



# **NORTHWEST TERRITORIES LEGISLATIVE ASSEMBLY**

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## **HANSARD**

**Wednesday, February 18, 2015**

Pages 5611 – 5653

**The Honourable Jackie Jacobson, Speaker**

# Legislative Assembly of the Northwest Territories

## Members of the Legislative Assembly

### Speaker

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(Nunakput)

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(Great Slave)

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*Persons with Disabilities*

*Minister responsible for Seniors*

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**YELLOWKNIFE, NORTHWEST TERRITORIES****Wednesday, February 18, 2015****Members Present**

Hon. Glen Abernethy, Hon. Tom Beaulieu, Ms. Bisaro, Mr. Blake, Mr. Bouchard, Mr. Dolynny, Mrs. Groenewegen, Mr. Hawkins, Hon. Jackie Jacobson, Hon. Jackson Lafferty, Hon. Bob McLeod, Hon. Robert McLeod, Mr. Menicoche, Hon. Michael Miltenberger, Mr. Moses, Mr. Nadli, Hon. David Ramsay, Mr. Yakeleya

The House met at 1:30 p.m.

**Prayer**

---Prayer

**SPEAKER (Hon. Jackie Jacobson):** Good afternoon, colleagues. Orders of the day. Item 2, Ministers' statements. The honourable Minister of Transportation, Mr. Beaulieu.

**Ministers' Statements****MINISTER'S STATEMENT 149-17(5):  
NWT TRANSPORTATION STRATEGY**

**HON. TOM BEAULIEU:** Mr. Speaker, the Department of Transportation is updating its Multi-Modal Transportation Strategy that will guide further development of our integrated air, road, rail and marine systems over the next 25 years. Engaging stakeholders and the public so we understand their priorities and needs has been a critical part of the process. Later this afternoon I will table the NWT Transportation Strategy 2015-2040 Stakeholder Engagement Report summarizing what the Department of Transportation heard during the initial phase of public engagement held in the fall of 2014. The strategy will be regularly reviewed going forward to ensure it is current and reflects the needs of the Northwest Territories.

The department used public meetings, online surveys, written surveys, a letter writing campaign and face-to-face interviews to gather perspectives on the transportation system. We heard from stakeholders across the NWT, including Members of this Assembly, Aboriginal leaders, community leaders, residents, businesses, industry and key stakeholder organizations from the NWT and southern Canada who conduct business in our territory.

The Stakeholder Engagement Report summarizes their input and confirms the strong supporting role that transportation infrastructure continues to play in enabling economic growth for our territory and the delivery of essential services to its residents. It is clear that Northerners and stakeholders want to see further enhancement and expansion of transportation facilities and services to meet current and future needs.

Three key themes emerged during the consultation. First, we must continue to maintain and improve our existing highways, winter roads, marine and airports to enhance the level of service and improve transportation safety. Second, we must expand the transportation system into new areas of the NWT to better connect our communities and support resource development potential. Finally, we must continue to improve the way we do business by modernizing transportation policy and regulations, by better communicating with the public to improve awareness and safety, by embracing new technology and by adapting the system to the effects of climate change.

Our next step is to prepare a draft of the Transportation Strategy based on feedback gathered through engagement and technical background reports. The department will then visit each region of the NWT again in the spring of 2015 to discuss the draft strategy with residents and stakeholders.

Mr. Speaker, Northerners recognize that safe and cost-effective transportation services are important to our communities and to the development of new economic opportunities in each region of the NWT. We look forward to further engagement with residents this spring. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Beaulieu. Item 3, Members' statements. The honourable Member for Nahendeh, Mr. Menicoche.

**Members' Statement****MEMBER'S STATEMENT ON  
ON-THE-LAND HEALING PROGRAMMING**

**MR. MENICOCHÉ:** Good afternoon, Mr. Speaker. Yesterday I was very pleased to hear the Minister of Health and Social Services announce in this House funding and supports to introduce on-the-land healing programs. Finally we are returning to this much needed land-based Aboriginal cultural healing environment.

In October 2014 I spoke in this House about the successful on-the-land program at Six Mile Creek outside of Fort Simpson that should serve as a territorial model for early intervention of alcohol and drug abuse amongst the youth.

A pilot program had 22 students. It was designed to build youth identity, increase physical activity and establish an Aboriginal cultural link to the land and animals. The facilitators also taught life skills, emotion management, self-control, fostering well-being, healthy relationships and a sense of identity was also learned.

This project and other pilot projects on the land from last year will certainly provide a standard as we begin to build on this. I think the most important issue is about getting back on the land and back to our roots. We live in a highly modern and stressful world. The programming supports and approved projects will give clients and participants time away from it all and concentrate on their recovery and mental health.

I did note in the Minister's statement that there was no specific plan for the Deh Cho at this time. I urge the Minister to request his department to finalize a plan quickly so that our youth or adult clients can take advantage of a program this summer.

The Minister is aware, when he visited last fall, of the excellent facility over at Six Mile Creek up the river from Fort Simpson. There is no reason why that exact same location cannot be used. The department has by now evaluated the lessons learned from the pilot program from last year. I am certain that the recommendations will form the development of an excellent land-based healing program for our youth. I just want to say that I am supportive of building on and continuing these supports for our youth.

In closing, indeed, we need to reach out and provide this on-the-land programming throughout the whole Northwest Territories for our youth in their time of need as they will be our future, Mr. Speaker. Mahsi cho.

**MR. SPEAKER:** Thank you, Mr. Menicoche. The honourable Member for Hay River South, Mrs. Groenewegen.

#### MEMBER'S STATEMENT ON UNDERSTANDING MENTAL ILLNESS

**MRS. GROENEWEGEN:** Thank you, Mr. Speaker. Today we're going to do a little bit of a theme day on mental illness. When I think of mental illness, I think of anxiety, depression, bipolar, schizophrenia and addictions.

Some come and go, some are lifelong, some will respond well to medication and some others not so well. Some result from a hereditary predisposition and some are less likely to be hereditary, but all mental illness deserves the same response as any other physical illness. To that end, I think our resources through the Department of Health and Social Services and this government are stretched very, very thin.

The statistics on the percentage of people who will struggle with some degree of mental illness in their lifetime is staggering. So as a very first starting point, we have to first abolish and banish the stigma, and we need to think through a lens of medical science and a common sense approach to responding to mental illness.

To that end, I will use myself as an example. Stress, extreme stress, can trigger bouts of depression and anxiety. When I was 26 years old, within a six-month period my husband lost his job, we had to move into an unfinished house, we had a baby, the baby turned out to be a very sick baby, and my mother was diagnosed with terminal cancer and died. That was in a six-month period when I was 26 years old. Probably also mixed in with some post-partum depression, I hit rock bottom. After many trips to the emergency ward at the hospital, I had a choice between trying to work through it through my faith or take medication. Taking medication to me seemed counterintuitive because I always wanted to be in control, and taking medication made me think that I wasn't going to be in control of how I felt.

I only tell this story to the end that people might look at me and think, there's Jane Groenewegen. Now, she has never had a worry in this world. I mean, they look at me and say, you've been married for 38 years, you have had a couple of successes, you've been in politics for 20 years, there's a person who's got it all together. Mr. Speaker, that's not how we need to look at mental illness. We need to understand that these incidents and stints of mental illness will occur. Some will last an entire lifetime. Some people will get help. That is where we, the government, need to think outside the box.

Mr. Speaker, I'd like to seek unanimous consent to conclude my statement. Thank you.

---Unanimous consent granted

**MRS. GROENEWEGEN:** My colleagues are telling me to slow down. Obviously this is something that I'm very passionate about, as you can tell.

We need to think outside of the box. As I said, when I found myself in that situation, the only thing that saved me in a small, northern town was a lady that I knew that stayed home all day and baked and watched soap operas. Now, she didn't talk a lot and she wasn't a lot of help to me, but she was there. Because I was afraid to go in. I was afraid to stay home. I didn't know where to go. My husband had to go to work because he had a job. These are the kinds of pressures that people are faced with.

So when I say "think outside the box," I think we need to do more with the idea of having people in all of our communities who are there to be a support with people who are struggling. People who can receive training on helping people and

sometimes just to be there and help people and support people through these things. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mrs. Groenewegen. Member for Range Lake, Mr. Dolynny.

#### MEMBER'S STATEMENT ON MENTAL HEALTH CARE ACCESS

**MR. DOLYNNY:** Thank you, Mr. Speaker. As a territory, we struggle with mental illness every day, and although we see some great initiatives nationally on working together to create a stigma-free Canada, we are still failing.

While everyone in this room struggles to improve the quality of care while reducing the costs of our health care system, we seem to be missing the point. That is, the overwhelming evidence that access to mental health care in the NWT is poor.

Nationally, one in five people with depression get appropriate treatment, and we know this number is much higher in the North. Shockingly, nationally one in three patients discharged from a psychiatric department see a primary care physician or psychiatrist within a month. We don't track this type of performance measure in the NWT, but we all know what our numbers would look like.

Compare this to such post-disease follow-ups like heart failure or cancer at close to 100 percent, it shows even nationally we are doing things poorly. But the question is: Why?

The answer is complicated. Mental illness, by all accounts, is one of the biggest predictors of inequality to access of care in this country. Basically, once pegged with a mental disorder, you are far less likely to get the care you need. What's bad for business and costly to the taxpayer is the price we pay for psychiatric illnesses ending up back into the hospital, when it's far less cost than cost due to proper follow-up and working wisely with the patient. Unfortunately, the long-awaited NWT Mental Health Act is, by all accounts, another continued barrier for better management of outcomes for those suffering, and sadly, we continue to wait for this legislation.

Until such time as we can master the same diagnostic work-up, measured care and proper treatment for conditions like cancer or heart failure and heart disease, mental illness patients will be burdened with a system of inequality who lack the continuous and level care of population-based need.

We as legislators must understand this clear sense of need so we can be expected to align existing resources with this present demand. People are no longer willing to suffer in silence, and we can no longer ignore the burden of mental illness. I call on my colleagues collectively to support a system that is ready, responsive and able to meet the needs of

those suffering in our communities, in all our communities. I know this is a daunting task before this House, but let us be remembered for our actions and, again, not just our words. Thank you.

**MR. SPEAKER:** Thank you, Mr. Dolynny. Member for Sahtu, Mr. Yakeleya.

#### MEMBER'S STATEMENT ON SUPPORT FOR SERVICES FOR RESIDENTIAL SCHOOL SURVIVORS

**MR. YAKELEYA:** Thank you, Mr. Speaker. I have a big bone to pick with the Department of Health and Social Services. The Northwest Territories has the largest per capita population of residential school survivors in the country, and the distressed voices of residential school survivors are constantly ringing in my ears, but the department gives one excuse after another. It says it doesn't have enough money for a full continuum of mental health and addictions services. Things like one-on-one therapy, made-in-the-North residential treatment and after-care for recovering addicts.

It's time for a reality check. No more excuses. On one hand the government says there's no money, there's no money. Yet, it finds money for a delegation to fly to China or send down to Ottawa and for expensive infrastructure projects. When there's extra money resulting from low uptake on government programs, that extra money goes into the government's other projects.

When children are repeatedly beaten and belittled – and let's be honest, that happened to almost everyone who attended the residential schools in the Northwest Territories – why wouldn't they repeat that behavior when they enter into adult society? The medical community tells us that there's a clear link between trauma and addiction. Alcohol and drugs numb the pain. Healing from trauma isn't a quick fix. It involves nothing short of remaking yourself, sometimes even remaking the entire family. That, in turn, requires intensive therapeutic support.

I'm tired of excuses. I think this government does have the money. What it actually lacks is an unwavering political support to the residential school survivors.

I call on this Department of Health and Social Services to do more for the residential school survivors and their families in the North. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Yakeleya. Member for Hay River North, Mr. Bouchard.

MEMBER'S STATEMENT ON  
INCREASING SUPPORT FOR  
MENTAL HEALTH SERVICES

**MR. BOUCHARD:** Thank you, Mr. Speaker. I too will talk about mental illness. Obviously, some Members have already spoken on that.

Nationally, we have Clara Hughes who did a bike ride to bring light to this issue. Even famous people like Howie Mandel have come out with some of their issues. One of the things he said was... If I told you, Mr. Speaker, this afternoon that I had to go to a dentist, you would probably not blink an eye about that and allow me to do that, but if I had to tell you that I had to go see my psychologist or psychiatrist or my counsellor, you may have a different situation.

This is something we need to work on strongly, especially when we know that some of the statistics in the North are rising. We've had the opportunity in Hay River to have a revamp of our mental health. We have new counsellors. We have a better system. We have a couple of addiction wellness counsellors who are helping us out. But as we stir the pot, as we bring up some of these issues to people, there's more and more demand, and now we're experiencing that in some of the communities and some of those people that we've brought up.

We've had opportunities to have a couple of group sessions and stuff like that, but now the demand is so great on those counsellors and that organization, we have to look at putting more money into this organization to deal with mental illness throughout the Northwest Territories.

I know it's a daunting task, especially with the pressures we have financially, but it's something we have to continue to work at, to strive at, to get more counsellors, to get more help for the people that are needing it in the Northwest Territories. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Bouchard. Member for Frame Lake, Ms. Bisaro.

MEMBER'S STATEMENT ON  
HOUSING FIRST INITIATIVE

**MS. BISARO:** Thank you, Mr. Speaker. As we heard yesterday during opening comments for the Health and Social Services department and from speakers already today, the NWT lacks adequate mental health services, and we're not alone. Across Canada, every jurisdiction faces the same problem.

Those who suffer from mental illness are found in all parts of our society. Some are affected in a minor way, others are severely debilitated, and we struggle with how to treat every one of them.

Sufferers of mental illness are often hidden, but many we also see every day. Perhaps the most visible are the homeless. Statistics show that about

67 percent of the homeless experience mental illness at some point in their life. Many become chronically homeless because of it. But a new concept, a new program has been showing success in helping homeless people.

Traditionally we treat the illness first. We get them into some kind of a program, for instance, and then we look at other factors in their lives which impact how they live. But the Housing First program houses people first and then provides all-encompassing, wraparound services that they need to get well. It looks beyond the illness and sees the person as a whole.

The premise of the program is that the road to recovery from mental illness is more likely to begin when individuals are provided with a home. This program has been piloted in Canada for five years in at least five major cities with positive results. Compared to traditional treatment practises, clients in the Housing First program remain housed – that is not on the streets – twice as often as those in regular treatment, 67 percent versus 31 percent.

The other positive: financial savings. For the 10 percent of homeless, who have the highest needs and use the most health services most often, the analysis shows that a \$10 investment in Housing First saves an average of almost \$22.

I'm really pleased that the City of Yellowknife, with the assistance of the GNWT and the federal government, will be instituting the Housing First program in the very near future. Given the success in other Canadian cities, I expect we will experience fewer homeless people and a significant number of mental illness sufferers with a new lease on life: improved mental health, improved physical health, employment and independence.

There are three key principles of the recovery approach in mental health. They are hope, self-determination and responsibility. The Housing First program gives clients all of those and a path to a better life.

**MR. SPEAKER:** Thank you, Ms. Bisaro. The Member for Deh Cho, Mr. Nadli.

MEMBER'S STATEMENT ON  
CONCERNS EXPRESSED BY  
LEISHMAN FAMILY

**MR. NADLI:** Mahsi, Mr. Speaker. On an ill-fated day in 2009, Allisdair Leishman was brought by ambulance to the emergency ward at Stanton Hospital. He was suffering from hypothermia and experiencing a psychiatric episode. Left unattended, the distressed patient made his way into the unlocked kitchen, got a hold of a knife and managed to severely injure himself. Allisdair was left with permanent physical and cognitive impairments.



One momentary breach of care in security forever altered Allisdair's life and the lives of his family members. Allisdair lost his ability to support himself and provide child support for his young daughter. Within a short time the bank foreclosed on Allisdair's home. Since the incident, Allisdair's mother, Margaret, has been carrying the lion's share of grief and burden.

The Department of Health and Social Services never offered an apology or formal compensation. Margaret has had to find her own financial means to travel back and forth to visit and care for her son who lives at Stanton's extended care unit. Despite the fact that a specialist in Edmonton has prescribed a range of rehabilitative services, Allisdair's care at Stanton Hospital is very limited. Margaret has been left to scrutinize the situation and plead for improvements. The family has written to the department, stating that Allisdair's health issues are not being adequately dealt with and that the lack of care amounts to neglect. The department has not responded.

Understandably, the family is not satisfied and wonders if the department has something to hide. I have to admit, my thoughts run in that direction too.

Allisdair's family wants to see him living with more dignity and comfort and provided with a full range of rehabilitation services. Today I will call on the department to respond to these requests.

**MR. SPEAKER:** Thank you, Mr. Nadli. The Member for Inuvik Boot Lake, Mr. Moses.

#### MEMBER'S STATEMENT ON MENTAL HEALTH COMMISSION OF CANADA

**MR. MOSES:** Thank you, Mr. Speaker. When we talk about mental health, there are so many branches and so many different avenues we can take in addressing and talking about this very, very harmful disease. What I want to talk about today is some of the work that's been done with the Mental Health Commission of Canada.

Last year, November 25<sup>th</sup>, the Mental Health Commission of Canada released a comprehensive implementation guide to help Canadian employers fully adopt the national standard of Canada for psychological health and safety in the workplace, something that is needed. This implementation guide is available on their website at no cost.

I know that while we must take primary responsibility for our health and well-being, the workplace can play a significant role in our ability to manage both our physical and our psychological health. That's why this is very important. Workplace mental health has a \$51 billion economic impact on businesses across Canada. About 30 percent of disability claims and 70 percent of disability costs are all attributed to mental health problems and illnesses.

Mental health in the workplace is very important. We see that in our communities. We also hear it from our constituents who are dealing with either management, system flaws, issues that we're dealing with. I think with this fiscal restraint policy that we had to implement this year, that might have caused some of the mental health issues in some of the workplaces as well.

Just last month, on January 22<sup>nd</sup>, the Mental Health Commission of Canada also released another document, Informing the Future: Mental Health Indicators for Canada. This is the first ever national level set of indicators that identifies and reports on the mental health of Canadians.

This disease, mental illness, touches all parts of the health system and on all parts of society, and no one organization or department, for that matter, can tackle this complex issue alone. We've got to find a way where we can work together with our NGOs, with organizations such as the Mental Health Commission of Canada and Canadian Centre on Substance Abuse to tackle this issue to make sure that we have the right programs and services for those that need it. Thank you.

**MR. SPEAKER:** Thank you, Mr. Moses. The Member for Mackenzie Delta, Mr. Blake.

#### MEMBER'S STATEMENT ON MENTAL HEALTH DISORDERS IN YOUTH

**MR. BLAKE:** Thank you, Mr. Speaker. There are many forms of mental illness. We have anxiety disorders, eating disorders, craving, mental illness in the workplace, obsessive-compulsive disorder, children, youth and depression, and that's what I want to touch on today.

While we may think of low mood or other challenges as adult problems, they can affect people of any age. Children and teens can experience mental illnesses like depression.

Sometimes it can be difficult for adults to understand how difficult children's problems can be because we look at their problems through our eyes as adults. The pressures of growing up can be very hard for some children. It's important that we remind ourselves that while their problems may seem unimportant to us, they can be overwhelming to young people.

It's important to take depression in young people seriously. Thank you.

**MR. SPEAKER:** Thank you, Mr. Blake. The Member for Yellowknife Centre, Mr. Hawkins.

#### MEMBER'S STATEMENT ON IMPACTS OF MENTAL HEALTH ISSUES

**MR. HAWKINS:** Thank you, Mr. Speaker. In any given year, one in five Canadians experience mental health problems. The cost to the economy,

of course, is enormous at \$50 billion. On average, one in three adults and one in four children or youth report that they have only sought help or assistance through treatment programs.

Four thousand Canadians die every year as a result of suicide. These are terrible statistics, but I'm going to go on. Up to 70 percent of adults living with mental health problems report the symptoms started during childhood. In 2010, mental health conditions were responsible for 47 percent of all approved disabilities claims in the federal service, almost doubling that average since 20 years prior. Mental health problems and illnesses account for more than \$6 billion in lost productivity due to the absenteeism. Interestingly enough, the vast majority of people living with mental health illness problems are not involved with the criminal justice system. However, in fact, they are more likely to be victims of violence by their perpetrators.

Estimates suggest that the rate of serious mental health problems among federal offenders, upon admission, have increased by 60 to 70 percent since 1997. Adults with severe mental health problems and illnesses die up to 25 years earlier.

Depending on which study is cited, between 25 and 74 percent of people who are homeless in Canada have reported that they have mental health problems. Among those with the most severe and complex mental health problems, unemployment is estimated to be 70 to 90 percent of the burden that they carry. One study reported that 27 percent of caregivers lost income caring for a family member that they care so dearly about.

About 20 percent of the Canadian population do not use the mother tongue of English or French. Twelve percent of those language speakers use another language other than English or French in their home. Mr. Speaker, I'm going to try in French...

[Translation] Forty-seven percent of francophones who live outside of Quebec have difficulty finding health care, usually because of the lack of French-speaking health professionals. [Translation ends]

Could you only imagine how difficult it is to seek help in the Northwest Territories if you only speak one of the nine other languages other than English or French?

At this particular time, I'll seek unanimous consent to conclude my statement.

---Unanimous consent granted

**MR. HAWKINS:** Depending if you're a girl, woman, man or boy, girls will attempt suicide at higher rates; men and boys will die of suicide more often. First Nations youth die by suicide five or six times more often than their non-Aboriginal counterparts.

To bring this to a close, Canada only spends about seven cents out of every public health care dollar

on mental health care, far below the 10 to 11 percent countries like New Zealand the UK spend.

In closing, mental illness is certainly the elephant in the room that we can all see that no one seems to want to talk about or confront. I'll finish my statement by pointing out that the NWT has a 24-hour Helpline at 1-800-661-0844. We know many families struggle with this. Many parents struggle with this to take care of their loved ones. Mr. Speaker, we must do more. Thank you.

**MR. SPEAKER:** Thank you, Mr. Hawkins. Item 4, returns to oral questions. Item 5, recognition of visitors in the gallery, Mr. Dolyunny.

### Recognition of Visitors in the Gallery

**MR. DOLYNNY:** Thank you, Mr. Speaker. Mr. Speaker, through you and with your assistance here, I'd like to point out in the gallery someone I've worked with earlier in 2014, Mr. Kevin Hynes who is the president of the Yellowknife Firefighters Association, here for Bill 45. Thank you.

**MR. SPEAKER:** I'd like to welcome everybody here in the public gallery. Thank you for taking in our proceedings today.

Item 6, acknowledgements. Item 7, oral questions. Member for Sahtu, Mr. Yakeleya.

### Oral Questions

#### QUESTION 641-17(5): SUPPORT SERVICES FOR RESIDENTIAL SCHOOL SURVIVORS

**MR. YAKELEYA:** Thank you, Mr. Speaker. I believe we need a made-in-the-North solution to the issue of supporting the residential school survivors that will provide intensive support for all these survivors.

I want to ask the Minister, will the Minister investigate the feasibility of a pan-territorial facility for treating addictions and mental health issues of residential school survivors? Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Yakeleya. Minister of Health, Mr. Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Speaker. I did have some initial conversations with the Minister of Health and Social Services for Nunavut and the Northwest Territories. They have since stopped being the Ministers of Health and Social Services, so I will follow up with the new Ministers to see if there's any interest in a pan-territorial approach. Thank you.

**MR. YAKELEYA:** That's certainly good news on this side of the House here. I look forward to the Minister's follow-up.

Lately I've been trying to address the problems experienced by the residential school survivors who have been convicted of a violent or sexual crime and who have been turned away from addictions treatment programs. These men are falling between the cracks.

As an alternative, will the Minister commit to funding intensive individual therapy sessions for these men, or looking at a mobile treatment program?

**HON. GLEN ABERNETHY:** We do provide a continuum of care and supports for individuals who are suffering from addictions here in the Northwest Territories, from community counsellors, we're trying to extend the Matrix program, which is an outpatient treatment program that can be delivered in different communities throughout the Northwest Territories which these individuals would have access to.

Our difficulty has been that a number of the facilities out there that provide residential treatment have policy and procedures about not allowing individuals with certain criminal records into co-ed facilities. So, I will work with the Member and we will try to articulate the programs that are available for these individuals today, and when there are specific cases we will certainly work with the individuals to meet their needs. Thank you.

**MR. YAKELEYA:** My question for the Minister of Health, I've been told that one of the weaknesses of the Nats'ejee K'eh facility was its failure to fully make use of the free counselling offered by Health Canada to residential school survivors. Can the Minister comment on this claim?

**HON. GLEN ABERNETHY:** That claim has never been made to me. I'd certainly be interested in where it came from and we could certainly look into the details, but that is not something that has been articulated to me in the past.

**MR. SPEAKER:** Final, short supplementary, Mr. Yakeleya.

**MR. YAKELEYA:** Thank you, Mr. Speaker. In the Minister's Forum on Addictions, in the recommendations... There are over 60 recommendations, 67 to be exact, the recommendations are to help with the interagency of our small communities.

I want to ask the Minister, can he commit to give direction to the health workers under his authority to work with the other agencies, such as the police, the counsellors, to look at how they deal with mental health patients in the community so that they do not fall through the cracks when they need help from a small community perspective?

**HON. GLEN ABERNETHY:** Over the last year and a half, I've had an opportunity to travel to many communities in the Northwest Territories, and we

will continually hear communities talking about working towards developing interagency committees. I think there's significant value in interagency committees. I have had an opportunity to talk to CEOs, public administrators and board chairs, and there's support for participating in interagency communities throughout the Northwest Territories where they currently exist. We would certainly be willing to participate in... [Microphone turned off]... as they begin or start up. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Abernethy. Member for Hay River South, Mrs. Groenewegen.

QUESTION 642-17(5):  
COMMUNITY SUPPORTS FOR  
MENTAL ILLNESS

**MRS. GROENEWEGEN:** Thank you, Mr. Speaker. My questions today are for the Minister of Health and Social Services. I allude in my statement to the fact that we cannot have resources on the ground everywhere all the time to respond to some of the needs of people who have either had treatment or are waiting to go to treatment that are back in our communities and needing some kind of support.

I'd like to ask the Minister of Health and Social Services if any consideration or research has ever gone into the idea of supporting or funding local groups. That could be people who are in recovery, people who have had experience and could be trained in some fashion but would be there to support people in the community that are struggling with mental illness. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mrs. Groenewegen. Minister of Health, Mr. Abernethy.

**HON. GLEN ABERNETHY:** There's already a number of community-based organizations that do provide different types or different levels of support. They may not be in every community. In Yellowknife, by way of example, there is the Tree of Peace that does provide some of those services.

We offer, throughout the Northwest Territories, two deliveries in every region. The Mental Health First Aid program, which is actually a wonderful program and I encourage... Actually, I'd like to challenge all the MLAs to actually take the Mental Health First Aid. I'd also like to challenge the MLAs to have their CAs take Mental Health First Aid, because it's a program that helps individuals become aware and conscious of mental health issues that people have and helps direct them to where they can get resources. So I would encourage all your residents to take the Mental Health First Aid so that we could all be participants in finding solutions in helping people in need. Thank you, Mr. Speaker.

**MRS. GROENEWEGEN:** I would love to take Mental Health First Aid. I don't know exactly how I would access that or what I could do. But as an

MLA, you have to understand that we get called to the homes by parents who are going out of their minds, worried about their children because they don't know what they're going to do next. You can take them to the hospital, but we cannot admit and treat except for only the really critical cases. So it is hard to know, as a parent, as a friend, as a community member, as an MLA, how to respond to some of these really stressful situations, because it does involve entire families and I would say particularly parents when they're worried about their children.

Tell me how we can access the Mental Health First Aid that the Minister is talking about, because I'll be the first one to sign up. Thank you, Mr. Speaker.

**HON. GLEN ABERNETHY:** I'm glad the Member is taking the challenge. I too will be taking Mental Health First Aid training.

The authorities have enough money to do two deliveries of Mental Health First Aid training in each of the regions every year. I will commit to getting the Member as well as all of the Members a complete list of where the Mental Health First Aid training will be, and I'll let them know when Mental Health First Aid training is going to occur in their communities so that they can participate.

I would also encourage them, as I did previously, to please get their CAs to take it, because I know their CAs often have to deal with a lot of issues coming from constituents. But, please, advertise it in your newsletters. Let's get the information out there so people can have the tools and the resources they need in order to help support individuals in their communities. Thank you, Mr. Speaker.

**MRS. GROENEWEGEN:** Wouldn't it be wonderful if the Mental Health First Aid became as prevalent as having a First Aid certificate? I mean, you can hardly work anywhere or do anything without a First Aid course and certification.

The other day in the House, also, I asked the Minister that seeing that we cannot be, as a health service, everywhere all the time in every community, I had asked the Minister again about this idea of hooking patients or clients up with counsellors remotely through telehealth or through telephone counselling, telephone support. I'd like to ask the Minister, what is currently in place and where could that go?

**HON. GLEN ABERNETHY:** Actually, the Member for Yellowknife Centre answered that question earlier. We do have a 1-800 Helpline that is available 24/7 for individuals who need to talk to somebody if they're experiencing some level of crisis. We also have the Dalhousie psychiatry program here in the Northwest Territories. It does take a referral to get to that program, but individuals can access that as a way and means of getting support they need when they may not be able to

get an in-person visit. We do have community counsellors, as well, through most of the communities, and I do encourage people to follow up with community counsellors when they get the opportunity.

**MR. SPEAKER:** Thank you, Mr. Abernethy. Final, short supplementary, Mrs. Groenewegen.

**MRS. GROENEWEGEN:** Thank you, Mr. Speaker. I'm glad that the Minister reminded me about community counselling, because as my colleague Mr. Bouchard mentioned, yes, we do have these services in the community, but we've recently heard that in Hay River right now that if you need counselling you are going to be on a three- or four-month waiting list, and that isn't really good when it comes to issues of needing counselling for anything to do with mental illness.

I'd like to ask the Minister, is there any plan by his department to enhance those services in the communities so that we do not end up with a backlog of people waiting for services?

**HON. GLEN ABERNETHY:** There is no plan in the budget that is before the committee today to increase the number of community counsellors in the communities. There are wait times. I will acknowledge that there are wait times throughout the Northwest Territories, but I think it's important to note that these are mostly wait times for non-urgent clients. Clients with urgent needs are seen within 24 hours. Urgent issues, issues of extreme risk or importance can be dealt with immediately, within 24 hours.

**MR. SPEAKER:** Thank you, Mr. Abernethy. The Member for Frame Lake, Ms. Bisaro.

#### QUESTION 643-17(5): HOUSING FIRST INITIATIVE

**MS. BISARO:** Thank you, Mr. Speaker. My questions are also addressed to the Minister of Health and Social Services today. I want to follow up on my statement and ask the Minister some questions about the Housing First program.

I would like to, first of all, say that the City of Yellowknife has taken the lead on this project, but they certainly need to have other people involved in the project. The money is federal money. It's not GNWT money. I'd like to know from the Minister how our territorial health and social services authorities and department, particularly, the Yellowknife Health and Social Services Authority, how is the department and local authority involved with the City of Yellowknife in the Housing First program?

**MR. SPEAKER:** Thank you, Ms. Bisaro. The Minister of Health, Mr. Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Speaker. The mayor of Yellowknife actually got in

touch with the Cabinet. He actually had a meeting with the Minister of Housing and the Minister of Justice, and I also had a private meeting with the mayor, as well, to discuss this important initiative that the city is pursuing. We are supportive. We are looking for ways to be their partners and they are looking for ways for us to be their partners. It's early days. The discussions are early on, but we will continue to engage with the mayor and explore opportunities to be meaningful partners.

**MS. BISARO:** Thanks to the Minister for that. I'm really glad to hear that there's a commitment on the part of the GNWT and I'm also glad to hear that it's more than one department that is involved, because in order for this project to be successful, it will involve more than just the Health department. Housing and Justice for sure have to be in there.

To make this program successful, there needs to be services for the homeless. Once they are housed, there needs to be services in order to assist them with the other things that have created their homelessness.

I'd like to know from the Minister, will the department and, I guess, will the GNWT in general be able to provide those wraparound services that are necessary to treat the homeless person once they're housed?

**HON. GLEN ABERNETHY:** We've talked a lot about mental health and addictions services here in the Northwest Territories and we do provide a continuum of care. There are a number of programs and services that are available to all of our residents whether they're homeless or they're not homeless. We're always looking for ways to expand and enhance our programs so that it's more effective. It's forums like this where we're hearing from the Members and we're getting good ideas, so we appreciate that. But those programs and services are available to all residents whether they have a house or not.

Just for clarity, I can confirm that in partnership with the city, the GNWT Housing Corp is contributing \$150,000 to the initiative that is being led by the city.

**MS. BISARO:** Thanks to the Minister and thanks to the Minister of Housing. Always want to get a plug in, I'm sure.

The wraparound services are currently being used in the court system, I believe, and in my view, in order for the Housing First program to work, the wraparound services need to be targeted to those homeless people that are in the Housing First program. The Minister states that services are available and basically that they're available to anybody in the territory, but I'd like to ask the Minister, as this project progresses, will he consider providing targeted wraparound services to

homeless people in the Housing First system? Thank you.

**HON. GLEN ABERNETHY:** It's certainly an intriguing idea and I get the Member's point here. If it's the wish of committee, we're certainly willing to have those discussions. I will note that this may be an opportunity as we continue to expand the Integrated Case Management Program that we're applying to the Wellness Court. So this might be an opportunity or a next logical fit. So, if it's the wish of committee, we're certainly willing to explore that. Thank you.

**MR. SPEAKER:** Thank you, Mr. Abernethy. Final, short supplementary, Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Speaker. Thanks to the Minister. It's great to hear the commitment from the Minister because the responsibility for homelessness is not at a municipal level, it is at a territorial level. So I'm glad to hear the commitment and willingness is there to consider providing services.

To the Minister, Yellowknife is taking on this challenge. Yellowknife has a fairly large number of homeless people, but there are homeless people probably in every one of our communities.

What exists in communities outside of Yellowknife to treat homeless people who have a mental illness? Thank you.

**HON. GLEN ABERNETHY:** I'll state what I've already said. There is a continuum of care services and opportunities for individuals who are suffering from either mental health or addictions issues from community-based counselling to residential treatment facilities. We're still pursuing the on-the-land programming. There's the Matrix program, which is actually an outpatient, community-based treatment program. There's a number of these programs and they're available throughout the Northwest Territories. Unfortunately, Matrix isn't available in every community, but we'd obviously like to find ways to expand that out. But there are programs available to people throughout the Northwest Territories.

We do have an expedited referral process where if an individual is ready to go to treatment, if they decided they'd hit the point in their lives where they're ready, they can talk to a health practitioner, a counsellor, they can talk to an MLA who can direct them to the appropriate people so that they can get that referral, and we could do a 24-hour referral time and get those people into the treatment that they're ready to take. Thank you.

**MR. SPEAKER:** Thank you, Mr. Abernethy. Mr. Dolynny.

QUESTION 644-17(5):  
SUPPLEMENTARY HEALTH BENEFITS  
PROGRAM

**MR. DOLYNNY:** Thank you, Mr. Speaker. As we are fully aware, we are in a full operation budget season and it's important that we reflect on some of the high-level questions as to a department's performance in responding to the needs of the people it serves. With that in mind, my questions are for the Minister of Health and Social Services on our stewardship of the Supplementary Health Program.

If one looks at the budget and health service programs under Supplementary Health Programs, and knowing full well that the cost of drugs and medical devices are on the rise, the budget has remained virtually flat at around \$27 million. Can the Minister explain why? Thank you.

**MR. SPEAKER:** Thank you, Mr. Dolyunny. The Minister of Health, Mr. Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Speaker. We actually provide the supplemental health benefits as per the program and the dollars have remained fairly consistent. I will say that we're actually doing a bit of an analysis right now because it does appear to be creeping up and the primary result is the aging population. So we will likely be coming to committee for further discussion on the increased costs to the supplemental health benefits. Thank you.

**MR. DOLYNNY:** Thank you. Speaking about committee discussion, last year the Standing Committee on Social Programs recommended a comprehensive policy review of the Supplementary Health Benefits program, along with a proper appeals process.

Can the Minister indicate to the House why this has not been completed? Thank you.

**HON. GLEN ABERNETHY:** It is certainly something that we're looking at doing, but at the same time we're engaged in a significant number of initiatives and every time we're pulled off by committee or another group to do another analysis, another research project, it has to be done by the staff that we have and there's a number of major priorities that were set by the 17<sup>th</sup> Legislative Assembly's Caucus that we're working on. We're progressing and it's in the queue and the work will be done. Thank you.

**MR. DOLYNNY:** Again, last year the committee recommended a move towards means testing for supplementary health benefits similar to what was found in other provinces with the expressed caveat that seniors be excluded from means testing.

Can the Minister indicate to the House why this was not done as well? Thank you.

**HON. GLEN ABERNETHY:** The Member may remember that during the initial Caucus meetings of the 17<sup>th</sup> Assembly, the supplemental health benefits were actually not one of the priorities that were identified. A number of priorities were identified by Caucus. We are working on those priorities right now. We are making significant progress on all of them. This is not something that's gone away. This is something that I think is incredibly important and I'd like to see as part of the transition documents into the 18<sup>th</sup> Legislative Assembly. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Abernethy. Final, short supplementary, Mr. Dolyunny.

**MR. DOLYNNY:** Thank you, Mr. Speaker. So, I guess the question is, and the answer is, we're still going to be waiting here.

Can the Minister indicate, what is the department's plan to deal with those residents who failed to qualify for supplementary health benefits, who cannot afford their prescriptions for medical devices, who are left high and dry with Health Canada, especially for patients like Patrick Kuptana in Tuktoyaktuk? Thank you.

**HON. GLEN ABERNETHY:** It would be inappropriate to talk about individual cases. But I can say that we do work with our residents of the Northwest Territories, and when they do have challenges with the NIHB benefits that they're entitled to receive, we do participate with them. We do work with them by providing the doctors' notes and everything they need, and those issues do get resolved. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Abernethy. Member for Deh Cho, Mr. Nadli.

QUESTION 645-17(5):  
CONCERNS EXPRESSED BY  
LEISHMAN FAMILY

**MR. NADLI:** Mahsi, Mr. Speaker. Earlier I made the statement on Allisdair Leishman and the circumstances that we find him in at the Stanton Hospital currently. Mr. Speaker, my questions are for the Minister of Health and Social Services.

I'd like to know why the department has never formerly apologized about the breach of security that lead to this tragic incident. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Nadli. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Speaker. I'm not prepared to speak about a specific individual or specific case at this time. I will say that in 2011 there was an inquiry called on by the Department of Health and Social Services to look at the security and other issues at Stanton, and at that time a number of improvements were made to the security operations within Stanton, including more

security in emergency. They increased the coverage in emergency. They installed some doors, locks and alarms so individuals can't get into secure areas of the building like the kitchen, and they approved some of the operational responses for incidents of violence.

Obviously, in light of the issues that we've heard over the last couple months, more needs to be done and we are taking action on those as well. Thank you, Mr. Speaker.

**MR. NADLI:** The family has told me that, by their own admission, the people responsible for the extended care unit at Stanton Hospital don't have adequate resources to fully care for Allisdair.

The GNWT is good at providing general health care, but it's weak in the area of specialized care. Why doesn't the Northwest Territories have a made-in-the-North facility for high needs people such as Allisdair Leishman? Mahsi.

**HON. GLEN ABERNETHY:** Our long-term care facilities here in the Northwest Territories are staffed by competent professionals, including nurses and doctors, who actually can provide a wide range of services to individuals.

I would encourage any resident of the Northwest Territories who has concerns about their individual care to talk with their physicians to make sure that they are getting the services that they are entitled to in the Northwest Territories, and if they have any concerns about the quality within the facility, I would strongly encourage them to contact the quality assurance staff within the department to actually work through these issues to ensure that they're getting the care and support that they do deserve. Thank you.

**MR. NADLI:** I understand that the extended care unit has a sterile feel. It's not a homey environment.

Will the department commit to provide a more comfortable home-like environment for extended care patients such as Allisdair Leishman? Mahsi.

**HON. GLEN ABERNETHY:** We're actually currently going through the Stanton renewal which is going to result in a major construction and improvements and modifications to the Stanton facility. Part of that includes the development of a long-term care facility here in Yellowknife, which will actually be outside the building because they would have different deflection control and other procedures that they'd have to adhere to. So there will be an enhanced long-term care facility here in Yellowknife and it will be similar to the high quality long-term care facility in Inuvik and the one that's being built in Norman Wells and the one that recently opened in Behchoko and the ones south of the lake as well. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Abernethy. Final, short supplementary, Mr. Nadli.

**MR. NADLI:** Thank you, Mr. Speaker. It's clear that this government is experiencing inadequate programs and services for people such as Allisdair Leishman and mental health patients. Thus, there's a challenge in the fiscal resources that are very limited.

What role does the federal government have in addressing the inadequate funding of mental health institutions and programs and services that the GNWT has currently been challenged to address the needs of the people of the NWT? Mahsi.

**HON. GLEN ABERNETHY:** The responsibility of health and social services has been devolved down to the Government of the Northwest Territories. There are dollars coming through NIHB that are going to individual Aboriginal residents of the Northwest Territories for different aspects of their care, but it is the Government of the Northwest Territories for the provision of health services in the Northwest Territories. There is the health money that comes from Canada, which we understand is stabilizing. It's not going to be increasing here in the Northwest Territories, but unlike other jurisdictions it's not going to be decreasing as well. So it is a priority of the Government of the Northwest Territories to enhance our services and make sure our people are getting the best services they can here in the Northwest Territories. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Abernethy. The honourable Member for Inuvik Boot Lake, Mr. Moses.

#### QUESTION 646-17(5):

#### GNWT WORKPLACE

#### MENTAL HEALTH PROGRAMMING

**MR. MOSES:** Thank you, Mr. Speaker. I made reference earlier in my Member's statement about the psychological health and well-being of our employees or any employees, for that matter, in the Northwest Territories and the National Standard of Canada for Psychological and Safety in the Workplace that the Mental Health Commission of Canada did. I would like to ask my questions to the Minister of Human Resources.

I know the GNWT has its own program, the Employee and Family Assistance Program. What does the government pay to run the EFAP and how often is that utilized? Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Moses. The honourable Minister of Human Resources, Mr. Beaulieu.

**HON. TOM BEAULIEU:** Thank you, Mr. Speaker. I don't have the contract numbers with the providers here with me today, so I'm unable to give that information to the Member. However, I know the department does track everyone who goes through EFAP and I can get that number for the Member.

**MR. MOSES:** I do appreciate that. I think it will give us an indication of how well we as a government are doing for employees out in the workforce.

I mentioned that on November 25, 2014, the Mental Health Commission of Canada released the implementation guide for psychological health and safety workplace standards. This is the first time something like this has ever been done.

Is the Minister familiar with that program or that the release had happened last November and whether his department is looking into that type of implementation program as something we can build on here in the Northwest Territories? Thank you, Mr. Speaker.

**HON. TOM BEAULIEU:** I am not familiar with the national standard of Canada for psychological health and safety in the workplace. However, the Department of Human Resources I'm sure is up to speed on all of those types of reports or standards that have been released. Again, I can ask the department to bring me up to speed and, if need be, bring the Members up to speed as well. Thank you.

**MR. MOSES:** If the Department of Human Resources isn't up to speed or not familiar with the national standard that's being adopted right across Canada, in fact since it was released in November, there's more than 21,000 copies that have been downloaded from the website.

Will the Minister direct his staff to take a look at this implementation standard and see whether or not it is something GNWT can adopt for themselves for employees who do the hard work in our government? Thank you, Mr. Speaker.

**HON. TOM BEAULIEU:** It's quite possible that the department is up to speed on that report. Myself, I'm not. If we are not and if the Department of Human Resources is not familiar with the report, I will ensure the deputy is able to transmit that to the department so members who are working with the public service are well aware of this standard. Thank you.

**MR. SPEAKER:** Thank you, Mr. Beaulieu. Final, short supplementary, Mr. Moses.

**MR. MOSES:** Thank you, Mr. Speaker. I just want to reiterate that the implementation guide is available at no cost, so it would be no cost to government to take a look at that.

The last one is the Canadian Standards Association does a one-day workshop in partnership with the Mental Health Commission of Canada with regard to this implementation guide.

Would the Minister possibly look into having his staff take that one-day training and see how much of an impact it does have and whether or not we can develop a training type of program under these national standards? Would he ask his staff to look

into that one-day training workshop? Thank you, Mr. Speaker.

**HON. TOM BEAULIEU:** I know that the department is up to speed on occupational health and safety of the employees of the public service. If this is something that can be done and something that employees in Human Resources will benefit from, thus benefitting all public servants in the GNWT, then I will speak to the senior management to get their feeling on whether or not they feel it would be beneficial to the staff there to take this course. Thank you.

**MR. SPEAKER:** Thank you, Mr. Beaulieu. The honourable Member for Hay River North, Mr. Bouchard.

QUESTION 647-17(5):  
WAIT TIMES FOR  
MENTAL HEALTH SERVICES

**MR. BOUCHARD:** Thank you, Mr. Speaker. I will follow up from my Member's statement with questions on mental health from our mental health theme day. I will take up the challenge on the Mental Health First Aid the Minister alluded to and I'd like to find out more information on when that would happen.

The first question I have is: Does the Minister have the wait times to see a mental health and addictions counsellor in the Hay River area? Thank you.

**MR. SPEAKER:** Thank you, Mr. Bouchard. The honourable Minister of Health, Mr. Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Speaker. Before I answer the question, I just want to take this opportunity to thank the Members for undertaking this theme day. One of the key actions within the Mental Health and Addictions Action Plan, one of the key priority areas is to actually promote the understanding, awareness and acceptance of mental health in the Northwest Territories. It's forums like this and Members asking questions that it starts to increase the awareness of mental health in the Northwest Territories. So I applaud them for taking it upon themselves to do the theme day on mental health and addictions.

To the Member's question specifically, and I will just preface it by saying once again that wait times are for non-urgent clients and that clients with urgent needs are seen within 24 hours or immediately, given that we have the expedited referral process. If somebody acknowledges within themselves that it's time for them to go to treatment, there are ways to get that information in so we can get them out immediately. So, please, in your newsletters, share this information as you move forward so they know how to access that program.

According to my records, the wait times in Hay River range anywhere from three to four months, which is excessive, obviously, but we will work with



Hay River and the other authorities to see how we can shorten these wait times. Thank you, Mr. Speaker.

**MR. BOUCHARD:** The information I get, too, is immediate action is being dealt with. We have a 1-800 number. We have people dealing with the emergency situations. The Minister indicated three to four months.

Is the Minister willing to commit to a standard level where you should be able to see a counsellor within 30 days or 45 days? Can we set a standard level that you should be able to see a counsellor within 30 days or 45 days. Can we set a standard and try to meet that goal?

**HON. GLEN ABERNETHY:** I'm not prepared to commit to a standard today. We'd have to do some analysis and research to see what would be reasonable. I will say that throughout the Northwest Territories the wait times do vary. For instance, in Yellowknife it's two to three months for counselling, two months for adult psychiatry and it could be two or three months for child and youth psychiatry, and these are for non-urgent issues. In the Sahtu, in Tulita it's two months. In Deline it's, surprisingly, turned out to be about two weeks; Colville Lake, one month. In the Deh Cho, Fort Providence is about three weeks, Fort Liard is one week and Fort Simpson is one week. In the Tlicho there is currently no wait list. In the Beaufort-Delta, in Inuvik, up to six weeks. In Fort Smith it's anywhere from two to three months for a counsellor and three weeks for a community wellness worker. As I've already indicated, Hay River is three to four months.

There is some variety there. I've asked the department to look into some of the reasons why that variety exists, and I'll share that information with the Member and committee when it's done so that we can have a more informed discussion.

**MR. BOUCHARD:** As the Minister indicated, this is a strong issue, but I think we need to improve. I think we need to set that standard of what we have to a minimum amount. I think where it's needed we need to put the financial backing towards it.

My question is: Would the Minister approve overtime or additional counselling to get areas like Hay River that are three to four months away when we have some regions that only have two weeks or sometimes there isn't a wait list? Is there a way that we can deal with this immediate situation of the three to four month wait lists?

**HON. GLEN ABERNETHY:** As we move forward, actually, to one health and social services system here in the Northwest Territories, we'll be able to balance out some of these peaks and lows in different communities throughout the Northwest Territories because we'll be able to share resources and professionals as needed to meet increasing

demands in one area where there may not be demands in another area.

As far as committing additional resources and approving overtime, that often happens already in many situations where there are urgent issues. But I will commit to continuing to look into this issue and share the information that we gather with Members so that we can make informed decisions as we move forward.

**MR. SPEAKER:** Thank you, Mr. Abernethy. Final, short supplementary, Mr. Bouchard.

**MR. BOUCHARD:** Thank you, Mr. Speaker. I guess my question is twofold in the fact that Hay River would not be immediately a part of the one health board, and I'd hate to be criticized for not being before our committee discussion. I guess my question is: Three to four months wait list that we have in Hay River. It's the longest wait list. Will the Minister commit to solving this issue, allowing some overtime or bringing in additional counsellors to Hay River?

**HON. GLEN ABERNETHY:** It's too early to say whether Hay River is going to roll into this new authority immediately or whether it's going to be transitioned over time. We are doing that work and I'm certainly happy to have continued discussions with the Member on that. In the meantime, I will work with the public administrator in Hay River and have the department work with the CEO to see how we can reduce some of the wait time in Hay River.

**MR. SPEAKER:** Thank you, Mr. Abernethy. The Member for Yellowknife Centre, Mr. Hawkins.

#### QUESTION 648-17(5): AMENDING MENTAL HEALTH LEGISLATION

**MR. HAWKINS:** Thank you, Mr. Speaker. A couple small things here as I begin. As I mentioned at the beginning of my statement today, I said one in five Canadians experience mental health problems. The second thing I'd like to acknowledge the great courage of the Duchess of Cambridge who has come here recently in public support of people becoming more aware and helping fight the stigma of mental health. I think people like that show true leadership. They are tremendous people that step forward and help put a face on this fight, and it makes a big difference for those suffering with it because they do feel that they are suffering alone.

Speaking of those who suffer alone, we have the NWT Mental Health Act that, best guess, probably says it won't be rewritten for at least a year at this particular time. My question for the Minister of Health and Social Services is: We've asked for amendments and changes and speed-up, and all those things seem to be almost impossible. But it did occur to me that why couldn't the Department of Health and Social Services bring forward a simple amendment that could be added to the current act

until it's updated. One that targeted at that would provide some allowances and variances to the existing act where they work with a committee and a family to find better solutions.

The reason I say that question is there are many problems with families right now that they can't get the services they need because the act stops them from accessing services and needs. But we could provide a simple amendment that could vary that closed door type of thinking. Would the Minister consider something like that?

**MR. SPEAKER:** Thank you, Mr. Hawkins. The Minister of Health, Mr. Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Speaker. There are no quick fixes for the NWT Mental Health Act. It is a significant act with many parts and components. We have actually considered whether short-term amendments would be appropriate. Even those amendments would take a bit of time. The type of amendment the Member is talking about is not a small amendment. It would be a significant amendment and a significant part of the new act. It's not a year away. We're anticipating having the legislation done in the spring. Unfortunately, we don't believe it will be ready for the May/June session, at which point I do intend to table that legislation in our fall sitting so it's available for people to discuss and become familiar with. It's my hope and my intent that that legislation will be passed early in the life of the 18<sup>th</sup> Legislative Assembly.

**MR. HAWKINS:** I'm going to disagree and I'll allow the Minister to correct it for the record, but I'm not sure how he doesn't see it a year away, because if it doesn't come for a draft tabled before the House, it doesn't come before the House before the fall of this year, that means the next Assembly won't have a chance to review it, update it, take it out to public consultation, and they'd be lucky to see it back before February.

The reason I ask for a small amendment that would allow to vary it is that they could work with the committee, and certainly driven by the family, we could find a way to deal with the existing problems. Because when I hear a parent who tells me about their self-medicating child, the instability of the family, they have sleepless nights because they're worried about what can be done, and as long as this person is falling well within the law and not hurting themselves or others, they create terror to everyone around them. We need to find amendments that could work towards the longer achieving goal. Can the Minister help us with that?

**HON. GLEN ABERNETHY:** The Member and I want the same thing, which is a comprehensive Mental Health Act that meets the needs of the residents of the Northwest Territories, and we're committed to doing that. The department is working on it every day.

A significant amount of information came out during our public consultation process. We had a lot of feedback. It was wonderful to get as much feedback as we did. The department is going through that data. It's analysing that data and writing the act as we speak. The act is currently being written as we speak, but it will take a bit of time and there's a good chance that it may not be ready for the May/June session. If it's not, I intend to table it in the August session so that the residents of the Northwest Territories have an opportunity to read it and begin their discussions on it so that we can get it passed early in the life of the next Assembly.

**MR. HAWKINS:** I'm not in a position to say that that lady, Karen Lander, a few years ago the outcome would have been different in her particular circumstances, but what I can say is it might have been a different situation that led to those circumstances. Whether it would have come up with the same end, I don't know. But I can tell you that if we consider it ourselves for a very quick moment, that if we made a small amendment to the act that it could be varied, many Ministers have the authority to vary certain decisions and this could be certainly one of them. This could be a real opportunity if the legislation isn't ready in May.

I ask the Minister to reconsider this opportunity, because this is not just helping us, it's helping hundreds of people. The fact is one in five Canadians suffer from this. If I just took the MLAs alone, that could mean four of the MLAs in this room, and Ministers that is, could be suffering from a mental illness. It's that close and personal to us.

**HON. GLEN ABERNETHY:** I don't know how I can say it over and over again. This is something we do take incredibly seriously, and this is something that we want to get done, and this is something that we're working on. The amendment the Member is talking about is not a small amendment. It isn't an easy fix. It would take significant work just to amend the old, outdated, archaic act that we have to address this one issue, and because the act is so outdated, fixing one little clause is not going to give us the tools we truly need. Rewriting the act, the new act is going to give us the tools we need, and we are moving forward as quickly as we can and as responsibly as we can to ensure that we get an act that is right for the people of the Northwest Territories.

**MR. SPEAKER:** Final, short supplementary, Mr. Hawkins.

**MR. HAWKINS:** Thank you, Mr. Speaker. I have no doubt that every one of the 19 Members in this Assembly ran in here with a can-do attitude about trying to do things. I would ask the Minister, is there any reason he here today can stand by and say I will not try this? Would he be willing to at least take

this idea to a legal advisor who writes legislation to take a look at this particular scenario?

**HON. GLEN ABERNETHY:** I'm eager to resolve this issue and it is something that I have already discussed at length with the deputy minister of Health and Social Services and we've also had discussions with legal.

The issue is it's not a simple fix, it's a significant component of the new legislation and it would actually not really fix it if all the other components of the act were still as archaic and bad as they are today.

I want this legislation done. My colleagues on this side want this legislation done. My colleagues on that side want this legislation done, but I believe they want it done right as opposed to right now. Thank you.

**MR. SPEAKER:** Thank you, Mr. Abernethy. The Member for Nahendeh, Mr. Menicoche.

QUESTION 649-17(5):  
ON-THE-LAND HEALING PROGRAMS

**MR. MENICOCHÉ:** Thank you very much, Mr. Speaker. I want to follow up on my Member's statement when I spoke about on-the-land programming and some of the wonderful projects that are happening in the regions and communities this year.

I want to speak specifically about the Deh Cho proposals. I know that the Minister wasn't able to qualify a successful proposal in his announcement yesterday. So, are there proposals out there and what type are they? Thank you.

**MR. SPEAKER:** Thank you, Mr. Menicoche. Mr. Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Speaker. There actually is a significant amount of interest in the Deh Cho and we have been working with a variety of groups in the Deh Cho to determine what the best approach is for the residents of the Deh Cho. So as that work progresses, I'd certainly be happy to keep the Member updated. Thank you.

**MR. MENICOCHÉ:** Thank you very much. I'm really pleased that the department is moving this forward. I'm not too sure about facilities that were invested in last year, if the intent of the proposal was geared toward using that facility or is the department open to other proposals that may be out there? Thank you.

**HON. GLEN ABERNETHY:** It's my understanding that we actually turned those resources on that particular site over to I think it was the Liidlii K'ue First Nation, but we'll have to confirm that with the understanding that if we ever wanted to run an on-the-land program in that location we can use those facilities as well. So, honestly, they can use those

facilities for anything they need, they don't need our permission. They can utilize them for any type of programming that they deem as appropriate and reasonable for residents of the Deh Cho. Thank you.

**MR. MENICOCHÉ:** Thank you very much. I notice that some of the programming in the other regions was adult orientated. Can and will youth proposals be accepted as well? Thank you.

**HON. GLEN ABERNETHY:** In this process we don't want to dictate to any of the communities or regions what project would be appropriate for them. This is a community-driven initiative. So it's what the community wishes to see and how the community wishes to see it unroll.

As I said to Member Blake yesterday, we're there to add clinical advice and expertise if they seek it, and if they want some of our people there, we're willing to participate as well. So if they want a youth program, they can have a youth program. Thank you.

**MR. SPEAKER:** Thank you, Mr. Abernethy. The Member for Mackenzie Delta, Mr. Blake.

QUESTION 650-17(5):  
YOUTH MENTAL HEALTH SERVICES

**MR. BLAKE:** Thank you, Mr. Speaker. Leading up from my Member's statement, I'd like to ask the Minister of Health and Social Services a couple of questions. What programs do we offer for youth in the area of depression? Thank you.

**MR. SPEAKER:** Thank you, Mr. Blake. The Minister of Health, Mr. Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Speaker. A number of the programs that we deliver are not age specific. The NWT Helpline is available to youth. We have some specific suicide intervention programming and training that we're trying to get into the schools and I believe we'll be able to get into a number of the schools this year. There's a number of programs that are available for youth, but all the programs are available for youth as well. Thank you.

**MR. BLAKE:** Is the department developing programs to educate our youth on signs of depression and who they can speak to? Thank you.

**HON. GLEN ABERNETHY:** There's a program that we're supporting called Talking About Mental Illness, which is actually a program that we're intending to get into the schools, which will encourage people, youth, to talk about mental health issues and we're anticipating seeing some of the delivery of that this fiscal year. Thank you.

**MR. SPEAKER:** Thank you, Mr. Abernethy. The Member for Sahtu, Mr. Yakeleya.

QUESTION 651-17(5):  
 MENTAL HEALTH SERVICES  
 IN SMALL COMMUNITIES

**MR. YAKELEYA:** Thank you, Mr. Speaker. I want to continue my questions to the Minister of Health and Social Services in regard to the mental health services provided in our small communities.

The Minister's Forum on Addictions and Community Wellness, Healing Voices, has 67 recommendations and 12 members that visit 21 communities. In there, in the recommendations, 47 to 51 talks specifically about mental health in our communities and these recommendations are very, I would say, shallow. So I want to ask the Minister, this indication as to the type of mental health support in our small communities, it's really, really shallow in terms of people not really understanding, as my colleague Mr. Blake talked about, even for the youth.

What has the Minister's department done to follow up and strengthen or implement these 67 recommendations under the Minister's Forum on Addictions and Wellness?

**MR. SPEAKER:** Thank you, Mr. Yakeleya. The Minister of Health, Mr. Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Speaker. The Mental Health and Addictions Action Plan that came out from the Department of Health and Social Services moves a long way to supporting the recommendations that are in the Minister's Forum.

We do have community counsellors in most of the communities in the Northwest Territories who can provide direct counselling, whether its addictions related or whether its mental health related. There's also NWT Helpline that we strongly encourage people to call if they're unable to talk to anybody else. In the communities they'd have nurses. The nurses are also there to provide referral services to individuals who are seeking addictions treatment or have other mental health issues that they'd wish to address. They can certainly get referrals to other practitioners throughout the Northwest Territories right from their communities.

So there are a number of things that are available within the communities themselves. We also have programs in the schools like the Talking About Mental Illness, we've got the promotion campaigns that are out there, the Feel Real Radio which is transmitted everywhere that CKLB transmits, encouraging people and youth to talk about mental health issues as well. Thank you.

**MR. YAKELEYA:** I read a report on the impact of residential schools and other root causes for poor mental health in Aboriginal people and students who attended residential schools and the devastating effects it has on mental health. We have reports on the residential school survivors that

cannot access treatment programs right now in the Sahtu region, people who are being denied. We cannot close their files because they cannot fulfill a treatment program under the mental health Minister's Forum on Addictions. We're failing terribly at the community level.

How many mental health workers are right now working in the Sahtu and which communities do have mental health workers?

**HON. GLEN ABERNETHY:** I can't honestly remember which communities are actually currently filled and which communities are not filled. We do have turnover in these communities, but I will commit to getting that information for the Member.

I'd also like to ask the Member if he could share that document with us that articulates the individuals he feels are being failed and we can have further discussion on that as well. Thank you.

**MR. YAKELEYA:** The last count, as the Minister of Education said, there's 5,500 so far that he knows of, of people in the Northwest Territories who have attended the residential schools. I say that number is higher, up to at least 10,000. That is devastating in the Northwest Territories. If you look at the history of the residential schools and the terrible effect it had on residential school survivors and their mental health, we have yet to come a long, long way to provide good mental health. So I'd be happy to share this with the Minister.

I want to ask, has this department looked at any type of mobile training or mobile treatment for residential school survivors who aren't able yet to get into a treatment program to look at their wellness issues?

**HON. GLEN ABERNETHY:** Thank you. We are pursuing a mobile treatment option available to all residents of the Northwest Territories, some of who might actually be survivors of residential schools. I would also like to just remind the Member that based on discussions that we've already had, I've had the Executive and the Department of Health and Social Services get in touch with the federal government to find out what, if any, transition planning can be put into place as they exit the field around the residential school survivors. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Abernethy. Final, short supplementary, Mr. Yakeleya.

**MR. YAKELEYA:** Thank you, Mr. Speaker. At one time the Grollier Hall Healing Society was involved in the court process up in Inuvik, and the Grollier Hall Healing Society developed training modules, residential school treatment program models, care givers survivors, community survivors.

Can the Minister go back in history and see if these models can be used today? These were trailblazers in terms of helping the survivors in the

communities. Can the Minister look and say, yes, the wheel has been invented, we can use this? Can he get a hold of those models and look for...

**HON. GLEN ABERNETHY:** I'm not a great big fan of recreating the wheel if it's already working well. But we would have to explore these programs. They may no longer be relevant; they might be relevant. We're certainly willing to look at other programs, and I'd appreciate if the Member could maybe share some of his insight into these programs with us as well. In particular, which ones he thinks were really effective and which ones maybe weren't so effective. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Abernethy. Member for Inuvik Boot Lake, Mr. Moses.

QUESTION 652-17(5):  
MENTAL HEALTH COMMISSION  
OF CANADA REPORT

**MR. MOSES:** Thank you, Mr. Speaker. In my Member's statement I made references to two different reports that came out. One was the Mental Health Indicators for Canada. I'd like to ask the Minister of Health and Social Services if he or his department is familiar with this report that was released on January 22<sup>nd</sup> and if it's been something that's been brought up a lot among the Health and Social Services Ministers across the country. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Moses. Minister of Health, Mr. Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Speaker. The department does keep up on most of the publications that are out there with respect to health and social services and mental health. I haven't personally seen it myself, but I will confirm, I will check with the department to confirm they have it.

We haven't had any tri-territorial meetings with the Ministers of Health and Social Services since January 29<sup>th</sup>, so the answer to his second part is no.

**MR. MOSES:** This document, the Mental Health Indicators for Canada, will help paint a complete picture of mental health throughout this country and also here in the Northwest Territories. It's going to allow us to tell us how well we are doing or how poorly we are doing in terms of the health system in responding to Canadians' mental health and well-being and their needs and what we need to do to effect the change and also here in the Northwest Territories.

Will the Minister and his department look at these? There are 13 indicators. Will he and his department look at these 13 indicators, compare it to our Mental Health and Addictions Action Plan and see if there's anything that we need to incorporate or change, so

that these indicators can help us, direct us in making the decisions to help those that need mental health services? Thank you.

**HON. GLEN ABERNETHY:** The Department of Health and Social Services has just recently put in 32 indicators to monitor the effectiveness of the health and social services system here in the Northwest Territories. But we also rely on information that other organizations are putting together to help us make informed decisions here in the Northwest Territories, organizations such as CIHI. Any nationally recognized organization that is doing this type of an analysis, we do get the information and we do look at it. We're always looking for ways to improve our reporting mechanisms. So, we will certainly look at that, and if there's any need to update or enhance our 32 indicators, we're always looking to improve it.

**MR. MOSES:** I'm glad that the department is keeping up to date on all these national standards. In fact, this is the first ever national level set of indicators that identifies and reports on the mental health of Canadians.

So I'd like to ask the Minister, if this report is something that the department wants to move forward on, will he bring together stakeholders to look at these indicators and act on them, much like the Anti-Poverty Strategy? Thank you, Mr. Speaker.

**HON. GLEN ABERNETHY:** We already have a Mental Health and Addictions Action Plan, and as far as indicators to help us identify whether we're on the right track, or whether we have to amend our approach, we're always looking for ways to improve what we do.

The Mental Health and Addictions Action Plan is a living document and it will continue to move forward and it will continue to evolve as realities change. As we learn more through new indicators, it would be inappropriate for us to remain static. We will have to be flexible.

**MR. SPEAKER:** Thank you, Mr. Abernethy. The Member for Frame Lake, Ms. Bisaro.

QUESTION 653-17(5):  
MENTAL HEALTH SERVICES  
FOR THE HOMELESS

**MS. BISARO:** Thank you, Mr. Speaker. I'd like to revisit some of my questions with the Minister of Health and Social Services. The Minister mentioned, in the response to my last question, that basically in communities people can simply go to somebody and get treatment. I'd like to say to the Minister that homeless people are generally not proactive and they're not generally recorded. They tend to operate on their own. So, without an advocate, I'd like to ask the Minister, how does he expect that a homeless person will take advantage of opportunities that do exist in a community?

**MR. SPEAKER:** Thank you, Ms. Bisaro. The Minister of Health, Mr. Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Speaker. I have travelled to a lot of communities throughout the Northwest Territories, and where there are issues around homelessness, I know the Housing Corp is very active in those communities as far as ensuring people get housing. But also we've got government services officers who are aware of the different programs and services who could direct people. We also have, in many of the communities, community counsellors and social workers who can, when they recognize people that are in crisis, refer them to services that might be appropriate. There are people in the communities who are caring and compassionate and want to work with these individuals and will direct them to where they need to be.

**MS. BISARO:** Thanks to the Minister. I appreciate that. It is unfortunate that we don't have a specific person looking out for homeless people in our communities. In Yellowknife, though, we do have a day shelter.

I'd like to ask the Minister, in terms of the Day Shelter, what programs are available at the Day Shelter right now that can assist clients to improve their mental health?

**HON. GLEN ABERNETHY:** The Day Shelter has only been open for a couple months at this point and there are a number of things happening there, including some significant renovations in the building. We have talked to the provider who has indicated that they're hoping to provide some additional programs and services as well as links to the programs and services that exist. There is space in that building for health practitioners to go to the building and meet with people, as well as Housing staff to go and meet with people, as well as individuals from Justice or income support to go and meet with the people who are utilizing that facility. But right now there are no specific programs being delivered by the provider until the construction is completed.

**MS. BISARO:** To the Minister, in the meantime, while this construction is going on, is there an opportunity for people to get referred? There's the suggestion that this will happen in the future, but right now how do people get referred to a program if they're willing to go and if they need the help for their illness?

**HON. GLEN ABERNETHY:** It's my understanding that we actually do have individuals from the health authority as well as I believe there's income support and Housing staff going in there, but I will get a confirmation of exactly who's visiting that facility and how regularly to provide information to users of the Day Shelter.

**MR. SPEAKER:** Thank you, Mr. Abernethy. Final, short supplementary, Ms. Bisaro.

**MS. BISARO:** Thanks, Mr. Speaker. Thanks to the Minister. The Minister mentioned some construction that's going on, and I know that the City of Yellowknife has earmarked about \$70,000 for capital costs to assist with the building.

I'd like to know from the Minister if there is an opportunity to take some of that money that's earmarked for capital and for construction and put that into programs.

**HON. GLEN ABERNETHY:** We appreciate the City of Yellowknife. They're a fantastic partner on the delivery of the Day Shelter here in Yellowknife and we look forward to a continued positive relationship with them. The city is contributing some money, as are we, but at this time there are some significant infrastructure improvements that need to be made in that building so that it can meet the long-term needs, and taking that money away from the infrastructure and putting it to programs will actually adversely affect our ability to deliver those programs in the future. We need to get that construction done.

**MR. SPEAKER:** Thank you, Mr. Abernethy. The time for oral questions has expired. Item 8, written questions. Item 9, returns to written questions. Item 10, replies to opening address. Item 11, petitions. Item 12, reports of standing and special committees. Item 13, reports of committees on the review of bills. Item 14, tabling of documents. Mr. Beaulieu.

### Tabling of Documents

TABLED DOCUMENT 199-17(5):  
NWT TRANSPORTATION STRATEGY  
2015-2040 – PUBLIC AND STAKEHOLDER  
ENGAGEMENT REPORT, FEBRUARY 2015

**HON. TOM BEAULIEU:** Mahsi cho, Mr. Speaker. I wish to table the following document, entitled "NWT Transportation Strategy, 2015-2040 – Public and Stakeholder Engagement Report, February 2015."

**MR. SPEAKER:** Thank you, Mr. Beaulieu. Mr. Moses.

TABLED DOCUMENT 200-17(5):  
INFORMING THE FUTURE: MENTAL HEALTH  
INDICATORS FOR CANADA

**MR. MOSES:** Thank you, Mr. Speaker. I'd like to table a document developed by the Mental Health Commission of Canada. It's titled "Informing the Future: Mental Health Indicators for Canada."

**MR. SPEAKER:** Thank you, Mr. Moses. Item 15, notices of motion. Item 16, notices of motion for first reading of bills. Item 17, motions. Item 18, first reading of bills. Mr. Lafferty.

### First Reading of Bills

BILL 45:  
AN ACT TO AMEND THE  
WORKERS' COMPENSATION ACT

**HON. JACKSON LAFFERTY:** Mahsi, Mr. Speaker. I move, seconded by the honourable Member for Kam Lake, that Bill 45, An Act to Amend the Workers' Compensation Act, be read for the first time.

**MR. SPEAKER:** Thank you, Mr. Lafferty. The motion is in order. To the motion.

**SOME HON. MEMBERS:** Question.

**MR. SPEAKER:** Question has been called. The motion is carried.

---Carried

Bill 45 has had first reading.

Item 19, second reading of bills. Item 20, consideration in Committee of the Whole of bills and other Matters: Bill 38, An Act to Amend the Jury Act; Bill 41, Act to Amend the Partnership Act; Committee Report 10-17(5), Standing Committee on Government Operations Report on the Review of the 2013-2014 Annual Report of the Information and Privacy Commissioner of the Northwest Territories; and Tabled Document 188-17(5), Northwest Territories Main Estimates 2015-2016, with Mrs. Groenewegen in the chair.

### Consideration in Committee of the Whole of Bills and Other Matters

**CHAIRPERSON (Mrs. Groenewegen):** I'd like to call Committee of the Whole to order today. What is the wish of the committee? Ms. Bisaro.

**MS. BISARO:** Thank you, Madam Chair. We will continue with TD 188-17(5), Northwest Territories Main Estimates 2015-2016. We will continue with the Department of Health and Social Services and, time permitting, the Department of Transportation.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Ms. Bisaro. Does committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you. We will continue with that after a brief break.

---SHORT RECESS

**CHAIRPERSON (Mrs. Groenewegen):** Thank you. Minister Abernethy, for the record, would you please introduce your witnesses again?

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. On my left is the director of Finance, Jeannie Mathison. On my right is the deputy minister, Debbie DeLancey.

**CHAIRPERSON (Mrs. Groenewegen):** Great, thank you. Good job. Yesterday when we left off we were on page 189 and that was administrative and support services, operations expenditure summary, \$82.464 million. Agreed? Mr. Dolynny.

**MR. DOLYNNY:** Thank you, Madam Chair. We know very well that with this activity there have been some changes with respect to how this has been arranged for this year, and I know the director is part of that and a responsibility of more the broad system of planning. With that, we know that before committee, and I know we're talking about the new governance model where we should hope to streamline a lot of our administrative components throughout our authorities and, as mentioned in the House by the Minister, there may not be perceived savings. So, I guess, to the first question.

Will we not at least see some savings in design with respect to more efficiencies or more streamlining of services, quicker reporting and better financial services management? Do we not forecast maybe some degree of savings if and when I guess this governance model comes into full effect? Thank you.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Dolynny. Minister Abernethy.

**HON. GLEN ABERNETHY:** Yes, Madam Chair, we do believe that there will be opportunities to get some economies of scale and reduce some expenditures in some areas, but the overall price of delivering health care in the Northwest Territories continues to climb. We're not going to turn patients away and the cost continues to climb. So we don't see an overall savings in this activity, but we do see an opportunity to save in certain areas, have some economies of scale, control future growth of expenditures and make sure that we're getting maximum benefit for all the dollars that we're spending within the system. So, yes to everything the Member has just said.

**MR. DOLYNNY:** I appreciate the Minister's reply to that. As also mentioned, and in keeping the overarching issue, the directorate is in mind when I'm asking this question, the question of the performance indicators. Again, we have a national agreement to maintain and report on 32 of these so-called comparables, national comparables across Canada. Does the Minister foresee that that will be in full effect during this fiscal year and will this reporting be available publicly by residents? Thank you.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Dolynny. Ms. DeLancey.

**MS. DELANCEY:** Thank you, Madam Chair. The 32 performance indicators have been adapted for our system and they've been based on best practices nationally, but some of them are unique to our system. We have published and we are

implementing them, but we do not expect to be able to report on all 32 in the first year because some of them do require us to establish reporting mechanisms with the authorities. Some of them require us to compile baseline information. So our first year report will indicate what activity and when we can start doing annual reporting on all 32 of those indicators. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Ms. DeLancey. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. In addition to the 32 indicators, which are the GNWT indicators, we also do continue and contribute data to other organizations like CIHI that is doing national reporting. Our data is included there where it doesn't actually identify... When the numbers are too small, they don't put it in, but where the numbers are enough, they report on those and we contribute regularly to those organizations.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Minister Abernethy. Mr. Dolynny.

**MR. DOLYNNY:** Thank you, Madam Chair. I appreciate the Minister and deputy minister's response. So it appears that we're going to have more of a hybrid year, given the fact that some indicators will be available, some aren't. Now I know how CIHI works and how they report. They report it as system-wide indicators and they'll actually do facility indicators such as the Stanton Hospital. The differential information, that is available publicly. So if I wanted to gauge how well my hospital was versus the territory. I'm certain these parameters would be available for the public and that's, I guess, the purpose of it here.

The way CIHI reports, there appears in their last edition there was only about, I think, eight performance measures for the Stanton facility and there were a lot more performance indicators for the NWT territorial, as the system-wide indicators. I guess to the question, can we get an explanation why the disparity? Why wouldn't those indicators be relatively the same, and if so, are we going to see improvement this year and moving forward in terms of getting a better range? I'm hearing the fact that we're working on getting more baseline. I get it, but I'm looking if we've got 25 reportable parameters at the facility, will we have 25 reportable parameters as an NWT system-wide parameter as well? Thank you.

**HON. GLEN ABERNETHY:** Just to confirm, the Member is talking about the CIHI at this point?

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Abernethy. For clarification, Mr. Dolynny.

**MR. DOLYNNY:** Yes, Madam Chair. I'm referring to the CIHI, which they have, again, 32 national base indicators which we are, from what I'm informed, we do participate with.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Dolynny. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. CIHI is fairly structured in how they report information and they request information from us on all their indicators, and we provide them every piece of detail that we can. Then they go through their analysis process and present their information. They present it in different categories such as hospital-based categories as well as a territorial category. Some information at a territory level, our numbers are such that they can be recorded. Whereas maybe at a hospital level, if they're too small then they'd be self-identifying so that they may not be reportable. They have some really stringent criteria on what degree of number they will put forward and what degree of number they won't. That's where some of the discrepancy, if any, may exist. But we will continue to provide CIHI with their data on a regular basis. They're an important institution, important organization for helping all jurisdictions in Canada make evidence-based decisions, and we will continue to contribute data to them and everything they ask for. If we can provide it, we will.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Abernethy. Ms. Bisaro.

**MS. BISARO:** Thank you, Madam Chair. I have a number of questions on this section. As the Minister mentioned yesterday, this department has changed considerably in the way it's laid out, so if I bring up something on the wrong page, please, whoever, let me know and I'll put it on the right page when we get there.

This section, if I read the text right, includes health services administration in Inuvik. I'd like to start by asking the Minister, when we talked about business plans there was a concern, and there's been a concern for a number of years, but we talked about, basically, health card fraud and that Members feel and residents feel that there are people who are using our health care system when they're not actually living here. When we inquired during business plans, I think we were advised that the Audit Bureau was going to be looking into this situation and to determine whether or not we are being as diligent as a government as we should be and ensuring that people are not taking advantage of our health care system when they don't live here. I'd like to know from the Minister if that was done and have we established any kind of a different proof of residence criteria or protocol?

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Ms. Bisaro. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. It's my understanding that that review by the auditors here in the Northwest Territories was done in 2008, and they made a number of recommendations. Most of them, I believe, we



actually did incorporate into the health care cards here in the Northwest Territories.

We share the Member's concerns. We want to make sure that our residents' information is secure. We've had lots of conversations about some of the recent incidents around health care cards with the Information and Privacy Commissioner. She's made a number of recommendations and we're certainly looking at implementing, where appropriate, where reasonable and where possible. For some of the details on some of the specifics around the NWT health care cards, I will go to the deputy minister.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Minister Abernethy. Ms. DeLancey.

**MS. DELANCEY:** Thank you, Madam Chair. Some of the recommendations that we did implement were more frequent renewals of health care cards, so we did a major renewal a couple of years ago. There are more stringent requirements for proof of residency. A number of checks and balances have been put into place. As well, health services administration does monitor, so whenever a card is lost or there is an unusual amount of activity in southern facilities on a file, then there is closer monitoring. We have implemented most of the Audit Bureau's recommendations.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Ms. DeLancey. Ms. Bisaro.

**MS. BISARO:** Thanks, Madam Chair. I guess I'm just a little confused, because we discussed this, I think it was September of 2014, and it was a recommendation of committee at that time, and you guys are talking about 2008. I'm just not quite too sure. I appreciate that that work was done but that was, what, seven years ago now, and I thought there was going to be some work done in the last six months or so. But I will leave that at that.

There is, I believe it's in the section that it would be covered, the contract for the air ambulance medical travel contract. There was a huge increase in the annual cost of that contract. I'd like to know, first of all, where it is in this budget, where it shows up, and secondly, can I get an explanation as to why it's going to cost us I think it's \$4 million more each year for the next five or 10 years, five years?

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Ms. Bisaro. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. With respect to the first question on the health care cards, the Member did mention an audit that was done, and the audit that was done by the Audit Bureau here in the Northwest Territories, or the review, was actually 2008, and that's what we thought she was talking about. But there was some discussion between myself and committee about some of the concerns out there with respect to security of health care cards more recently. As a

result of those concerns and the recent incident where health care cards were inadvertently mailed to the wrong addresses, we have put in a number of protocols to ensure that doesn't happen again. It did happen again, so we have made a few more tweaks to it and now, actually, those documents need to be reviewed by several more people than they used to have to be reviewed by, including people within the department for a solid double check so that we don't have this happen again.

With respect to the air ambulance contract, it's in the supp health section of this budget. It's not in this section. I'd be happy to answer that question now. I believe it's gone up by \$3.5 million, and it's in a different section of this budget.

**MS. BISARO:** I'll try to remember when we get there what section that was. Mr. Dolynny talked a bit about the governance and I had the same question why there doesn't seem to be any indication in the budget that we're going to be saving some money in terms of the amalgamation of health authorities into one. I would have thought there would have been some efficiencies and some savings due to economies of scale. I can appreciate the Minister's remark that health costs keep going up. Absolutely they do. But, I guess, can we anticipate, then, that once this amalgamated system is in place, and I would think that it's going to take probably a year for that to happen, so I'm looking forward to the budget for '16-17. Can we anticipate that there wouldn't be an increase in the overall budget because of the amalgamation of the health boards?

**HON. GLEN ABERNETHY:** Just to be clear, we are talking about the '15-16 budget, as the Member indicated, and the health transformation will not occur during this fiscal year. Much of the work is going to be done. The actual rollout of the transformed health system will begin April 1, 2016, and it may take a bit of time to realize some of the savings in some of the specific areas where those savings might occur. It would probably be a little premature to say whether or not we will see an increase in the budget in '16 and '17 or whether we'd see a decrease in the budget in '16 and '17. We are doing the work now that's going to help articulate where we can get some of these program area savings and we will certainly be sharing that information with Members as that work is concluded.

**MS. BISARO:** Thanks to the Minister. That's what I was trying to get at. I mean, a budget is an estimate document, and I was hoping that the Minister could give me an idea whether in '16-17 the department is anticipating any savings.

There are two acts which will be coming into force in the next little while, certainly within this next budget year. Maybe I should ask the question first. Should I be asking about costs associated with

legislation that's going to be implemented here, or does it come elsewhere?

**HON. GLEN ABERNETHY:** It could be here. A lot of those costs will be in the directorate.

**MS. BISARO:** I figured it depended on the act. Probably the one that's going to be the most expensive is the Health Information Act. I would like to know where that's reflected in this budget. Thank you.

**HON. GLEN ABERNETHY:** The increased cost as a result of the Health Information Act is in this budget, the 2014-2015 budget, which means it's also in the 2015-16 budget. For the detail, Ms. DeLancey.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Abernethy. Ms. DeLancey.

**MS. DELANCEY:** Thank you, Madam Chair. As the Minister noted, we received forced growth in the 2014-2015 budget, so you won't see it as an increase for 2015-16. The funding we received for the Health Information Act included funding for two positions, which is ongoing. There were one-time costs associated with developing policy guidelines and a training manual of \$111,000 which is actually sunsetted out of the 2015-16 budget. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Ms. DeLancey. Ms. Bisaro.

**MS. BISARO:** Thank you, Madam Chair. The other piece of legislation is the Health and Social Services Professions Act. It's anticipated to be in place during this budget year, so there's also anticipated to be some costs around that. So where is that reflected? Thank you.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Ms. Bisaro. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. We don't see a significant increase in any cost. Most of the work is going to be done by staff who are employed by the department. There might be some slight increase in some contracts, lawyer time, which we work with the Department of Justice on so there shouldn't be significant need for additional money to conclude or do that ongoing work. We have the staff already.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Minister Abernethy. Administrative and support services, operations expenditure summary, \$82.464 million. Ms. Bisaro.

**MS. BISARO:** Thanks, Madam Chair. I have one more question here and it has to do with the Medical Travel Policy. It seems we have been amending this policy for quite some time. I know the department has been working very hard on it and has been doing a lot of consultation and investigation and so on. I would like an update on where that's at. The other half of this question is once we do put a new policy into place, is it going

to create some efficiencies and save us some money or, because it's a new policy, is it going to expand our costs and are we expecting an increase in medical travel due to the policy? Thank you.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Ms. Bisaro. Could I direct you to page 215 of the budget for Health? If you think it fits better under policy, then it does, but I just wanted to mention that on 215 under supplementary health programs, medical travel is listed there. But if it's on policy I will refer the question to the Minister. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thanks, Madam Chair. I am happy to answer the question now. We did send the draft Medical Travel Policy to the Standing Committee on Social Programs to provide us with input. We are just tweaking it right now at which point we'll be sending it to the executive for final consideration. At the same time, we are also working on the individual pillars that fall under the Medical Travel Policy and right now we're actually doing the work on patients, supports and escorts that began in 2014, December. Our consultants have travelled to communities like Hay River, Inuvik, Tuk and Behchoko. They've gone to the Larga House. There have also been a number of stakeholder engagement meetings on the patients, supports and escorts. It's on track to be completed in April 2015. As of the middle of January, we had over 123 people who have engaged in one-on-one interviews and focus groups. Yellowknife, Fort Good Hope and Trout Lake are still on a plan to be engaged before the current engagement process is over.

As we've said all along, once the Medical Travel Policy is done we are going to start working on these pillars. So patient supports is the first one we're working on and in July 2015 we are planning to begin the work on benefits and eligibility and start the engagement around that and in 2015-16 we also want to get to the new medical travel appeal process so we can have all those new policies done.

I don't believe that it's going to save money. I believe it's cost neutral but it's about getting the best results for the patients and making sure they have the supports they need when they are travelling. We don't anticipate an increase. We believe we can do better with the dollars we have by having appropriate programs in place.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Minister Abernethy. Administrative and support services, operations expenditure summary, \$82.464 million.

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Mrs. Groenewegen):** Agreed. Thank you. Page 190, administrative and support

services, grants, contributions and transfers, total contributions, \$43.887 million. Mr. Dolynny.

**MR. DOLYNNY:** Thank you, Madam Chair. I'm pleased to see that the French language services. We finally have allocations in many of our departments. It's good to see that we're living up to our legal obligation in Canada. That said, I know through a lot of reporting and a lot of feedback we've received over the years where we talk about where our policies fail, where our processes don't meet the expectations of our clients, barriers to patients, especially accessing services quickly and efficiently and people who fall through the cracks. These were terminologies that were very widespread in a lot of system reviews we had in the Department of Health. The one thing that I feel we may have not covered in trying to mitigate these cracks in our process is the issue of having proper first-language services throughout all our communities. This has been brought up by many Members, having proper translation in all our official languages where clients come into our facilities who need that extra help to understand what their ailments are and get that proper communication. We know there are barriers. That is undisputable. The question is: What is this department planning to do this year to help move that file forward? Thank you.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Dolynny. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. The Department of Health and Social Services does recognize the importance of language and culture in all aspects of daily lives throughout the Northwest Territories. In many of the small communities, it is indeed a struggle to recruit and retain health care providers in any language. We do strive to offer services in all official languages here in the Northwest Territories.

However, because of capacity issues, this is obviously sometimes quite difficult. We have a multi-lingual website which offers a range of information in all official languages here in the Northwest Territories. We continue to post more information to this website in the Aboriginal languages all the time and we will continue to do so.

The department is also working with the departments of Education, Culture and Employment and Human Resources to implement the strategic plan on French language services and communications, which is one of the reasons you see some of the increases in front of you today.

By way of example, the Stanton Territorial Health Authority has an Aboriginal languages division that coordinates some language services within the facility here in Yellowknife. The regional health and social services authorities do have limited numbers of bilingual employees within their facilities, within

their communities; however, they also have a list of interpreters and translators that they have under contract and who can provide services when required.

We also have a toll-free Helpline which offers services in other languages through an interpretation service. I believe it's called CanTalk. However, they do have some limited ability to facilitate services in some of the Aboriginal languages. So there are a number of things we are trying to do to ensure our residents are receiving the services they need and that language services are available. In our health centres when we have individuals who do speak the language, we do provide them with bilingual bonuses so they can help us in communicating with people who are maybe unilingual as well.

So there are a number of things going on. Thank you, Madam Chair.

**MR. DOLYNNY:** I will try not to sound blunt here. I've heard this song and dance before and so have many Members of the House. It's not as if I am displeased, knowing we are striving and dealing with capacity issues and trying to find individuals and work on cross-departmental solutions. The fact remains is we're still not able to provide that level of primary first-language service in a lot of our communities.

What I haven't heard the Minister indicate is we are using technology. By technology, I mean just the simple fact of having an app with easy pictures, body parts where the pain is in conjunction with the people who may speak the language, simple tools and mechanics could be used to help diagnose and explain what the health system can do for that patient rather than nothing. I can't expect a patient who doesn't understand English coming into a scenario where at least we have some tools at the health centre, other than pointing them to a website. Is the department working on using technology? I'm not just talking in the bigger forum in terms of medical records and telehealth – I mean, those are big processes – but I'm talking about in the hands of the people who could be user-friendly, live in a world of app-friendly technology, and I know there have been language apps that have been designed. Have there been language apps designed for mental and health related issues? That can act as a segue between what the patient needs and what we can deliver at a health care level.

So again, the question is technology, are we there? Thank you.

**HON. GLEN ABERNETHY:** I'll just re-state again we are using CanTalk, which is technology. But I agree with what the Member is saying completely and Education, Culture and Employment is working with a number of the Aboriginal governments to create actual apps for things that can be used on

iPhones and iPads around languages and to help people do exactly what the Member is talking about.

We're currently working with a number of the different Aboriginal organizations and language groups in the Northwest Territories to help provide translation around medical terminology. When that's done it would be a great opportunity to work with Education, Culture and Employment and the different language groups to get that information included within their language apps. We will certainly pursue that. That is a fantastic idea and I do thank the Member.

**MR. DOLYNNY:** Thank you. Just as a question because it sounds like there is some work happening behind the scenes with ECE. How much of this budget is going to be allocated to translation services specifically for technology enhancements or changes so that we can use very app-friendly devices and applications? What is the budget, where is it in our main estimates and how much is it?

**HON. GLEN ABERNETHY:** Thank you. We don't have a specific budget for creating or utilizing or creating opportunities around technology. We would have to look within our budget and see what categories might be useable or might be possible to use for that particular project and we will do that. We will look at the budgets that we have. We have a very, very small budget for Aboriginal languages. There's a lot more money for French languages in here as a result of the recent court case. But it's a good idea. We will certainly look within our budget and see what categories would allow us to do this work.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Minister Abernethy. Administrative and support services, Ms. Bisaro.

**MS. BISARO:** Thanks, Madam Chair. I just have one question here. It has to do with the amounts for the health and social service authorities funding. The amount has increased from '14-15 revised estimates to the main estimates for this year '15-16 and that's all well and good. I appreciate that costs have increased. Over the years we have had considerable conversations about the expenses and the expenditures incurred by various health and social service authorities. There have been three or four authorities that regularly overspend their budgets and there have been great discussions about why they overspend. We approve supplementary appropriations to assist them to, you know, we approve the money for them to over-expend their budget basically. So I'd like to know at this point with this budget, did these amounts for the various health and social services authorities, do they meet the expenditures that these authorities are going to encounter over this '15-16 year, or are we anticipating again that we will

have authorities who are going to be in the hole at the end of the year? Thank you.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Ms. Bisaro. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thanks, Madam Chair. These are numbers based on budgets provided by the individual authorities, but the Member is correct, we have run deficits in the health authorities in the past. Just for the record, a number of the areas for increase in this particular area include the service centre costs as well as the Microsoft licensing costs, some Collective Agreement costs and other costs that are associated with the health and social services authority funding in the area of administrative support. You'll notice, as we go through this binder, there's going to be several areas where money is needed to flow to the authorities that is consistent with the way the new reporting structure is. But at this point, if past predicts future, there's a good chance that we will continue to see some deficits in the authorities until we do a fundamental fix on the system, which is what we're in the process of doing now.

**MS. BISARO:** Thanks to the Minister. That was going to be my next question, I guess. You know, we've talked for many years, since I've been here, about the need to have the authorities, basically get them the money that they need in order to run their programs and to determine how much money they need. So that fix was supposed to have been coming probably four years ago now or five years ago now. So, to the Minister, when he says that the fix is coming, does this mean that we've changed the way that we fund the authorities? He also said that these budgets come from the authorities. So I'm guessing maybe we haven't changed the way we fund them if we're just giving them the money that they're asking for. But is the fix the governance? Is that what he's referencing? Or is the fix a difference in the way that we fund them and how we fund them and what we fund them for? Thank you.

**HON. GLEN ABERNETHY:** Thank you. As we move forward to an integrated health and social services system here in the Northwest Territories to improve services for the residents of the Northwest Territories, we will be developing a new funding model that will fund the one authority, and once we have done that and we are able to work as a system we'll start to see where some of the cost drivers and demands are, which will help us articulate where we need to spend money in a way that it doesn't currently tell us because there are, in fact, eight significantly different authorities and decisions are being made in ways that are not necessarily consistent with each of the authorities. So once we move to one system we'll have a far greater ability to monitor, track and determine what the true costs of the system are. At this point as we

move forward, these changes are based on no increase as a result of the changes, but we will have a new funding model. We will fund in new ways. That information, as it's developed, as we move forward, we'll certainly be sharing with committee.

**MS. BISARO:** Thanks to the Minister for the clarification. I understand it better now and I have no further questions. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Moses.

**MR. MOSES:** Thank you, Madam Chair. I have questions along similar lines with the deficits and the accumulated deficits. Just listening to the Minister respond to Ms. Bisaro's questions, I guess as we're moving towards one authority, how is the department going to work in terms of the accumulated deficits? When you look at the public accounts records, we have Stanton accumulated at over \$15 million and the Beaufort-Delta, which did a good job last year, they had a surplus, finally, after a long time, but this year they have another deficit of about \$2.5 million and now it's accumulated back up to almost \$8.5 million. So when you add all those up it's going to be a big accumulated deficit, especially under this one authority. How does the department plan on addressing this accumulated deficit and do these authorities need to try to get a hold of that before we move into the one authority system? Thank you.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Moses. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. The individual deficits will become the Territorial Health Authority deficit. It will be one deficit. The Members have asked a number of questions about cost savings and there will be, in certain program areas, an opportunity to save money, which we'll be able to roll back into the system and we'll be able to use that to start paying off some of the deficit. We figure it's about a five-year transition period. We should be able to start knocking that deficit really down.

On top of that, we'll also be able to really dig into where all the key indicators or the key drivers are, and then we'll be able to have discussion with committee about how to fund those key drivers appropriately over the long term. Through the savings, we anticipate we might see, in particular, is we believe we'll be able to start working on that deficit over probably about a five, five-plus year process.

**MR. MOSES:** Thank you. Just looking at how some of these authorities run and the services and programs that each authority provides in the communities, especially in the communities when you might just have one nurse who might get a call-out at seven o'clock at night. I just want to know

what the department is doing in terms of their overtime policy, which could be one of our biggest cost drivers throughout all authorities. The callbacks, overtime, people getting sick and other individuals filling in. What is the department doing in terms of their overtime policy and whether they're going to make a strong stance against this overtime policy to ensure that we've got employees that might not be abusing the overtime policy? Thank you, Madam Chair.

**HON. GLEN ABERNETHY:** I'm glad the Member's actually brought this up. Our human resources are significantly the largest driver of costs in the health care system. Our employees are highly trained and compensated accordingly, and there are significant costs there. Overtime is a massive deal. I've asked the department, and they've already begun the work on doing a complete analysis of overtime usage throughout the Northwest Territories in different authorities. They've actually started that work now to help us figure out what, if any, areas are driving overtime to greater degrees than other areas. Trying to dig in to figure out why some areas have higher overtime usage than others. What is driving that is that one region maybe has some health issues that another region doesn't. So we're doing that analysis now and I'd be happy to share that information with committee.

Overtime is actually the rate at which it's paid and all those things are all part of the UNW Collective Agreement. So, I mean, we don't have a policy on overtime, it's determined by the terms and conditions of employment. In our communities and in our organizations, if people are sick, we call people in. If there's a call in the community, we bring people in because we need to be able to provide that care. It's where it might be being abused that we need to find and address and we're doing that work now.

**MR. MOSES:** I'm glad the Minister talked about the indicators. The questions that I asked the Minister of Human Resources earlier during question period was some of these areas of undue stress and the amount that our Employee and Family Assistance Program is being utilized. Would the department look at these type of indicators to see which departments in either of the authorities we might be seeing some of our employees taking stress leave or taking mental health stress leave and see which areas we need to provide more services for our employees in that area? I know it could be because of management. It could be because of working conditions. I think Member Yakeleya brought in and tabled some photos of the health centre in one of the communities. Those aren't good working conditions and I want to see where we need to put our resources in terms of where our employees are taking time off work because of stress and possibly other health conditions, and I think that would be a good indicator in where we need to put our

resources so we can support our employees and our staff.

**HON. GLEN ABERNETHY:** There are many reasons why there could be high rates of overtime in a community and the impacts of that overtime are certainly something that we need to be conscious and aware of on our staff, and we do have a Collective Agreement that articulates clearly how much time a person put in. There are mandatory rest periods and all these other things to ensure people are getting the down time that they need.

But the Member is right. Once we're doing this work, depending on where we see the high rates of overtime, it should be able to help us focus in and start asking questions about why, what's going on, are staff getting the supports they need? It's going to help us with all of those questions. But I would suggest that, at the same time, there may be communities where there's no overtime where the same level of concerns for employees would exist regardless of whether there's overtime or whether there's not. I know, through my employment with the GNWT, that sometimes overtime is not telling you what you think it's telling you. So, we would have to analyze them closely.

**MR. MOSES:** Just for clarification and just why some of our employees are not going to work and why some are missing work and why some are going on stress leave and why some are maybe sick all the time is another area that I think we need to look into, because when people are sick and people are getting stress leave we're still paying them and we're also paying for somebody to fill in their position. So, those are indicators that we really need to address and look at and how to fix those. I think, as we move into this one system, we'll be able to identify those a lot more. Just more of a comment. I just wanted to let the Minister and his staff know that it's something we've also got to look at. Thank you, Madam Chair. No further questions.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Moses. More of a comment there, I didn't hear a question.

Administrative and support services, grants, contributions and transfers, total contributions, \$43.887 million.

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Mrs. Groenewegen):** Agreed. Thank you. Administrative and support services, active positions on page 191.

**SOME HON. MEMBERS:** Agreed.

**CHAIRPERSON (Mrs. Groenewegen):** Agreed. Thank you. Health and Social Services, ambulatory care services, operations expenditure summary, \$60.154 million. Mr. Dolynny.

**MR. DOLYNNY:** Thank you, Madam Chair. This is a relatively new section for committee. This is

probably the first time committee has had a chance to digest the way it's been categorized and some of the new, I guess, descriptions within this activity summary, so I'll start off with this. To the department: What was the rationalization for doing it? What was the desired outcome? Then, in responding to that, maybe if I could get a breakdown in terms of physicians outside the NWT and specialty clinics, sorry, physicians outside the NWT and out-of-town hospitals. If I could get more of a descriptor than we have here before the House. Thank you.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you very much, Mr. Dolynny. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. As I indicated yesterday, a significant portion of the system funding within the Department of Health and Social Services is actually for the authorities. So, recognizing that the authorities report on criteria and categories that were created by CIHI and the department didn't, we have moved to a system where our reporting system that's in front of you now mirrors what's coming from the authorities and is consistent with CIHI, and this is one of the categories that existed. In previous budgets these dollars would have been in one of the sections where it said "transfers to authorities" and was a whack of cash but not a lot of detail. We feel that this system actually gives Members as well as the public more details into some of the specific areas that are actually where dollars are being spent within the system. So, it's a matter of reporting in a consistent way between the authorities to the department and giving the Members the information they need so that they can ask the questions that I think are quite relevant.

When it comes to out-of-territory hospitals and physicians outside the Northwest Territories, this covers services that are actually occurring for our residents outside of the Northwest Territories. We've heard a lot of talk about this in previous budget discussions where we've come for supp funding or whatnot for our residents who are receiving services outside of the Northwest Territories and we have an obligation to pay. That's basically what these are and it's based on service agreements but we've also got reciprocal billing agreements with every jurisdiction in the country.

**MR. DOLYNNY:** We know that the Department of Health has, under contract, nursing care or, I guess, nursing helper services in some of the jurisdictions down south, especially at the University of Alberta Hospital, where these individuals help patients who are brought down from the Northwest Territories who are in need of help to explain what's happening to them, making sure that they're coordinated with loved ones, et cetera. Where does that budget fit into here with respect to that service we provide?

**HON. GLEN ABERNETHY:** That actually falls under the out-of-territory hospitals expenses.

**MR. DOLYNNY:** What would the budget be for that service?

**HON. GLEN ABERNETHY:** I don't have the specific details. I will commit to getting that information for the Member, but it's my understanding that it's about \$300,000, but I'll get the exact number for our Member and committee.

**MR. DOLYNNY:** I'll take the Minister up on his offer there.

Now, with respect to that service delivery, as indicated earlier, there was some discrepancy in terms of when these nurses were available on call. There were hurdles in our system, and the Minister is very much aware of this. It happened to one of my residents here, where these nurses are basically Monday to Friday, nine to five, and we all know that emergencies and medevacs are 24 hours a day, seven days a week.

Has the department mitigated that philosophy of just a Monday to Friday availability of service and do we have this now, indeed, as a 24-hour service for those patients who are medevaced and who need that assistance when they arrive in Edmonton?

**HON. GLEN ABERNETHY:** We do see this as a challenge and it is something that we want to fix. I agree with what the Member is saying. We actually have begun negotiations some time ago with the Government of Alberta in order to increase the amount of coverage that is being provided by these northern support nurses that happen to be in Alberta. Unfortunately, those negotiations have temporarily ceased as Alberta is going full forward into their budget process as well. We anticipate those discussions will continue once their budget is concluded.

**MR. DOLYNNY:** I'm encouraged by what I'm hearing and I'm hoping that the Minister will notify Members and committee if and when we have that as a 24 hour service for our residents.

Statistics that were given to us last year indicated that the no-show rate for family physicians was a whopping 13.8 percent. That means 13.8 residents out of 100 were missing their family doctor visits. I see here speciality clinics are now a separate category, and with speciality clinics it usually goes hand in hand with a lot more expensive services. Do we know what our no-show rates are for our speciality clinics?

**HON. GLEN ABERNETHY:** The Member is correct; the speciality clinics portion is mostly the speciality clinics located out of Stanton. Stanton does track that information but I just don't have it at my fingertips, so I will commit to getting it to the Member in committee.

**MR. DOLYNNY:** I'll accept that offer from the Minister. The number, aside in terms of what that percentage is, is notwithstanding and we'll get that number later as promised. The question is we know that there's a cost to no-show rates. What is the department doing specifically to the speciality clinics in order to mitigate and lessen the burden on our health care system on narrowing the gap of no-show rates?

**HON. GLEN ABERNETHY:** I agree with the Member. There is a significant cost to no-show rates both in productivity as well as frustration for those individuals who are on waiting lists. To talk about some of the detailed work that is being done, I will go to the deputy.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Abernethy. Deputy Minister DeLancey.

**MS. DELANCEY:** Stanton has done a lot of work on this and we've had many discussions with them. One of the issues with no-show rates is there are a number of factors. It's not always just that somebody fails to show. What we've determined is that some of the reasons there are no-show rates at the speciality clinics and at Stanton have to do with people being ill, with weather delays, with, again, because we have some communication challenges among our eight authorities with people not getting the information, as well as people coming to town and then having concerns or second thoughts or needing support. There is no one solution that will address no-show rates. Stanton is trying to do more in terms of better communication to make sure that patients are aware, have their travel, know when they have to be here, make sure that they're getting calls ahead of time to remind them to make sure that all the advance work is done. But it's not something that always evidenced is noncompliance or where it's really appropriate to have a punitive response. It's a pretty complex issue. Stanton is putting a number of things in place to try to reduce the no-show rates.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Ms. DeLancey. Mr. Dolyunny.

**MR. DOLYNNY:** Thank you, Madam Chair. I understand it's a daunting task, but I think in terms of no-show rates, I only need to lean in to make reference to my own personal dentist. I can tell you that I get no less than two or three reminders within 24 hours of my appointment, and I would feel very bad if I missed that appointment. I'm not sure if we're doing that at the same level as we probably could be, as simple as notifying people of an appointment. To that, I'll get a response, but I'd like to make reference to a great idea I heard from you, Madam Chair, that you brought into the House probably about two years ago. I love the idea where if you miss an appointment such as a specialty clinic or a specialty service, even a regular family physician clinic, that we submit a phantom bill to the

patient and say, look, you know what, we're sorry you missed this appointment; however, this cost taxpayers X dollars. It would somewhat shame the patient to make them understand that there was a huge cost implication. But quite frankly, I think the message would be loud and clear and I don't think you'd have to do that service for very long before people would realize it. Again, I'm trying to lower the number of no-shows. I'm trying to save the department money so they can spend that on other programs, so to those questions.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Dolynny. Minister Abernethy.

**HON. GLEN ABERNETHY:** Actually, Stanton already did consider this. They explored it and there were a couple concerns that they raised. Number one, it's not particularly culturally sensitive. It also doesn't really articulate or recognize the fact that sometimes people are missing appointments for reasons beyond their control such as medical travel, flight delays. A lot of the people utilizing the speciality clinic are coming in from other communities to receive those services. Also, in a time of fiscal restraint and being prudent with our dollars, there is also a cost to it, a cost that has to come from somewhere, and Stanton would have to take that from program delivery, so they chose not to move forward with that.

They are looking at ways to find better communication. As the Member said, I mean, I get the calls from the dentist too. I don't ever miss dentist appointments, and I might have missed a doctor's appointment or two in my life. I appreciate the calls. I know many people do. They're obviously looking for ways to enhance their ability to communicate with residents, recognizing that not all the residents are in Yellowknife, not all the residents have cell phones, some of them don't even have e-mails. It can be complicated but we're trying to rectify it.

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Abernethy. Next on the list I have Mr. Moses.

**MR. MOSES:** Thank you, Madam Chair. Just following up in some of the areas that Mr. Dolynny was speaking to in terms of services outside the NWT. Has a study been done or do we have data showing what our most frequent visits are or services that are being provided from Alberta, for instance, to our residents? In terms of cost efficiency, do we have the opportunity to see where we're spending all those dollars and rather than continue to spend those dollars and send our services down south, that it would be more appropriate if we purchased a piece of equipment and take it somewhere, say, centrally located as here in Yellowknife? Do we have the data to kind of confirm that's something that we should be doing?

**CHAIRPERSON (Mrs. Groenewegen):** Thank you, Mr. Moses. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam Chair. I'm really happy the Member has actually brought that up. Our chief clinical advisor has actually started doing that work already and it will help us do exactly what the Member is saying. If we find that we have repeat business going down for one particular procedure, it may prove to be far more efficient for us to do that procedure here in the Northwest Territories. There have been some procedures that we have been able to bring some locums in to do in the Northwest Territories to help us reduce costs just based on that type of information.

I hear a lot of people talk about MRIs. How many people are we sending out for MRIs on a regular basis, and when are we going to hit that magic point where it's actually more appropriate for us to have an MRI machine here in the Northwest Territories than fly them out? We might be there but we don't know until we have concluded. She says we're not there. I still say we might be there but we won't know until this analysis is fully done. But when we do cross that line, that's the data that's going to help us say yes, it's time for machine X to be located here in the Northwest Territories. Apparently, it's not MRIs just yet, but we've got to be approaching that line.

**MR. MOSES:** I'm glad to hear that that analysis is being undertaken and I think that there will be cost savings and also in terms of time for the patient, rather than have to go all the way down to Edmonton that they can actually come to Yellowknife. I know we got an e-mail not too long ago from the Minister in terms of a sonographer, in terms of breaking down in Inuvik and the amount of ultrasounds that patients might need was about four or five a week. Any update on that? I know in the e-mail it had mentioned that there is a shortage across Canada, but is there an update on when that's going to be rectified? Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Moses. Mr. Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Madam... Holy cow! Thank you, Mr. Chair. You're so different. When did that happen?

I can't even remember what I was going to say. We don't really have an update. I'll get that information for the Member. I know we're moving some of our people around, you know, to help backfill where possible and we're looking at doing some staffing, but we don't have a full answer for that. I'll get that information for the Member.

**MR. MOSES:** I think the next question that I have in line deals with the ambulatory care services. On a couple of occasions during my term, we have had



infants that were born in the Beaufort-Delta in the Inuvik Regional Hospital that were born with jaundice. I've asked twice in this House about BiliBlankets. I believe they only have one at the Inuvik Hospital. Should two babies that are born with jaundice happen to be born at the same time, one will be able to get the phototherapy that they need with the blanket, but the other one we'd have to send out on a medevac and those are thousands and thousands of dollars if compared to if we just purchased another blanket.

Can I get an update on whether or not the department has taken any action on this or, in fact, maybe you have an inventory on how many BiliBlankets we have throughout the Northwest Territories. Thank you, Mr. Chair.

**HON. GLEN ABERNETHY:** We did bring that up to the Beaufort-Delta board and the public administrator and the staff at the Beaufort-Delta. They indicated that they actually felt they had an adequate supply of BiliBlankets and other tools they can use for individuals. But since that time, they've also put in this award-winning obstetrical program called MORE OB, which is changing the way they're delivering some of the services in the Beaufort-Delta. It's an amazing program. As a result of those changes, there didn't seem to be a desire for them. They weren't that interested in bringing in an additional BiliBlanket. But we will follow up with them again to see if anything has changed, and if they are looking at moving in that direction, then I'll let you know.

**MR. MOSES:** I appreciate that, because I've heard it a couple times from local residents as well as residents from the small communities. Not just Inuvik but right across the Northwest Territories. I think we have to make sure we have an adequate supply should this happen.

Just moving forward, I was speaking with a physician on the plane ride coming back to Yellowknife and he was talking about this TED Talks and where this physician was talking about the use of remote technology. When we talk about ambulatory care services, a lot of it is very time sensitive, and actually trying to get into communities, whether it's a blizzard or some of our remote communities maybe up in the coastal regions and with the work on the Mackenzie Valley Fibre Optic Link, has any work been done in terms of a study to look at how we can use the Mackenzie Valley Fibre Optic Link in terms of remote technology? In the TED Talks they talked about using robotics in medicine, so being able to perform not surgeries but performing medical procedures, or giving advice to some of our communities that might not have any nurses but have health care workers that might be able to do the services that are time sensitive and whether a medevac can get in there or not. Is there a study being done to see

what kind of equipment we might need in some of these small, remote communities, especially now that this Fibre Optic Link will be up and running in 2016? If we get a planning study now, then it's something that we can work on. It would cut down on travel costs, cut down on medevacs and also possibly save lives. Thank you, Mr. Chairman.

**HON. GLEN ABERNETHY:** We're quite excited about the Mackenzie Valley Fibre Optic Link. We believe it's going to help enhance the services that we already have, and our first focus is to make sure that the tools that we have in place – EMR imaging, lab services – that we currently try to provide over the Internet are enhanced as a first priority and make sure we get maximum benefit out of those programs that we have. We also believe it's going to support and help us with things like telehealth because we'll have a better link and better time, better connection.

We also know and we've had an opportunity to look at some of the technology that's in place in Alaska, which is really quite amazing. There are some really interesting things, and we continue to be in touch with Alaska. That would be our second priority after we make sure we're getting maximum benefit out of our existing things.

But I will say that the doctors in the Northwest Territories are an amazing bunch of people and they really appreciate technology. I promise this literally every day they approach somebody and say, hey, this is something new. We try to incorporate as much as possible and where reasonable. Some of it's beyond our current fiscal means and we will find a way; some of it is rather inexpensive and we can begin work on those things right away. So we continue to be open-minded and it's for opportunities as they're presented to us.

**CHAIRMAN (Mr. Bouchard):** Thank you, Minister. Committee, we're on page 193, ambulatory care services, operations expenditure summary, \$60.154 million. Agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bouchard):** Page 194, ambulatory care services, grants, contributions and transfers, \$22.813 million. Agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bouchard):** Page 197, community health programs, operations expenditure summary, \$144.418 million. Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chair. I have a couple questions here. I mentioned in my opening comments that I'm concerned about provision for seniors and the services and programs that we have for seniors. The department has produced at least one document about continuing care. I can't remember the title now, of course it escapes me,

but one of them was referenced I think at some point by the Minister as not being an action plan, which leads me to believe there is an action plan either coming or that there is one.

So in terms of services for seniors and continuing care for seniors, how we're going to deal with our seniors, how we're going to look after our seniors, is there an action plan for continuing care for seniors, and if so, is it made public? Thank you.

**CHAIRMAN (Mr. Bouchard):** Thank you, Ms. Bisaro. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. Seniors are an incredibly important part of our population. The aging population is a growing population here in the Northwest Territories, and we want to make sure that we're there for them as much as possible and we're providing supports for them as much as possible. We have our framework, which is Our Elders, Our Communities, which focuses on a number of pillars. We're working on separate action items and action plans on a number of pillars, including an action plan around a facilities review identifying how we're going to move forward with facilities here in the Northwest Territories over the next number of years. There are also actions and an action plan around palliative care as well as home care enhancement as well as supporting our seniors in our communities to stay in their communities as long as they can. So, there are a number of things happening.

We have a good relationship with the Seniors' Society. We meet with them on a regular basis to ensure that they're involved and providing input and insight into actions as we move forward. We provide a significant amount of money to the NWT Seniors' Society so that they can undertake actions on their own, which we're always excited to partner with them on those. So, there's a number of things we're doing to support seniors.

**MS. BISARO:** Thanks to the Minister. These issues or these pillars that the department is working on, can I get some sense of when they might be completed, when committee might have a chance to look at them and give some feedback? Thank you.

**HON. GLEN ABERNETHY:** Mr. Chair, for the specific detail on the action items and what's happening, when we hope to have some of them available, I will go to the deputy minister for that detail.

**CHAIRMAN (Mr. Bouchard):** Thank you, Minister. Deputy Minister DeLancey.

**MS. DELANCEY:** Thank you, Mr. Chair. With respect to planning for long-term care facilities, I believe we had shared with committee the continuing care review that was completed that was based on demographic projections from the Bureau

of Statistics. We are now working, actually, in partnership with Avens to update those projections to make sure that, as we support them in their Aven Pavilion project, we do have the most up-to-date projections and then that will inform our plan that we'll finalize for the capital development of long-term care facilities.

With respect to standards for long-term care facilities, over the last couple of years we have approved continuing care standards. We have approved a long-term care staffing model and received forced growth funding to bring our existing long-term care facilities up to date. We are developing a Falls Prevention Strategy for our long-term care facilities. As the Minister noted, we are working on a palliative care action plan, planning for long-term care beds. We've worked with the Northwest Territories Housing Corporation to ensure that if they develop new independent living units there is provision for adult day programs. We continue to roll out training and what's called a Supportive Pathways Approach, which is really the contemporary philosophy for how we should respect the wishes of elders that live in our facilities to make their own choices about what they do on a daily basis. It is a fairly new way of looking at things, so there's a lot of training to be done in that. We're working with authorities to roll out the new continuing care standards. We have a couple of authorities that are piloting some innovative approaches to working with elders in the community to delivering home care and foot care programs. We're monitoring those pilots to see if there are things that can be extended into other regions. Thank you, Mr. Chair.

**CHAIRMAN (Mr. Bouchard):** Thank you, Ms. DeLancey. Ms. Bisaro.

**MS. BISARO:** Thanks, Mr. Chair. Thanks to the deputy minister. I didn't hear a time frame in there. I can understand why one wasn't given. There's a lot of work going on and I imagine they're probably not quite too sure exactly what day it's going to be finished. I will ask for a time frame if it's possible and accept the answer if it's not possible. I understand that.

I'd like to ask a question about chronic care, particularly about diabetes. It is one of the biggest chronic illnesses that we have to contend with, I guess, as a territory. I always get confused on this, but my understanding is that there was a diabetes clinic that was being held in Yellowknife and that was discontinued. What is in place now, whether it's in Yellowknife or whether it's in other communities, but what's in place for people with diabetes to get educated, to basically be treated and learn how they have to handle their disease to get them to get to a point where they're not a drain on our system? What do we have? Thank you.

**CHAIRMAN (Mr. Bouchard):** Thank you, Ms. Bisaro. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. As far as time frames are concerned, a number of the items that the deputy described are actually well in progress. Some of them have actually been concluded and others are going to take a bit more time. I will get the department to put together some estimates on timelines for the ones that are outstanding but also articulate which ones have already been done and which ones are currently in progress. I will get that to the Members as soon as I can.

The Stanton diabetes education program had a territorial focus and it was delivered in Stanton. The program did some visiting to communities and provided some other clinics. In 2011 the decision was made to transition the program to Yellowknife Health and Social Services as the work was more consistent with the primary care approach. In 2012-13 the Yellowknife Primary Care Clinic implemented some drop-in clinics around this particular area, and diabetes education programs provide services such as workshops. They do drop-in clinics. They do scheduled appointments. They provide some cooking workshops as well as fitness sessions in Yellowknife. Client services include foot care, which I know is a very popular program, as well as some motivational counselling to individuals who happen to have diabetes. The program is run by a team that includes an internist from Stanton, a primary care physician, an NP and an LPN and a dietitian. The program for Yellowknife is still there. It's at Yellowknife instead of Stanton.

**CHAIRMAN (Mr. Bouchard):** Do you have something else, Mr. Abernethy?

**HON. GLEN ABERNETHY:** Thanks, Mr. Chair. I do want to just articulate quickly that Yellowknife is not the only place where this diabetes program has been going on. Hay River, Fort Smith and Inuvik offer a targeted diabetes education and care program through their authorities by teams of educators that include nurses, nurse practitioners, dietitians and physicians. The Tlicho Community Services Agency, in partnership with the Tlicho Government, is training local diabetes educators to work with their nurse practitioner who will work directly with people diagnosed with diabetes to learn how to manage their disease.

Funding from the Canadian Partnership Against Cancer has allowed us to adapt our BETTER project approach, which is a great program, and their tools for doctors and nurses and CHRs as well to work with patients to identify their risk and learn self-management techniques for a range of chronic conditions which do include diabetes. So there are a number of things that are happening in the area of diabetes.

I would like to go a little further and say that there are gaps. We know there are gaps. The lack of a territorial program, in my opinion, is a gap. The Joint Leadership Council and the authority CEOs have already identified this as a top priority. Once we actually move forward to a single system here in the Northwest Territories, we're developing a territory-wide program to meet the needs of our residents and our people rather than fragmented approaches. Hopefully, we'll be in a position where we can pool some funding to develop something that really meets the needs of our people across the entire territory. But at this point I would say the lack of consistency and regularity is certainly a gap and it's a problem that we would like to address once we move to one authority.

**CHAIRMAN (Mr. Bouchard):** Thank you, Minister. Next on my list I have Mr. Blake.

**MR. BLAKE:** Thank you, Mr. Chair. I have three topics I'd like to talk to today. First under health centres, I know it's an ongoing issue in Tsiigehtchic. If they can't have a nurse, they'd like a licenced practical nurse there or some specialist in that community on a full-time basis. Many times, during the weekends especially, we get emergencies. It's left up to our residents to respond to the majority or pretty much all of these incidents. So we are really putting our own residents in our community at risk here, having to deal with a lot of traumatic issues at times here.

Moving forward, we did get commitments in the past to have a licenced practical nurse in the community. I don't see any policy or guidelines that are holding us back. Why can't we do this as a pilot project? Thank you, Mr. Chair.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Blake. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thanks, Mr. Chair. I have indicated that I'd be happy to go to Tsiigehtchic and have a conversation with the leadership to determine truly what it is that they are specifically asking for and what it is that they think will meet their needs. There are lots of potential options. We ask the question of what can an LPN do within their limited scope of practice, and an LPN scope of practice is significantly less, or it can be significantly less than an RN. What is it we are trying to accomplish? We have looked at other models from other jurisdictions like Alaska where they've taken local people and provided them with significant training so they can provide some services, get local people for local work, which is something we've heard constantly throughout the Northwest Territories. Let's find ways to employ our people in our communities. There are opportunities, possibly a high level first responder might be more appropriate than a nurse or an LP in a community like Tsiigehtchic, recognizing that we have regular nurse visits on a weekly basis and for some periods

of time they do stay for extended periods of time. I would like to have an opportunity to go in with my staff and have a detailed conversation with the community on what it is exactly they're looking for and how we can best meet their needs, not committing that it will be an LPN or an RN because that may not be the position that benefits the community the most, but we will have that conversation.

**MR. BLAKE:** The other thing I wanted to speak about was under the home care and home support services. A great program that was undertaken a number of years back but, you know, in Fort McPherson there's a huge demand there and right now we only have one person that's working there and we're hoping to get another position there. With the demand there, it would make things a lot more suitable as to the amount of clients that they work with. Right now it seems that there's an overload and the community would really like to have another position there. Thank you, Mr. Chair.

**HON. GLEN ABERNETHY:** I'm not aware of the overload in Tsiigehtchic but I'll certainly take that under consideration, sorry, in McPherson, and I'll certainly have a conversation with the public administrator of the Beaufort-Delta Health and Social Services Authority to see if we can get that figured out.

**MR. BLAKE:** The last thing I wanted to speak about is under the programs for residential care, specifically under the adults, because you know a number of our elders have to go to Inuvik for long-term care. Just recently one of our elders from one of the communities had to move to Inuvik because of illness and hasn't been given much time actually. The sad thing about it is we're actually billing this elder every month. You know, that person is really frustrated at the moment with not only having to deal with his illness but also being charged up to \$800 a month to be staying at the long-term care.

**HON. GLEN ABERNETHY:** The Member has recently brought that to my attention and we're working with the Beaufort-Delta to figure out what's going on with the details of the situation and we will be able to respond back to the Member shortly.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Abernethy. Next on my list I have Mr. Dolynny. Sorry, Ms. Bisaro.

**MS. BISARO:** Mr. Chair, if you want to go to somebody else first, that's fine.

**CHAIRMAN (Mr. Bouchard):** Thank you, Ms. Bisaro. I'll go to Mr. Dolynny.

**MR. DOLYNNY:** Thank you, Mr. Chair. Thank you, Ms. Bisaro. I have two questions and both of them, really, come under the category of grants and contributions, especially contributions. The next page obviously breaks down that contribution in terms of the different types of funds and programs.

One of particular interest to me is the mental health and addictions, which is at \$1 million, and the unaligned healing, which is a \$225,000. Sorry, mental health and addictions at \$625,000 and unaligned healing at \$1 million. Given the nature of the day when the majority of Members here spent a large part of our day talking about the importance of mental health and addictions, especially the mental health component, I find it odd that we actually are spending less money this year than last year. It's not a lot less, but it's about \$150,000 less.

Can the Minister give us a rationale? Given what we've spoken to today, given the attitude of wanting to make change and do better and advance the agenda of mental health in a stigma-free Canada and a stigma-free North, you would think they'd be putting a bit more money, not taking away. What is the rationale for less investment this year? Thank you.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Dolynny. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair, just to be clear, these are grants and contributions. There are dollars that are flowing out to other organizations such as the authorities but as well as other organizations for specific programming. This is in no way, shape or form indicative of the entire budget being spent on mental health and addictions by the Department of Health and Social Services. I believe that number is closer to \$15.7 million. For some specifics I will go to the deputy minister.

**CHAIRMAN (Mr. Bouchard):** Thank you, Minister Abernethy. Deputy Minister DeLancey.

**MS. DELANCEY:** Thank you, Mr. Chair. The apparent reduction is actually the result of a re-statement. Our complete budget for the On-the-Land Healing Fund is \$1.2 million, so it's actually slightly higher this year than it was last year. What we've done, though, is we've carved out \$200,000, and that actually shows up under fees and payments. The reason for that being, in our consultations with Aboriginal governments when we ran our pilot programs, we realized that we needed to do some work with each of the Aboriginal governments to develop some common outcomes and a common evaluation framework, and there's a desire on the part of Aboriginal governments to see that done, perhaps not by department staff but by an external consultant that they would have some ability to help select. So we've actually increased the budget slightly, so the \$1 million is what's rolled directly out to Aboriginal governments. The \$200,000 that's held behind is to work in partnership with them on some common evaluation, sharing best practices, program support, developing program standards and so on. Thank you, Mr. Chair.

**CHAIRMAN (Mr. Bouchard):** Thank you, deputy minister. Mr. Dolynny.

**MR. DOLYNNY:** Thank you, Mr. Chair. I do appreciate the rationale. Just from an optics point of view you can imagine the dismay, as a committee member who fights very hard, tooth and claw, for every dollar. When I see a number regress, we need to find clarification.

In that same breath, my question is if this is indeed monies that were put aside for outside contributions in the realm of mental health and addictions. We know that Nats'ejee K'eh in its operating years was receiving about \$2 million a year for mental health and addictions programs. If I look at the combined number here for outside investment and funding, that number is now only about \$1.6 million.

Can the Minister or department indicate, is my rationale sound? Did we spend \$2 million before on mental health and addictions outside for program delivery and now we're only spending \$1.6 million combined? Thank you.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Dolynny. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. Some of those numbers that the Member is pulling together aren't exactly right, but the Member is correct in the fact that there was a \$2 million budget for Nats'ejee K'eh. We're using that budget to cover the individuals that are going in our contracts with the four southern facilities. We figure it'll take about a year to figure out what that price should balance out to. We figure the price for delivery in the southern facilities is about \$1.2 million, which leaves about \$800,000. We were planning to utilize those dollars for the mobile treatment program and we've been close and then it's been stalled and then we've been close and then it's been stalled and it's been close and it's been stalled on the mobile treatment program and we're continuing to try to move forward on that, but the other part of that \$2 million was intended to be going towards the mobile treatments.

**MR. DOLYNNY:** So, if I'm following the money correctly and if I've heard correctly here today, about \$800,000 has been put aside for mobile treatment, or at least the establishment of mobile treatment. Can the Minister indicate where that \$800,000 is in this new budget structure?

**HON. GLEN ABERNETHY:** On Page 197, under community mental health and addictions there's a budget line of \$15.24 million. That's where those dollars are.

**MR. DOLYNNY:** I think this also lends to the overall question that I think myself as a Member has in terms of how this new layout looks and, again, the details behind this layout. I'm going to ask, at a point in time, if the Minister would commit to giving us more of a breakdown so we can actually understand some of these large \$60 million, \$15 million, what they are all

encompassing. Again, because of the fairly large change in format here, would the Minister commit to providing that breakdown for committee once the main estimates are completed?

**HON. GLEN ABERNETHY:** I do acknowledge this is certainly more complex than it was before. This offers way more detail than the budget did in previous years. When we indicated to committee that we were going to be moving to a system that actually provided some consistency between the authorities and the department and was consistent with the CIHI definitions of different program areas, we did offer a briefing. We ran out of time. We'd be happy to come back and give committee a briefing on these new categories and how they relate. There is some certain crossover. Some of the money will fall into multiple areas for what appears to be a program area, depending on the definition of how those dollars are going to be spent.

I acknowledge it is far more complex. I will admit it took me probably three, four, almost five times reading through this with people who are smarter than I am around finances before I even started figuring it out. I acknowledge that this is difficult, but this is going to be better in the long run. I do apologize for the frustration in working through this new format.

**MR. DOLYNNY:** I do appreciate where the Minister is coming from. If he's frustrated, I can tell you that you times that by 10 and I think you'll see where Members are today here. We applaud the work in trying to make things more detailed and more simplistic to match parameters, but given the format of today, it is posed to be very problematic.

Last question. Last year the subject of oral health became of great debate and it was around the sunset of a federal funding initiative on children's oral health care to the tune of \$468,000. At that time, committee felt very strongly that oral health was an initiative that should not fall off the table and that we recommended to have that amount reinstated into the budget. Sadly, as we all know, Cabinet declined that request and oral health, which was funded federally, did not receive the proper funding. To the question, how are we dealing with oral health? Where does it fall in the program delivery that we have before us and what's the funding that we have set aside for children's oral health care?

**HON. GLEN ABERNETHY:** We are pleased to announce that we have actually been approved to receive \$4.5 million in federal funding under the Territorial Health Investment Fund for the development and initiation of an NWT oral health strategy. Based on the March 2014 report *Brushing Up On Oral Health*, we have developed an ambitious action plan for the development of an evidence-based strategy to improve the oral health status of NWT residents, particularly with a focus

on our children. That number can actually be found on page 221 of this document, and it's under the title work performed on behalf of others, and it shows \$4.333 million under Territorial Health Investment Fund. It's the third from the bottom.

**CHAIRMAN (Mr. Bouchard):** Thank you, Minister Abernethy. Next on my list I have Mr. Moses.

**MR. MOSES:** Thank you, Mr. Chair. I guess this is a big piece of the Health and Social Services in terms of programs and services that we provide to residents and also supporting our not-for-profit organizations. I guess the first question that I do have is about a year ago, yes, just over a year ago we tabled the Early Childhood Development Action Plan in the House here, and it was a combination between Education, Culture and Employment and Health and Social Services. When you look at the action items, the Department of Health and Social Services was accountable for 14 of those action items. With a year into this action plan, I see that in here we've got some things like Healthy Family Program, Early Childhood Development Breastfeeding Program. He doesn't have to get into detail, but would the Minister commit to provide committee with an update on where they are in this action?

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Moses. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. I would be pleased to meet with committee and provide them with an update on where we are with the Early Childhood Development Action Plan. From a health point of view, maybe we should probably have a joint meeting with Health and Social Services as well as Education where we can go through the items with committee.

**MR. MOSES:** In my general comments to the department yesterday, I talked about the importance of early childhood development, and development is what we're really discussing here and the critical years are zero to two, zero to three, and I think that a lot of Members thought that this department should have been the head lead on early childhood development and looking at that. Committee was supportive. Once again, as mentioned, we did try to bring in a motion for, I think, \$1.2 million for early childhood initiatives which was also defeated. But I think we'll put that on the agenda for standing committee and we'll try to get some correspondence to move on that.

The next one is in terms of the Disabilities Fund. Sometimes it seems that our organizations that work with people with disabilities tends to get overlooked when we're also dealing with a whole bunch of other issues. I look at the amount of funding that goes into the Disabilities Fund and there hasn't really been a big increase in this area. I just wanted to know if the Minister, as my questions to the Premier last week in terms of the Third-Party

Accountability Framework, whether or not forced growth is looked into working with our organizations that do work on behalf of government such as the Persons with Disabilities Council and also an update on that action plan. Can the Minister provide maybe an update on the action plan that was, I guess, tabled in 2008, and also whether or not forced growth is given to these organizations such as the NWT council?

**HON. GLEN ABERNETHY:** We have a pretty solid relationship with the NWT Disabilities Council. We do provide them with a significant amount of money. Not all organizations get forced growth, like non-government organizations get forced growth, and I don't believe at this point in time the NWT Council is one of the ones that's getting forced growth. It isn't. We have been talking to the council about updating the action plan. It's pretty old and it really needs to be updated, and they certainly have an interest in doing that. They have been a little busy with a number of the different projects that they have undertaken lately that we've been working with them on, but we anticipate that those negotiations and discussions will continue and we will be moving forward with an updated action plan or, rather, they will.

**MR. MOSES:** That action plan was developed February 2008 and a lot has changed in the last seven years, and I appreciate the Minister working with the Persons with Disabilities Council to look at modernizing this and see how we can take better steps in working with the Council and with individuals.

The next one is in terms of home care support and whether or not we're providing our home care staff in the communities and in the regional centres... I know we have, I think, when I was working with public health, we only had one home care support worker, and to deal with a community of over 3,000 at the time was very cumbersome and working pretty well right from when she walked in and usually worked a little bit late to provide support to those who needed home care. I'm not sure where the department is in terms of looking at the home care support and resources that we have for those that provide home care services to our residents, and when was the last time that we looked at supporting them?

**HON. GLEN ABERNETHY:** Our home support workers as well as our home care nurses provide a really valuable service throughout the Northwest Territories. We have home support workers in many communities throughout the Northwest Territories and we've also provided training to many of the individuals that are supporting individuals who need home support such as our personal support workers. By way of example, we're doing training in the Sahtu right now to prep a bunch of individuals from the Sahtu for the new long-term care facility to

provide personal support in there. There are a number of things that we are doing. These are incredibly valuable positions. But for some of the specifics on some of the things that are going on, I would like to go to the deputy minister.

**CHAIRMAN (Mr. Bouchard):** Thank you, Minister Abernethy. Deputy Minister DeLancey.

**MS. DELANCEY:** Thank you, Mr. Chair. We recently signed another five-year agreement for home support funding with Health Canada which is where a lot of the funding for our program comes from. It did allow us to do a little bit of enhancement. First we always work with authorities to assess the pressures, where there are pressures, where there's the most need for increased staff or increased training. Some of our authorities are doing some very innovative work with communities to find different ways or more, at least, culturally responsive ways to deliver their home care services. In the Sahtu and in the Tlicho they're doing some unique things. We do provide, as I noted, training and foot care, palliative care, respite care. We're working with the NWT Disabilities Council to do some pilot projects on providing respite care in small communities. They work with our home support workers to identify the families that are in need. There is a lot going on, but as the Member noted, it's an area of increasing pressure. There will be increasing demand. We are constantly looking at how to make the best use of our budget. Thank you, Mr. Chair.

**CHAIRMAN (Mr. Bouchard):** Thank you, deputy minister. I'll go back to the Minister.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. Once again, a new format that we're looking at here today and there are things in a few different places. It is going to take us all a little bit of time to become familiar with this and we will re-offer that briefing.

The federal dollars the deputy minister is talking about appears on page 220 under work performed on behalf of others. It's the second from the bottom, home and community care, \$5.5 million.

**CHAIRMAN (Mr. Bouchard):** Thank you, Minister. I think we're going to allow everybody to ask some questions and have a little bit of leniency, a little change in format here. Mr. Moses.

**MR. MOSES:** Thank you, Mr. Chair. I appreciate the update on the agreement and the funding from Health Canada. Speaking with mental health and addictions theme day again, I think that's one area that we might be lacking in. I think we need to provide more services and programs. You heard it today in some questions about the waiting times to get into counselling. I'm glad that we're streamlining people to get down to treatment and getting to the institutions that they need to go to, to get the help that they need, but it's when they come back to the

communities, especially if it's a small remote community.

What kind of after-care are we providing for individuals that are coming back who have been healed and taken those first steps? What kind of after-care are we providing so that our residents don't relapse back into the situations that they were in before? What kind of financial resources are we putting into that? Thank you, Mr. Chair.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Moses. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. Before somebody goes out for treatment, and one of the residential treatment facilities that we're currently working with, they do agree to, when they return, contact or be contacted by the community counsellor. So, there are community counsellors who are providing some degree of after-care.

There are also other opportunities. We know, and we don't believe that we should be administering it or running it, that AA is a valuable program, but the reason it's effective is because it's a non-government sort of member-driven organization. We do know that there is some frustration because there may be not enough people in the community to actually really hold an AA. We've been working with AA groups that are trying to get established. We're making our facilities available to them after hours. We've also indicated that we'd be absolutely willing to make things like telehealth available so that they could link to other communities. In fact, it has worked in a couple of communities in the Northwest Territories.

There are a number of things we're doing. We're trying to make sure that people have the tools they need. At the same time, and this doesn't apply to every region in the Northwest Territories, a couple of the on-the-land programs that have come forward have had a focus on after-care. So, there are some varieties out there for individuals, and there is community support for individuals who are returning, and they are required to indicate or sign up to have continued contact when they're back.

**CHAIRMAN (Mr. Bouchard):** Thank you, Minister Abernethy. Next on my list I have Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chair. I just have one more question in this section and then I want to follow up where Mr. Moses left off on the early childhood development and discuss that a little bit. As Mr. Moses indicated, it was the view of committee, and as a member of the committee I agree with the view, that Health and Social Services should be the lead on the early childhood development initiatives. I would urge the Minister to reconsider with his partner Minister whether or not, after some time in putting these programs in place, maybe Health and Social Services is better placed to be the lead on these particular projects.

My specific question goes to the comments made by the Minister in his opening remarks. He stated, "We will continue to partner with the Department of ECE to provide early childhood development options for families," and then went on to say, "a social marketing campaign will be launched this year." That struck me as a little strange. I guess my question to the Minister is: How is a social marketing campaign going to provide for better services and programs for early childhood development, basically the zero to three, zero to four age group? Thank you.

**CHAIRMAN (Mr. Bouchard):** Thank you, Ms. Bisaro. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. There is no real lead to early childhood development. We have an effective working relationship between Health and Social Services and the department. We're working closely together and our staff are meeting regularly on the implementation of the individual items. Some of the items are education-specific; some of the items are health-specific, but many of the items are collaborative. We're doing our best to break down the barriers, destroy the silos in this particular area. I wouldn't say that there is a lead department. I'd say there's an effective and collaborative working relationship here moving forward on ECD.

With respect to the second question, it is actually directly related to one of the action items within the ECD Action Plan. I will get the deputy minister to explain the details.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Abernethy. Deputy Minister DeLancey.

**MS. DELANCEY:** Thank you, Mr. Chair. As the Minister noted, one of the commitments in the Early Childhood Development Action Plan was the promotion, awareness and education initiatives related to early childhood development and making those available to all families and communities. We do know, of course, that parents play an important role. Getting information out to parents and caregivers is an important part of making sure kids get the support they need. One of the actions was that we would have target campaigns that would raise awareness about the importance of early childhood development and focus on getting that message out to parents and caregivers.

We do have money. We had set money aside in the ECD budget between ECE and ourselves. We have identified two key areas of focus for the social marketing campaign. ECE is taking the lead on getting messaging out about spending quality time with children, the importance of parents spending time with kids, supporting kids, kids getting enough sleep, reading to your kids and so on.

The Health and Social Services element of the social marketing campaign will be linked to our oral

health strategy, and we want to have a big awareness on oral health, on how important it is that kids eat the right kind of foods, what parents can do in the early days.

A lot of people in communities don't have access to dental services and a lot of parents of young kids aren't even aware that they need to be thinking about oral health in the early days. This is something that has been in the action plan in the beginning. It's been budgeted for since the beginning and we're hoping to roll it out over the next year. Thank you, Mr. Chair.

**CHAIRMAN (Mr. Bouchard):** Thank you, Deputy Minister DeLancey. Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chair, and thanks for the explanation. How much money has been budgeted? How much money is being spent on this campaign between the two departments? Thank you.

**CHAIRMAN (Mr. Bouchard):** Thank you, Ms. Bisaro. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thanks, Mr. Chair. I don't have that at my fingertips, but I will commit to getting that to the Member and committee. Oh, wait! Yes, we do. For '14-15, \$100,000; '15-16, proposing another \$100,000.

**MS. BISARO:** Thanks to the Minister. That's an awful lot of money in my view. I really question the value of spending \$200,000 on what sounds like it's going to be... If it's a social marketing campaign, it sounds like it's going to be pamphlets and I'm presuming Facebook and tweets, I guess. I'm not sure, but that's what it sounds like to me. It does seem like a lot of money. I would far rather that that money went into a program in various communities. Certainly we have to alert parents to stuff that's available, but I question the value of these types of campaigns. I don't question the need to educate, but I question the methods that are being suggested. I'd like to know from the Minister if there was any kind of an analysis prior to the decision to spend and budget this money. Was there any kind of analysis of another similar campaign that was done within the government? Thank you.

**HON. GLEN ABERNETHY:** The Early Childhood Development Action Plan was based on two years of research and best practices across the country and the world. So, yes.

**MS. BISARO:** Thanks. I guess best practices across our country and the world are not necessarily what work in the North. I would suggest that we'd have an awful lot of people in small communities who are not going to get a heck of a lot of benefit out of this campaign and I would urge the department to reconsider.

My last question has to do with the Healthy Family Program. I think it should go on this page, not the



next page because I note the next page is just for the Tlicho Government. Are we increasing the number of communities that will have a Healthy Family Program in the '15-16 year? Thank you.

**HON. GLEN ABERNETHY:** Thank you. The Healthy Family Program will be moving to Tuk in '15-16. It was based on a supp that occurred in '14-15. The planning is occurring now, but there will be a Healthy Family Program in Tuk in '15-16. I'd just like to add, that's in partnership with the IRC. As I say often, a lot of these programs really benefit from partnering with community governments, Aboriginal governments as well as other people throughout the Northwest Territories. Partnerships really make these programs better and this particular one in Tuk is being done in partnership with the IRC.

**MS. BISARO:** Thanks. A last question here. So we're adding one community in '15-16. Where does the increase, I'm presuming there's an increase in expenditures because of that. So where does it show in the budget and how much is it? Thank you.

**HON. GLEN ABERNETHY:** Thank you. The dollars actually came in in the '14-15 fiscal year, which we're using for the transition and the planning, and it came in by way of a supp in '14-15. So it will not show as an increase in '15-16. Thank you.

**MS. BISARO:** So I guess that means that Tuk was added in this current budget year, not in '15-16. Okay. So we are not increasing the number of communities for Healthy Family Programs in '15-16? That would be my last question for confirmation. Thank you.

**HON. GLEN ABERNETHY:** The work to set them up is actually occurring right now, but the money actually hasn't been transferred. A supp will be coming to Committee of the Whole later, in the next couple of weeks. It's a transfer from ECE. So we're beginning the work now and when the supp is passed, the money will be there and the dollars will be used to create the program in Tuk. So it is going to be new in '15-16. There is only a month and a half left in this fiscal year.

**MS. BISARO:** Thanks. I did say it was my last question. It is my last question, but I guess I have to spar with the Minister. We're talking budget here and I asked about the budget. So there is no increase in the budget for Healthy Family Programs? Thank you.

**HON. GLEN ABERNETHY:** Recognizing the support this committee has for Healthy Family programs, I imagine that we will see an increase in the budget once the supp passes. Thank you.

**CHAIRMAN (Mr. Bouchard):** Thank you, Minister Abernethy. Next on my list I have Mr. Hawkins.

**MR. HAWKINS:** Thank you, Mr. Chairman. I was just wondering if we could get a bit of a breakdown

of the disabilities funding, how much it is. I see the indicator here at \$335,000, but what the breakdown specifically is and what program areas are they targeting in their support. Thank you.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Hawkins. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. There's \$113,000 for the Canadian National Institute for the Blind, \$183,000 for the NWT Council for Persons with Disabilities and \$39,000 for the Hay River Community for Persons with Disabilities for a total of \$335,000 in the Disabilities Fund.

**CHAIRMAN (Mr. Bouchard):** Thank you, Minister. I'll just remind committee we're on 197. If you have some detail to go to the next page, we need to get there. Go ahead, Mr. Hawkins.

**MR. HAWKINS:** Thanks, Mr. Chairman. The reasons I was just citing more specifically are grants and contributions fall under 197, but the detail of it is actually on the next page. So I can save the rest of my questions for the next page. What would you like me to do, Mr. Chairman?

**CHAIRMAN (Mr. Bouchard):** I guess we're flexible. Go ahead.

**MR. HAWKINS:** Excellent. All those years of yoga are paying off. First off I'm going to say it's nice to see the money continue. I don't see the money really elevating a little bit. Yes, there is more money than last year, which looks like it was taken up at \$329,000. Interestingly enough, I notice the Disabilities Council in the Yukon is losing all their funding from the Yukon government, but their funding was twice as much than we offer here today, a little more than twice as much.

The reason I highlight the disabilities funding is I'm a little unsure that there's enough there to do the work that they actually challenge each and every day and provide the programming. In talking to the folks here in Yellowknife and certainly the good folks down in Hay River, as well, one of the biggest challenges they have is funding, for example, like handivans to ensure that they get people in their membership out and in the community to community events to keep them in the area of active living. I'm just wondering what availability is there to create some flexibility.

Now I'm not asking about capital projects. In other words, I mean, of course they'd like you to buy a van, an appropriate van, but usually it's not the capital cost that kills organizations like this, it's the O and M to run these things. They cost a lot more over the long haul.

So I'd ask the Minister, what type of flexibility is there for additional funding to assist with things like handivans in order to get people with disabilities and even in a lot of cases seniors out to community

events more often? In some cases, people who are shut in don't get out at all. Thank you.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Hawkins. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. Just for the record, there is an additional \$226,553 for community-based respite that goes to the NWT Disabilities Council. So the \$183,000 is not the only money that they're getting.

As I indicated previously, we are working with them and we're hoping to see a revised disabilities action plan and that may come with some financial asks. We're looking forward to seeing that document when it is concluded, at which point we'll be having, I'm certain, some discussions with the committee on that.

With respect to handivans and other programs, we believe that the individual associations that are looking for handivan support can go to MACA in communities to seek funding under the Community Public Infrastructure Fund.

**MR. HAWKINS:** Thank you. Could I have the Minister restate that last title under MACA, the access fund? I heard two people talking at the same time and they sounded like they were disagreeing. Thank you.

**HON. GLEN ABERNETHY:** I actually forget the title, but it's infrastructure funding for community governments. We will get that information confirmed from MACA and provide it to committee. I forget the name of the fund. Thank you.

**MR. HAWKINS:** At this particular time I don't have anything further in this area. Thank you.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Hawkins. Next I have Mr. Moses.

**MR. MOSES:** Thank you, Mr. Chair. Just a couple of other things I didn't get a chance to speak to last time. In terms of mental health services, I want to get a quick update on... I'm not sure if it was a pilot project or the work that was being done with Dalhousie University in terms of telehealth for mental health counselling services. Are we still using that and is it being utilized to a degree? Thank you.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Moses. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. That is still in place. We have had some difficulties over the year with some specific issues, but for the details, I will go to the deputy for that.

**CHAIRMAN (Mr. Bouchard):** Thank you, Minister Abernethy. Deputy Minister DeLancey.

**MS. DELANCEY:** Thank you, Mr. Chair. We have put in place a pilot project. It was a contract with Dalhousie University's global psychiatry services, and we did get some additional funding through the

Mental Health and Addictions Action Plan to support that, which we combined with funding on a team basis with Stanton and Yellowknife Health and Social Services Authority. The intent was to improve access to psychiatric outpatient services. Dalhousie had committed to have people on the ground for a certain period of time every month as well as to provide specialized services through locums upon request and to provide telehealth counselling to enhance services.

As the Minister said, there have been some problems. We're coming to the end of the contract. It winds up at the end of this fiscal year. We ran into technical difficulties in terms of our technology working with Dalhousie's technology, which made it challenging to do the scheduled telehealth. Dalhousie had some changes in personnel which made it difficult for them to provide the specialized services we needed particularly in the area of psychiatric services for children and youth which is where we're seeing the greatest pressures. Right now Yellowknife Health and Social Services and Stanton are working together to do an evaluation of how that contract has worked and that will inform a decision whether to extend the contract and work with Dal to change how we approach it or whether to pull back that funding and look at another way to achieve to filling the gaps that we have and some of the changing circumstances, because we're really seeing an increase in the demand for services for children and youth.

**CHAIRMAN (Mr. Bouchard):** Thank you, deputy minister. Mr. Moses.

**MR. MOSES:** Thanks, Mr. Chair. Can I get confirmation on how much that contract was? How much did we contract with Dalhousie for?

**MS. DELANCEY:** I have it somewhere in my iPad. It's \$300,000 and a bit more, but we can confirm the exact figure and get back to you.

**MR. MOSES:** One of the Members earlier talked about nursing in the small communities. As the Minister knows, we have eight communities that don't have nurses. I wonder if the department would be looking at changing its policy in terms of looking at trying to see if we can staff nurses in some of these communities, but if not, the amount of days that a public health nurse or a nurse would go into the community. I know that in some cases, the Minister mentioned in the House that a public health nurse will go in for two days sometimes. But I wonder if he could change the policy so that there are more frequent visits in the week or else a policy that we can actually staff a nurse in there, and if he'd be open to having discussions with the Department of Justice and working together so that we have the RCMP and the nurse in these communities.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Moses. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. Currently, the communities that don't actually have permanent nurses, the amount of time that nurses are visiting does vary from community to community based on the level of need and acuity and different things going on in the community, so there is no one number that is actually utilized. Every authority has a slightly different approach.

As I have said to the Member who asked the questions previously, we're looking at other opportunities. Maybe not a nurse, maybe not an LPN, maybe a high level first responder might be appropriate to be in there on a more permanent basis. But we did learn about other position opportunities in Alaska and we're exploring those. As we move forward with transition we'll be in a better position to find some consistency on how we're supporting the different communities, recognizing that every community in the Northwest Territories has a different degree of need, so we will also have to work with the communities. As I've committed, I'm happy to go to communities to meet with leadership and talk about what their specific needs are, what issues they're trying to address and how working together we can best accomplish those targets.

**MR. MOSES:** More of a comment in terms of when we get into the smaller communities that's where we start to tend to see some of the higher health risks, higher rates of some of our health indicators as well as educational indicators, and I think that if we had somebody staffed in there that can deal with some of the care and treatment but also on the prevention and promotion and education awareness side, I think we could really tackle some of those high rates that we see in the small communities and bring them down so that we start having more healthy and educated people in the small communities and not just saying because of the population we can't provide those services. I know we do provide those services, but on a more regular basis would be more beneficial, I think, to these communities.

Just moving forward, and in terms of prevention and promotion, I think we've been making some really good headway since the beginning of this Assembly and whether or not the Minister sees that there is still a need for prevention and promotion in some of the regions or even across the territory, especially with our high obesity rates. We do have some organizations that have been doing some really good programs to try to combat the high obesity rates, cardiovascular, chronic diseases, and whether or not some of our funding can actually go to those organizations so they can run the programs more effectively and efficiently.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Moses. I'll take that as a comment. Was there a question there, Mr. Moses?

**MR. MOSES:** [Microphone turned off] ...he'd be looking at working with these organizations and fund them a little bit more from our programs. I've talked about program duplication, but we've got organizations out there that are doing really good work on behalf of government and whether the Minister would sit down with these organizations and develop some contributions where they can support these successful programs.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Moses. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. We actually have the new Aboriginal health and community wellness division, and the wellness workers that we have within that division, that is their exact job.

**MR. MOSES:** Just in terms of the Anti-Poverty Strategy, I just want to commend the Minister for the work he's been doing in that and also thank him for allowing standing committee to come to the last round table and meet with the representatives. I think members of the standing committee were really appreciative to see the work that's been going into that. Just more of a comment and no more questions.

**CHAIRMAN (Mr. Bouchard):** Thank you, Mr. Moses. Committee, we're on page 197, Department of Health and Social Services, community health programs, operations expenditure summary, \$144.418 million.

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bouchard):** Page 198, community health programs, grants, contributions and transfers, \$113.874 million.

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bouchard):** Page 200, community health programs, active positions. Questions?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bouchard):** Page 203, community social programs, operations expenditure summary, \$28.199 million. Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chair. I have a couple of questions here. The first one has to do with the Child and Family Services Act. There are amendments coming forward for this legislation, from what I understand. I'd like to know from the Minister if the amendments to this piece of legislation are going to require extra expenditures, and if so, where are they in this budget?

**CHAIRMAN (Mr. Bouchard):** Thank you, Ms. Bisaro. Minister Abernethy.

**HON. GLEN ABERNETHY:** Thank you, Mr. Chair. Yes, the bill is coming forward in the next week or two for first reading and second reading, at which point it will be committee's bill for 120 days. At this

point in time, based on the changes that are coming, we don't believe that there will be additional costs. We believe it's a matter of using our money more appropriately and using the existing resources to the best effect, and the changes in the bill will actually give us better direction and better results without adding additional dollars.

**MS. BISARO:** Thanks to the Minister. One of the concerns that I have, and it was a fairly major recommendation from the Child and Family Services Act review that was done in the 16<sup>th</sup> Assembly and it's been mentioned a number of times in this Assembly as well, is the gap in legislation for coverage for youths basically between 16 and 18 years. First of all, I'd like to ask the Minister if that gap is going to be dealt with in the amendments, and if so, I find it hard to believe that we could increase the services for this particular age group and that it's not going to cost us money. Could I get an explanation? Thanks.

**HON. GLEN ABERNETHY:** Yes, that is actually going to be in the act. The reason we don't believe it's going to cost us significant money, the reason we could manage within, is because we are finding ways today to provide some of those services whether it's through voluntary approaches or otherwise. This is going to give us more ability to do it in a formal way, but we don't believe it's going to cost significantly more money.

**MS. BISARO:** Thanks to the Minister. My last comment on this area would be: Once the legislation is done and passed and has come into force, if the department determines that the changes in order to provide better services that the changes are going to mean an extra expenditure, is the Minister willing to come back to the House with a supplementary appropriation in order to provide effective and valid child and family services? Thank you.

**HON. GLEN ABERNETHY:** Mr. Chair, with respect to the rollout of child and family services, we are spending a significant amount of money on child and family services today. The changes that are being proposed are going to increase efficiencies and provide better services. It doesn't necessarily mean we need more money. It just means we really need to do better with the money we have, and many of these changes are going to give us the ability to do those things.

I do acknowledge that there is a fundamental change in how we provide child and family services being undertaken right now. It has a three to five-year rollout period. A number of the actions are happening right now. We believe those can be funded from within. As we roll out, we may realize that, you know what, we do need some more money, at which point we would be going to the

Executive Council to seek additional dollars with the support of committee.

**MS. BISARO:** Mr. Chair, my other question has to do with the day shelters. We certainly have a day shelter here in the City of Yellowknife. I believe there's at least one other day shelter elsewhere in another community. One of the things that were a problem when the Day Shelter was previously operated under another operator was a lack of programming. We kind of touched on this earlier, but what analysis has the department done with this new operator? There was a bit of a lull where the Day Shelter was not operating, and I think it was an opportunity to do some analysis and to do an evaluation of the previous operation. What analysis has been done to determine what programs and services are best put into the Day Shelter to assist the people that use it? Thank you.

**HON. GLEN ABERNETHY:** Mr. Chair, during the hiatus between May and September, Yellowknife Health and Social Services actually went out and did a number of engagements with the public and other individuals about what types of programs and services they expected or would like to see, including actual conversations with the homeless people who happen to use the shelter, probably the best people to talk to about the types of things they wanted. That has helped to form some of the things that are going to be taking place.

There are a lot of significant changes between the old Day Shelter and the Day Shelter that we have today. One of them is around training that the staff are receiving. Staff are actually receiving training in this facility, unlike the old facility, in things like trauma, informed practice for service delivery, principles of crisis intervention as well as day-shelter-specific programming or training for programs that the Day Shelter current provider wishes to provide. I'd be happy to share that information with the specific programming with the Member once the Day Shelter is in a position to start delivering that. Some of that is not being delivered just yet because they are still in a tweak phase with respect to finishing some of the construction in that building.

**MS. BISARO:** Mr. Chair, I appreciate that explanation. My understanding is that the budget for the current Day Shelter is quite a bit more than the previous. I would like to know if that's accurate, and I would also like to know where in the budget this money shows up. Thank you.

**HON. GLEN ABERNETHY:** There is an increase. The department has budgeted \$250,000. The city has contributed \$50,000, so there is only \$200,000 shown in the budget and I believe it's in a different section than the one we're currently in. I believe it's in community health programs. So it's in two parts, in the Anti-Poverty Fund and also in mental health and addictions. It's \$250,000 coming from us. The

price tag is a little bit higher. For this fiscal year, we were able to get some one-time funding from some of the other departments in the GNWT, Justice and ECE. We'll be seeking additional supports from other outside organizations and others to help cover some of the costs in 2015-16, otherwise we'll have to find it from within.

**MS. BISARO:** Thanks to the Minister for that. I move we report progress.

---Carried

**CHAIRMAN (Mr. Bouchard):** I will rise and report progress. Thank you, Minister Abernethy. Thank you, deputy minister and director. Sergeant-at-Arms, please escort the witnesses out of the Chamber.

**MR. SPEAKER:** Can I have the report of Committee of the Whole, Mr. Bouchard?

### Report of Committee of the Whole

**MR. BOUCHARD:** Thank you, Mr. Speaker. Your committee has been considering Tabled Document 188-17(5), NWT Main Estimates 2015-2016, and would like to report progress. Mr. Speaker, I move that the report of Committee of the Whole be concurred with. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you. Do we have a seconder to the motion? Mr. Menicoche.

---Carried

Item 22, third reading of bills. Mr. Clerk, orders of the day.

### Orders of the Day

**DEPUTY CLERK OF THE HOUSE (Mr. Schauerte):** Mr. Speaker, there will be a meeting of the Standing Committee on Sustainability of Rural and Remote Communities at adjournment today.

Orders of the day for Thursday, February 19, 2015, at 1:30 p.m.:

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Reports of Standing and Special Committees
5. Returns to Oral Questions
6. Recognition of Visitors in the Gallery
7. Acknowledgements
8. Oral Questions
9. Written Questions
10. Returns to Written Questions
11. Replies to Opening Address
12. Replies to Budget Address

13. Petitions
14. Reports of Committees on the Review of Bills
15. Tabling of Documents
16. Notices of Motion
17. Notices of Motion for First Reading of Bills
18. Motions
  - Motion 35-17(5), Lobbyist Registry
19. First Reading of Bills
20. Second Reading of Bills
  - Bill 45, An Act to Amend the Workers' Compensation Act
21. Consideration in Committee of the Whole of Bills and Other Matters
  - Bill 38, An Act to Amend the Jury Act
  - Bill 41, An Act to Amend the Partnership Act
  - Committee Report 10-17(5), Standing Committee on Government Operations Report on the Review of the 2013-2014 Annual Report of the Information and Privacy Commissioner of the Northwest Territories
  - Tabled Document 188-17(5), NWT Main Estimates 2015-2016
22. Report of Committee of the Whole
23. Third Reading of Bills
24. Orders of the Day

**MR. SPEAKER:** Thank you, Mr. Clerk. Accordingly, this House stands adjourned until Thursday, February 19<sup>th</sup>, at 1:30 p.m.

---ADJOURNMENT

The House adjourned at 5:55 p.m.

