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The Honourable Frederick Blake Jr, Speaker

Legislative Assembly of the Northwest Territories

Members of the Legislative Assembly

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(Yellowknife North)

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(Thebacha)

Ms. Katrina Nokleby

(Great Slave)

Mr. Kevin O'Reilly

(Frame Lake)

Ms. Lesa Semmler

(Inuvik Twin Lakes)

Mr. Rocky Simpson

(Hay River South)

Hon. R.J. Simpson

(Hay River North)
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Minister of Education, Culture & Employment
Minister of Justice

Hon. Shane Thompson

(Nahendah)
Minister of Municipal and Community Affairs
Minister of Environment and Natural Resources
Minister of Lands
Minister responsible for Youth

Hon. Caroline Wawzonek

(Yellowknife South)
Minister of Finance
Minister of Industry, Tourism and Investment, including responsibility for the Business Development and Investment Corporation
Minister responsible for the Status of Women

Ms. Jane Weyallon Armstrong

(Monfwi)

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YELLOWKNIFE, NORTHWEST TERRITORIES**Monday, March 6, 2023****Members Present**

Hon. Diane Archie, Hon. Frederick Blake Jr., Hon. Paulie Chinna, Ms. Cleveland, Hon. Caroline Cochrane, Mr. Edjericon, Hon. Julie Green, Mr. Jacobson, Mr. Johnson, Ms. Martselos, Ms. Nokleby, Mr. O'Reilly, Ms. Semmler, Hon. R.J. Simpson, Mr. Rocky Simpson, Hon. Shane Thompson, Ms. Weyallon Armstrong

The House met at 1:30 p.m.

Prayer

---Prayer

SPEAKER (Hon. Frederick Blake Jr.): Ministers' statements. Minister responsible for Workers' Safety and Compensation Commission.

Ministers' Statements

**MINISTER'S STATEMENT 326-19(2):
WORKER'S SAFETY AND COMPENSATION
COMMISSION'S FIVE-YEAR PRIORITIES
AND DIRECTION**

HON. PAULIE CHINNA: Mr. Speaker, with the new year ahead of us, I am pleased to highlight the Workers' Safety and Compensation Commission's new strategic plan, *Paths Towards Safety 2023–2027*, which is available for everyone to view on the WSCC's website. This document, along with the ongoing input from employers, partners, and workers, will guide the Commission's work over the next five years. Workers' Safety and Compensation Commission's mission is to promote workplace health and safety while providing no-fault insurance to employers and care for injured workers. The new strategic plan provides a roadmap of how the WSCC will move forward by identifying the short-, medium-, and long-term goals during the five-year strategic cycle.

WSCC's three priority areas are:

- Advancing safety outcomes to eliminate workplace disease and injuries. WSCC has an ongoing commitment to support safe workplaces, to continuously raise awareness of safety rights and responsibilities of both workers and employers, and to prevent and reduce workplace accidents and injuries.
- Delivering quality services by enhancing processes and empowering staff to provide timely, accessible, understandable,

effective, and culturally safe services and clear communication to northerners. Quality services incorporate WSCC's organizational values of respect, engagement, integrity, openness, cultural safety, excellence, and stewardship, are a foundation of our mission. And,

- Ensuring financial sustainability so that every injured worker is cared for now and into the future. The WSCC maintains the workers' protection fund, which covers injured worker claims costs by using a fiscally responsible funding mechanism that is fair to all employers.

A high level of transparency, accountability, and engagement is critical to the success of the Commission's work. Each section of this plan describes the performance measures that shows progress. WSCC will use these measures to guide their annual corporate planning process and to report on progress each year.

There is no single path to achieve the WSCC's vision to eliminate workplace disease and injury. However, *Paths Towards Safety* represents that many different approaches that they take to make workplaces safer every day, as well as the diverse paths many employers across all communities in the Northwest Territories take to improve the safety culture at each worksite. Mahsi, Mr. Speaker.

MR. SPEAKER: Thank you, Minister. Ministers' statements. Minister responsible for Education, Culture and Employment.

**MINISTER'S STATEMENT 327-19(2):
AURORA COLLEGE BOARD OF
GOVERNORS**

HON. R.J. SIMPSON: Mr. Speaker, at long last, it gives me great pleasure to announce that the members of the new Aurora College Board of Governors have been selected. I would like to welcome and congratulate the following individuals on their appointments:

- Joseph Handley of Yellowknife;

- Lorraine Tordiff of Fort Smith;
- Lucy Kuptana of Tuktoyaktuk;
- Rebecca Plotner of Yellowknife;
- Tom Colosimo of Hay River;
- Jack Rowe of Hay River;
- David Hurley of Yellowknife;
- Kevin Antoniak of Fort Smith;
- Stephanie Irlbacher-Fox of Yellowknife;
- Richard Boudreault of Quebec;
- Student member, Cayla Gillis;
- Instructional staff member, Wanda Roberts; and,
- Non-instructional staff member, Xiaoyi Yan.

---Applause

Thank you, colleagues. The board of governors is responsible for overseeing the implementation of the Aurora College Mandate Agreement, which is an agreement between the Minister and the board that sets the shared strategic priorities and the scope of activities to be undertaken by the college. The first mandate agreement was released on March 1, 2023.

Mr. Speaker, the commitment to transform Aurora College into a polytechnic university was first made in the 18th Legislative Assembly. The selection of the board represents an important step we are taking towards shifting this institution and establishing a fully-accredited polytechnic university in the Northwest Territories.

I also want to note another critical milestone. The Bachelor of Education and Bachelor of Social Work programs have been reviewed and will be offered once again beginning in September 2024, along with a new general arts and science program. These made-in-the-North degree programs will allow students to complete their education close to home, stay connected with their culture and land, and help fill critical gaps in the labour force.

Although the timing of certain critical milestones related to the transformation have been adjusted, all commitments are still on track to be fulfilled by October 2026. This includes the planning for the establishment of the Indigenous Knowledge-Holders Council, which will ensure an Indigenous lens is applied to all aspects of the college. I encourage everyone

who is interested in the transformation or the new timeline to visit the Aurora College transformation website.

Mr. Speaker, there is still a lot of work to do. I would like to thank the champions of the polytechnic university for their continued efforts, and I look forward to keeping Members and NWT residents informed along the way.

In closing, I would like to thank Mr. Denny Rodgers for his nearly six years of service as the administrator of the Aurora College. Mr. Rodgers provided stable and consistent leadership during a time of significant change, across multiple Ministers and presidents, and through a worldwide pandemic. I have enjoyed working with him, and his efforts and contributions are greatly appreciated.

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Minister. Ministers' statements. Madam Premier.

MINISTER'S STATEMENT 328-19(2): MINISTERS ABSENT FROM THE HOUSE

HON. CAROLINE COCHRANE: Thank you, Mr. Speaker. I wish to advise Members that the Honourable Caroline Wawzonek will be absent from the House today and tomorrow to attend the Prospector and Developers Association of Canada's convention in Toronto, Ontario. Also, Mr. Speaker, I will be absent for a portion of today's proceedings to participate in a meeting with honourable Anita Anand, Minister of National Defence of Canada. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Madam Premier. Ministers' statements. Members' statements. Member for Hay River South.

Members' Statements

MEMBER STATEMENT 1425-19(2): PHYSICIAN SHORTAGE

MR. ROCKY SIMPSON: Thank you, Mr. Speaker. Mr. Speaker, too often residents are receiving notices of physician shortages in Hay River. And without physicians in the community, proper health care cannot be dispensed. This may mean turning away those who are in need of emergency care, routine appointments, palliative care, detox services, and mental health services. Mr. Speaker, it is no secret that the community of Hay River is having issues with staffing of physicians for the Hay River Regional Health Centre. This issue has been ongoing for some time and continues to affect timely access to healthcare and

degrades the quality of services expected by residents.

Mr. Speaker, the catchment area for the Hay River Health and Social Services Authority includes a population of approximately 5,000 people. Canada has an average of 2.41 physicians per 1,000 population - a statistic that would translate into approximately 12 physicians for Hay River. At present, we have one locum in the community when, in fact what is needed as a minimum to provide proper and timely healthcare services, is 5.6 FTE positions.

Mr. Speaker, Hay River is fortunate to have dedicated permanent healthcare staff in place; however, without physicians and a full staff complement of healthcare workers, we may well see many of those employees leave to seek employment elsewhere. Working with limited physician support places stress on staff and management. When I say stress, I am talking about frontline staff and management working in an environment where they are unable to provide consistent, quality, and timely healthcare to residents.

These frontline workers are hearing and feeling the frustration of residents who are seeking timely access to a system that appears to be crumbling around them. Mr. Speaker, except for physicians, the Hay River HSSA recruits all other medical staff. But for some reason, and consistently, Hay River is without a full complement of physicians or, for that matter, any physicians at all. This is placing residents' health and life at risk. Although we welcome locums, our reliance on their services may result in their unfamiliarity with patient files, local cultural differences, medical staff, and processes, all which may affect one's diagnosis, treatment, and follow-up visits.

Change is needed in how physicians are recruited at HRHSSA. After all, we have a department with a \$600 million budget whose sole responsibility is that of providing and delivering timely and quality healthcare to residents - and with that budget, we are failing those residents in Hay River. Thank you.

MR. SPEAKER: Thank you, Member for Hay River South. Members' statements. Member for Tu Nedhe-Wiilideh.

MEMBER STATEMENT 1426-19(2):
TRADITIONAL KNOWLEDGE
COMPENSATION

MR. EDJERICON: Thank you, Mr. Speaker. Mr. Speaker, some would say you can't put a price on Indigenous knowledge that has been passed down since time immemorial. But that's exactly what the GNWT has done with their

honorarium policy. It is a pittance. The knowledge passed down since time immemorial when Indigenous elders is the foundation of our northern society. Indigenous knowledge is a set of complex knowledge system based on our world views, it reflects the unique culture, language, values, histories, governance and legal system of Indigenous people. It is based on cumulative and dynamic First Nation, Inuit, and Metis communities' whole knowledge system that involved living well and being in a relationship with the natural world. These systems build upon the experience of earlier generation and informs the practice of current generation and involving contemporary society.

Mr. Speaker, I am calling on this government's ongoing disrespect and undervalue of the Indigenous knowledge-holders who are requested to share their expertise. Not much has since the duty to consult with Indigenous people was checked, the consultation box, and the government not really wanting to hear from us.

This is slowly shifting to actively learning and listening but for far too long, the GNWT has set aside standard rates as a fixed honorarium of \$250 a day for Indigenous knowledge-holders. \$250 day is taken advantage of Indigenous people. It is insulting and it is clear, and it stems from colonization and constant evolving of our Indigenous teaching and wisdom.

The events that shines the light on inadequate compensation is upcoming for a fur forum planned for the end of March. We all know that the fur industry has been steadily attacked and for decades by so-called animal rights activists and demand for fur has been on the downward spiral since. What was once a thriving economic livelihood for Indigenous people is almost non-existent. Now, finally in 2023, the Indigenous government is planning to bring together those who have taken a stake in these resurgence and revitalization of the NWT fur industry. Make no mistake, we have something very marketable to the world economy here. Wild fur harvested by Indigenous trappers is culturally appropriate and harvested in a humane manner. Mr. Speaker, I seek unanimous consent to conclude my Member's statement.

---Unanimous consent granted

Thank you, colleagues. Trappers are the knowledge-keepers with the equivalent of PhD in this industry. The artist of business owners working with fur hold integral knowledge to moving this industry forward. Their world view and Indigenous knowledge are vital to the success of this government's efforts. We need

to the shift our mindset to understanding the immense value of knowledge-holders in the participating of informing government direction and policies. These contributions to public policies are more than valuable. They are integral for reconciliation and collaboration. It is time that we ensure that these knowledge-holders be fairly compensated and respected for their vital contribution and service to our territorial economy. I would have questions for the appropriate Minister at the appropriate time. Mahsi.

MR. SPEAKER: Thank you, Member for Tu Nedhe-Wiilideh. Members' statements. Member for Nunakput.

MEMBER STATEMENT 1427-19(2):
POWER GENERATION IN SACHS
HARBOUR

MR. JACOBSON: Thank you, Mr. Speaker. As we speak, Mr. Speaker, as of 5:30 this morning, Sachs Harbour is under level 2 emergency for the power. The generators being used to power the community are having difficulty to restart. The Minister reassured me that they have a power crew going in to work with the community to get the power back up and running and get the work done but unfortunately the situation is that our backup generators, our the last line of power in the community, are not working either.

Mr. Speaker, Sachs Harbour is the most northerly community in the Northwest Territories and the farthest north, the coldest tonight; it is minus 40. The power in the community for extended period of time, and it is a matter of survival. There is no other generator in regards to powering up and heating homes for the community, Mr. Speaker. This is far too cold for our elders, our young families, and just for anyone to go without power, Mr. Speaker.

In 2019, nearly \$10 million was secured to replace Sachs Harbour and the 43-year-old diesel plant. But Mr. Speaker, this is almost four years now later, and it still hasn't been complete. NTPC reports that the construction and the new diesel plant in Sachs Harbour will begin early 2020 but unfortunately the community is still waiting, and it's not done. Mr. Speaker, now we are barely hanging on to our backup generators in place. I will have questions for the Minister at the appropriate time. Thank you.

MEMBER STATEMENT 1428-19(2):
NATURAL DISASTERS

MR. SPEAKER: Thank you, Member for Nunakput. Members' statements. Member for Thebacha.

MS. MARTSELOS: Thank you, Mr. Speaker. Mr. Speaker, for my statement today I am going to talk about the disaster assistance policy under the Department of Municipal and Community Affairs.

Mr. Speaker, last year, the Government of the Northwest Territories completed a comprehensive review of MACA's disaster assistance policy following the flood disasters of 2021. I agreed with this review for a variety of reasons but primarily because the policy was outdated and needed modernizing to account for climate change and the changing nature of natural disasters. I was initially hopeful that this review might address some of the service gaps that the old disaster policy did not cover, but I was very disappointed with the updated policy that came out last May.

First of all, Mr. Speaker, I had suggested to the Minister of MACA several times that the updated policy must be expanded and eligible to more people when a natural disaster occurs. I told him that the new policy must account for unique and extraordinary events that may occur within the NWT, especially with the onset of climate change which brings an increased likelihood of extreme weather events. However, Mr. Speaker, I was disappointed to learn that the updates to this policy did not go far enough in helping victims of natural disasters.

The first part of the new policy I didn't like was the way the term "disaster" was defined, which is an emergency caused by a natural phenomena of unusual proportion affecting a large number of people which threatens loss of life, injury, property damage, or economic disruption.

The second aspect I didn't like was that under the list of emergencies that will be eligible for assistance, there is no mention of tornados which is odd because, while very rare, there has been least one well documented tornado in the NWT in the last few years.

The third part of this policy that I did not agree with is the section that lists excluded situations where assistance is not eligible which includes an event affecting a single sector or property. Mr. Speaker, I seek unanimous consent to conclude my statement.

---Unanimous consent granted

In closing, Mr. Speaker, I don't want to start any conspiracy theories here, but it appears awfully coincidental that among the new changes to the disaster assistance policy, there are specific allocations that would make what happened to my constituent whose house was destroyed by a tornado ineligible for any coverage under this

policy. It just does not make any sense to me that the Government of the Northwest Territories would not extend this policy to events that only affected one property. Why is that victims are only eligible for coverage under this policy if there was damage or widespread that a significant number of people or properties were affected? These are questions that need to be answered publicly. I will have questions for the question of MACA at the appropriate time. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Thebacha. Members' statements. Member for Frame Lake.

MEMBER STATEMENT 1429-19(2):
ELECTRIC BIKES

MR. O'REILLY: Merci, Monsieur le President. Earlier this sitting, my colleague from Yellowknife North gave a statement promoting the virtues of electric bicycles, or e-bikes, and questioning the government's level of support for their introduction. I'll add to that endorsement today with some further thoughts received from a resident.

The main point is that the very limited \$10,000 devoted to e-bikes compared to electrical vehicles fails to put the money where it will do the most good. Electric cars are great but e-bikes have a more significant environmental benefit, don't require expensive charging infrastructure, are being purchased by northerners in much greater quantities, and are more suitable for our northern climate because the batteries can be removed and kept warm inside a building. The proposed limitation of rebates for e-bikes to people living in hydro zones fails to recognize the immense environmental benefits provided by e-bikes. Calculations indicate that a full charge on a typical e-bike would use less than 1 kilowatt hour of electricity and require about 0.3 litres of diesel at the power plant. An average truck will burn more than that amount in ten minutes of idling, Mr. Speaker. By the time a driver warms their vehicle in the winter, it's already consumed more diesel than the power plant would to fully charge an e-bike. So e-bikes make sense in non-hydro communities. So if someone charges an e-bike in a diesel-powered community and uses that bike rather than a passenger vehicle, the emissions reductions are even more significant. We should expand this program to the entire NWT.

Other the opportunity will be re-profiling of funds within Arctic Energy Alliance. My understanding is that there will be \$10,000 for e-bike rebates, \$20,000 for on-the-land e-vehicles such as snowmobiles and quads,

and \$200,000 for e-cars and charging stations. There are not a lot of proven designs for on-the-land e-vehicles now so we should ensure that money can be re-profiled to the e-bike fund, when demands exceeds the mere \$10,000. I'll have questions for the Minister of Infrastructure regarding the e-bike rebate program.

Mahsi, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Frame Lake. Members' statements. Member for Inuvik Twin Lakes.

MEMBER STATEMENT 1430-19(2):
PREVENTION SERVICES FOR ORAL
HEALTH

MS. SEMMLER: Thank you, Mr. Speaker, Mr. Speaker, since 2020, I have been raising my concerns with the delivery of dental services in the Northwest Territories. In the NWT, in order for a dental hygienist to work they need to be under a dentist. So if you are a dental hygienist in the Northwest Territories, you are not able to provide your services unless you work under a dentist. This is not the way many other jurisdictions in Canada operate.

Mr. Speaker, we know that oral health in the Northwest Territories, and especially in small communities, is a problem. We also know that oral health in Indigenous people is extremely different than non-Indigenous people. We know that prevention is the key of oral health. Recognizing the difference in health outcomes between Indigenous and non-Indigenous populations, dental prevention services in the NWT need to be greatly improved and this should be considered an act of reconciliation.

Mr. Speaker, prevention services for oral health has always been limited in the North and this problem has been amplified since COVID-19. Now Mr. Speaker, we are seeing all patients from all communities in the NWT who are in pain and struggling to take care of their teeth. From young children to the elderly, we are seeing major challenges with dental problems. The problem has increased so much we can't even get through the dental emergencies.

So why is the NWT limiting dental hygienists' services in the NWT right now? The Dental Auxiliary Act requires dental hygienists to be registered under a dentist, that's why. And so all service provided by a dental hygienist are at the discretion of a dentist. Mr. Speaker, we know that there is a major backlog in dental services in the NWT, and that are people are literally in pain. If we change the legislation to recognize dental hygienists are professionals in their own right, we open up the doors to letting

them get into our communities and to provide the much-needed preventative services that are required. Not only could our Indigenous government contract these dental hygienists to provide much needed service to their communities, the GNWT could support dental hygienists' travel just as they do for dental travel. If we can get the hygienists into the community, we open up the opportunities for them to do business and services our residents broadly and consistently need. So why are we preventing the delivery of this much needed service? I will have questions for the Minister of Health and Social Services later today.

MR. SPEAKER: Thank you, Member for Inuvik Twin Lakes. Members' statements. Member for Yellowknife North.

MEMBER STATEMENT 1431-19(2):
ADVANTAGES OF FOUR-DAY WORK WEEK

MR. JOHNSON: Thank you, Mr. Speaker. About a century ago, we got the five-day work week, which was great. And it wasn't just brought to us by labour movements asking for it. It was also championed by industry titans like Henry Ford, who quickly found out none of his workers could afford to buy his cars; and, even if they could, they didn't have any time to drive them. Well, Mr. Speaker, not having enough money or time sounds like a problem we all know well in the North, and that's why I propose we become champions for the four-day work week, Mr. Speaker.

Mr. Speaker, the four-day work week, it's not just about working less. There is this idea that if people aren't working - they're not doing anything valuable with their time. Mr. Speaker, we have seen the rates of volunteerism decline steadily. We saw many of our volunteer initiatives dive through COVID and have yet to come back. We are seeing people struggle to find child care, struggle to find the time to find a balance between their work and their life. And to me, Mr. Speaker, a four-day work week is the solution to that.

Multiple studies have shown that multiple companies have done it. There is really no downside. Workers are more productive; they take less sick days, Mr. Speaker; you get better retention - all things we struggle with in the North.

Mr. Speaker, we know right now if you are a worker and you are not getting about a 7 percent pay increase this year, you are effectively getting a pay cut. And we know many workers are not able to negotiate that additional income out of their business, their employers, and many employers can't afford it. So I

encourage all of our workers and all of our employers to look at some more creative ways. Perhaps we start with half-day Fridays, Mr. Speaker. Perhaps we start with flex days. We need to rethink how we do work in this territory to make sure that people stay in their jobs and make sure we have happy healthy employees going forward. I will have questions for the Premier today, Mr. Speaker, and whether she thinks the four-day work week is awesome. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Yellowknife North. Members' statements. Member for Monfwi.

MEMBER STATEMENT 1432-19(2):
PROTECTING RESIDENTS FROM ILLICIT
DRUGS

MS. WEYALLON ARMSTRONG: Thank you, Mr. Speaker. Mr. Speaker, more needs to be done to protect our people, especially our young people from crack cocaine and other drugs. At one time we all know that we had no drugs in many of the small communities. It was unheard of. Now we hear about it and see it everywhere and the communities have had enough.

In 2018, the NWT tobacco, alcohol and drug survey shared that 16 percent of people aged 15 and up had used crack cocaine at least once in their lifetime. Additionally, Indigenous people in the NWT had used crack cocaine at 22 percent. This is two times greater than non-Indigenous people. In Behchoko, youth are being targeted. Our young people are our future leaders. We need to do everything possible to protect their lives from drug dealers and ensure they have a good life ahead of them. The RCMP need to act and work with the Indigenous governments to understand the challenges. They need to talk with the community. We know who the drug dealers are, and we know some of them even live in public housing. Beyond enforcement, Mr. Speaker, we need to be able to direct our young people to safe healthcare and treatment. Our young people need opportunities for their lives, for their health, healing, and strong cultural identities.

Our people never traditionally used drugs. We are in crisis in many of the small communities. The accessibility of crack cocaine is far too easy. Our communities need more RCMP on the ground and as this crisis seems to grow, the drug dealers are killing the dreams and aspirations of our future generations. These kids are not safe in their own homes where family Members are also abusing drugs. This is a pandemic of another kind, and one that is just

as deadly with no discriminatory purpose. It could potentially wipe out an entire generation if we don't do something about it right now.

CBC News report "family and community mourn two teens found dead in northern Manitoba. The girls took drugs before freezing to death." This was reported on March 5th, 2023. Mr. Speaker, this is happening, we cannot avoid it, and we must work to protect our communities right now. This is not a big city problem or southern problem. This is right in our backyard and it is making its way into our homes and destroying the families. I will have questions for the Minister of Justice at the appropriate time, thank you.

MR. SPEAKER: Thank you, Member for Monfwi. Members' statements. Member for Great Slave.

MEMBER STATEMENT 1433-19(2):
COLDEST NIGHT OF THE YEAR

MS. NOKLEBY: Thank you, Mr. Speaker. Mr. Speaker, on February 25th, Home Base Yellowknife hosted the Coldest Night of the Year, inviting residents to walk in the shoes of those experiencing homelessness in Canada's frigid winters. The walk began at Home Base's downtown youth centre and was followed by a hot chili supper cooked by Yellowknife city councillors Steve Payne and Ben Hendricksen.

Several community Members came out, not only to walk and raise funds, but also as volunteers to register walkers, as safety personnel or, as was my task, to run and bid on the silent auction. The Coldest Night of the Year is a day each year when tens of thousands of Canadians step outside the warmth and comfort of their homes to shine a light of welcome and compassion in their communities.

Since 2011, the Coldest Night of the Year has raised over \$57 million across Canada in 166 communities with 100 percent of net proceeds remaining local to support CNOY charity partners. Sponsors of this year's walk included Signed, Canadian Tire, Nicole Loubert Art, Old Town Glassworks, Tim Horton's, Quality Furniture, NWT Brewing Company, and 100 True North FM, as well as some of my fellow Yellowknife MLAs.

Mr Speaker, luckily for those walking on the 25th, it turned out to be one of the warmest evenings we had in February, sitting at a balmy minus 11. Unfortunately, that luck rarely extends to those Members of our society who have the misfortune of trying to survive on our streets in some of the toughest climatic conditions experienced in Canada, and for the longest duration.

Mr. Speaker, with a lack of adequate housing, lack of services, lack of shelters, we are only seeing more and more people experiencing homelessness. And more and more, these people are the working poor of our society - single parents, youth aging out of the system, elders, and those with disabilities, are finding it harder and harder to make ends meet resulting in further debt. It is only a matter of time before they are unable to keep up with their bills and find themselves the recipient of a dreaded eviction notice. And Mr. Speaker, once a person starts to fall down the financial mountain there is nothing to stop their slide. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Great Slave. Members' statements. Member for Kam Lake.

MEMBER STATEMENT 1434-19(2):
CANADIAN CRITICAL MINERALS
STRATEGY

MS. CLEVELAND: Thank you, Mr. Speaker. Mr. Speaker, mining is the largest economic driver in Canada's Arctic. In the final days of 2022, the federal government introduced the Canadian Critical Mineral Strategy that it says will increase the supply of responsibly sourced critical minerals and support the development of domestic and global value chains for the green and digital economy. According to the federal government, critical minerals represent a generational opportunity for Canada's workers, economy, and net zero future. But looking to Canada's critical mineral goals, it is clear they hinge on the North's critical mineral mining success. Of Canada's 31 critical minerals, six are potentially prioritized for this federal government's strategy, and they are found in our backyard.

To achieve its strategy, the federal government will push five core objectives:

- Driving research, innovation and exploration; accelerating project development;
- Building sustainable infrastructure;
- Advancing reconciliation with Indigenous peoples;
- Growing a diverse workforce and prosperous communities; and
- Strengthening global leadership and security.

From solar panels to sunny conductors, wind turbines to advanced batteries for storage and transportation, the world is looking for critical

minerals to build energy alternatives. Without critical minerals, Canada states there is no energy transition. Ironically, Mr. Speaker, keeping some potential investors on the sidelines of NWT critical mineral projects is access to clean energy to mine these minerals. We have ourselves the mining version of the chicken or the egg; or, in this case, clean energy or the minerals make the clean energy. Either way, Canada's North, and our backyard, is the holy grail to helping Ottawa achieve its critical mineral strategy goals and our own next economic turn. Federal Budget 2022 includes up \$1.50 billion for infrastructure development specific for critical mineral supply chains.

So Mr. Speaker, is not Ottawa not laying the groundwork for its own strategy success? Are they unprepared to fund 100 percent dollars to achieve their critical mineral infrastructure needs? Or is the GNWT simply not asking for or spending the dollars needed to create energy alternatives north of 60? Given the time it takes to move a project from exploration to production and secure the right investors, the time for energy alternative progress was yesterday. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Kam Lake. Member for Nahendeh.

MEMBER STATEMENT 1435-19(2):
EULOGY FOR IRENE (BERTRAND)
MCLEOD

HON. SHANE THOMPSON: Thank you, Mr. Speaker. Mr. Speaker, Irene (nee) Bertrand was born April 9, 1955, on the Liard River in a boat while travelling on the way to the old Fort Liard Health Centre. Irene was raised by her parents Gabriel and Verna with help from her Grandma Selena and Grandpa Michael Bertrand. They lived about a mile above the BC border on the Liard River. The majority of her upbringing was with her Grandma Selena until she passed away. As Irene grew older, she was sent to residential school in Fort Simpson. She stayed at Lapointe Hall and attended Thomas Simpson School. Later, she was sent to Yellowknife where she stayed in Akaitcho Hall and attend Sir John Franklin High School.

In 1974, she met and married Angus McLeod in Fort Liard. This is where they began their own additions to the Bertrand and McLeod family. They started with their beautiful daughter Lisa and added two handsome sons, William and Clinton.

Irene's favorite season was the fall time. It was the time when the family came together to go moose hunting and spending time together. As well, her husband would bring a friend or two to

go with them to help with the hunting. Irene loved her family and took the time to be with them. They would travel by boat on the rivers of the Nahanni, Petitot, Liard, Beaver, Scatter, Crow, Toad, Fort Nelson, and Cooper River.

As the children grew older, Angus built a main camp at Whissels Landing. There, they would do their fall hunt and where Angus taught the boys survival skills and how to hunt. Over the years, Irene had become skilled at making dry meat and her dry meat was in high demand. There was never a dull moment for Irene. There was always something that had to be done and worked on or sorted out.

Mr. Speaker, Irene received the Wise Woman Award for the NWT. Like the river, Irene's life flowed in and out of people's lives. Along the way, Irene made many lasting friendships. She was an amazing friend. Irene was a daughter, sister, wife, mother, grandma, great-grandma, auntie and great-auntie. I had the pleasure of knowing her personally and had great conversations with her.

Mr. Speaker, Irene had many talents and there is a list attached to this statement that I wish to have been deemed as read.

Mr. Speaker, Irene passed away on February 5th. She will be greatly missed by all that knew her, especially her beloved husband Angus, her sons, and their family. Rest in peace, Irene.

Among other skills Irene acquired was photography (taking portraits of elders; she had a collection in a photo album) croqueting baby blankets for newborns, and she was a patient teacher as well. There were other talents that Irene shared with the community such as:

- Interpreting, administration and medical travel for the Health Centre for about 40 years.
- She served as the Justice of the Peace.
- She was Acho Dene Koe First Nations councillor.

MR. SPEAKER: Thank you, Member for Nahendeh. Our thoughts and prayers are with the family and community at this time.

Members' statements. Returns to oral questions. Recognition of visitors in the gallery. Member for Thebacha.

Recognition of Visitors in the Gallery

MS. MARTSELOS: I would like to recognize Al Karasiuk, the principal of PWK High School, a constituent and a great friend of mine.

MR. SPEAKER: Thank you, Member for Thebacha. Recognition of visitors in the gallery. Member for Sahtu.

HON. PAULIE CHINNA: Thank you, Mr. Speaker. I would like to welcome today Aidan Widow, grade 9, and Colby Campbell Modeste, grade 8; both from Tulita, and they're here to support us while we're doing our proceedings this week. And hopefully we inspire future politicians. Thank you.

MR. SPEAKER: Thank you, Member for Sahtu. Recognition of visitors in the gallery.

Colleagues, today with us we have Therese and Joseph Schumacher and Tina Davies, with us all the way from Australia. Welcome. Recognition of visitors in the gallery. Acknowledgements. Oral questions. Member for Thebacha.

Oral Questions

QUESTION 1428-19(2): DISASTER ASSISTANCE POLICY

MS. MARTSELOS: Thank you, Mr. Speaker. Mr. Speaker, can the Minister of MACA explain why under the disaster assistance policy the term "disaster" is narrowly defined to those events that affects a large area or a large number of people from an extraordinary event? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Thebacha. Minister responsible for MACA.

HON. SHANE THOMPSON: Thank you, Mr. Speaker. Mr. Speaker, the disaster assistance program is a government-funded assistance program to ensure essential community functions and cover the basic needs of residents and businesses. That is not an insurance program that covers all losses or is applied to events affecting a single property.

Mr. Speaker, the requirement is for only applying the DAP for widespread damage in line with the disaster assistance policy across Canada with the criteria of the federal disastrous financial assistance arrangement. Thank you, Mr. Speaker.

MS. MARTSELOS: Mr. Speaker, can the Minister explain why a tornado is not listed under the list of emergencies that may be eligible for disaster assistance? And can the Minister clarify if a tornado does occur in an NWT community, would people be eligible for coverage? Thank you, Mr. Speaker.

HON. SHANE THOMPSON: Thank you, Mr. Speaker. The definition in the disaster

assistance program are in line with the disaster assistance policies across Canada. The definition of "emergency" does not exclude tornados and has provisions to include any other sudden events of unusual proportion caused by nature's phenomenon. This leaves the opportunity for tornados to be considered if either criteria for applying this policy are met and if the results is a widespread situation. Thank you, Mr. Speaker.

MS. MARTSELOS: Mr. Speaker, can the Minister explain why under the list of excluded emergencies, disaster coverage will not be eligible to people due to an extraordinary event that affected only a single property? Thank you, Mr. Speaker.

HON. SHANE THOMPSON: Thank you, Mr. Speaker. Mr. Speaker, the definition of "emergency" speaks to events of unusual proportion. The criteria clearly outlines the requirements for an event to affect a large area or a number of people. Across Canada, and the majority of the world, disaster assistance programs are not applied to events affecting a single property. The intent of such disaster assistance programs are to ensure the continued function of a community. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Minister. Final supplementary. Member for Thebacha.

MS. MARTSELOS: Mr. Speaker, can the Minister explain if he believes the updated disaster assistance policy is sufficient in its eligible coverage offered to NWT residents who endure a natural disaster, or if the Minister believes the policy is lacking? Thank you, Mr. Speaker.

HON. SHANE THOMPSON: Thank you, Mr. Speaker. Mr. Speaker, the DAP was evaluated and approved following the 2021 flood and, again, is under revision this year as we have learned since applying it to the 2022 flood. While no policy is perfect, we are confident in meeting the intent to help communities and residents recover from a widespread disaster.

Mr. Speaker, DAP is not a compensation program and is not an insurance program that covers all losses. It is a government-funded assistance program to ensure essential community functions and covers the essential basic needs of residents and businesses. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Minister. Oral questions. Member for Hay River South.

QUESTION 1429-19(2): PHYSICIAN SHORTAGE

MR. ROCKY SIMPSON: Thank you, Mr. Speaker. Mr. Speaker, the HRHSSA uses locum physicians to deliver healthcare in the community. My understanding as to why locums are used is that they are a means to support continuity of service for their gaps in recruitment and retention or where permanent positions are not available. However, the use of locums has become the norm for Hay River; therefore, Mr. Speaker, I ask the Minister of health, has there been an assessment or a study completed to determine if there's a gap in the quality of healthcare delivered by locums versus that of permanent physicians? If so, will the Minister share that information with me. If one has not been completed, will she commit the department to undertake in such an assessment. Thank you.

MR. SPEAKER: Thank you, Member for Hay River South. Minister responsible for Health and Social Services.

HON. JULIE GREEN: Thank you, Mr. Speaker. And thank you to the Member for the questions. There has not been a specific quality review of locums versus resident doctors. I'd like to say that they all have to obtain the same kind of licensing. So locums are not second best to resident doctors; they have the same qualifications. We have recently, as you may know, embarked on primary healthcare reform which has healthcare delivered in teams. And one of the reasons for this reform is to provide continuity of care to residents. So while you may not be seeing the same doctor each time, you may be familiar with other members of the care team such as the nurse practitioner or the nurse. So the fact is that with a vacancy rate of 45 percent for doctors throughout the NWT, most of us are seeing locums for our doctor needs. Thank you.

MR. ROCKY SIMPSON: Thank you, Mr. Speaker. Mr. Speaker, timely access to healthcare and proper diagnosis is very important to residents of Hay River and the surrounding communities. I hear more often now that those who can afford it are bypassing medical travel and making their way south to seek those very services that are not being delivered here on a timely and consistent basis. For those that don't have financial resources to travel, they are forced to wait for services.

Mr. Speaker, we are seeing an increase in payments for out-of-territory healthcare. What is the reason for it, and will the department consider covering medical travel for those taking the extra step to seek timely healthcare services outside the NWT? Thank you.

HON. JULIE GREEN: Thank you, Mr. Speaker. Mr. Speaker, we don't pay for people to bypass

the public system. They need to engage with local healthcare providers in order to get a referral for services not offered within the territory. And if they obtain that referral, they would also be eligible for medical travel. But these are things that need to be done in advance. I see a trend of people coming to me after they have spent the money asking for a reimbursement. I want to be clear that's not how it works. How it works is you go to your healthcare team and you tell them what your issue is and you get into the referral process, which will then provide the care that you need. So if that is not happening for the Member's constituents, I recommend that they contact the Office of Client Experience and point out the gap in that service and have it rectified. Thank you.

MR. ROCKY SIMPSON: Thank you, Mr. Speaker. Mr. Speaker, the NTHSSA recruits positions for Hay River, and it is not working, as we continually see notices from HRHSSA confirming physician shortages which translate into fewer services.

Mr. Speaker, with respect to the HRHSSA, I ask the Minister if her department is willing to shift the responsibility of physician recruitment back to the HRHSSA? Failing that, then maybe, just maybe, it is time for this government to dig deep and come up with the required funds to integrate the HRHSSA into the NTHSSA and if that is what is needed to improve healthcare for Hay River and area residents. Thank you.

HON. JULIE GREEN: Thank you, Mr. Speaker. Mr. Speaker, the NTHSSA has a MOU with the Hay River Health and Social Services Authority to provide physician services. And that MOU is now under review to determine what the best way forward is. So it's unclear to me that not having this MOU or not having some kind of formal arrangement would serve Hay River any better than it's being served now.

In terms of bringing the Hay River authority into the NTHSSA, that was last looked at seriously in 2015. A lot has changed since then, but there hasn't been any additional work done on the cost of bringing the health authority in. Thank you.

MR. SPEAKER: Thank you, Minister. Final supplementary. Member for Hay River South.

MR. ROCKY SIMPSON: Thank you, Mr. Speaker. Mr. Speaker, healthcare in the North appears to be falling apart. And I know people not receiving proper medical diagnosis or not receiving proper medical care at all. This is causing stress in the community, families, and patients' physical and mental health. Mr. Speaker, right now we need physicians in Hay

River. We have none. In fact, we need 5.6 FTEs, Mr. Speaker. I ask the Minister if she will commit to providing Hay River with those positions immediately? After all, our health is no less important than those living in Yellowknife or other areas. Thank you.

HON. JULIE GREEN: Thank you, Mr. Speaker. Mr. Speaker, let me say initially that this isn't just a Hay River problem. With a 45 percent vacancy rate, there is a doctor shortage throughout the whole of the NWT. We continue to actively recruit doctors, and we have had some success but, ultimately, we still do have a large vacancy rate. So there's no way I can commit to immediately providing the seven doctors allocated to Hay River Health and Social Services. The best thing that can happen here is for word of mouth from existing physicians and medical people to their networks to encourage them to give the NWT a try.

MR. SPEAKER: Thank you, Minister. Oral questions. Member for Nunakput.

QUESTION 1430-19(2):
POWER SERVICES IN NUNAKPUT

MR. JACOBSON: Thank you, Mr. Speaker. Today, Mr. Speaker, at 5:30 a.m., I received an email from Minister Archie. I want to thank her for that in regards to working together with us in regards to trying to get the resupply of Sachs Harbour power, to get that generator sorted out. Can the Minister update the House in regards to the status of the power generation in Sachs Harbour? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Nunakput. Minister responsible for Northwest Territories Power Corporation.

HON. DIANE ARCHIE: Thank you very much, Mr. Speaker. Mr. Speaker, the Member and I have good communication in terms of, you know, some of the events happening in his High Arctic communities. So until the new power plant is commissioned, Mr. Speaker, we had originally planned this for February to get the new plant commissioned. You know, with some of the delays that happened, with COVID in the community, and delay in our barge system as well, has a big impact, you know, on getting the work done in the community. Right now the power is getting supplied to the community using our two backup generators. Both generators had issues at 5:30 this morning, Mr. Speaker, which caused the outage. One generator was repaired by the operator with assistance from some of the maintenance crews in Inuvik. However, there was still issues with the other generator. So Northwest

Territories Power Corporation, staff organized a charter first thing this morning, as soon as we were aware of the situation. The charter could not be found because of lack of pilots or airplanes. Mr. Speaker, we flew one in from Norman Wells immediately to get in the community. That charter arrived at one in the afternoon. You know, concerns like this are raised with me by northern carriers for several reasons. When I was in Ottawa, I took the opportunity to meet with Transport Canada, the minister of Transport Canada, on some of the regulations that are imposed here in the North by northern carriers and the duty hours that pilots have to now adhere to. It's impacting all the work here in the North. Thank you. Especially the small airline companies and the helicopter operators. Thank you, Mr. Speaker.

MR. JACOBSON: Thank you, Mr. Speaker. Thanks for that update to the Minister. Mr. Speaker, the new power plant shouldn't be taking that long in regards to setting it up. I know we're passed COVID now. It's starting to get back for parts and stuff and what's needed for the units. So what's a hard timeline in regards to getting that new generator up in the community of Sachs Harbour? Thank you, Mr. Speaker.

HON. DIANE ARCHIE: Thank you, Mr. Speaker. Mr. Speaker, I don't want to keep using COVID as an excuse but, I mean, predominantly that was the reason that we could not get this commissioned in February. As a result of not having the barge now not come in, we're looking at end of August 2023 to get the new plant commissioned. Thank you, Mr. Speaker.

MR. JACOBSON: Thank you, Mr. Speaker. What support's in place for emergency generators if they're not working? I mean, if the main power plant doesn't go down again, are they going to be sending in technicians or mechanics in from Inuvik to get the generators that are broken down now serviced and up and running so we don't have this issue? It's going to be minus 40 tonight, and I don't want to -- you know, at 5:30 this morning you're already worrying about what's happening in the community. So is the Minister going to make sure that happens? Thank you, Mr. Speaker.

HON. DIANE ARCHIE: Thank you very much, Mr. Speaker. Mr. Speaker, when the incident happened at 5:30 this morning, we were in contact with the community and the generators at the school and the health centres were up and running and ready to receive any residents if it were required. You know, I also kept the Member updated, and we advised his office and staff, at 10 a.m., that the power was back up

and running. So, I mean, I kept in contact all morning with the community, the Members, to ensure that this is a priority for us. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Minister. Final supplementary. Member for Nunakput.

MR. JACOBSON: Yeah, thank you, Mr. Speaker. Mr. Speaker, again, I just want to thank the Minister for all the work that she's done with the power corporation to serve the community of Sachs Harbour. And I just want to make sure, Mr. Speaker, that August 2023, that generator is up and running and no more excuses. Thank you, Mr. Speaker.

HON. DIANE ARCHIE: Thank you very much, Mr. Speaker. Mr. Speaker, you know, these are timelines. I mean, we had a timeline to get the plant going in February. As a result of, you know, things beyond our control, we weren't able to make it happen. We wanted to get it serviced sooner and, you know, we couldn't get the barge in the community. That's a result. I mean, there's so many different factors that we want to say August 2023. We don't know what's going to happen, Mr. Speaker. That's a timeline that I have committed with the community and with the Member. Thank you.

MR. SPEAKER: Thank you, Minister. Oral questions. Member for Frame Lake.

QUESTION 1431-19(2):
ELECTRIC BIKES

MR. O'REILLY: Merci, Monsieur le President. My questions are for the Minister of Infrastructure otherwise known as the Minister for e-bikes. My statement dealt with the upcoming rollout through the Arctic Energy Alliance of an e-bike purchase rebate. My information is that this rebate will be available only in communities with hydro power. I stated the good reasons why it makes sense in diesel communities too. Will the Minister ensure that e-bike rebates are available to all NWT communities? Mahsi, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Frame Lake. Minister responsible for Infrastructure.

HON. DIANE ARCHIE: Thank you very much, Mr. Speaker. This Minister of e-bikes is happy to know that another Member's all charged up for this pilot rebate program, Mr. Speaker. So I can tell the Member that we had reassessed where rebates for e-bikes would be available since the release of the three-year energy action plan which was last fall. I'm pleased to let the Member know that the rebate will be available to all the communities now, including the diesel-powered communities. This is

different from we do with electrical vehicles at the moment as e-bikes do not require much power and will not stress our isolated grids in that same way. So, yes, we are working with all the communities, including the diesel-grid communities as well. Thank you, Mr. Speaker.

MR. O'REILLY: Merci, Monsieur le President. I'm pretty charged up, thanks to the Minister. Great news. My statement also dealt with reprofiling of funds between programs offered by Arctic Energy Alliance. I'm not sure that all the on-the-land e-vehicles fund is going to be subscribed so I'm hoping that the Minister's going to allow for funds to be switched around within the e-bike -- or sorry, the e-program.

So will the Minister ensure that funding within Arctic Energy Alliance for electrical vehicle rebates can be reprofiled to where the need is greatest? Mahsi, Mr. Speaker.

HON. DIANE ARCHIE: Thank you, Mr. Speaker. Mr. Speaker, the intent of this pilot program is to better understand what the demand for e-bikes are across the Northwest Territories. So should the demand exceed the funding, we will look for ways to meet the demand from other programs for which are undersubscribed. So there's kind of a second yes in there, Mr. Speaker. I think the Member will be happy with that answer as well. Thank you.

MR. O'REILLY: Merci, Monsieur le President. I can feel the electricity in the air here; it's just great. So I see that the Yukon is offering e-bike rebates up to \$750 for a regular e-bike and up to \$1,500 for cargo bikes. At \$10,000 for the NWT, that would be about 13 e-bike or less. Can the Minister tell us what the individual rebate will be for the NWT and whether we will allow rebates for more than 13 e-bikes? Mahsi, Mr. Speaker.

HON. DIANE ARCHIE: Thank you, Mr. Speaker. Not to shock the Member but this rebate program will be delivered through our partners at Arctic Energy Alliance. We're working with them to finalize some of the program, the guidelines and details, including the amount of the rebate. We're not sure yet, but as soon as the program gets announced I'm sure we'll have some great news to share.

I also want to reiterate, Mr. Speaker, that this is a pilot program. I think I've said that in three of my answers standing up here, how important it is. We've heard from Members that this is something that the territories and residents wanted. This is something we looked at. You know, we also want to encourage people to be able to transition to less GHG intensive modes of transportation. This program will start April

1st. I'll have more details that I can share. And the information, once we gather, the program is launched with some adjustments if we have to move forward on this. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Minister. Final supplementary. Member for Frame Lake.

MR. O'REILLY: Merci, Monsieur le President. I'm going to get the Minister a ride on an e-bike. You know, the Yukon is really ahead of us. They allow for retailers to offer rebates directly to customers and online purchases in the Yukon are also eligible, so -- and we have at least one retailer of e-bikes in the NWT. But can the Minister tell us whether the NWT -- whether NWT retailers will be able to offer the rebate directly to customers and whether online purchases will be eligible for the NWT e-bike rebate? Mahsi, Mr. Speaker.

HON. DIANE ARCHIE: Thank you very much, Mr. Speaker. As I mentioned, we are working on finalizing the program details with our friends over at Arctic Energy Alliance. I assured the Member we are looking into the potential for local retailers to be able to offer a rebate but no final decisions are made. I will keep the Member plugged in in terms of what we're doing as we know more. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Minister. Oral questions. Member for Tu Nedhe-Wiilideh.

QUESTION 1432-19(2):
HONORARIUM RATES FOR TRADITIONAL
KNOWLEDGE

MR. EDJERICON: Well, that's hard shoes to fill in. Thank you, Mr. Speaker. Anyways, I just want to mention that in regards to my Member's statement earlier about honorariums, I'm just thinking back in 1999, when I was a chief for Yellowknives Dene First Nation and back then our band councils were given \$250 a day. And since then, 24 years later, you know, I'm sure the rates have gone up. But anyway, the current rate of honorarium is set at \$250 a day and was last updated in 2009. Inflation has increased by 32 percent since then, not to mention our economy's being hit with the global recession and global pandemic and a supply chain crisis.

Can the Minister explain what policy hasn't been revised -- sorry, can the Minister explain why this policy hasn't been revised in the last 14 years? Mr. Speaker, I'm not sure if this question should go to the Minister of Finance or Minister Thompson. Since he's here, I'll direct my question Minister Thompson. Thank you.

MR. SPEAKER: Thank you, Member for Tu Nedhe-Wiilideh. Minister responsible for Environment and Natural Resources.

HON. SHANE THOMPSON: Thank you, Mr. Speaker. And I thank the Member for the question. And the Member did bring it up to my attention and I did a little bit of research on that.

So the honorarium rate is set out with the financial administration manual with the Department of Finance. I can't speak on why or when the rate was set, but I can say that the honorarium is paid to individuals attending the meetings and other official businesses. But I'm willing to meet with the Minister -- with the Member and the Minister of Finance to get further information on this. And, again, I'd like to thank the Member for bringing this to our attention. Thank you.

MR. EDJERICON: Thank you, Mr. Speaker. Does the GNWT recognize the value of traditional knowledge of Indigenous people in creating public policy because it's not very clear to me based on this policy. The question to the Minister. Thank you.

HON. SHANE THOMPSON: Thank you, Mr. Speaker. Mr. Speaker, I can tell you ENR, through the traditional knowledge policy, recognizes Indigenous traditional knowledge as an essential source of information about natural environment and the relationship of people on the land and to each other. I can tell you our traditional knowledge and scientific knowledge helps us develop our policies. So, yes, we find it very important to reach out to our Indigenous partners moving forward with our policies. Thank you, Mr. Speaker.

MR. EDJERICON: Thank you, Mr. Speaker. Will the Minister commit to revising the honorarium policy for traditional knowledge by doubling the base rate in addition to increase the base on inflation? Thank you, Mr. Speaker.

HON. SHANE THOMPSON: Thank you, Mr. Speaker. I'm more than willing to meet with the Member and then reach out to the finance minister to have those conversations. Again, this is the finance Minister's responsibility but I'm more than willing to work with the Member to meet with the Minister on this. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Minister. Final supplementary. Member for Tu Nedhe-Wiilideh.

MR. EDJERICON: Thank you, Mr. Speaker. Thank you, Minister. So I guess I look forward to meeting with you and the Minister and to have that discussion as well. And I think that at the starting point, you know, at the bare minimum, based on inflation costs, you know, we're looking at probably maybe \$500 a day for honorarium. But, again, it's something that we need to talk about and review. So I guess the

Minister would be able to respond to this. Thank you.

HON. SHANE THOMPSON: Thank you, Mr. Speaker. Mr. Speaker, like I said, I'm more than willing to meet with the Member and the Minister to discuss this. Traditional knowledge is very important. And, again, when we reach out to our elders, that's our foundation so their knowledge and information is very helpful. So like I said, I will work with the Member and to have that conversation with the finance minister. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Minister. Oral questions. Member for Kam Lake.

QUESTION 1433-19(2):
NURSING SHORTAGE

MS. CLEVELAND: Thank you very much, Mr. Speaker. Mr. Speaker, we're just a few short months away from having another class of Aurora College nursing graduates. And so I'm wondering if the Minister of Health and Social Services can tell us how many students she is expecting to graduate from Aurora College nursing program this year? Or how many -- sorry, how many are currently enrolled and may graduate I should probably ask. Thank you.

MR. SPEAKER: Thank you, Member for Kam Lake. Minister responsible for Health and Social Services.

HON. JULIE GREEN: Thank you, Mr. Speaker. And thank you to the Member for the question. There are a total of 20 students in the final year of the bachelor of nursing program, and NTHSSA has made a conditional offer to each of them. Thank you.

MS. CLEVELAND: Thank you very much, Mr. Speaker. I'm very happy to hear that. That was going to be my next question for the Minister so that is wonderful news.

I'm wondering if the GNWT has also looked into potential LPN graduates that will be graduating this year as well and if there have been any conditional job offers offered to them as well. Thank you.

HON. JULIE GREEN: Thank you, Mr. Speaker. Mr. Speaker, the human resources unit that deals with staffing for medical professionals in the NTHSSA is working to finalize the process for hiring licensed practical nurses from Aurora College, and we know that there are 12 possible hires in that group. Thank you.

MS. CLEVELAND: Thank you very much, Mr. Speaker. Mr. Speaker, I'm wondering what kind

of a timeline Health is working with so that we don't risk losing these LPNs to other jurisdictions who might be already waiting with a job offer somewhere? Thank you.

HON. JULIE GREEN: Thank you, Mr. Speaker. Mr. Speaker, the point of having the LPN program there is to provide a local workforce for the functions of that particular job. While I don't have exact timing for when their process will be complete, it's my expectation that it will be complete in time to offer the LPNs work in the NWT. We need them. Thank you.

MR. SPEAKER: Thank you, Minister. Final supplementary. Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Mr. Speaker. Mr. Speaker, I absolutely agree with the Minister. So I'm wondering, given the healthcare staffing shortage that we are experiencing as well in the Northwest Territories, and the pressure on primary care in health centres across the territory and, in addition to that, the availability of nurse practitioners to work alongside physicians, is the GNWT facilitating temporary certificates for all nurse practitioner graduates so that they can work while they're waiting for their national exam results? Thank you.

HON. JULIE GREEN: Thank you, Mr. Speaker. Mr. Speaker, the Department of Health and Social Services doesn't license medical professionals who are nurses. They are licensed by the Registered Nurses Association of the Northwest Territories and Nunavut. And each graduating nurse would work with that entity to ensure they submit the necessary documents to be licensed in the NWT, whatever duration, whether they plan to be here on a temporary basis or full-time. So once they're licensed, they would be eligible for employment and to compete on long-term employment and competitions within the GNWT because they would be cleared for work here. Thank you.

MR. SPEAKER: Thank you, Minister. Oral questions. Member for Monfwi.

QUESTION 1434-19(2):
ILLICIT DRUG USE PREVENTION AND
ENFORCEMENT

MS. WEYALLON ARMSTRONG: Thank you, Mr. Speaker. Mr. Speaker, first we need to talk about prevention and information on drug use. Youth as young as 12 years old are being targeted.

Can the Minister explain how the RCMP work with health and social services to promote the prevention of illicit drug use in small communities? Thank you.

MR. SPEAKER: Thank you, Member for Monfwi. Minister responsible for Justice.

HON. R.J. SIMPSON: Thank you, Mr. Speaker. The Department of Justice sits on the -- I believe it's the problematic substance use committee with the Department of Health and Social Services to look at these exact issues that the Member is talking about. The Minister of health has also met with the commanding officer of the RCMP to begin discussions on how they can explore other options for enforcement and prevention in communities. So there is a number of ways that the departments -- that the RCMP and the department of health are collaborating, along with the Department of Justice. Thank you.

MS. WEYALLON ARMSTRONG: Thank you, Mr. Speaker. Mr. Speaker, our Indigenous government have a lot of information and can help the RCMP in the management of illicit drug use. Can the Minister explain how the RCMP advises and works with the Indigenous governments on the management of illicit drug use in small communities? Thank you.

HON. R.J. SIMPSON: Thank you, Mr. Speaker. Each year I send out letters to the Indigenous governments across the territory to ask what they think the policing priorities should be for the RCMP. As Minister, I provide the RCMP with their policing priorities annually. One of the three priorities relates to drug and alcohol use. So we start right at the very high level. That's how we begin engaging. At the local level, there are -- you know, the RCMP is always open to meet with Indigenous government leadership. They're willing to meet with elected leaders. You know, when I speak with elected leaders in communities, it always appears to me that they have a good relationship with the RCMP. There's, you know, multiple meetings outside of the formalized meetings. So I think that if there are concerns about those groups not working together, all it takes is a phone call. I know that in the territory here, we -- you know, we like the RCMP to do what you call community policing, which is going out, getting to know the community, getting to know the leadership, and figuring out how to work in the community as opposed to just coming in and enforce laws. Thank you.

MS. WEYALLON ARMSTRONG: Thank you, Mr. Speaker. That's good information, thank you. Mr. Speaker, we need staff and staff that understands the region they work in. We need a positive and working relationship between the RCMP and the community leaders. Does the Government of the Northwest Territories provide cultural training for RCMP and ensure

they are connected with community leadership? Thank you.

HON. R.J. SIMPSON: Thank you, Mr. Speaker. So every time there's an incident anywhere in Canada -- not every time but when there are incidents in Canada that result in calls for additional RCMP training, it's often happened that that training then becomes mandatory for RCMP officers across the territory -- or across Canada. So there's actually quite a bit of training that officers are required to do to the point that it affects resourcing levels because we often have so many officers out taking training. So that is from the federal side. And the federal government is responsible for the operations of the RCMP. We do not delve into that; we can't. But the Government of the Northwest Territories does, of course, have our own program that all of the employees of the GNWT are required to take, Living Well Together. And the commanding officer of G Division here in the Northwest Territories has directed all of his staff to take that as well. So that's our contribution in terms of the cultural component. Thank you.

MR. SPEAKER: Thank you, Minister. Final supplementary. Member for Monfwi.

MS. WEYALLON ARMSTRONG: Thank you, Mr. Speaker. Mr. Speaker, we need collaboration; that is so very important. Can the Minister commit to have the head of the RCMP in Yellowknife meet with the community governments to discuss the illicit drug use in small communities, particularly the crack cocaine and other harmful drugs? Thank you.

HON. R.J. SIMPSON: Thank you. No, I can't. I don't have the authority to commit to the commanding officer. Our agreement with the Government of Canada is very clear that the GNWT does not direct the operations of the RCMP. However, the community government is more than welcome to reach out to the commanding officer and request a meeting. I know that he's still relatively new to the territory and is trying to get out to the communities and meet with everyone so it could be a good opportunity. Thank you.

MR. SPEAKER: Thank you, Minister. Oral questions. Member for Inuvik Twin Lakes.

QUESTION 1435-19(2):
DENTAL HYGIENIST REGULATIONS

MS. SEMMLER: Thank you, Mr. Speaker. Mr. Speaker, my questions are for the Minister of Health and Social Services. Recognizing the backlog of dental emergencies and challenges with oral health in the Northwest Territories, will the Minister of Health and Social Services

commit to fast tracking the legislative changes to allow for dental hygienists to be recognized as professionals on their own and not have to work under a dentist just like the rest of Canada? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Inuvik Twin Lakes. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Mr. Speaker. Mr. Speaker, I'd like to note that dental hygienists are really on the frontline of oral health and prevention of decay, and they play a vital role in our healthcare system. They are currently, as the Member said, regulated under the Dental Auxiliaries Act. To date, Mr. Speaker, we haven't heard anything from the hygienists about wanting to be regulated under the Health and Social Services Professions Act. If they were to contact us, that would certainly assist us in prioritizing their request for change. Thank you.

MS. SEMMLER: Thank you, Mr. Speaker. Mr. Speaker, I guess what I'll do is -- I've raised this in the House many times and I know as part of some of the work that I've done in the past, I'll go back to some of the Indigenous leaders in my region which really found that this legislation was a barrier and then maybe that will help bump this along.

So, Mr. Speaker, the Minister confirmed in writing to me that health centres have the necessary information available for them that when they need to refer patients out for dental services, so this is all on a dental oral health concern, and you know, we've heard in the news again recently patients with dental access, general pain management, they require immediate attention. So my question is how much pain does a person need to be or how long do they need to be in pain before they would be eligible for this medical travel or travel to the nearest and available appointment because they do not have dentists and even when going to Inuvik for any other thing, the wait could be up to six months in my region just to get in for a cleaning. Thank you, Mr. Speaker.

HON. JULIE GREEN: Thank you, Mr. Speaker. Mr. Speaker, I appreciate the question from the Member, and I'm sure she's aware that this program is a federal government program from Indigenous Services Canada. They're the ones who decide on who gets medical travel or what conditions that require medical travel. That is not something that I have any say in. Thank you.

MS. SEMMLER: Thank you, Mr. Speaker. And again, thank you to the Minister for that. I am fully aware that this is an NHIB issue. But,

again, as -- we as the territory, we do provide the travel to the communities. And when I've had talks with the NHIB, they have said well, it has to go through the government to approve the process. So what I'm saying is I guess, is there is a problem there and maybe we can meet on the side to have that discussion further. But, Mr. Speaker, the GNWT does put out the RFP for dental services travel costs to provide services to small communities in my region without dentists. And I believe this funding, again, comes from NHIB. Has this funding been increased to be able to provide more clinics to deal with the backlog due to COVID and if so, has there been an increase in the amount of visits to deal with the dental restorations emergency as well as keep up with the routine cleaning and checkups as well as to provide services in Inuvik because my constituents are feeling this because the dentists are all going out to the community now, and we can't get dentists. So this is a problem, and I would like to know if these have been increased. Thank you, Mr. Speaker.

HON. JULIE GREEN: Thank you, Mr. Speaker. Mr. Speaker, the Department of Health and Social Services is currently negotiating with Indigenous Services Canada for the provision of services that they fund and we administer. The current agreement expires at the end of this month. So we hope to report soon that there are changes coming. Thank you.

MR. SPEAKER: Thank you, Minister. Final supplementary. Member for Inuvik Twin Lakes.

MS. SEMMLER: All right. Thank you. Well, that's good to hear because the next one I just -- my next question might add to that.

So how does the GNWT deal with dental providers that are not balancing the preventative treatment in the communities because they may only have time or be focusing on the emergencies with the amount of funding that they're receiving to travel into these communities? And also -- and I'm not saying that this is happening but restorations, root canal, larger dental work costs more, and I know that the dentists do direct billing for the work that they do in there, and they may make more than just doing the cleanings and the checkups. So does the GNWT base the amounts provided in the RFP to cover what's needed for each community resident to be able to get the preventative treatment that they're entitled to as per NHIB dental, and are they providing the amount needed -- and is NHIB providing the amount needed? Thank you.

HON. JULIE GREEN: Thank you, Mr. Speaker. Mr. Speaker, I don't have the level of detail that

the Member is asking for, but I certainly can obtain that and get back to her. Thank you.

MR. SPEAKER: Thank you, Minister. Oral questions. Member for Yellowknife North.

QUESTION 1436-19(2):
FOUR-DAY WORK WEEK

MR. JOHNSON: Thank you, Mr. Speaker. I really do believe that the path to a four-day work week has to come through employees and employers. There are a few carrots and sticks the government can but, for today, I just have one question for the Premier. And does she agree that a four-day work week is awesome? Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Yellowknife North. Honourable Premier.

HON. CAROLINE COCHRANE: Thank you, Mr. Speaker. I'd like to say just yes, but the reality is you have to look at the individual situations. You have to look at employees, their needs, their desires. Some people prefer a four-day work week. Some people are workaholics, like myself, tend to work seven days a week. Other people only want to work one day a week. So it's looking at the person's interests. It's also looking at the employer's needs. Some agencies -- I have run agencies in my past in the NGO world where it was hard to get part-time people because we were open seven days a week. So I did move to a four-day work week. That way the part-time people could take three-day work weeks instead of two. So, again, Mr. Speaker, I think that it does depend on the needs and the desires of the employee and the employers and each situation is different. Thank you, Mr. Speaker.

QUESTION 1437-19(2):
INCREASING MEDICAL RESIDENCIES

MR. JOHNSON: Thank you, Mr. Speaker. I just -- different set of questions. I wanted to follow up. I heard the Minister of Health and Social Services say that we have a 40 percent vacancy rate amongst our doctors which, you know, nobody's happy with that percentage; I'm sure we all agree on that. I just want to know one of the paths to increasing that is to make sure we are training and growing our own doctors and making sure we do have the capacity to take on medical resident students. I'm hoping the Minister of health could update this House how many residencies we presently have. Thank you.

MR. SPEAKER: Thank you, Member for Yellowknife North. Minister responsible for Health and Social Services.

HON. JULIE GREEN: Thank you, Mr. Speaker. Mr. Speaker, this is a real health success story. The NWT Family Medical Residency Program was launched in connection with the University of Alberta in July of 2020 as a way to train and retain potential candidates for family doctor positions within the NWT. So the first two residents started the program in 2020. Then two more were added in 2021 for a total of four. In 2022, two more were added and two graduated. And this year two more will be added, and two will graduate. So it's a two-year program with two residents in each year.

So I also want to say that this same group, Practice NWT, will be supporting the University of Alberta North of 60 Medical Student Northern Medicine Weekend where 14 medical students will come to Yellowknife to learn about the opportunities available to them here. And they will be doing presentations and job shadows at Stanton Territorial Hospital to find out what we have to offer and see whether it meets their career aspirations. Thank you.

MR. JOHNSON: Yeah, thank you, Mr. Speaker. I'm attempted to ask whether we can just give all 14 of those students a contract as soon as they get off the plane. But my understanding is that currently med schools, they're nowhere near graduating enough doctors to fill the demand and the reason they won't let more students in is because there's not enough residencies. So there's this kind of fight going on between the med schools and the provinces and territories. So I just want to make sure we're doing our part to grow the residencies. Are there any plans to expand residency further? I heard the Minister say we got these two each additional year for family medicine. But there's a lot of specialties and there's kind of an insatiable demand on both sides for residencies and doctors. So is there any further plans to expand our residencies? Thank you, Mr. Speaker.

HON. JULIE GREEN: Thank you, Mr. Speaker. Mr. Speaker, it's true the family residency program is just one. We don't have any other formal programs. But medical residents do come to the NWT from time to time to study there. The limitations on this program are funding. And the ability of resident doctors to provide preceptor or mentorship to the residents. So where we have such a high vacancy rate at the moment, that really is a limiting factor for how many residents we can take at this time. Thank you.

MR. SPEAKER: Thank you, Minister. Oral questions. Member for Hay River South.

QUESTION 1438-19(2):
BACKUP RESOURCES AVAILABLE DURING
SIGNIFICANT POWER OUTAGE

MR. ROCKY SIMPSON: Thank you, Mr. Speaker. Mr. Speaker, the line of questioning from my colleague from Nunakput kind of tweaked my interest. So I've got a question for the Minister responsible, either Infrastructure or NTPC. I would like to know -- ask the Minister what immediate electrical backup or supports is provided to residents in small communities where power could be out for long durations; you know, longer than a day? Thank you.

MR. SPEAKER: Thank you, Member for Hay River South. Minister responsible for Northwest Territories Power Corporation.

HON. DIANE ARCHIE: Thank you, Mr. Speaker. Mr. Speaker, the Northwest Territories Power Corporation -- you know, every region, every community's different. We have some communities that rely predominantly on hydro and we have some -- most of our communities rely on diesel. And, you know, it is quite different. The power corporation works with the communities, with the hamlets, with the -- you know, the bands. The list goes on. Just to work together to ensure that, you know, if there is a power outage for a significant time that we have open communication. And, you know, it is our goal all the time to ensure that we have systems in place, and we have staff that are, you know, on their way to a community as quick as possible. Thank you, Mr. Speaker.

MR. ROCKY SIMPSON: Thank you, Mr. Speaker. And I apologize to the Minister for putting her on the spot without giving her questions ahead of time, but I guess what I'm trying to -- I'm going to do here is offer a solution. It's a small one. But, like, power outages in small remote communities can be devastating. So would the Minister be willing to support an upgrade to homes that would allow for them to tie in small generators? Because most communities, a lot of people have smaller generators and if they have an upgrade to their panel, they can -- the power goes out; they'll be able to flick a breaker and be able to hook up their own power source which would probably give them their furnace and at least the lights. Thank you.

HON. DIANE ARCHIE: Thank you very much, Mr. Speaker. Mr. Speaker, each community has emergency facilities that are powered to accommodate members. So, you know, in some of our communities we -- like I mentioned earlier, along the lines of Member from Nunakput where we had -- we had the school and health centre backup as quick as possible.

We do have emergency equipment. Some homeowners can do that, and we have a program for that. Thank you, Mr. Speaker.

MR. ROCKY SIMPSON: Thank you, Mr. Speaker. And I'm glad to hear that the -- you know, they have a program. And I think it's important that, you know, when we're looking at building homes in the North, and especially in the smaller communities, that we incorporate that into the build because it's just a -- you know, it's a minor upgrade to when they're putting the panels in. So would the Minister be willing to, you know -- for her department to offset some of those costs as well? Thank you.

HON. DIANE ARCHIE: Thank you very much, Mr. Speaker. Mr. Speaker, I have to back up here for a second. I do -- I did mention that there's a power for this -- there's a program for this. And I don't believe there is, I'd have to confirm. I would hate to stand here in the House and just commit to something, to say that we have programs for this and programs for that when in fact, perhaps, maybe we don't. So I just want to retract what I committed to saying that we have programs. I don't believe we do. I'd have to look into it and get back to the Member. Thank you.

MR. SPEAKER: Thank you, Minister. Final supplementary. Member for Hay River South.

MR. ROCKY SIMPSON: Thank you, Mr. Speaker. Yeah, you know, I think it would be well worth adding that into, something like that for the smaller communities. Like I say, it's not a big cost and I think that would -- you know, it would really be beneficial to homeowners. So, again, I just ask the Minister to -- you know, if she would at least commit to looking into it and hopefully doing -- and the other thing is talk to her colleague there, the Minister responsible for Housing as well because a lot of the units are public housing units and maybe they can be incorporated into that, you know, over a number of years and as new builds come forward. Thank you.

HON. DIANE ARCHIE: Thank you very much, Mr. Speaker. Mr. Speaker, power outages negatively impact customers also. You know, it is extra cost for Northwest Territories Power Corporation due to, you know, sending staff into the communities, travel costs for repairs, some of the equipment damage. You know, we do have aging infrastructure within our power corporation. And, you know, as we look to switching over to a more greener provider for the communities. I think that we need to look at that.

And I do want to note, Mr. Speaker, customers here in the Northwest Territories experience

approximately three to four times more power outages than the Canadian average. It's just something that we -- you know, it's not -- Mr. Speaker, that's not what we like to hear. But we are doing, you know, the best we can to be able to ensure that we work with our communities and we have staff on the ground when and where possible as quick as possible. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Minister. Oral questions. Written questions. Member for Kam Lake.

Written Questions

WRITTEN QUESTION 61-19(2):
GOVERNMENT OF THE NORTHWEST
TERRITORIES SOLE SOURCE
CONTRACTING UNDER PROCUREMENT
CRITERIA 1.8.2(A)

MS. CLEVELAND: Thank you very much, Mr. Speaker. Mr. Speaker, I have a question here entitled "Government of the Northwest Territories Sole Source Contracting under Procurement Criteria 1.8.2(a)."

Government contract regulations require all contracts be issued through a competitive process, unless they meet the regulatory requirements for sole source contracting. The Government of the Northwest Territories can enter into sole source contracts based on narrow criteria. One of these criteria states that performance of the contract is urgently required and delay would be injurious to the public interest. My questions are:

1. By GNWT Department, what portion by amount and by rate of contracting is awarded under each of the procurement categories, including sole sources by each of the three criteria under 1.8.2;
2. What is the average length of time of contracts awarded under sole source criteria 1.8.2(a);
3. What is the rate of sole source contracts awarded under criteria 1.8.2(a) that undergo change orders; and
4. What is the average rate of increase of change orders awarded under criteria 1.8.2(a)?

Can I keep going, Mr. Speaker, or would you like me to sit down?

MR. SPEAKER: Maybe I'll just read it again just so people know it's a different set of questions. Written questions. Member for Kam Lake.

WRITTEN QUESTION 62-19(2):
SOLE SOURCE CONTRACTING FOR
NORTHWEST TERRITORIES HEALTH AND
SOCIAL SERVICES AUTHORITY UNDER
PROCUREMENT CRITERIA 1.8.2(A)

MS. CLEVELAND: Thank you very much, Mr. Speaker. Mr. Speaker, I have a written question here entitled "Sole Source Contracting for Northwest Territories Health and Social Services under Procurement Criteria 1.8.2(a)."

Government contract regulations require that contracts be issued through a competitive process, unless they meet the regulatory requirements for sole source contracting. The GNWT can enter into sole source contracts based on narrow criteria. One of these criteria states that performance of the contract is urgently required, and delay would be injurious to the public interest:

1. What budgetary total and portion of amount and rate of the Northwest Territories Health and Social Services Authority's contracting is awarded under the sole source criteria 1.8.2(a) provision which states "performance of the contract is urgently required and delay would be injurious to the public interest;"
2. What is the average length of time of contracts awarded under sole source criteria 1.8.2(a);
3. What is the rate of sole source contracts awarded under criteria 1.8.2(a) that undergo change orders;
4. What is the average rate of increase of change orders awarded under criteria 1.8.2(a); and
5. Given a significant amount of sole source contracts awarded by NTHSSA under criteria 1.8.2(a) are largely for training, goods, and some ongoing services, why are long-term sole source contracts used rather than short-term contracts to address urgent needs followed by a competitive contract process for long-term needs?

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Kam Lake. Written questions. Member for Kam Lake.

WRITTEN QUESTION 63-19(2):
USE OF INDIGENOUS FONTS ON OFFICIAL
DOCUMENTS

MS. CLEVELAND: Thank you very much, Mr. Speaker. Mr. Speaker, I have a written question

here entitled "Use of Indigenous Languages on Official Documents."

The last update I received from the Minister of Health and Social Services in regard to the Indigenous Fonts Working Group indicated the group had not yet met. As such, I have the following questions:

1. Will the Minister table the Terms of Reference for the inter-departmental Indigenous Fonts Working Group;
2. Has the working group met and is their work moving forward;
3. Has the working group delivered on the task to "assess the upstream and downstream implications of changes to the collection and sharing of information using Indigenous fonts and diacritics for affected programs and services to minimize disruption and impact to clients"? If yes, will the Minister please advise of the results of this work;
4. Has the working group identified the technical requirements and financial implications of changes to the existing information systems? If yes, what were the results; and
5. What are the intended next steps and deliverables of the working group?

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Kam Lake. Written questions. Returns to written questions. Replies to the Commissioner's address. Petitions. Reports of committees on the review of bills. Reports of standing and special committees. Tabling of documents. Member for Frame Lake.

Tabling of Documents

TABLED DOCUMENT 874-19(2):
MODEL BILL FOR THE REBATE OF NWT
CARBON TAXES

TABLED DOCUMENT 875-19(2):
LETTER DATED FEBRUARY 3, 2023 FROM
MINISTER OF NORTHERN AFFAIRS TO
TLICHO GRAND CHIEF JACKSON
LAFFERTY REGARDING A REGIONAL
STUDY FOR THE SLAVE GEOLOGICAL
PROVINCE

MR. O'REILLY: Merci, Monsieur le President. I wish to table the following two documents: Model Bill for the Rebate of NWT Carbon Taxes; and, a letter from the federal minister of northern affairs to the Tlicho Grand Chief regarding a Regional Study for the Slave

Geological Province dated February 3rd, 2023. Mahsi, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Frame Lake. Tabling of documents. Notice of motion. Member for Monfwi.

Notices of Motion

MOTION 74-19(2):
RECONCILIATORY REVIEW OF HOUSING
NWT'S COLLECTION APPROACH

MS. WEYALLON ARMSTRONG: Thank you, Mr. Speaker. Mr. Speaker, I give notice that on Wednesday, March 8, 2023, I will move the following motion:

Now therefore I move, seconded by the honourable Member for Great Slave, that this Legislative Assembly calls upon the Government of the Northwest Territories to pause the garnishment of elders and Indian residential school survivors' pension to pay for Housing NWT arrears immediately;

And further, Housing NWT identify all elders aged 60 and over and consenting Indian residential school survivors in public housing who currently owe arrears or who are having their pension garnished;

And further, Housing NWT implement the principles of the collections policy and develop a strategy by the 2023 fiscal year to determine the feasibility and reasonableness of collecting arrears from elders and Indian residential school survivors;

And further, in an act of reconciliation, Housing NWT forgive arrears that cannot be collected despite demonstrated effort for elders and Indian residential school survivors;

And further, the Government of the Northwest Territories provide a response to this motion within 120 days. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Monfwi. Notices of motion. Motions. Notices of motion for the first reading of bills. Minister responsible for Environment and Natural Resources.

Notices of Motion for the First Reading of Bills

BILL 74:
FOREST ACT

HON. SHANE THOMPSON: Thank you, Mr. Speaker. Mr. Speaker, I give notice that on Wednesday, March 8th, 2023, I will present Bill

74, Forest Act, to be read for the first time. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Minister. Notices of motion for the first reading of bills. Government House Leader.

BILL 75:
COUNCIL OF WOMEN AND GENDER
DIVERSITY ACT

HON. R.J. SIMPSON: Mr. Speaker, I give notice that on Wednesday, March 8th, 2023, I will present Bill 75, Council of Women and Gender Diversity Act, to be read for the first time. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Minister. Notices of motion for the first reading of bills. First reading of bills. Minister responsible for Justice.

BILL 72:
OPIOID DAMAGES AND HEALTHCARE
COSTS RECOVERY ACT

HON. R.J. SIMPSON: Mr. Speaker, I wish to present to the House Bill 72, Opioid Damages and Healthcare Costs Recovery Act, to be read for the first time. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Minister. First reading of bills. Member for Thebacha.

First Reading of Bills

BILL 73:
AN ACT TO AMEND THE LEGISLATIVE
ASSEMBLY AND EXECUTIVE COUNCIL
ACT, NO. 4

MS. MARTSELOS: Mr. Speaker, I move, second by the honourable Member for Nahendeh, that Bill 73, An Act to Amend the Legislative Assembly and Executive Council Act, No. 4, be read for the first time. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Thebacha. Bill 73 has had first reading and is ready for second reading.

First reading of bills. Second reading of bills. Consideration in Committee of the Whole of bills and other matters, Bill 23, Bill 29, Bill 60, Bill 61, Bill 62, Bill 66, 67, and 68, Committee Report 40-19(2), Committee Report 43-19(2), Committee Report 44-19(2), Committee Report 45-19(2), Minister's Statement 264-19(2), Tabled Document 681-19(2), Tabled Document 649-19(2), Tabled Document 813-19(2).

Consideration in Committee of the Whole of bills and other matters. By the authority given to me as Speaker under Rule 2.2(4), I hereby

authorize the House to sit beyond the daily hours of adjournment to consider business before the House, with Member for Inuvik Twin Lakes in the chair.

Consideration in Committee of the Whole of Bills and Other Matters

CHAIRPERSON (Ms. Semmler): I now call Committee of the Whole to order. What is the wish of committee? Member for Frame Lake.

MR. O'REILLY: Merci, Madam la Presidente. Committee wishes to deal with Tabled Document 813-19(2), 2023-2024 Main Estimates, Health and Social Services. Mahsi, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Does committee agree?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Ms. Semmler): Thank you, committee. We will take a short recess.

---SHORT RECESS

CHAIRPERSON (Ms. Semmler): I will now call Committee of the Whole back to order. Committee, we've agreed to consider Tabled Document 813-19(2), Main Estimates 2023-2024. We will now consider the Department of Health and Social Services. Does the Minister of Health and Social Services have any opening remarks?

HON. JULIE GREEN: Madam Chair, I am here to present the Department of Health and Social Services' main estimates for the fiscal year 2023-2024. Overall, the department's estimates propose a net increase of \$15.5 million or 2.6 percent over the 2022-2023 Main Estimates. These estimates support the mandate objectives for the Department of Health and Social Services while continuing to meet the GNWT's fiscal objectives to prioritize responsible and strategic spending.

Highlights of these proposed main estimates include:

- \$21 million for initiatives, including:
 - Resources to fund operations at the Stanton Legacy Facility to provide for more extended care beds and support the new long-term care beds; and
 - Funding to support changes to the health care system to manage COVID as an endemic disease, including increased vaccination capacity and to ensure that sufficient resources are in

place to continue to protect and treat NWT residents from more serious health outcomes due to the virus;

- \$9.983 million to address forced growth; and,
- \$9.4 million for other adjustments, the most significant being an increase in physician funding and the implementation of a labour market supplement.

There is a \$11.6 million decrease in the budget reflecting the wind up of the COVID Secretariat. The remaining decrease represents sunseting agreements with funding partners and 2022-2023 one-time budget allocations.

These estimates continue to support the priorities of the 19th Legislative Assembly and vision of Budget 2023 by:

- Improving early childhood development indicators through the continued expansion of the Healthy Family Program to support expecting parents and those with young children;
- Continued support for the ongoing health human resources workforce to meet increased demands through the delivery of the Practical Nurse and Personal Support Worker programs through 2024-2025; and,
- Increasing the stability and representation of the workforce through recruitment and retention initiatives.

That concludes my opening remarks. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you, Minister. Do you wish to bring witnesses into the House?

HON. JULIE GREEN: Yes, please, Madam Chair.

CHAIRPERSON (Ms. Semmler): All right. Sergeant-at-arms, please escort the witnesses into the Chamber. Minister, please introduce your witnesses.

HON. JULIE GREEN: Thank you, Madam Chair. On my left is Elizabeth Johnson, director of finance. And on my right is Jo-Anne Cecchetto, deputy minister of health and social services.

CHAIRPERSON (Ms. Semmler): Thank you. Welcome. Does committee agree to proceed to the detail contained in the tabled document?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Ms. Semmler): Thank you. Committee, we will defer the departmental summary and review the estimates by activity summary beginning with administrative and support services starting on page 190, with information items on page 191 to 192. Questions? Member for Yellowknife North.

MR. JOHNSON: Thank you, Madam Chair. I'm going to ask some questions about the deficit, which I think could be asked here considering this is where all the finance people go or probably on the overall summary. But can someone just tell me what we project the health authority deficit to be for the current fiscal year we're sitting in and what we then expect that to bring the total cumulative deficit to? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Yes, thank you. For the last fiscal year, the deficit was \$33.7 million for a total of \$189.7 million. So we don't have a firm figure for this year. But given the pattern of the last few years, I'm anticipating it'll be in the same ballpark.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Yellowknife North.

MR. JOHNSON: Yeah, thank you, Madam Chair. So I think it's safe to say we're going to surpass the \$200 million mark on our health system deficit.

You know, I get part of that is, you know, being dealt with through -- or looking for efficiencies and part of that is that we just need some more funding for health in general. Can the Minister speak to the extent the budget we're dealing with for the next fiscal, whether we anticipate that's going to curb the deficit at all? You know, clearly, we're still going to run one but perhaps at least it could plateau instead of increasing every year. Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Yes, thank you, Madam Chair. We have a sustainability -- health system sustainability office that is working with a health sustainability plan. There are three major work streams to the plan, internal controls and cost containment, operational review and quality improvement, and funding and service levels. So this work has been ongoing for a couple of years. I think the end goal is to ensure that the deficit doesn't grow or grows more slowly so that we can contain those costs. There have been a lot of different initiatives within this area. And for more detail, I'll ask the chair if the deputy minister could provide that detail.

CHAIRPERSON (Ms. Semmler): Thank you. Deputy minister.

MS. CECCHETTO: Thank you, Madam Chair. I think ultimately the Minister has answered the question. I don't think I have anything more to add to that.

CHAIRPERSON (Ms. Semmler): Member for Yellowknife North.

MR. JOHNSON: Thank you, Madam Chair. I'm not sure where exactly, or if, in this budget that the new federal money that we've got under the territorial health transfer shows up. But can someone just -- I remember the Minister saying, you know, it's not as -- well, the Minister and every single premier across the country is saying there's not as much as we'd hoped. Can the Minister just confirm whether that money is in this current budget and perhaps one more explanation of exactly how much money we got from the federal government. There was some confusion they were trying to, you know, say there was some existing funding we knew we already had wrapped into the announcement. Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, the new health funding is not in this budget. What the government has proposed is \$11.9 million in new funding and that comprises \$2 million one-time only increase to the CHT, which is to pay for surgeries and backlogs; \$7 million in tailored bilateral agreements in four priority areas; and \$2.9 million in incremental funding for the territorial health investment fund. There's been no amount yet identified for personal support workers' wages. But that is also one of the commitments that Canada made. So the detail on the spending and how it's going to be allocated will be developed through action plans that match the indicators that we're able to provide and Canada has requested. So there's still some work to be done before we can say definitively how the tailored bilaterals are going to be sorted out. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Yellowknife North.

MR. JOHNSON: Thank you, Madam Chair. Yeah, you know, I think it's safe to say that, you know, \$11.9 million of additional money is good but when you have an over \$200 million deficit, you know, it's real long way to go.

I was hoping I could just get a brief summary of what the main drivers of the deficit are. I know a number of years ago there was a report; I

think it was overtime was a big one. I believe reliance on locums was another one. Out-of-territory services. But perhaps if someone can educate me as to what the main drivers are and if you have, you know, kind of how much of a percentage those drivers contribute to the additional unbudgeted spending each year. Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, the deficit for the last fiscal year is \$33.7 million. It was driven by the following factors:

- Compensation and benefits, including overtime. Staff relocation and removal and call backs;
- Secondly, physician services;
- Thirdly, chemotherapy drugs;
- Fourthly, foster care and voluntary service supports; and.
- Fifth, health services that were transferred to the correctional facilities during that year.

We don't have that broken down by percentage. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Yellowknife North.

MR. JOHNSON: Yeah, thank you. Just could we get a commitment to have that broken down by percentage, or if someone could even just point me to where I could find that. I've seen that list before, but I haven't quite -- I know there's a lot of work going on in the renewal and the efficiency side. But I think kind of getting a sense -- if I had to wager a guess, overtime is by far the biggest and everything else is kind of trailing behind that. But I'd like to know that for a fact, Madam Chair. So if someone could point me to where we could find that or provide it at a later date to committee. Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Yes, thank you. I think that the best idea is to have the Member look in the annual report which, for NTHSSA, was tabled last fall, and there would be a breakdown in there. And if he requires additional information, please go ahead and ask me again. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Health and social services, administrative and

support services. Questions? Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. Madam Chair, I'm wondering if this is the area where Stanton Legacy would be found.

CHAIRPERSON (Ms. Semmler): Can you clarify that -- is that -- Minister.

HON. JULIE GREEN: Yes, thank you. There's a segment of our budget called long-term and continuing care services that will be discussed later on that will include Stanton Legacy information.

CHAIRPERSON (Ms. Semmler): Did you still have questions for this section, Member for Kam Lake?

MS. CLEVELAND: I'll wait then. Thank you very much, Madam Chair. I just wasn't sure if it was transferred other there or not. Thank you.

CHAIRPERSON (Ms. Semmler): Are there any questions under administrative and support services? Seeing -- oh, Member for Frame Lake.

MR. O'REILLY: Yeah, thanks, Madam Chair. I've asked for this before. I had understood that there -- you know, with health system transformation from the regional, you know, boards to NTHSSA, that we'd have better data collection, better data capability. Do we have anywhere publicly available wait times for various services, and if so, where would I find that? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. I'm going to start by saying that we report a number of indicators, health indicators, health outcomes, spending, wait times to the Canadian Institute for Health Information. And it maintains an excellent website which allows you to go into different levels of detail around the data that is NWT-specific. In terms of global wait times, I'll ask the deputy minister if she has that.

CHAIRPERSON (Ms. Semmler): Thank you. Deputy minister Cecchetto.

MS. CECCHETTO: Thank you, Madam Chair. We do also report some of our wait times, I believe, in our annual report as well as in the health authority annual report. I can give you some -- a variety of wait times. I'm just not sure whether he has -- the Member has specific questions about a specific area. But if he wishes, I can go through and provide a variety

of summaries. There's a whole suite of wait times that we report on including long-term care, community counselling, home and community care, our rehab services. Those are the large tranches of the areas in which we report on.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Yeah, thanks, Madam Chair. I don't want to dig us into a bunch of different holes here. But is there -- what about a dashboard? We had the COVID dashboard, you know, during the pandemic where people could easily find data on their communities and so on - vaccination levels, incidents, all that kind of stuff. Do we have anything like that for wait times? And if not, is that something we're looking at or going to do? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you, Member. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. There is no dashboard available that is equivalent to the kind that was maintained during COVID. But there is interest in launching one. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Thanks, Madam Chair. And thanks for that. Yeah, I think the public would definitely be interested in that. Is that something that will happen in this upcoming year then, 2023-2024? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. I'll ask the deputy minister to answer that.

CHAIRPERSON (Ms. Semmler): Deputy minister Cecchetto.

MS. CECCHETTO: Thank you. Some of those timelines are yet to be determined. However, for example, for the rehab as an example, we are finalizing our standards and then coming from that, we would envision an opportunity to see that available to the public in the format of a dashboard to be determined. So that is the work to come.

CHAIRPERSON (Ms. Semmler): Thank you, Member for Frame Lake.

MR. O'REILLY: Yeah, thanks for that. Yeah, I would really encourage that because I think if there's -- I know that there's reporting that goes

off to the Canadian Institute of Health Research and some other places. But if there was a centralized web page on DHSS or Northwest Territories Health and Social Services Authority with wait times then people, when they call for a service, they'd at least kind of have some sense as to how long the wait time might be to actually get called in. So I would really encourage that we report that ourselves somewhere on a user-friendly dashboard.

I want to just go back to the sustainability office that the Minister mentioned earlier. Is it fully staffed and what, if any, sort of main areas for costs savings have they identified? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Yes, thank you, Madam Chair. Madam Chair, the office, I believe, is fully staffed or almost fully staffed at this point. And they have -- they have been looking, as I think I mentioned earlier, at cost containment. And so one thing that they've looked at as an example of that is reciprocal billing. It turns out that we were not issuing all the invoices that we could to other jurisdictions for caring for their residents and so that's something that we have paid more attention to in order to ensure that we're getting all the revenue that is properly owed to us.

Another example is going into product listing agreements with pharmaceutical companies to take advantage of discounts they provide on bulk orders. And that has saved us quite a good sum of money, in the millions.

We've also introduced a biosimilar initiative where we fund preferentially biosimilar or generic drugs rather than brand name drugs if the formulation is exactly the same.

So those are some of the things that we've tried to do the cost containment piece of this work. But this is long-term work. We won't be on top of all the ways that we can save money even in the next fiscal year. And this is going to blend together with the government renewal initiative which, you know, we've now done an inventory of all of our programs for. And so I can see that in the next year we're going to be paying more attention to that and what value for money we get for our different programs. So there are initiatives underway that acknowledge the situation that we're in and remedies to it. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Yeah. No, thanks, Madam Chair. And thanks for that explanation. Yeah, and I don't doubt that these people are not at -- I think they're very hard at work; that's great. But is there anywhere their work is kind of summarized or reported on, even at a high level, perhaps once a year? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: We provide the financial management board with semi-annual reports about the work of the sustainability office, and we are available to come and brief committee confidentially on that work on request.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Yeah. No, thanks, Madam Chair. The reports to FMB, and, you know, probably end up being on a confidential briefing to Regular MLAs are okay. But I guess I'm trying to find a way for the good work that these folks are doing to be explained publicly. Is that something that the department will look at? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, I don't think the department has contemplated that. I haven't ever heard a request for that before now. People do realize that the system is running a deficit, but I don't think they relate that to the services that are delivered. And so it seems to be not as interesting to the public as it is to us sitting in the House.

CHAIRPERSON (Ms. Semmler): Thank you, Minister. Member for Frame Lake.

MR. O'REILLY: Okay. Well, look, I don't want to prolong this. Thanks, Madam Chair. I think there's actually a good number of people in the public that want to know how we can find efficiencies and ways of improving our expenditures and tracking and so on of health care costs. So I'll just leave that with the Minister and the department. I think they need to find a way to explain some of the good work that they are doing. Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Health and Social Services, administrative and support services. Member for Tu Nedhe-Wiilideh.

MR. EDJERICON: Thank you, Madam Chair. I just want to come back to the deficit that was mentioned by my colleagues earlier. Going

forward, though, this next fiscal year we're going to be -- you said the 189. But overall, I just want to know, like how do we -- what are your management plans to deal with this deficit, I guess, going forward? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Yes, thank you, Madam Chair. Madam Chair, what we've been -- what we did was create the health system sustainability office and the plan that goes with it, and their task is to find ways in which we can contain or reduce costs for the services that we provide to the population. And that has produced some initial results. We are not looking at how we can pay this deficit back. That is not part of this budget, and it's hard to imagine when it will be. What we're trying to do is to ensure that the deficit slows in its growth so that the overall deficit doesn't get any worse. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Tu Nedhe-Wiilideh.

MR. EDJERICON: Thank you, Madam Chair. Maybe if -- I just had another question. Can the Minister explain to me about the -- on page 190, in terms of chargebacks. Can you just maybe just touch a little bit on that and so I understand it. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you. The chargebacks on that page relate to the money that we pay to the TSC for the support they give us for our various electronic and health information systems.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Tu Nedhe-Wiilideh.

MR. EDJERICON: Thank you, Madam Chair. And thank you, Minister, for your answer. I'm just thinking about the deficit again, but I'm just thinking the budget overall is -- you know, we got a pretty big budget here of \$610 million plus. I'm just thinking about the three P initiatives in terms of commitments. Going forward, I know that we're building that new hospital and then the renovation of the old hospital, etcetera. I just want to know, I guess overall, is that going to -- the binding of this budget the government's -- those projects long term, what are the -- I don't know if you could speak to it or not but I just want to know what the long-term payback is on that -- on those three projects. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, those are capital projects which are in the capital budget that this year will be presented at the end of August. And so this budget doesn't contain capital projects. It contains the operations and maintenance of both the old hospital and the new hospital. So those capital costs are not in here.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Tu Nedhe-Wiilideh.

MR. EDJERICON: Thank you. Thank you, Madam Chair. And thank you, Minister. My next question will be is that in regards to contract services for \$844,000, can you maybe just elaborate a little bit on that, on the breakdown of that because I don't see it in here. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. I'm going to have the director of finance answer that question, please.

CHAIRPERSON (Ms. Semmler): Thank you. Go ahead, Ms. Johnson.

MS. JOHNSON: The \$844,000 is primarily with a few contractors under our administration -- or information services, mail chargebacks, Xerox under finance, and some administrative contracts such as French language services, College of Physicians and Surgeons, and the Alberta // Renal. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Tu Nedhe-Wiilideh.

MR. EDJERICON: Yeah, thank you, Madam Chair. And those are the questions I have for now. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Health and Social Services, administrative and support services. Member for Hay River South.

MR. ROCKY SIMPSON: Thank you, Madam Chair. I just want to confirm there, I guess on page 191, is that the health and social services authorities funding that 33,275, is that related to the Hay River Health and Social Services Authority?

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you. I'm not sure if it relates directly to that. We do have a section at the end -- well, some of it relates to directly to that. \$3,361 relates to the language support for Hay River Health and Social Services. There is a section of the budget at the end called funding allocated to health authorities in which

Health and Social Services -- Hay River Health and Social Services has its own page and some of the spending is -- well, all of the spending is detailed there. This is specifically page 213. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Hay River South.

MR. ROCKY SIMPSON: Thank you, Madam Chair. Earlier today the Minister mentioned that we have a physician shortage of approximately 40 percent -- 46 percent. Is that reflected in the budget, or do we carry that number, I guess, for a full complement of physicians, or do we budget based on that we're always going to be, you know, short physicians, because it seems like it could be a substantial number. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Thank you. Thank you, Madam Chair. Madam Chair, we budget for the full complement of doctors because if we are not spending them on resident doctors then we're spending them on locums, or we're spending it -- the money on overtime for resident doctors or callbacks and those kind of employment situations. So not having doctors doesn't save us money. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Hay River South.

MR. ROCKY SIMPSON: Thank you, Madam Chair. I guess that was kind of my next question I guess was, you know, if we're not hiring doctors, are we saving money or is it an additional cost because we don't have doctors due to possibly, you know, sending people south or some other forms of healthcare services? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you, Member. I think most of those questions, they would be related in the operations expenditures because those go to health authorities. But just so that we're talking about it, this is the department. Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Okay, I'm trying to grab the question. So where we don't have resident doctors to provide specialized services, people are sent south for treatment. So most recently you would have heard about the rheumatology program. There was a regular visitor rheumatologist who became unavailable. And the result of that is we were unable to hire another resident or long-term rheumatologist and so people are going south to receive treatment. We decided that that provided the

best continuity of care. So I think that more than anything, the situation with rheumatology points to how fragile our health system is, that it's not very deep, the bench isn't very deep. Once we have a couple of midwives leave or a rheumatologist leave, then we are very short-staffed and looking to Alberta to help us provide the services residents need. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you, Minister. Member for Hay River South.

MR. ROCKY SIMPSON: That's all. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Health and Social Services, administrative and support services. Member for Monfwi.

MS. WEYALLON ARMSTRONG: Thank you. Thank you. I see here, okay, the administrative has increased to \$935,000. And human resources increased to \$1.06 million. And all 80 administrative and support services positions are located in headquarters. Can any of these positions be decentralized to regional office, like, sonographer. You know, like, we've been asking -- there's a lot of challenges why some people do not want to go to Yellowknife to access services. There's the transportation. There's the childcare. There's the interpreters. So there's all kind of reason why some people choose not to go to Yellowknife to access services. So I'm just wondering if any of -- some of these positions can be transferred or can be decentralized to the regional office -- to regional -- to the larger regional or to the small communities? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, can I confirm with the Member that she's looking at page 192?

CHAIRPERSON (Ms. Semmler): Yes.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, these are Department of Health and Social Services staff. There is only the one location. It's in Yellowknife. And it provides the policy, legislation, financial, and service support for NTHSSA and for the Tlicho Community Service Agency and Hay River Health and Social Services Agency. So the service delivery is decentralized but the policy and planning is located in Yellowknife. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Monfwi.

MS. WEYALLON ARMSTRONG: Yes, thank you. Well, this is where I think we -- we're all

saying that, you know, we need more jobs in small communities. Some of those jobs I think it can be delivered from small communities -- in small communities. So I'm just asking if some of those positions can be transferred or can be decentralized to small communities.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. I'll ask the deputy minister to respond.

CHAIRPERSON (Ms. Semmler): Thank you. Deputy minister Cecchetto.

MS. CECCHETTO: Thank you, Madam Chair. If I understand the question right, so in this section there are only two positions that are being increased in the administrative and support services for the department of health and one position is the assistant deputy minister for finance, policy and planning, and the other one is a senior communications officer. And both of those positions are located in the department here in Yellowknife.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Monfwi.

MS. WEYALLON ARMSTRONG: Thank you. Yeah, well the human resources increased to \$1.06 million. So that's why I'm asking that, you know, and there's 80 administrative and support services even though that, you know, with the increase -- but there are still 80 administrative and support services positions located in headquarters. Can we have some of those jobs transferred to the region?

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, I don't see that as practical. There is regional administration of the different health and social services authority, like the Tlicho Community Services Agency. But the department provides overall direction here in Yellowknife. I am not clear how it would work to have a few people in another location. Did you want to add on? The deputy minister would like to add on, please.

CHAIRPERSON (Ms. Semmler): Thank you. Deputy minister.

MS. CECCHETTO: Thank you, Minister. And thank you, Madam Chair. I would just add that for the Member's awareness, the authorities also have their own administrative-type positions that are located within their own authorities as well, similar to what we have at the department. And so, yes, those are located at the community level. And I just wanted to be

able to explain that those similar positions are within the department as well as within the three health authorities.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Monfwi.

MS. WEYALLON ARMSTRONG: Thank you. Yeah, when we talk to young people nowadays, you know, we tell them what -- you know, what's their career choice. They all -- they are always saying, you know, I don't know, you know. That's what they normally say because we don't have too many jobs for them that are, you know, situated in Tlicho region. Well, I'm speaking for Tlicho region. And so they have -- they feel like, you know, there's no other choice or they have no other choice because there's not too many in small communities. And a lot of administrative support where, you know -- but if there's more program and services and, you know, young people will have, you know, a better choice, can make a better choice, can make a good career choice. But we don't have too many. So that's why I'm asking that if we can have more or some of these positions transferred to the regions. Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. I understand the Member's point. There's a very high rate of vacancies among nurses in the Tlicho region. So if I was giving a young person advice in the Tlicho region, I would suggest that they take a look at all the different healthcare professions to see if they could find one there that would meet their needs and that would then keep them in their community. And the same could be said for the social work program, which I was delighted to hear will be started up again next year. We would like to hire people who are trained locally to do these jobs. Where it's possible to decentralize, we have. For example, some of the community and cultural initiative people are not in Yellowknife and so if we can find someone who can do the work in another location, we have no problems hiring them. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Did you have anything further, Member for Monfwi?

MS. WEYALLON ARMSTRONG: Thank you, Madam Chair. Yes, we would like to have more of our young people going in to become a nurse, you know. But if our education system was better, was good like Yellowknife and other regional centre, larger regional centre, yes, we can graduate, we can send more, we can encourage. But it's going to take years some of

them to upgrade. They have to go through upgrading. And, you know, like, a lot of them are behind as noted in the 2018 health status report. Our education system is low and our graduation system is also low. So, yes, we would like to encourage. We would like to encourage more young people to take the nursing programs. And we do have some Tlicho nurse, but they did not go to school in my region, in our region. They went to school somewhere else. So they have more -- you know, like they have more advantage than our Tlicho youth who were born and raised in our region. So, yes, we would -- it would be good, you know. I think that's what would -- that's what we've been doing, telling our young people to take nursing program, to take other health care -- healthcare programs and services. Even sonographer, you know, that's -- I heard quite a few young people they would like to get into that, you know, but we don't have the capacity because our education system, we lack a lot of program and services. And, you know, it's -- that's a disadvantage. Yes, that's -- that's the disadvantage. So -- and maybe Ms. Green can, you know, transfer more of those positions and can work with our young people and encourage them and support them because if the more young people see these positions in the small communities, then maybe they will make a good -- you know, a good career choice. Just like the sonographer which is possible. That can be situated -- that can be transferred to Tlicho region, and our youth can benefit from that. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Thank you to the Member for her comment.

CHAIRPERSON (Ms. Semmler): Any further questions under this section? No? Okay, so Health and Social Services, administrative and support services, operations expenditure summary, 2023-2024, \$54,550,000. Does committee agree?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Ms. Semmler): Thank you. We will now turn to health and social programs, beginning on page 198. Oh just wait, mixed up here; my pages are coming out.

Health and social programs, 198, with information on pages 199 to 201. Questions? Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. Madam Chair, I'm seeing that there is a decrease -- a small decrease but still

a decrease in funding to child and family services. And I'm wondering if the Minister can speak to why we're seeing a slight decrease here and what's fuelling that? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. I'll ask the director of finance to answer, please.

CHAIRPERSON (Ms. Semmler): Thank you. Ms. Johnson.

MS. JOHNSON: Thank you, Madam Chair. That's funding that's being reduced as time limited funding for child and family services legal fees and just to be re-substantiated as needed.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. So re-substantiated as needed for legal fees. I know that one of the things that social development had asked for was kind of an automatic avenue for people who are involved with child and family services to have access to a lawyer without having to kind of go the route of waiting in line from legal aid. And so would that kind of cover this or is it -- can the Minister speak a little bit more towards what specific legal fees would be covered under this line item. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. I'll ask the deputy minister to explain. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Deputy minister.

MS. CECCHETTO: Thank you, Madam Chair. If I understand the question correctly, so these legal fees are particularly for, as I understand it, for the program and services consultation with legal. I believe that the Member is asking a question specific to clients' access to legal services, and that funding is not for that.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Kam Lake.

MS. CLEVELAND: Thank you very much for that, Madam Chair. That was a very helpful differentiation.

I'm wondering if the Minister can let us know how many youth in care that this \$44 million serves and how many youth it serves who are

under voluntary service agreement, just for numbers purposes. Thank you.

CHAIRPERSON (Ms. Semmler): Minister responsible for Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, I don't have a breakdown in front of me, but I can say that there are about 1200 children in the Northwest Territories receiving some kind of service from social services. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. And, Madam Chair, just to be very specific, 1200 youth in it the Northwest Territories receiving some form of care doesn't necessarily mean that all of those children have been removed from their homes; they could be under voluntary service agreement but still in their own homes. So just to confirm that piece, plus to confirm the Minister does not have a breakdown of how many youth they are serving in their own home versus in a foster care situation? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, according to the last annual report from child and family services, 93 percent of children were living in their own home or in their own community. And of all the children in care, about half of them are supported with voluntary support agreement. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. Madam Chair, does the Minister have a breakdown of the percent or amount within this \$44 million that serves youth aging out of care? That might be a little bit too specific for here today but if possible, I'm wondering if the Minister does have that breakdown. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, I think there's a misunderstanding about what this figure is for. So I'll ask the deputy minister if she can clarify this.

CHAIRPERSON (Ms. Semmler): Deputy minister.

MS. CECCHETTO: Thank you, Madam Chair. This budget line is specific to a compensation and benefits and physicians that staff within the department that are providing the services versus -- I believe the Member's question is about the number of clients that are actually in care.

CHAIRPERSON (Ms. Semmler): So to clarify, if that's the line item, then would that information be under what section then? Yes, Member for Kam Lake.

MS. CLEVELAND: Thank you. So we're spending \$44 million then, what I'm hearing, on compensation and benefits? I thought this \$44 million was to actually pay for the child and family services programming that happens. So I'm wondering if I gain clarity on that, please.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, I'll ask the deputy minister to answer, please.

CHAIRPERSON (Ms. Semmler): Thank you. Deputy minister.

MS. CECCHETTO: So just to clarify, the budget line that I spoke to, the \$44 million, \$2 million of that is for compensation and benefits within the Department of Health and Social Services. The remaining \$40 million is split between the three health authorities. And it is ultimately about the staff and the programs and the services itself.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. No, and I appreciate that. So the reason I'm bringing up youth aging out of care and how much of that breakdown, so if the \$40 million was dedicated towards youth aging out of care, is when we went out and spoke with youth, there was a lot of confusion about what youth were entitled to, what they could apply for and ask for services when they are aging out of care, whether or not it was kind of an, you know, one and done as soon as they become of age. And so I'm wondering if there is a breakdown of how much of that actually goes to youth who are aging out of care. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. We don't have that information. We'll have to return with it.

CHAIRPERSON (Ms. Semmler): All right. Thank you. Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. I'm wondering if the Minister and staff would have the resources within this budget to dedicate some of these dollars to creating -- like, whether it's a booklet or a portal or something where youth who are currently in care can see what supports they will get and/or could get when they are aging out of care because there's not a lot of transparency right now as far as what supports they are entitled to and can help them in their transition from care to independent living. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, I would say that if there are youth who have questions in this line, they could start with the child and youth care counsellor in their school to get some direction about what's available to them, or failing that, a social worker that is available to them through Yellowknife Health and Social Services or through the regional health and social services authority. So I'm not sure that putting a whole bunch of stuff online is going to make a lot of clarity. I think it may result in more result in more questions. And I think that the social workers and counsellors are better positioned to explain the nuances of the funding available and how the youth can access that. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. And I was hoping to get to three other things, but I might send some questions to colleagues if they're willing to sneak them in because I think that's going to take the rest of my time. But it's youth in care that have come to us and have said this. And sorry, youth who have also aged out of care who have come to us and have said this. And, you know, I was sent an email recently by a parent that was originated from a youth care counsellor because youth care counsellors are very much overtaxed in the territory right now, and so they don't always have the time to get everybody in. And in addition to that, our social workers are in the same position where they don't always have the time to get in and sit down with everyone. And sometimes people who are advocating for youth aren't a social worker or aren't a youth care counsellor. We have the -- also the Foster Family Coalition who does a lot of work on behalf of youth in the territory. We have the YWCA who sits with our youth. And sometimes it is somebody from down the street. And so I'm wondering if Health will put together a resource that youth aging out of care can use so that they can find out more information and have some

autonomy over the choices that they want to be able to make. Thank you.

CHAIRPERSON (Ms. Semmler): Minister of Health and Social Services.

HON. JULIE GREEN: Yes, thank you. I'd like to take a look at what's available now and how that can be used, and if it seems to present a lot of gaps to consider how we can reenforce that message for youth. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Do we have any more questions under health and social programs? Member for Great Slave.

MS. NOKLEBY: Thank you, Madam Chair. Madam Chair, when I look at the contributions funding in this section, there's a lot of really good pots of funding here that are helpful to communities, Indigenous organizations, etcetera, to get money into the communities and help their people. When I look at the numbers, a lot of that is remaining fairly stagnant. The anti-poverty fund, which I know we've done, has increased over the terms of this Assembly, which is great. However, you know, there's things like the family violence prevention fund, which has only gone up slightly; the community-based suicide prevention fund, all things that we've called on to have more money put into.

So can the Minister or his department speak to why given the, you know, alarming rate of suicide and other mental health and wellness issues in the territory that we're not putting more money into these programs that put money into communities? Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you. There are a lot of different funds here, and some of them deal with mental health and some of them deal with the need for food. There's quite a bit of variety here. Some funds are taken up and spent wholly while others languish and so there isn't a current need to increase them. So it's really a line by line exercise.

The other thing that I would say is that we have been asked by the financial management board to manage our money so that we don't increase the deficit any quicker than we are. So that figures into arbitrary increases to any of these areas. We need to know that there's value for money in increasing these different contribution agreements before we increase them. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Great Slave.

MS. NOKLEBY: Thank you, Madam Chair. I would argue that we well know that increasing money into community pots of funding that work with mental wellness and health and just generally wellness, including nutrition, is always going to be good money invested. Just because a pot of money has not been spent doesn't mean that the need does not exist, and I think that when we talk to any of the NGOs and small community organizations, they often speak about the red tape and the hurdles that they have to jump through, the hoops, the reporting. They're not going to go to all this extra work just to get \$10,000. So given that I don't necessarily agree then that the reason is that this money is not needed. So what is the department doing to streamline and make more efficient the process for getting this money that's not been spent into the hands of community governments? I can guarantee you if you go to any community government, they're not going to say no to an extra \$25,000 from the department of health for on-the-land funding. So saying that it's not needed I think is disingenuous. Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Yes, thank you, Madam Chair. Madam Chair, for the record, most of these funds have a one-page application and the reporting on it is as simple. But what I've heard at the bilateral tables with Indigenous governments is that they often even lack the capacity to come up with a proposal. So the paperwork is not really the problem. It's once they get the money how are they going to spend it.

One thing that the NWT Council of Leaders asked the Department of Health and Social Services for was to create block funding with some of these funds, particularly mental wellness and addictions recovery, peer support, and on the land. So starting in April of this year, those three funds will be combined and available in a block funding format to Indigenous governments. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Great Slave.

MS. NOKLEBY: Thank you, Madam Chair. And I'm really glad to hear that. It does speak to a lot of the issues that we have heard from many of the smaller communities and the NGOs, and I appreciate that the department has been listening to that.

Given that block funding that's going to be created -- and I'm sorry, I missed and I'll have to go back and listen to which of those three pots it was that were getting combined -- will it

be available to other organizations within a community, not just the Indigenous governments but, for example, even if just an individual wanted to get together and put an on-the-land program together that they would be able to access that funding? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. All of these funds are prioritized for Indigenous governments. They have five months to put in their application from the beginning of the fiscal year. And if they haven't applied at that point, then the fund is available to other organizations that have a partnership with the Indigenous government. So there is no scope here for an individual to apply. But there is the scope for the partnership between a community organization and an Indigenous government to apply. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Great Slave.

MS. NOKLEBY: Thank you, Madam Chair. So if there is an individual -- because I do hear this often that someone would like to just -- you know, they've got their own equipment, things like that, and they do want to organize something but perhaps they just don't have that formalized partnership with a band, is there a pot of funding anywhere here where they could apply, or is it all going to be structured in partnership with Indigenous governments? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. If there was that kind of a person, I would suggest they apply to the United Way to obtain funding to deliver their service. I'll just say again that this is prioritized to Indigenous governments and Indigenous governments in partnership with community organizations. So they have a lot of leeway in deciding who they hire, what kind of services they want to offer with the pot of money, where they're going to offer them and so on. So it may be that if there's a person who's interested in working with an Indigenous government, they could find a way in that way. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Great Slave.

MS. NOKLEBY: Thank you, Madam Chair. I'm just looking as well at the family violence prevention fund which has had a small increase of about just under \$10,000. I do note that we have seen a lot of -- an increase since

2021-2022 but I have to wonder if that has to do with the COVID -- or the lingering pandemic effects.

Can the Minister or the department speak to whether that fund is being completely subscribed and whether or not we feel that we need to be offering more money here. Is this a way that we could get monies into the shelters or communities to do shelter work? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, this money -- the \$211,000 was for the last fiscal year that ended a year ago. This year there was -- the fiscal year that's going to end in a few weeks, \$395,000 allocated. Some of it went to FOXY and SMASH; some went to the Status of Women who usually have a Family Violence Awareness Month event. The Hay River Health and Social Services Authority and the YWCA in Yellowknife both offer programs to children who witness violence. And we also fund "What Will It Take?" too. This is a series of artistic posters/videos that speak to family violence. So the unallocated portion of that budget at this point is \$88,000. So just to say this doesn't fund shelters, this funds NGOs to provide programming that supports the prevention of family violence.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Great Slave.

MS. NOKLEBY: Thank you, Madam Chair. The reason I ask that is in the note it does say "and shelter families affected by violence."

My last question I guess, or that I would like to ask about is around men and men's supports. I note that we don't have the men's healing fund here, and I'm just curious to know if there is any of these funds that are directly targeted towards men and men's mental health and wellness given that it is known and shown that men do not access services the same way that others will. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you, Member. Minister.

HON. JULIE GREEN: Yes, thank you. The point of this page is for Indigenous governments and their partners to come up with programming for their communities. So if a community wanted to offer programming that was specifically targeted to men and their mental health needs, then that's something that they could apply for. There's no reason not to. These programs are not gender-based. They are community-based. And so it's up to the

community to decide what its priorities are. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member?

MS. NOKLEBY: Thank you for that, Madam Chair. Madam Chair, when I look at the mental wellness and addictions recovery peer support and then just the recovery fund itself, those are both line items that are around a hundred thousand and then \$180,000. Those are very low given the -- sorry, the issues around this problem in our territory.

Can the Minister speak to why we are not seeing any increased money here and why we actually seen a drop? I'm guessing some of that has been COVID money that was just available at that time, the 251 down to \$100,000. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. I think that some of this is communities not seeing how this fits into the programming that they want to offer, and that's one of the reasons that the Indigenous governments asked for block funding so that they could have more money to devote to their priorities and that would include money from the mental wellness and addictions recovery program. Most of these programs end up with residual money. So the point of the block funding is to make sure that all the money goes out the door. If all of that money disappears very quickly, then we would be in a position to justify expanding these funds. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Thebacha.

MS. MARTSELOS: Thank you, Madam Chair. I was just looking at the grants and contributions to -- on page 199, health and social services authorities funding. So the mains for this year is \$278,647. So how many authorities does that -- the funding allocated to, how many authorities? Does that include the Yellowknife authorities?

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. The breakdown is NT -- there is no Yellowknife health authority. Yellowknife is part of the NWT Health and Social Services Authority. The total amount to NTHSSA is \$236,100,000. Hay River Health and Social Services Authority \$25,282,000. TCSA, \$14,574,000. Physician maternity/paternity leave \$250,000. Collective kitchens \$188,000.

Mental health association bilateral allocation for training and counselling \$139,000. Referred laboratory allocation \$872,000. Incremental recruitment bonus \$204,000. Mental health first aid and assist training \$100,000. CHIRPP coordinator funding \$138,000. Indigenous patient advocates \$550,000. Healthy family program \$250,000.

So there is no line item in there that relates to a specific region, such as Yellowknife or the Sahtu. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Thebacha.

MS. MARTSELOS: So maybe I should go to page 198 then regarding, Madam Chair, community clinics and health centres. The locations -- like, I'd like to know how much is allocated to the Fort Smith Health Centre? Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Yes, thank you. This budget is the budget for the Department of Health and Social Services. It's not the budget for NTHSSA. They develop their own budget and report it in their annual report. So we don't have line items in here that are specific to a region such as Fort Smith. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Thebacha.

MS. MARTSELOS: Well, that is kind of not very clear. For clarity, I would like to know how much money is allocated to the Fort Smith Health Centre, Madam Chair. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. We don't have that information in this budget. It's a budget for the department, not a budget for the authority.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Thebacha.

MS. MARTSELOS: I don't know how else to put it, but the thing that I'm trying to get is, you know, with the NWT board now having the full authority and the advisory boards that -- there's only a couple authorities -- three authorities the left in the Northwest Territories. Two in Yellowknife, I think it is, and one in Hay River. And maybe -- I don't know if Inuvik has an authority. But the rest are all advisory and they all belong to this NWT board. And since that happened, I'm told by the members of the advisory board in Fort Smith that they don't get

monthly financial statements exactly where they stand. So I'm just wondering if the Minister could please be clear on how even an advisory board could ask for different financial statements on a monthly basis at their regular meetings if they're not entitled to know what's going on in those health centres? Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Yes, thank you, Madam Chair. Madam Chair, there are three health and social services authorities in the NWT. There is the NT Health and Social Services authority, the Hay River Health and Social Services Authority, and the Tlicho Community Services Agency. Each of those entities has its own administration, its own budgeting function, its own finance. And so I believe that the Regional Wellness Council, which exists in each of the regions, would have information specific to the region that they could obtain through their local -- their local management. But this is not something that is in this budget.

What you see on page 212 is the block funding that is transferred to each of the health authorities that they use to pay for their expenses. And that's all their expenses. Social services, primary care, doctors, utilities, everything would be in -- would be part of their budget. So it's not in here because it is not part of the department's function. It's up to the health and social services authority. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Thebacha.

MS. MARTSELOS: Well I guess, Madam Chair, it is a concern to the advisory council in Fort Smith that they don't get financial monthly reports on exactly where the health centre stands. I mean, if I sat on any board or any kind of -- even if it was advisory or whatever, I would be very concerned if I did not get monthly financial statements when they have their meetings. And I think that should be -- should be -- I'd really appreciate if the department would look and make sure that the people that are sitting around the table have access to these kind -- this kind of information. They're not going to be sharing it with the whole community because most of their board meetings are in-camera because of the delicate situations that they're discussing. And so I'm just wondering if that's possible. Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you, Madam Chair. Madam Chair, the different entities of the health authorities report quarterly on where they stand vis-a-vie their budget with variance reports. And so that means that Fort Smith would need to contribute its information to create the variance report. So my recommendation is that the Regional Wellness Council speak with the COO about obtaining that information on a quarterly basis. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Thebacha.

MS. MARTSELOS: The other thing I want to talk about is, you know, a lot of the services seem to be more centralized now that we have Stanton. I'm just wondering if the specialists' visits to the regional centres will increase. It's much easier for a lot of our -- especially the large senior population that we have like in the community of Fort Smith. It'll be much easier if a specialist was able to come to the community on a regular basis rather than everybody travelling to Stanton here in Yellowknife. And I just want to see how the Minister feels about that. Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Yes, I recognize that it does present some hardship for elders to travel to Yellowknife for specialist care. But specialist care sometimes requires equipment, exam rooms, specialized nurses to assist in the exam rooms, administration to make the appointments and remind people of them, and so on. And so Stanton is set up to do that. So it's not just a matter of parachuting one person in. It really is a team effort. And so that's the reason that it's offered at Stanton. That's where the resources are. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Thebacha.

MS. MARTSELOS: I also -- thank you, Madam Chair. I'd like to also just talk about aftercare and a detox centre. You know, we have -- I think it's just over a million in aftercare. And it's going to recovery and support community-based addictions recovery. But we really do not have a proper detox centre and aftercare facility in the Northwest Territories. And with all the things that are happening in this past year and during the COVID and afterwards, I think that, you know, the Northwest Territories really requires an aftercare and detox centre. And I just want to see how -- how the Minister feels about this whole situation because it's -- it's not getting any better. It's getting worse. We've had so

many suicides and attempted suicides in the South Slave especially, and I'm sure up north too because I -- you know, my area is in South Slave. That's why I'm talking about it. And I'd just like to see something more concrete done with that because it's a major, major problem within our communities, and it's a major problem for all of us here in this House. Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. I know the Member has heard what I have to say about this so this time I'm going to ask her if she will listen to the deputy minister talk about what's offered for detox and where. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Deputy minister.

MS. CECCHETTO: Thank you, Madam Chair. And thank you, Member for the question. So currently we do have the ability to provide detox in a -- medical detox, I would say, on a one-on-one basis in our hospitals in our facilities. And the health authority is working towards expanding and coming up with a model for medical detox, and that also includes community-based detox. That work is underway. Some of it did get waylaid of course with COVID and other things but that work is underway. And we don't have currently what I would consider to be dedicated beds for detox. As I mentioned, it is on a case-by-case basis. So that is our current approach in the territory with the hope that in time we would have a program that has structures and standards and processes that are established, and that is the work that is happening between the department and our health authority staff currently.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Nunakput.

MR. JACOBSON: Yeah, thank you, Madam Chair. No, just in regards to page 198 in regards to program detail child and family services. I do have issues with that in regards to, I guess, I think that the department should be looking at Madam Minister in regards to how do we give our children back to the parents once they're taken into custody? Like, a plan to work with the family instead of them being taken away and the next thing you know they're in long-term care for -- until their 18 years old and then they're forgot about. You know, they're put back out in the public and all the care that they put into them, you know, we failed them that way, that one year of grace in that 18-time period. And I think that we should be really looking at that. But is there a plan in place or to work with the local community governments -- or not local

community governments but the Inuvialuit Regional Corporation or the Gwich'in Tribal Council for our youth that's been taken into custody through the social system, and is there a plan to work them back into the community? Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. There was a big change in the way child and family services was delivered following the 2018 Office of the Auditor General report, with an emphasis on keeping children with their families and in their communities if at all possible. And in our last annual report, we reported that 92 percent of children stayed in their communities and/or with their family or extended family. So last year, we only had eight percent of children in care who are in the permanent custody of the director. The real advancement in this area is that the IRC has passed its own child and family services law, the Maligaksat, and we have been working with them on an implementation agreement. And it's my understanding that one of the things that will happen with this law is that the IRC itself will administer the voluntary service agreements, which are the agreements that about half of the population of children are covered by. And they cover -- let me just say the basics. So this is a family where the social determinants of health are not very robust and so the voluntary support agreements are the way to support those families. And it'll be the IRC in charge of this program when the implementation agreement is finished.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Nunakput.

MR. JACOBSON: Thank you, Madam Chair. What time is that agreement going to be signed off on? Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. I expect it to be signed this summer.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Nunakput.

MR. JACOBSON: Thank you, Madam Chair. No, just in regards to community clinics and health centres in my riding, you know, my nursing staff are really run ragged. They're tired. And I'm really hoping that we could, you know, not only compensate them, I guess, but try to get them a little bit of help for the communities of Tuk and Paulatuk, Ulu and Sachs, because they're really been -- they've

took the brunt of this over the last two years, and I'm hoping that there's a way that we could try to help them out and, you know, put relief nurses in there to help them out so they could have a little bit of rest too. That's just a comment on that, Madam Chair.

Community mental wellness and addictions recovery plan. You know, we've been -- in my riding over the last year, I had a lot of suicides and mental health is the biggest thing. We've been having mental health issues since COVID, and it's only been getting worse in the communities. So people need help. We need to see people coming in, like, motivational speakers and like stuff I've been working on to try to get our youth engaged and our middle aged and our elders. Like, you know, they've been really put in a tough position because mental health, and it only leads to addiction. The addiction part, you know, of alcohol and the drugs, and we're getting new drugs in the communities. Like, we're getting crack cocaine and cocaine in my riding. And that's going to stop. And I think -- I think what we do have to do is we really have to try to work together in holding -- working with the GNWT, working with our side of the House, and working with the IRC, I guess, to try to provide something like that because I -- you know, again, thank you for this past year for the assistance that you give the mayor of Tuk and the community of Tuktoyaktuk and what we've been through there. But thank you for that. And I just want to work with you, Madam Minister, in regards to doing something like that, again, because it's starting to come -- like, sun's back now. It's not as bad. But still it's still bad in regards to people need help. That's a comment for that.

But so under contributions, the anti-poverty fund, the child and family service fund, the community-based suicide prevention fund, the healthy family program, the mental wellness and addictions recovery fund, in regards to all of that under contributions, how do we hold the Inuvialuit Regional Corporation or the funds that we have available, how do we hold them accountable in regards to showing us our bang for our buck what we're getting; how do we do that? Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. So the IRC I know has used mental wellness and addictions recovery funding to fund Project Jewel. And I believe that they report on that annually. I don't know if they've done their own evaluation of that program but we would certainly welcome them doing that because it is a program that's been around for quite a while.

I think it's fair to say that the mental health needs of the population of the planet have escalated since the pandemic began, and people are struggling to keep up with the demands for counselling and other kind of supports. We have community counselling. We have apps for people who have connectivity and the interest in that and so on. We're trying to develop an approach that has a lot of different pieces to it.

With respect to the IRC in particular, they've developed their own suicide prevention strategy, and officials at the Department of Health and Social Services have met with the IRC to talk about how we can help them implement their suicide strategy. And I'm very impressed with that strategy, and I encourage other Indigenous governments to look at it and use it as a template for creating a regional response to mental health and suicide needs in their communities. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Nunakput.

MR. JACOBSON: Thank you, Madam Chair. No, thank the Minister for that. In regards to the community-based suicide prevention, is our government looking at making our own in regards to, like -- when something like that happens, like, putting in -- making a -- how we're getting doctors or psychiatrists to come into the community for the impacts that happened for the -- like, for a short term, you know, to help alleviate the pressure on the families and individuals. Is there a plan in place like, you know, for the Beaufort Delta for something like that? Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. When there's a suicide in a community, obviously it affects the whole community, and I personally reach out to community leadership and ask how they want to be supported. And in the case of Tuktoyaktuk last fall, they told me that they wanted to bring in Jordan Tootoo as a speaker and to launch the House of Hope in Kitty Hall to provide things for the youth to do. It is youth mostly involved. And also to provide them with inspiration to fend off the darkness and depression. So this fund is about money that communities can apply for. The interventions that happen after a suicide, or potentially even an attempted suicide, those are in the operational budget of the NTHSSA. There is a team. They can be called into operation on short notice to go in and support a community, provide extra counsellors, spell off people who are exhausted, and so on. So we kind of have a number of different approaches to this. Some

of it comes directly from our staff and some of it goes to the communities to develop their own responses.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Nunakput.

MR. JACOBSON: Thank you, Madam Chair. No, just one last quick question. The mental health wellness recovery capacity and in regards to sending out people in for treatment, we need to be working more of that with the smaller communities that people are asking for treatment and being able to have -- make it easier for them to get to treatment. I think that we have to really try to get this one sorted out because the mental illness in regards to, you know, anxiety and depression and all this, it has to be -- we have to take it on full steam ahead in regards to try to help the people. So I think if we -- if the Minister's okay with that, I mean we could start -- we're working on community tours with Jordan Tootoo again and for doing the whole Delta and getting everybody motivated and happy. Yeah, thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. This particular fund was new in this fiscal year, and the object of the fund is to build capacity within the NWT to provide mental wellness and addictions recovery support. I don't have any information yet on how much of that was taken up.

With respect to treatment, there are in territory and out of territory options. It's really up to the individual to speak with a counsellor and look at the options and decide what's best for them. And we don't have any limits on that fund. People can go to treatment more than once. They can go more than once in a year. They can go to a different place the second time than they did the first time. We're very committed to helping people achieve their wellness and to improve the supports when they get back to the territory to hold on to that wellness. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Hay River South.

MR. ROCKY SIMPSON: Thank you, Madam Chair. I just want to go and talk a bit about addictions recovery. In Hay River, you know, we know that we've had a number of people who have passed away due to overdoses, and then we've had some from the community who also passed away that they weren't in the community at the time. So we probably had at least ten. And it's -- you know, it's a big issue and it continues on because personally, like I've taken people to the health centre to, you know,

to look for detox services. But, again, like the deputy minister said, there's no dedicated beds. You may not have a doctor or a physician on staff and so they're basically just told to go home and maybe come back later. And that's a big issue.

The other problem that we're having as well is that, you know, we talk about treatment, and we just don't have -- we don't have the facility here. We do have facilities down south. But the wait time, that's the part that's -- that is the killer, I guess, is people, you know, in between -- actually if they're lucky enough to detox and then by the time they go to treatment, they probably relapsed a number of times. And then that's the other issue. You know, we have no place for people who might think they're going to relapse, nowhere to go and get support for a day or two.

So I'd like to just ask the Minister how many treatment beds do we have available in the south for northern people? Are there a dedicated number of beds in treatment centres down south, or are we just put on a waitlist like everybody else? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you, Minister.

HON. JULIE GREEN: Yes, thank you. I'd like to answer a number of different points the Member made. So starting with the wait times, the average wait time for a bed in a southern treatment facility is 23 days. We don't contract dedicated beds. 23 days is, in most cases, less time than people waited to get into Nats'ejee K'eh because Nats'ejee K'eh ran one month of women, one of men, one month of women, one month of men. So if you applied -- let's say you're a woman and you applied on week two, you would be waiting six weeks to get into Nats'ejee K'eh. So the wait times, if anything, are better than they used to be.

Nobody goes into a health centre and says they want to detox and told to go home and good luck to you. That is not a thing. Not every person detoxing requires a bed. For example, people who are detoxing from opioids need opioid antagonist therapy. And there are 50 plus people in Hay River taking that therapy. So it's a replacement for the opioid, and more in Yellowknife, another 50 in Yellowknife who are doing that.

So the detox required really depends on the substance that the person is addicted to. But nobody gets told good luck. That would not be an appropriate response from the healthcare staff. The other thing I want to mention is that we had a request for proposals out to have communities develop aftercare programs,

specifically transitional housing programs for people to live in when they come back from treatment.

We had responses from four communities, including Hay River. The models are due by the end of this month. They're to be reviewed, and then the models will be funded as pilots in the next round of business plan planning. That's my understanding. So we are trying to provide a robust approach, knowing that this is an area that people are having concerns about, especially where it is literally a life and death situation as it is with the poisoned drug supply in Hay River.

CHAIRPERSON (Ms. Semmler): Thank you, Member for Hay River South.

MR. ROCKY SIMPSON: Thank you, Madam Chair. And I apologize to the Minister, I might have embellished a bit there when I said good luck. So I apologize for that. But, you know, it is tough for, you know, people who are looking for detox when there are no dedicated beds. They are put in the health centre and they may -- they may or they may not be provided a bed. But they need that support, especially when they decide it's -- you know, they want to be there. And some of them will go in, I know, and they will maybe last a day and they'll get out again and go right back to what they were doing.

The other thing that I noticed as well and -- is that -- and I think that would really benefit people who are looking at detoxes. We need probably additional -- or more Indigenous people, you know, providing services to those that are looking for it. Because I find that, you know, even with myself, you know, when I'm dealing with the people that are, you know, on the street or homeless, I think that, you know, I'm hoping and I sense that they feel comfortable with me and they actually kind of listen to me probably a little more than they would to somebody else. So I think it's important that, you know, we take that cultural aspect into play when we're trying to provide these services.

But, you know -- and I understand we have -- you know, we -- you know, not having a treatment centre here -- and I know that even if we had one, like the Minister said, there'd only be a certain number of beds. We're trying to accommodate everybody, and it won't happen. So we have to do something different, and that's in providing the beds down south. I've got no problem with that. I know some of the people I talk to like to go south, and you know, it's away from everything; it's away from, you know, some of the people they know. And I know others don't want to go. But at the end of the day, we do have access to detox beds in the

south and treatment centres. We also have -- we have -- you know, we have access to programs as well in the territories and, you know, we try and encourage people to go to those. But I think at the end of the day, it's that -- it's that period between detoxing and waiting to get out.

Like, I had talked to one guy the other day and I know he's going to -- he says he's going to treatment. And -- but he says he's going to drink as much as he can until he actually goes. And -- but when he comes back he says he's going to be -- that's it, he's finished. And I'm hoping because I told I'd keep him, you know -- I'd make sure that, you know, I would push him not to drink anymore. So it's just that -- it's just those lapse -- those lapse in time or the -- you know, the time in between, you know, actually getting into a bed, detoxing, and then waiting for your time to get into a facility. And that's -- that's kind of where that relapse happens and other issues come up and they have time to think about it, they feel a little bit better and they feel like they don't need it. So I think somehow we've got to -- we've got to close that gap in time and try to get people out sooner than later. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. So the bed availability, that would be subject to triage like all of the health services. So if you have somebody detoxing from alcohol, that's a life and death situation. So the triage there, the triage score would be high versus somebody who would not be feeling the same effects of withdrawal.

I think that providing people with choices is the most important thing. When I toured the treatment centres in 2018, I came away having met people who were happy to be away from their community, their triggers, their -- you know, their colleagues who were kind of partners in misery. So I think that there are others, of course, who would prefer to stay here. So having choices is really important. And, you know, there have been some preliminary conversation with the NWT Council of Leaders about what a regional approach to this could look like. And some regions, as you know, have treatment facilities. Like, the Gwich'in have the Gwich'in healing camp.

So the community funds can be used to set up detox. If there was a group that was willing to take that on, it's possible to spend the money on that. I recognize that that's a difficult period for everybody between the commitment to sober up and actually doing it while they're waiting for some kind of external support. That

is certainly a key time. So it would be worth trying that and maybe in your region because these funds are Indigenous government led that K'atlodeeche First Nation might be interested in trying something like that.

So I think there's a lot of scope here for new ideas and approaches to best meet the needs of people, and we've been trying to change along with the new approaches, for example, by funding the Northern Wellness Warriors Program, which brought 15 Indigenous northern people into the counselling workforce. And as you may know, they're going to have another group go into training this fall, and the training will be delivered in the North. So we need to keep working in this area knowing that the needs are great and that there are good approaches out here to try and help people. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Tu Nedhe-Wiilideh.

MR. EDJERICON: Thank you, Madam Chair. I just want to talk a little bit about some of the issues I have in my riding. I've been -- as you know, I've been dealing with the majority of my calls are coming from my constituents are medical travel and housing. And this year has been overwhelming. I just wanted to share a story with you about a member -- a constituent member who went south from Fort Resolution to go visit family. And when he got south, they were there for a few days and then he had a massive heart attack. And he had to be hospitalized in Edmonton at the Royal Alex Hospital. And anyways, he got the care that he needed and that kind of thing and it worked out that, you know, he was able to recover enough to travel back to Fort Resolution.

But the thing is that the problem he ran into was, you know, the family made a request to see if he could get some medical travel assistance to get these guys to come back to Fort Resolution. And, you know, I've been working with the department to see what they could do to help and -- but, again, they only could go so far because of the policy. And at the end, you know, it's really disheartening because when we try to help and do as best we can and then we're bound by policies and then at the end when this family member -- when his wife couldn't get their way back to Edmonton -- from Edmonton to Fort Resolution, they were told that well, you got yourself down there, you got to get yourself back. And it's so troubling for me because it makes you really wonder, you know, this policy that we have in places is disturbing.

Having said that, though, you know, we do have a healthcare card. You know, we all could make

an application to get a healthcare card and, you know. So sometimes you wonder why we have healthcare cards if this particular constituent in Fort Resolution has a healthcare card that's valid, who resides in Fort Resolution but just went all the way to Edmonton to visit family and has a massive heart attack, yes, the hospital paid -- sorry, the health card covered off his surgery and everything else but they wouldn't help with medical travel. That's one.

The other one is, you know, the healthcare card system here in the Northwest Territories, I think it's getting to the point now where, you know, level one healthcare card to me, the way I see it, is that in my mind is that we do have the military that is treated probably the top of the list in terms of healthcare card -- health services. And then you got GNWT employees who pay into the system to get these extra benefits. And then we got my constituents that just have the basic healthcare card that is left out and it's -- to me it's, you know, disturbing, and but at the same time I just want to maybe let the Minister know that if there's a way -- I'm not sure how far are we in this medical travel review, and maybe you could just update me on where things are at with that. Mahsi.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you, Madam Chair. I just note that the supplementary health benefits of the budget is the place where the medical travel budget is located. Medical travel is for people who are referred south for service. That is the purpose of it. So if you're unable to obtain health care in the Northwest Territories, medical travel will get you to the south to get that care. I -- the healthcare cards are -- there is one kind of card for every NWT resident. I am not sure what the Member is referring to in saying that there are different cards for people in different levels of government. I'm not sure what that's about. So if he can clarify that, maybe I can try answering it. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Tu Nedhe-Willideh.

MR. EDJERICON: Thank you, Madam Chair, and thank you, Minister, for your response. You know, those are the comments that I hear from my constituents in the community where there are different types of care when we have these healthcare cards. So what I hear is that the military is treated with that same healthcare card like everybody else, but they're treated a little bit different because of -- maybe because they're with the military here in Canada. And then you got the other one that is the GNWT employees that, you know, they pay into a better healthcare system. And then you got

the -- you know, the basic healthcare card for everybody in the community. So what I mean by that, Mr. Minister, is that there's -- or Madam Minister, is that, you know, like, the GNWT gets a full meal coverage; they get their hotel coverage; the car rental coverage, etcetera. But then, you know, we got my members that are, you know -- that are just -- that don't pay into this GNWT plan, then they get the basic minimal coverage from health on the, say for example, the food. They get -- I don't know. They said they get a day -- I don't know. \$20 a day or whatever it might be. But, again, it's just -- it's just a different type of service. And then so maybe if the Minister could help maybe clarify that so I understand it. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you, Madam Chair. Madam Chair, I think the Member is talking about employer benefits. So the Government of Canada would have employer benefits for its staff. The GNWT has employer benefits for its staff. NIHB provides benefits to Indigenous people who are First Nations and Inuit. Metis health benefits are specifically for Metis beneficiaries. And then the rest of the population are just covered -- either covered by the basic hospital and physician services, which are provided free of charge to everyone or, in some cases, they don't have benefits at all. We know that there are at least 2,300 people in the Northwest Territories who don't have any form of employer benefit, and so they have no drug coverage, no vision, no dental, no medical appliances, nothing. So these employer benefits do vary according to who is providing them. And some are certainly more -- what could I say? More generous than others. And so if you compared GNWT benefits to NIHB benefits, certainly it would be better if you had GNWT benefits. But as I say, those are -- those relate to your employment. So the only way to access GNWT benefits is to work for the GNWT. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Tu Nedhe-Willideh.

MR. EDJERICON: Thank you. Thank you, Madam Chair, and thank you, Minister, for that clarification. But we got 33 communities in the Northwest Territories, and we don't have a lot of government jobs in our communities. So, you know, I'm -- so it makes it really tough for constituent members in our communities that really need the care and services of the healthcare card that we have. But I just wanted to maybe let the Minister know that if -- I think -- you know, if there's a way we could take a look at the medical travel policy and maybe

have a thorough review of this policy so that -- I know it's a tough job that you have. I know that, you know, you got to follow these policies. But sometimes in special circumstances, I mean, you probably use your discretion and that kind of thing, but at the end, you know, we hear all these stories up and down the valley and it's really frustrating, you know. But, again, you have a tough job. You know, but at the same time, if there's a way we could probably maybe even -- you know, work together and try to improve this policy. And, you know, nine times out of ten too it's all about funding. You know, how is this funded. You know, we probably don't even get enough money from Ottawa on this kind of stuff too as well. So, anyway, I just wanted to -- maybe the Minister could maybe just elaborate a little bit maybe about some ideas about how we can improve this medical travel policy. Mahsi.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you, Madam Chair. And thank you for the question. So the following areas are being reviewed right now. Medical travel, escort criteria, and that's one where I get a lot of questions. The exceptions policy which is where the policy can be varied to include people who don't fit into the other criteria. We are reviewing the per diem rates for people who aren't staying at the boarding facility. So right now the accommodation per diem is \$50, which is obviously not adequate for a hotel. We also want to establish a long-term medical travel policy. This is for people, for example, who are receiving cancer treatment or rheumatology services or anything else which occurs regularly. There are a couple of other ones as well. Establishing an air ambulance policy for emergency medical transportation and establishing a formal nearest centre policy, which right now is not written down.

So I understand what the Member is saying. There is really a two tier system. There are the GNWT and the Government of Canada benefits, which are more generous than the NIHB benefits. That is a fact. At this point, we subsidize NIHB to the tune of \$17 million a year for medical travel and we want to bring that situation to an end. It's money that we can't afford to spend, and it is money that should be spent by the federal government. So there are negotiations ongoing now because that agreement ends at the end of this month. And we partnered with Nunavut to negotiate with the federal government to pay the real cost of medical travel so that we no longer subsidize it. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you, Minister. Are there any other Members that haven't spoken to the health and social programs? Member for Frame Lake.

MR. O'REILLY: Thanks, Madam Chair. I'm just wondering where we're at with adult FASD services? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Thank you, Madam Chair. I'm going to ask the deputy minister to respond.

CHAIRPERSON (Ms. Semmler): Deputy minister Cecchetto.

MS. CECCHETTO: Thank you. Sorry, just give me one moment. I'm trying to find my answer.

Thank you, Madam Chair. So part of the services for FASD was under the disability program and service review. Currently there are 47 individuals that are on for the child and youth FASD. There's 22 currently for adult FASD that are on the waitlist, and that was as of January this past -- this most current January.

There was a position that -- unfortunately there was a vacancy between April and October, and a new coordinator actually has just started. And so there are clinics that are just now in the process of resuming that service. So that's the update on the clinic currently.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Yeah, okay, no, thanks for that information. I think given what we heard from the Minister of Education, Culture and Employment on the changes to income assistance, I think we're probably going to see more demand for that service because people will need to have some proof that they have a disability. So are we prepared to handle more demand for that service over the next while? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister. I'll go back to the deputy minister, please.

CHAIRPERSON (Ms. Semmler): Thank you. Deputy minister.

MS. CECCHETTO: Thank you, Madam Chair. I can't say whether we are in a position to have more demand in relation to the current services that are being provided. It is something that we are aware of. One of the things that I think that is particularly difficult when it comes to FASD is

the diagnosis in and of itself, of course, and sometimes backtracking. I think the key piece to this is to ensure that we continue to provide supports and services to the people where they're at and what their needs are. But to answer your direct question around whether we are prepared to meet more of that demand, I can't say that we actually -- the services are what they currently are today. And so we will continue to work with our Education, Culture and Employment colleagues in relation to that.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Okay, yeah, thanks, Madam Chair. And thanks for that answer. I'm just wondering do we actually cover travel costs and if someone needs to come into Yellowknife to get properly diagnosed and so on? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, we do cover those costs.

CHAIRPERSON (Ms. Semmler): Thank you. Member.

MR. O'REILLY: Yeah, okay. Thanks. No, and I expected that would be the case. Is this service offered in the correctional centres as well? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: The program isn't offered in correctional centres but the correctional -- the health staff in the correctional centres work for the health authority. So they could make a referral to the FASD clinic.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Okay, thanks. You know, look, I rightfully recognize this is a difficult area to keep staffed and maintain the service and so on. But is there the potential at some point to allow the staff to travel to regional centres or even small communities to allow them to offer the service to ensure we try to provide an equitable level of service across the NWT? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. It's important to us to offer equitable service. With only one staff member, I don't know if it's feasible to expect that person to both travel and

keep up with the waitlist that is ongoing here for the whole territory. So the way we're trying to achieve equitability is to have people travel into the FASD clinic. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Okay, yeah, no, thanks, I appreciate that. You know, I guess once an individual is diagnosed, what sort of support are we able to offer? Are there, like, case workers assigned or other staff within the system that can provide support and assistance? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes. The person who's looking for that kind of support has a number of options. They could use adult services. They could use the counselling program to get set up with additional supports. The deputy minister might have a few more ideas.

CHAIRPERSON (Ms. Semmler): Thank you. Deputy minister.

MS. CECCHETTO: Thank you, Minister, and thank you, Madam Chair. Recognizing that FASD is a complex diagnosis with a number of complex issues, I would just add that there are a number of different professionals who would support that individual depending on what their unique needs are. And so whether it's rehab, whether it's -- as the Minister had mentioned, whether it's anything through adult services but ultimately at the end of the day, it's ensuring that the individual gets the support that they need based on what their needs are from their diagnosis.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: No, thanks, Madam Chair. No, I appreciate the answers and, you know, I understand the importance of offering this service and the work that the staff go into trying to make sure it's fully staffed and maintained. So thank you very much. Thanks.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Thank you for the comment.

CHAIRPERSON (Ms. Semmler): Are there any further Members that haven't spoken to health and social programs? Seeing none, please turn to page 198, Health and Social Services, health and social programs, operations expenditure summary, 2023-2024

Main Estimates, \$368,795,000. Does committee agree?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Ms. Semmler): Thank you. We will now turn to long term and continuing care services beginning on page 203, with information items on page 204 and 205. Questions? Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. Madam Chair, I'm going to go back to my question from earlier. I'm wondering what amount is set aside for O and M for Stanton Legacy in this section? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: We're going to look that up. But the number I remember off the top of my head is \$8.5 million.

CHAIRPERSON (Ms. Semmler): Member, did you -- while they -- Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. Madam Chair, I'm also wondering, since we are on this part here -- oh actually, no, sorry, that's a capital cost question so I will skip over that. Can the Minister confirm if the total \$8.5 million is for all of the costs that will be needed to operate Stanton Legacy in its first year in operation? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you for the question. So \$4.23 million is for long-term care. \$3.9 million is for extended care. And the programs that are moving into Stanton Legacy are already funded. So there is no additional funding for them in this budget.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. And can the Minister confirm when the opening day is for Stanton Legacy? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, at this point we do not have an opening day. We have an opening season. Summer.

CHAIRPERSON (Ms. Semmler): Thank you. Member.

MS. CLEVELAND: Thank you very much, Madam Chair. Luckily it's a short season so it kind of gives me a good indication of when that might be.

Can the Minister also confirm that any cost associated with the move in will also be included in this \$8.5 million? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Thank you. I'll ask the director of finance to answer, please.

CHAIRPERSON (Ms. Semmler): Thank you. Ms. Johnson.

MS. JOHNSON: There is some funding under the capital project for the transition into the new facility as well as some limited funding in this \$8.6 million.

CHAIRPERSON (Ms. Semmler): Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. Madam Chair, when will Health have a better idea of what the move in day is because I know that, you know, summer is a season but it's a quickly approaching season, thankfully, even though we look outside and it's very chilly out it goes fast. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. We're waiting for some modifications that were required before we take the keys, which we expect to do this spring. Then they'll be a commissioning period and a period where people and equipment is moved in to the building to make it operational. And at that point, the public will be welcomed in to the building. That's why we're saying summer. There are some loose ends around exactly what amount of time is allocated to each of those activities. I think that once we obtain the keys to the building and begin the commissioning, we'll be in a better position to identify a moving in day. That's what happened with the Stanton Territorial Hospital. Once the keys were received, they identified a move in -- or pardon me, a first day of operations for patients.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. So, Madam Chair, going forward, because it will no longer be a capital budget expenditure, it will be O and M, so in this kind of different scenario, we now lease this

facility Stanton Legacy from a third party. And so any of deficiencies that are found within Stanton Legacy once it comes on board, are those going to be the responsibility of the third party, or how is that going to work, or have you divided up so that, you know, there is a clear indication of what will be the GNWT's responsibility for funding and what will be the third party's responsibility for funding? Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Yes, thank you, Madam Chair. Madam Chair, the Department of Infrastructure is in charge of the building and the renovation at this point. So any deficiencies or need to address deficiencies would be questions for them. We're the end user. So we get the keys, and at that point we sincerely hope it is trouble free.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. And thank you for that. Likely, you know, we'll have that opportunity. I'm wondering if the Minister can also identify what is the cost per bed that Stanton Legacy uses for long-term care clients and the cost per bed that they use for extended care facilities? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Thank you, Madam Chair. Can I clarify is this the staffing O and M costs, or is this construction costs; what kind of costs? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member.

MS. CLEVELAND: Thank you very much, Madam Chair. I'm looking for the cost per bed to run a bed for a person who is in -- so not the capital cost but the O and M costs for a person who is in long-term care versus a person who is in extended care. I'm wondering what the number is that health uses in order to budget based on the number of rooms or number of clients they expect to have. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, we'll have to return to the Member with that information.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Kam Lake, did you have -- nothing? Okay. Member for Nunakput.

MR. JACOBSON: Thank you, Madam Chair. Just in regards to home care services support in the communities, what does it look like for the Beaufort Delta per se in regards to costing and breakdown for communities; is there a way to get numbers on that? Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. And thank you for the question. The details of the NTHSSA budget are not part of this budget. This is the departmental budget so we don't have a breakdown by region of what NTHSSA is spending. So my best recommendation would be for the Member to talk to the COO of the Beaufort Delta authority and ask them specifically what that budget is for. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Nunakput.

MR. JACOBSON: Thank you, Madam Chair. So long-term care support services, I got permission to talk to the COO so that's good, I'll get an email into them. I appreciate that.

Long-term care and supportive service -- supported living in the communities, in regards to that, is the same thing different budget, or is this right across the territory for that? Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: So that number, the \$21 million some odd number for home care and support services -- oh sorry, the \$46 million for long-term care and supported living is what is allocated to the health authorities for use for home and continuing care. And the breakdown of that is NTHSSA has \$33,819,000 of that. Hay River has \$6,002,000. And TCSA has \$3,905,000. But how they allocate that, like NTHSSA is a big entity. It's got the Beaufort Delta, the Sahtu, the Deh Cho, Yellowknife, South Slave. So how it's allocated among those entities is part of the NTHSSA budget. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Nunakput.

MR. JACOBSON: Thank you, Madam Chair. So the \$46 million per year for home care, that's right across the Northwest Territories. So I guess what I'm looking for is regards to you going to be -- home care in regards to some of

the communities that I represent, and the lack thereof, I guess. Is there everybody in the communities that apply for this through the health centre, are they getting approved? Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. I think it really depends on what the person needs. So some people need a personal support worker maybe to help them go shopping, sweep their floor, and do that kind of thing. And other people need nursing care. So they need dressings changed and medication dispensed and so on. So I think it depends on what the needs of the client are. And we have had the paid family caregiver program running for a couple of years, and it -- I think it's running again next year. And it's running in Tuktoyaktuk. So that would give you an idea of what kind of services are available in that community. So I think that at the end of the paid family caregiver program, the question will be whether this program is scaled up to other communities or whether there is a different approach that we could take to meet the needs of our aging population. We know that this is an area of high growth and demand because we have committed to enabling people to age in place, and they won't be able to do that unless we can provide them in-home support. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Nunakput.

MR. JACOBSON: Thank you, Madam Chair. I thank the Minister for that. Oh, it's so true about aging in place. People, you know, back home, we take care of our elders and we have big issues with that because, you know, the long-term care facility in Inuvik, we send some of our elders from Ulukhaktok and Paulatuk and Tuk, you know, that we just leave them there, and you can't take them home. The only time you visit from the smaller communities is, like, Sachs, Paulatuk, and Ulu. That's over a thousand dollars. That's almost \$2,000 to go visit your family with the prices these days. I think what we should be doing is the programming that we do have with family care and that and once that program's successful, we should be working at that in the smaller communities across the territory, not only, you know, in the delta but right across the territory because you know as well as I do that we really honour our elders, and we want to take care of them. But it's just sometimes it's the same family members that are doing it all the time, and they're burnt out and tired. And then, you know, hopefully you can get respite care, put them in care in Inuvik or something for a week

or something so they could rest up. But we really should be looking at a long-term fix for this. And it's more of a comment but I'm thankful for what you've done in this section. Thank you, Madam Minister. Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. I didn't hear any questions. But did the Minister have any comment?

HON. JULIE GREEN: No, thank you for that. This is a big priority. For me, I toured the Member's riding in the summer of 2022 and met elders in Sachs Harbour in particular who were trying to hang on in their own homes with the support of family. A very difficult situation for the family but also for the elder whose first language was not English, who had lived on country food most of their lives, and wanted to die where they had lived all their lives. So it's really a heartbreaking situation. I realize Inuvik is part of -- generally part of the same culturally group but it truly is a million miles away in terms of what people are used to. So that is -- keeping people at home for as long as possible, I think, is a priority all across the territory. But that's one situation that really touched my heart. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you, Minister. Are there any Members that still want to speak to long term and continuing care? Okay. So what I'm going to do is just break right here, and then we can resume in maybe about half an hour, 20 minutes.

---SHORT RECESS

CHAIRPERSON (Ms. Semmler): Committee, we are continuing on with Health and Social Services, long term and continuing care, and I am going to turn it over to the Member for Frame Lake.

MR. O'REILLY: Thank you, Madam Chair. A few questions here. I'm just wondering if -- what's happening with the paid family caregiver pilot project, and is it still going; is it going to be expanded? Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. Madam Chair, the program is still going. It was evaluated last year and found to be useful. We have funding for one additional year, and then we're going to be faced with a decision about putting it into the business plan for ongoing funding and whether we can afford to scale it up. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Thanks, Madam Chair. So is that -- where do I find this in the money -- or sorry, the money in the budget? I know on the grants and contributions, there's a respite fund. Is that different than the paid caregiver program? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: We're looking for that, Madam Chair. I don't think that that's what you're looking at on page 204. This is a federal contribution agreement that provides for this through one of the existing bilaterals. So I feel like it would be near the front with revenue summary maybe.

CHAIRPERSON (Ms. Semmler): Yes. While they're looking for that, Member for Frame Lake, did you have any other questions?

MR. O'REILLY: Thanks, Madam Chair. Yeah, look, where the money comes from, I understand it's from the feds, it's for another year. I think we're going to have to look at making this a permanent program. But I wanted to ask about the page 203, home care and support services. You know, back in 2021-2022, it was almost \$24 million then it went down. It's going back up a little bit. What's happening with this line item? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. I'll answer the first question first. So if the Member looks on page 182, there is a fund here called home and community care and mental health and addiction services bilateral funding agreement. And that is the fund that we're using to address a couple of priority areas. One is mental health programming and crisis support. And the other is the family care -- paid family caregiver program and the implementation of this international resident assessment tool, known as interRAI. So that's where the money is coming from from that. That fund expires in -- at the end of March and it is being renegotiated. So that will certainly have an impact on whether it's continued.

The next question -- there was extra money in 2021-2022, which was part of the safe long term care agreement from the federal government that assisted with COVID expenses and which has since lapsed.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Okay, thanks. So there was a big review of home care services, and I think

there were some, you know, policy level changes that were made. But are we actually increasing any money in the budget to help better support home care services? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. For that detail, I'll ask the deputy minister, please.

CHAIRPERSON (Ms. Semmler): Deputy minister.

MS. CECCHETTO: Thank you, Madam Chair. So currently the funding that we have using to support some of the recommendations that came out of the home and community care review, which I believe is what the Member is speaking to, is we are using both internal funding that has come through the GNWT as well as our third party funding through our federal funding that we receive through the home and community care agreement as well. So, for example, some of the areas that we have invested in we have invested in three regional home and community care nurses to provide clinical oversight to the home and community care program.

We've also, in the last year, also implemented two territorial wound care nurses to help provide support to complex wound care, particularly for those clients that have -- that need extended areas of wound care that require some specialty services.

And we are also looking to invest resources to enhance hours for home and community care beyond the existing hours that we currently have which would normally be Monday to Friday. And that is in two particular areas, in Behchoko and in Hay River.

And so those are some of the examples of where we are expanding the services from -- that extend from the home and community care review.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Yeah, okay. No, thanks for that detail. I guess my last question is what's the status of the seniors strategy? And I'm if I didn't -- if it fits in somewhere else. Just this seems like a logical place to ask. Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Yes, thank you, Madam Chair. Madam Chair, I intend to table it during

the next session. That is the May/June session. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Hay River South.

MR. ROCKY SIMPSON: Thank you, Madam Chair. Just a couple questions on the paid caregiver. I think most of them have been answered. But a constituent there in Hay River had asked me if there was any -- if there was any appetite, I guess, from this government to increase the remuneration amount or the number of hours that they could charge for? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. We haven't considered doing that because it would mean that fewer people would qualify for the program or have fewer hours. So we set a number of clients that we would focus in each -- focus on in each community, and that's what informed the funding pot for this year and the carryover for next year.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Hay River South.

MR. ROCKY SIMPSON: Thank you, Madam Chair. And the two years -- I guess it's been in operation two years and I think you said you extended it for another year. What was the review criteria that was used, I guess, for the extension? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you, Madam Chair. I'll ask the deputy minister to talk about how that was developed. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Deputy minister.

MS. CECCHETTO: Thank you, Madam Chair. So there was an evaluation done that include conversations and interviews with the clients and their families as well as the service providers.

The other thing that I would just add is one of the other reasons we're extending the program in the coming year in its current existence, and also using some of the other areas to inform this program such as the supported living review, and so over this next year we hope to be able to use the supported living review as well as the evaluation from the paid family caregiver to determine what our next steps are in relation to that program.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Hay River South.

MR. ROCKY SIMPSON: Thank you, Madam Chair. And with that program, is -- do you see a need, I guess, for home care support as well to sort of back up that caregiver position? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Yes, thank you. Yes, there would be a partnership required of the nursing staff in home care, along with the paid family caregiver. They would be offering different kinds of services to the clients. Some of them are more medically sophisticated, if I can say, administration of medication, changing dressings, and so on whereas the paid family caregiver would be doing basic necessities of life.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Hay River South.

MR. ROCKY SIMPSON: Thank you, Madam Chair. I just want to talk about supported living. In Hay River, we have a facility there and it seems to, you know, work fairly well. And I think most of the people that are living there are pleased with it. Has an assessment -- or is it, I guess has an assessment been done in Hay River as to whether that facility needs expansion? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Yes, thank you. I don't think there has been that kind of an assessment of the facility in Hay River. Generally speaking, we had moved away from facility-based care for people who need supported living and instead have them in family groups or near family groups rather than in group homes. So I don't think anything will happen with that facility in Hay River. I mean, there are no plans to change it but I don't see either that we would expand it.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Hay River South.

MR. ROCKY SIMPSON: That's all. Thank you.

CHAIRPERSON (Ms. Semmler): All right. So Health and Social Services, long term care and continuing care services. Member for Great Slave.

MS. NOKLEBY: Thank you, Madam Chair. I just wanted to get a little bit more information as well around, like, the respite fund, noting that it hasn't gone up by very much. I'm just curious

as part of the supported living review, are we looking at that amount of money as well? And I do note that it goes to organizations rather than from the department directly to individuals providing respite. But the reason I ask is because it's -- I'm aware of a few situations where people are living with -- are caretakers for children with disabilities and they're not accessing respite. And I'm just wondering, do we have any numbers on whether or not that number is actually adequate or if it's really just a matter that people aren't aware that they can qualify for it? Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you. That money is divided between the disabilities council to provide community-based respite services and Inclusion NWT to provide respite services in Yellowknife. So the money is directed to nonprofit organizations with subject matter expertise to expand on. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Great Slave.

MS. NOKLEBY: Yes, that's what I said. So my question is has that been analyzed as part of the supportive living and to see if it's enough for people in the territory or whether or not there's actually a greater need that hasn't been identified because people aren't aware that they can qualify for programs like that? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Thank you, Madam Chair. The deputy minister will have the detail.

CHAIRPERSON (Ms. Semmler): Thank you. Deputy minister.

MS. CECCHETTO: Thank you, Madam Chair. So respite services were part of the review for the supportive living. There were seven categories of the actual supportive living review. So things such as the scope of the service, the resources that are required to provide those services, standards of care, oversight, access and equity, the workforce development, and so on. So ultimately at the end of the day, it's not -- the review wasn't necessarily done to determine whether we need to specifically increase respite in and of itself, but it was captured within the part as a concept within the function and the purpose of the review within supportive living.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Great Slave.

MS. NOKLEBY: Thank you, Madam Chair. And I apologize if this has already been said -- or answered, but when can we expect to start seeing increases or a change to the way the funding is going here? And, again, I just want to -- I think that there are more and more people that probably could use a lot of these funds and just aren't really aware. And so I'm glad to hear that there's a -- sort of a revamping coming, but when can we sort of expect to see that actually translate to work on the ground or to this changing? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. The supported living review had 33 recommendations, and 12 of those were ones that we could begin work on without additional funding. So for the remaining 21 recommendations, we would need to develop them for the next business plan in order to obtain funding to implement them. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Great Slave.

MS. NOKLEBY: Thank you, Madam Chair. And does the Minister or the department know whether or not -- or can they somewhat anticipate if that would be part of this funding that's coming from the federal government that we already have been announced, or would we be looking for new funding for these changes or something that would be restructured internally? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes. I'm not sure where the money's going to come from. I don't think it'll come from the new tailored agreements. Tailored bilateral agreements, none of them speak to people who need supported living unless they're elderly and they need long-term care. So there's a question there about whether we can find an appropriate pot of funding from the federal government or whether we will be looking for an increase in the budget from the GNWT. Thank you.

CHAIRPERSON (Ms. Semmler): Member for Great Slave.

MS. NOKLEBY: Thank you, Madam Chair. And is there any funding that's potentially coming from the federal government or something we could access around Indigenous supports, particularly for people working in the communities -- or living in the communities, sorry. And the reason, again, I ask is that I'm aware of people that have had to move to

Yellowknife in order to access the services here for their children or to another regional centre. And I guess my question is is there some way to leverage attention from the federal government on Indigenous issues and reconciliation to get some money to sort of take up this area? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. The money is offered to the GNWT as the public health provider. That is to say the public supplier of health care in the Northwest Territories. There has been some discussion about a health equity fund for Indigenous people, but the parameters of that have not been set. And I'm not sure if they would apply to the case that the Member is asking about. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Great Slave.

MS. NOKLEBY: Thank you, Madam Chair. Does the department have the ability to input around this Indigenous equity fund conversation or to at least facilitate that conversation between the federal government and Indigenous governments in the territory? Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, I anticipate this conversation will take place between Indigenous Services Canada and the Indigenous governments directly, and we may or may not have a seat at the table.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Great Slave.

MS. NOKLEBY: Thank you, Madam Chair. I hope that we'll have a seat at the table. I think always that any of the experience that I'm sure the department can offer would be well -- you know, something that would be good to input on. I'm sure you know a lot better than the federal government necessarily what needs to happen. I think that's it for me now. Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. All right, so long term community care, if there's no other questions, please turn to page 203.

Health and Social Services, long term and continuing care services, operations expenditure summary, Main Estimates 2023-2024, \$67,960,000. Does committee agree.

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Ms. Semmler): Thank you. Now we will turn to out of territory services, beginning on page 207 with information items on page 208. Questions? Any questions? Seeing none, please turn to page 207.

Health and Social Services out of territory services, operations expenditure summary, Main Estimates 2023-2024, \$83,650,000. Does committee agree?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Ms. Semmler): Thank you, committee. We will now turn to supplementary health benefits on page 210, with information items on page 211. Questions. Member for Frame Lake.

MR. O'REILLY: Thanks, Madam Chair. I'm looking at page 210 and the medical travel benefits line. There's quite a drop between 2022-2023 and 2023-2024, probably in the neighbourhood of \$5 million or, you know, it's like maybe 20 percent drop. Can I get an explanation as to why there's so much less money for medical travel in 2023-2024? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Madam Chair. And thank you for the question. The territorial health investment fund has not yet been renewed for the 2023-2024 fiscal year. So it's not included in this budget. But in the previous fiscal year, we allocated \$5 million of that fund towards the cost of travel, medical travel.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Thanks. I guess I'm trying to understand what the Minister just said. So we anticipate having to spend less in 2023-2024 because we're going to get more money from the federal government for medical travel; is that what I think the Minister said? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. Since 2004, we've had a fund called the territorial health initiative fund, and we've used it for special projects like creating NTHSSA and starting the primary care health reform. But we've also allocated \$5 million in the current agreement each year towards the cost of medical travel. So this agreement expires on

March the 31st this year, and so we did not include that amount of money in the budget because we do not yet have an assurance that we're going to have an extension to the territorial health initiative fund or for how much money.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Okay, thanks. Maybe I'm just not getting this but how much then do we actually expect to spend on medical travel in 2023-2024 then? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes. I'm sorry that I'm not explaining it. We have federal money. We don't have assurance of how much it is. So it's not in the budget. Hopefully everything works out by the end of the month and it comes into the budget and we add it to this line. But the actual cost is what you see in the revised estimates for 2022-2023, \$24,240,000. That doesn't include the NIHB amount. The total amount of medical travel is in the range of \$43 million. Medical travel is an as-and-when situation. When people need medical travel, we pay for them to go on medical travel. And if there is not enough money in the budget for that, then we ask for a supplementary appropriation to cover whatever shortfall there is in our budget to make medical travel possible.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Okay, thanks, Madam Chair. So if this extra federal money gets sorted out in the next while, will it come back into the health and social services budget then through supplementary appropriation, is that the plan? Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you. Yes, that's right. It would come in through supplementary appropriation. Now all the money we receive on doing work on behalf of others is brought into the budget through a supplementary appropriation.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Thanks. Yeah, I guess I'm -- I don't know, I know it's late and I'm just trying to understand how we can only budget \$19 million for medical travel benefits in 2023-2024 when we anticipate spending probably even more

than \$24 million. How does that work? Like, why wouldn't we just actually budget the expected amount and show a deficit maybe back on the revenue side or something. I just don't understand how we -- you know, we spend \$24 million, but we're only budgeting 19 for this year when we know we're actually going to spend more. I just don't understand how that budgeting works. Thanks, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you, Member. Minister of Health and Social Services.

HON. JULIE GREEN: I think I'm going to ask the director of finance to have a go at this and maybe that will provide more clarity.

CHAIRPERSON (Ms. Semmler): Thank you. Ms. Johnson.

MS. JOHNSON: Thank you, Madam Chair. This federal agreement, we anticipated it being renewed. So in the past when there was uncertainty, we did have it appropriated through the business planning process and then had to come back and have it refiled. So in this case with the anticipated funding, it was just -- it's not included in the budget but anticipated through sup.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Frame Lake.

MR. O'REILLY: Thanks, Madam Chair. I just -- I don't understand how this works that you -- we anticipate spending more money in this area, and I guess the hope is that somehow the feds are going to bail us out but the proper amount hasn't been shown in the budget. So I don't think I'm going to get an answer. Thanks, Madam Chair. That's it.

CHAIRPERSON (Ms. Semmler): Thank you. Are there any other further questions to supplementary health benefits? Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. Madam Chair, I wanted to ask some questions about the medical travel benefits. This is something that I know has come up quite a bit over the course of the term, and my understanding is this is quite common. And the focus of the questions largely have been around the amount that is offered to residents when it comes to medical travel, especially with the -- sorry, in especially in relation to per diems for the cost for food and the cost for accommodations.

One of the issues that has come up and was highlighted was specific to the -- or the additional cost of somebody bringing kids into

Yellowknife for the purposes of -- for birthing purposes.

Somebody might not have child care in their home community, and they might need to bring their kids with them and are unable -- if they bring their kids with them, they -- it is considered more than one escort. Each child is considered an escort. And what ends up happening is they're denied government-funded lodging and they have to go and find their own place to stay. And so if they find themselves in a hotel situation, they're only reimbursed for the \$50 and this is not representative of what it actually costs a family to stay in a hotel.

The concern that's been raised to me is this ends up being not a culturally safe policy. And a lot of people might be in a situation where they just -- because of their own personal histories don't feel comfortable leaving their children with someone else and need to bring their children with them to Yellowknife or wherever they are having children. So I'm wondering if while this amount of money is, you know, \$5,000 -- or 5,000, geesh, \$5 million less than what the department would like to see, is there an intent to revise some of the policy work around medical travel to make it more culturally safe for all residents of the territory? Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Yes, thank you, Madam Chair. Madam Chair, as I mentioned earlier, there is a review of medical travel ongoing now, and the per diems are one of the areas that will be reexamined. In terms of bringing additional children to -- with the family when they are coming in for the birth of a child, I would recommend that the family contact child and family services and explore a voluntary services agreement to pay for the cost of the additional children coming in to Yellowknife. I realize that the Member is now going to say that's not culturally safe and people don't want anything to do with child and family services. But we don't have another way of assisting families unless they have their own ways of raising money. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you, Minister. Member for Kam Lake.

MS. CLEVELAND: Thank you very much, Madam Chair. Madam Chair, does the Minister have an idea in this area how much residents are relying on Jordan's Principle to fund some of the shortfall of the GNWT in order to make medical travel more accessible for people who do need to bring their kids with them and

don't -- because this really ends up being an access to health issue or equitable access to health issue. Thank you.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Thank you. We don't have any information about Jordan's Principle spending in this area.

CHAIRPERSON (Ms. Semmler): Thank you. Member for Kam Lake.

MS. CLEVELAND: Yeah, thank you very much, Madam Chair. And this is not a comment only directed at the health minister but I think all Ministers, is I think we really need to have a better idea of what supports Jordan's Principle is applying to the GNWT because I think that it is far greater than any of us actually realizes. And my concern is if those supports disappear, we will be really struggling in our territory. So I think it's important that we have an idea of what that dollar figure is. Thank you, Madam Chair.

CHAIRPERSON (Ms. Semmler): Thank you. Minister.

HON. JULIE GREEN: Thank you, Madam Chair. Thank you for the comment.

CHAIRPERSON (Ms. Semmler): Are there any further questions, comments, under supplementary health benefits? Seeing none, please turn to page 210.

Health and Social Services, supplementary health benefits, operations expenditure summary, Main Estimates 2023-2024, \$35,321,000. Does committee agree?

SOME HON. MEMBERS: Agreed.

CHAIRPERSON (Ms. Semmler): There are additional information items on page 212 to 216. Are there any questions? Seeing none, Members, please return now to the departmental summary found on page 181. Revenue summary information items on page 182 and 83.

No further questions, committee, I will now call department summary of Health and Social Services, operations expenditure, total department, 2023-2024 Main Estimates, \$610,276,000. Mr. O'Reilly.

COMMITTEE MOTION 370-19(2):
TABLED DOCUMENT 813-19(2): MAIN
ESTIMATES 2023-2024 – HEALTH AND
SOCIAL SERVICES – DEFERRAL OF
DEPARTMENT (PAGE 181),
CARRIED

MR. O'REILLY: Thank you, Madam Chair. I move that the committee defer further consideration of the estimates for the Department of Health and Social Services at this time.

CHAIRPERSON (Ms. Semmler): Thank you. The motion is in order. To the motion?

SOME HON. MEMBERS: Question.

CHAIRPERSON (Ms. Semmler): Question has been called. All those in favour? All those opposed? The motion is carried. Consideration of the Department of Health and Social Services, 2023-2024 Main Estimates, operating expenditure, total department, is deferred.

Thank you, Minister. And thank you to the witnesses for appearing before us.

Sergeant-at-arms, please escort the witnesses from the Chamber. Member for Frame Lake.

MR. O'REILLY: Thank you, Madam Chair. I move that the chair rise and report progress.

CHAIRPERSON (Ms. Semmler): There's a motion on the floor to report progress. The motion is in order and non-debatable. All those in favour? All those opposed? The motion is carried.

---Carried

I will now rise and report progress.

---SHORT RECESS

Report of Committee of the Whole

MR. SPEAKER: May I please have the report of Committee of the Whole. Member for Inuvik Twin Lakes.

MS. SEMMLER: Mr. Speaker, your committee has been considering Tabled Document 813-19(2), 2023-2024 Main Estimates, and I would like to report with one motion passed. And, Mr. Speaker, I move that the report of the Committee of the Whole be concurred with. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Inuvik Twin Lakes. Do we have a seconder? Member for Kam Lake. All those in favour? All those opposed? Any abstentions? The motion is carried.

---Carried

Third reading of bills. Mr. Clerk, orders of the day.

Orders of the Day

DEPUTY CLERK OF THE HOUSE (Mr. Glen Rutland): Thank you, Mr. Speaker. Orders of the day for Tuesday, March 7th, 2023, 1:30 p.m.

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Recognition of Visitors in the Gallery
5. Reports of Committees on the Review of Bills
6. Reports of Standing and Special Committees
7. Returns to Oral Questions
 - Oral Question 1343-19(2), Impacts of COVID-19 on Education
 - Oral Question 1404-19(2), Child Care Funding Supports for Teen Parents
 - Oral Question 1411-19(2), Renewable Energy
8. Acknowledgements
9. Oral Questions
10. Written Questions
11. Returns to Written Questions
12. Replies to the Commissioner's Address
13. Petitions
14. Tabling of Documents
15. Notice of Motions
16. Motions
17. Notices of Motion for First Reading of Bills
18. First Reading of Bills
19. Second Reading of Bills
 - Bill 64, An Act to Amend the Legislative Assembly and Executive Council Act, No. 3
 - Bill 72, Opioid Damages and Health Care Costs Recovery Act
 - Bill 73, An Act to Amend the Legislative Assembly and Executive Council Act, No. 4

20. Consideration in Committee of the Whole of Bills and Other Matters

- Bill 23, An Act to Amend the Public Utilities Act
- Bill 29, Resource Royalty Information Disclosure Statute Amendment Act
- Bill 60, An Act to Amend the Petroleum products and Carbon Tax Act
- Bill 61, An Act to Amend the Ombud Act
- Bill 63, An Act to Amend the Official Languages Act
- Bill 66, An Act to Amend the Property Assessment and Taxation Act
- Bill 67, An Act to Amend the Fire Prevention Act
- Bill 68, An Act to Amend the Child Day Care Act
- Committee Report 40-19(2), Standing Committee on Government Operations Report on Bill 61: An Act to Amend the Ombud Act
- Committee Report 43-19(2), Standing Committee on Government Operations Report on Bill 63: An Act to Amend the Official Languages Act
- Committee Report 44-19(2), Special Committee on Reconciliation and Indigenous Affairs Final Report: A Northwest Territories Approach to the United Nations Declaration on the Rights of Indigenous Peoples and Negotiating Agreements
- Committee Report 45-19(2), Standing Committee on Government Operations Report on Bill 60: An Act to Amend the Petroleum Products and Carbon Tax Act
- Minister's Statement 264-19(2), Response to the NWT Chief Coroner's Report on Suicide
- Tabled Document 681-19(2), Government of the Northwest Territories Response to Committee Report 26-19(2): Report on the Child and Family Services Act – Lifting Children, Youth and Families: An All of Territory Approach to Keeping Families Together
- Tabled Document 694-19(2), Northwest Territories Coroner Service 2021-2022 Early Release of Data

- Tabled Document 813-19(2), Main Estimates

21. Report of Committee of the Whole

22. Third Reading of Bills

23. Orders of the Day

MR. SPEAKER: Thank you, Mr. Clerk. This House stands adjourned until Tuesday, March 7th, 2023 at 1:30 p.m.

---ADJOURNMENT

The House adjourned at 7:31 p.m.

