of the issues raised in the Auditor General's report on mental health services in rural Yukon. The Committee may follow up with the department on the implementation of the commitments made in response to the recommendations of the Auditor General and of the Committee itself. This could include a follow-up public hearing at some point in the future and further status update reports.

With that, I would like to thank all those who participated in and helped to organize this hearing, including the staff from Hansard and security who have joined us.

Once again, on behalf of the Committee, thank you to the witnesses for appearing and providing us with the information that you have.

With that, we will now adjourn.

The Committee adjourned at 3:16 p.m.