

# PRINCE EDWARD ISLAND LEGISLATIVE ASSEMBLY



Speaker: Hon. Francis (Buck) Watts

Hansard, Published by Order of the Legislature

Second Session of the Sixty-fifth General Assembly

Tuesday, 25 April 2017

MATTERS OF PRIVILEGE AND RECOGNITION OF GUESTS .....	3171
STATEMENTS BY MEMBERS .....	3177
CHARLOTTETOWN-VICTORIA PARK (Bruce Rainnie and Kevin 'Boomer' Gallant).....	3177
CHARLOTTETOWN-LEWIS POINT (UPEI Business Students).....	3178
SOURIS-ELMIRA (50 <sup>th</sup> Anniversary Iceland II Sinking).....	3178
ORAL QUESTIONS .....	3179
LEADER OF THE OPPOSITION (Power Cable Project).....	3179
LEADER OF THE OPPOSITION (Cost of Maritime Electric Cable Project) .....	3180
SOURIS-ELMIRA (Exclusive Zone on Scallop Area).....	3180
SOURIS-ELMIRA (Fisheries Minister and Meeting) .....	3181
SOURIS-ELMIRA (Scallop Fishing in Smaller Areas) .....	3182
SOURIS-ELMIRA (Exclusion Zone Permanent).....	3182
STRATFORD-KINLOCK (Number of Child Psychiatrists on PEI).....	3183
STRATFORD-KINLOCK (Child Psychiatrist Treatment via Skype) .....	3183
STRATFORD-KINLOCK (Non-psychiatric Professionals and Treatment).....	3184
STRATFORD-KINLOCK (Resource Availability for Inpatient Treatment) .....	3185
STRATFORD-KINLOCK (Youth Placed in Adult Psychiatrist Unit) .....	3185
STRATFORD-KINLOCK (Addressing re: Overcrowding of Youth).....	3185
LEADER OF THE THIRD PARTY (Child Protection Act Review).....	3186
LEADER OF THE THIRD PARTY (Mandate of a Child Advocate).....	3187
TIGNISH-PALMER ROAD (Diagnostic Tests and Referral Trial) .....	3188
CHARLOTTETOWN-BRIGHTON (Restoration of Province House) .....	3189
CHARLOTTETOWN-BRIGHTON (Budget for Province House Restoration) .....	3189
GEORGETOWN-ST. PETERS (ACOA Investments in Mill River Deal).....	3190
GEORGETOWN-ST. PETERS (Investment of Don MacDougall in Mill River) .....	3191
GEORGETOWN-ST. PETERS (Sawler Report 2013) .....	3191
GEORGETOWN-ST. PETERS (Government Staff Involved in Mill River Deal) .....	3191
GEORGETOWN-ST. PETERS (Purchase of Rodd Hotel) .....	3193
STATEMENTS BY MINISTERS .....	3194

PPREMIER (Police Services Review Final Report) .....	3194
WORKFORCE AND ADVANCED LEARNING (Training PEI – Career Connect) .....	3195
RURAL AND REGIONAL DEVELOPMENT (Prince Edward Island Ferry Task Force).....	3195
COMMUNITIES, LAND AND ENVIRONMENT (PEI is Ranked Number One for Recycling and Composting) ....	3197
TABLING OF DOCUMENTS.....	3199
ORDERS OF THE DAY (GOVERNMENT) .....	3199
ESTIMATES .....	3199
HEALTH AND WELLNESS .....	3199
HEALTH PEI .....	3200
ORDERS OTHER THAN GOVERNMENT.....	3287
SECOND READING AND COMMITTEE .....	3287
BILL 103 – Election Age Act.....	3287
ADJOURNED.....	3297

The Legislature sat at 2:00 p.m.

Matters of Privilege and Recognition of  
Guests

**Speaker:** The hon. Premier.

**Premier MacLauchlan:** Thank you, Mr. Speaker.

Welcome back to all of our colleagues here on the floor of the House and the staff who make this place an important institution and make it work, and of course welcome to those who are viewing via the Internet or on EastLink TV.

A special welcome to those who have joined us in the gallery today: The Member of Parliament for Charlottetown, Sean Casey; Dawn Alan of Downtown Charlottetown Inc.; Chelsea Rogerson; Jen Nicholson, who's a navigator, Downtown Charlottetown; Alanna Jankov; (Indistinct); Ms. Myers; Eddie Lund; Ronnie Lee.

Welcome to everybody and we're here for another important week and a week when Islanders expect things to turn out well, to green up – we're going to have several warm days and some rain, and it's a great combination for things to move forward in this province.

Yesterday, a number of members here had the opportunity to take part in the annual general meeting of the Federation of Prince Edward Island Municipalities, and the mood there in that group is positive, getting some historic things done with the cooperation of all levels of government for the people.

And, of course, to welcome the contribution of Pam Mood, the mayor of Yarmouth, Nova Scotia, and a great presenter; and Clark Somerville, who is the national president of the Federation of Canadian Municipalities.

This is the beginning of volunteer week, and to recognize the role and the contributions of volunteers in every aspect of life in this province – it was often said around home: What would you get done in this province if it weren't for the volunteers?

Toward the end of this week, and there are so many, of course, that we could start naming, but just want to single out one that's an outstanding example toward the – on Saturday of this week, I'll be joining in a get together of the auxiliaries of the hospitals of this province and the work that those folks and those organizations have done now over decades, and indeed one particular volunteer, Linda Godfrey, who is closing in on four decades of service through the auxiliary and the tremendous work that's being accomplished there.

With that, I know we're off to a great week, and I wish everyone all the best.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Leader of the Opposition.

**Leader of the Opposition:** Thank you, Mr. Speaker.

Welcome back and I hope everybody had a good weekend. I know I did. I was able to relax a little bit, so that felt good.

I'm proud to acknowledge National Volunteer Week. Volunteering is a large part of our Island society and comes in many forms, whether supporting or mentoring children, providing emergency first-respond services, filling roles in our health care, or supporting and giving championship.

Research shows of being – bringing together persons from all walks of life to work on a common project or objective contributes to increasing social cohesiveness and social capital.

Stats Canada most recent data shows that 50% of Islanders volunteer with an annual average of 179 hours, both there marks much higher than the national average. This is why our communities are so strong, and I want to thank all Islanders who volunteer for a positive difference that they are making in our communities and throughout the whole province.

I had an opposition this morning to stop into a new company that started up in the area, and I want to wish them all the luck; it's

called the Prince Edward Island Brick Company, and they've opened up in the village of Crapaud, and they're actually having their grand opening – invited for tours on Friday and Saturday, so I was able to stop this morning, meet with the new owners, and I wish them all the luck in the future.

Thank you.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you very much, Mr. Speaker.

I want to welcome everybody back on this lovely day. I also want to recognize Alanna Jankov, who's with us today; and also Chelsea Rogerson; and MP Sean Casey.

I was also at the Federation of Municipalities meeting yesterday, and very impressed with the energy and the vision that the federation has for our municipalities here on Prince Edward Island, and in building stronger municipalities, making our province also stronger in the process.

I was also, along with many other MLAs, able to attend the Atlantic Green Expo this weekend, the initial one at the engineering building at the University of Prince Edward Island. It was a fantastic event. Lots of great ideas and I hope and expect that will become an annual event in our calendar year.

I had the honour of introducing the hon. David MacDonald, who spoke there on Saturday afternoon; a wonderful man whom I had not met before, but just a super gentleman.

I also want to recognize the Province of Ontario and their Premier Kathleen Wynne, for piloting a universal basic income project in three communities there in Hamilton, Lindsay and Thunder Bay.

I know the MP for Charlottetown, Sean Casey, is a great supporter of universal basic income and I hope, one day, of course, that we will see that here on Prince Edward Island.

Thank you very much, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Charlottetown-Brighton.

**Mr. J. Brown:** Thank you very much, Mr. Speaker.

It's my pleasure to rise today to welcome a number of people to the gallery; Alanna Jankov, a constituent of mine; a person that was involved in my campaign; the executive director at The Guild, who does a tremendous service to our community and a great friend.

Dawn Alan, behind me, it's appropriate it be volunteer week. Dawn volunteers tirelessly. I'm surprised, in fact, she's got the time to be here now. It's two weeks before the Rotary gala dinner. Dawn is always very instrumental in coordinating all aspects of that.

MP Sean Casey, and I was happy to have just had a conversation with Sean Casey about billed-basis accounting, which is a federal budget piece that's incredibly important in relation to access to justice.

I'd like to give a particular shout-out to a constituent of mine, Randy Crosby, who suffered a health setback over the weekend. Our thoughts are with Randy, and we hope the best for him certainly as he hopefully comes through things.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from West Royalty-Springvale.

**Mr. Dumville:** Thank you, Mr. Speaker.

I'd like to welcome all of our friends here today. I would like to single out Chelsea Rogerson because she'll be working tonight in the Rotary Radio Bingo at 7:00 p.m. She's getting pretty good on the computer, and keeps everything straight for us. A great volunteer and I urge everybody to get their bingo cards so Chelsea can pick them out as the winner tonight.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Agriculture and Fisheries.

**Mr. McIsaac:** Thank you very much, Mr. Speaker.

I'd like to welcome everyone to the gallery, Eddie and Russ Myers is here, a fellow I used to play hockey with and against, more fun to play with than against. I'll tell you that. Catherine Hennessey, it's good to see you come in here, as well, and Sean Casey and Dawn Alan.

A big shout-out to my district, as well, as the Premier said we're going to get some warm weather, we're going to get some rain. There will be a great rush to the fields. It has started already, but it will take off significantly over the next few weeks.

A message to everyone to be careful on the roads, travelling on the roads, whether you're following a farm implement or whether you're driving one.

This week is the last week of Burger Love. I know everybody has gotten out and gotten a few of those. I'm booked for my seventh tomorrow night.

I was talking to some people yesterday. One of them had 40.

**Mr. LaVie:** It's showing.

**Mr. McIsaac:** One had 44. I'm sure they're not the top, not the record either, but it's going well.

At the end of this week we'll transition into Love our Lobster. Great support for our ag and fish.

One other little note; I just want to wish a happy birthday to my oldest son, Andrew, who 38 years ago today made me a dad. All the best to him.

Thank you very much, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Charlottetown-Victoria Park.

**Mr. R. Brown:** Thank you, Mr. Speaker.

I want to recognize Ronnie Lee. My old buddy from my city council days, Catherine Hennessey. She taught me quite a bit at City Hall.

I also want to recognize today, Jen Nicholson. She worked in the downtown area with the community – or the street outreach program. Jen, I must say it's a lot – it's my constituency. I know a lot of the homeless people that you talk to. You do a tremendous job. I thank you very much on behalf of the Legislature of PEI.

A lot of the people in these situations need a helping hand sometimes. When I have talked to them after you have talked to them you have done a tremendous job. I want to thank you very much.

Mr. Speaker, I recommend that we continue the program.

Thank you.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Mr. Speaker.

I would like to welcome everybody here today. The hon. Sean Casey, the hon. Ms. Myers that's here today, as well too.

The Morell Consolidated choir got the chance to sing the anthem last week at the Storm game. They're very excited. They did an awesome job. The music teacher there, Nikki Waite, is doing a fantastic job with them. So I just want to say great job to them. My own two boys were there and had a wonderful time.

We were able to take in the Islanders game last weekend too, so I encourage everybody to get out and support the Islanders. It's pretty close to a sellout and I think that we can do that the next time.

Speaking of Burger Love, I know the Holy Cow in Morell – the restaurant there – just

sold its 4000<sup>th</sup> burger, so I want to say good job to Tanya and Quentin Gillis. They're doing a lot of extra hours and a lot of extra work by the staff. It's a great promotion for Morell.

Finally, I want to send out happy birthday wishes to a gentleman that a lot of people here would know: Trixie Dunn is 74 years young today so – Happy Birthday.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Communities, Land and Environment.

**Mr. Mitchell:** Thank you very much, Mr. Speaker.

It certainly is a pleasure to rise today and welcome all viewers that may be viewing in from anywhere across Prince Edward Island, but it's so great to see such a large turnout in our public gallery today. I'd like to recognize my MP, Sean Casey – at the far side of the room there. Rumor is that I'm not Sean's favourite MLA, but I may be his second favourite MLA.

As well, Dawn Alan – always great to see Dawn in and it's kind of nice to have you in, Dawn, because today in the room you can help me with the member from Kensington whose wife will soon be having twins. Dawn and I both have twins in our family – we always have those conversations – so you can give some advice to him before you leave today, as well.

Chelsea, good to see you – and on the far side of the room, of course, we have Alanna Jankov that's with us today. But, Sandra Hodder Acorn is in the room today and Sandra has been an instrumental part of Provincial Exhibition in Charlottetown last summer and this summer I know she will be again and she does various other roles in Dundas as well. It's great to have you in, Sandra. Ms. Myers, it's always a pleasure to have you in the gallery –

**Ms. Casey:** Yes, it is.

**Mr. Mitchell:** – that means there will be best behaviour on the other side of the

House. Ronnie Lee and Eddie Lund, it's great to have you both in the House today.

I, too, would like to give some recognition to the event that has already been recognized a couple times today – to the Federation of Municipalities event yesterday; I'd like to commend all those that were a part of that – municipalities from all across PEI come together to celebrate their 60<sup>th</sup> AGM on PEI. It was a great event. Ronnie Lee can be proud of his much older big brother. Mayor Clifford Lee received the award as Mayor and the municipality of Hunter River – they won the municipality.

**Mr. LaVie:** Next leader.

**Mr. Mitchell:** Thank you very much, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Rural and Regional Development.

**Mr. Murphy:** Thank you, Mr. Speaker.

Pleasure to rise and welcome all the folks in the public gallery as well as all the good people at home watching in Alberton-Roseville, as well as right across the province.

I, too, attended the meeting yesterday and it was great to be there – being a former mayor, I saw some familiar faces, but I also saw some strange faces – with is very encouraging for our future here on Prince Edward Island.

I might also mention that being volunteer week, most of these community leaders are volunteers and hats go off to them as well as to all our volunteer firefighters right across the province. They volunteer all of their time and they're very vital to our existence here on PEI – as well as all the workers that give their free time in the hospitals and other institutions, sports events, you name it. The province wouldn't function very well if we didn't have our volunteers.

I might also mention while I'm on my feet that the crab fishermen are setting their gear today, so I'd like to wish them a safe and prosperous year this year – as well as anybody that's involved in that fishery.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Thank you, Mr. Speaker.

It's a pleasure to rise today and welcome everyone who might be watching from District 18 Rustico-Emerald – home of the award-winning municipality of Hunter River. The Bredalbane community had great pot luck on Saturday night and it's always a pleasure to get down to that community. There's great food and great much from some musicians from the famous Dixon Road, which were working to really get fixed up and it's coming along quite well. Thanks to the minister for that, and her staff.

As well, I wanted to congratulate the PEI gymnasts for a great competition at the Atlantic Gymnastic Championships. I'll just say: My daughter was the Tyro 6 bars champion for the Atlantics, so I'm pretty proud of her.

Lastly, I wanted to congratulate Deryl Peters of Dave's Snowmobile Repair and my wife's first cousin Laurie Turner, who got married in Vegas and had their big wedding celebration this weekend; a great couple.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Stratford-Kinlock.

No?

**Mr. Aylward:** I'm good. Thank you.

**Speaker:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** I'll definitely take you up on that.

Thank you, Mr. Speaker.

It's great to be back on a Tuesday and I don't normally do greetings, but I will today

because my mom is in the gallery so I want to welcome my mom to the gallery.

**Mr. LaVie:** Thank God.

**Mr. Myers:** For those of you who think that she is here to keep an eye on me, she is actually here because her Internet is so poor from the deal you fellows signed that she had to drive to Charlottetown to watch because she couldn't watch from home.

**Some Hon. Members:** Hear, hear!

**Mr. LaVie:** Oh.

**Mr. R. Brown:** It would take her three days to watch it.

**Mr. Myers:** That's the truth. It would take her three days to watch it, yeah. She is still on the Question Period from week one, at home.

**Mr. LaVie:** That's the truth.

**Mr. Myers:** I'd also like to welcome Sandra Hodder here and Alanna Jankov here.

I'd also like to give a special shoutout to the political science class from Montague Regional High School. They are watching along today, so be on your best behaviour because there's young folk watching today. And Paige Miller, who you all know is a Page in the Assembly here, she is in that class, as in my son Luke, who, pretty soon I'm going to have to change his middle name to 'can-I-borrow-\$25?'

Also, further onto the member from Morell, his comments about the Holy Cow – I was out there on Sunday evening, actually, and it was so busy I didn't have a reservation. When I came up to the crest of the hill there, there had to be a150 cars parked in the yard so I couldn't get in. I had to get a reservation for much later into the evening. They stuck around and they served burgers until after 8:00 p.m. there, but it gave me a great opportunity to roam around and see what a great shape the MLA of the area is keeping that district in.

I was down to the beach in St. Peters harbour and I think there's a lot of credit due to his family for being able to keep that road open and giving public access to a beautiful

area on Prince Edward Island. I was down there, took a little walk on the beach. It's a beautiful piece of Prince Edward Island, so I think the MLA is doing a fine job down there.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Charlottetown-Lewis Point.

**Ms. Casey:** Thank you, Mr. Speaker.

It's also my pleasure to welcome those who are visiting us in the gallery today, and especially my favourite MP in all of Canada. Sean Casey is in the gallery today and some people have mentioned that before. I'd like to say hi to Chelsea Rogerson and Dawn Allen, and to Jen Nicholson and show our appreciation to Jen for the work she is doing with our most vulnerable citizens. It's greatly appreciated and hopefully that program continues long on into the future.

I'd also like to say hello to Catherine Hennessey who has joined us today. Catherine is a true champion of heritage and she is the reason why Charlottetown is proud to call themselves the Birthplace of Confederation, with her dedication to heritage in our city, with the preservation of buildings and streetscapes. All thanks to Catherine, we can call ourselves the Birthplace of Canada.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Transportation, Infrastructure and Energy.

**Ms. Biggar:** Thank you, Mr. Speaker.

It's great to be back in the House after a busy weekend, I'm sure, for everyone.

On Saturday evening the Minister of Family and Human Services and I had the great honour of attending the Big Hearts dinner for the heart and stroke association at the Credit Union Place in Summerside. I want to congratulate all of the work that was done to raise money for such a great cause.

I also attended, yesterday, the meeting of the Federation of Municipalities for their 60<sup>th</sup> anniversary; congratulate them and my constituent Bruce MacDougall who happens to be the president. He does a fantastic job in his role as president of the Federation of Municipalities.

I was talking to a former colleague this morning who happens to be out getting ready to farm and everybody is out there getting ready, busy in the farming community. Out in Bideford the fishers are getting ready to launch on the weekend and I want to wish all the best of luck to our farmers and fishers that are preparing, and the weather is going to be a great weekend and that means that the roads are going to dry up and we'll be able to get on there with getting some work done on some of our roads.

Finally, I'd like to say hello to my mother, Pauline Dymont, who is in Stewart Memorial Manor. She had a little bit of a fall, but luckily she is okay and I want her to know that I'm thinking of her today and glad to hear that she is doing well and I'm sure she's watching. I'll say hello, as well, to all of the residents at Stewart Memorial Manor and my constituents of Tyne Valley-Linkletter.

Thank you.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Souris-Elmira.

**Mr. LaVie:** Thank you, Mr. Speaker.

I'd like to welcome everybody back to a start of another week, too, especially the press, the CBC and *The Guardian*. Always glad to have them aboard and getting their messages and their stories out to the public.

I'd like to say hello to Sandra Myers and Sandra Hodder; both great girls in their communities, great volunteers.

I'd like to say hello to everyone in District 1, Souris-Elmira, but there's two young gentlemen I want to give a big shout out to, would be Max Cahill for winning the gold at the Provincial Skills Competition in welding; that's a job well done when you



take home gold from the welding competition.

A big shout out as well, to a former SRS Spartan, Zach Acorn; Zach, who captured the gold, as well in precision mechanics. It's a big accomplishment for these young fellows and they got a bright future ahead of them and I know they will do well into the future. This is what it's all about; just give them a little award like that and it'll pick them up a little bit.

So a big shout out to Max Cahill and Zach Acorn for their gold medals, Mr. Speaker.

Thank you.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Economic Development and Tourism.

**Mr. MacDonald:** Thank you, Mr. Speaker.

Welcome everybody in the gallery and there's many, that I won't go over the names again. But I'm sure you know, I also would like to recognize you.

I also had the opportunity to talk at the Atlantic Green Expo on the weekend. It was really intriguing – at the time I spoke there were likely 150 people in the room and I looked around the room and I'd say 80% of those were between the ages of 21, and likely 35. I think there's a real urge for government's everywhere to put this topic on the front burner and I think there's a revolution out there with this age bracket that's going to make us put the fire to our feet and move forward on green energy and all initiatives with it.

Kudos to Blake Doyle and his company on putting this initiative forward; I think this is going to grow and grow.

Also, I attended the Tourism Industry Job Fair in Stanley Bridge and there were literally 40-some companies from in around the resort municipality that was attending, looking for students. We'll have a further announcement on to enhance, hopefully getting more students and staff from the central areas of Cornwall, Charlottetown and other areas out to that resort municipality for work.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

#### Statements by Members

**Speaker:** The hon. Member from Charlottetown-Victoria Park.

**Bruce Rainnie – Kevin 'Boomer' Gallant**

**Mr. R. Brown:** Thank you, Mr. Speaker.

Two of Prince Edward Island's most popular CBC personalities are hanging up their microphones at the end of this week. Much to the disappointment of many Islanders, the dynamic duo, Bruce Rainnie and Kevin 'Boomer' Gallant are retiring after a very successful career.

Bruce and Boomer deserve recognition, not only for their large following they built, but also for their contribution to community life here on Prince Edward Island. Both men gave up many nights and weekends to hosting countless community events, raising money for worthy causes all across Prince Edward Island.

Boomer's weather spot has had a long list of charities lining up for an on-air appearance to promote their event. Getting on the air with Boomer was a great advertising event and many Islanders enjoyed it.

Besides hosting *Compass*, Bruce covered seven Olympic Games and numerous sporting events, including *Hockey Night in Canada*. We are all proud to watch him at the top of his game. Bruce and Boomer are not like many celebrity newscasters we see on the air today. They are hardworking down to earth guys who can't resist poking fun at each other.

The other night on television there was a few interviews of Bruce and Boomer and it was quite funny.

Thursday night at the EastLink Center in Charlottetown, Islanders will have a chance to say goodbye to Bruce and Boomer and thank them for all they've done.

I ask all members of the House to join me in wishing Bruce and Boomer all the best in

their future. They will be missed, Mr. Speaker.

Thank you very much.

I did go to school with Boomer.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Charlottetown-Lewis Point.

### UPEI Business Students

**Ms. Casey:** Thank you, Mr. Speaker.

I'm pleased to rise in the House to acknowledge five talented UPEI business students: Alex Dunne, Sydney Gallant, Kate Kinsman, Mary Whitrow and Andrew Chapman. This team of creative students recently won second place prize of \$3,000 in the ANPA business competition hosted by the University of Alberta.

The premise of the competition is to make a creative, resourceful and practical case for a not-for-profit organization. It challenges the students to use the concepts they have learned in their classes and apply them to the not-for-profit case. The team must consider and balance the social mission of the organization, as well as the financial goal, while keeping in mind the limited resources of a not-for-profit body.

The teams have only their previous knowledge, access to the Internet and textbooks to use as resources. The students have 24 hours to analyze and prepare their solution, 15 minutes to present and another seven minutes to answer questions from the judges and defend their proposal.

Upon winning second prize, the team announced that they would be directing their winnings as a donation to Parkinsons Canada. This was a surprise to team member, Kate Kinsman. Her teammates decided to donate this in advance of the competition, as a member of Kate's family is living with Parkinsons.

Mr. Speaker, I invite all my colleagues in the House to join me in congratulating this fine group of young business leaders.

Thank you.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Souris-Elmira.

### 50<sup>th</sup> anniversary Iceland II sinking

**Mr. LaVie:** Thank you, Mr. Speaker.

It's an honour for me, not only as an MLA, but as a fisher, to get up and give this statement. Probably, you, Mr. Speaker and the Premier and the Minister of Finance, will probably remember this incident that I'm going to read about.

50 years ago today, the Fishing Trawler Iceland II ran aground off the shores of Cape Breton. With it, came tragedy and 10 people lost their lives that day. The 10 crew members had set sail from Souris 50 years ago to fish flounder and cod off the shores of Nova Scotia.

On February 22, a fierce storm hit the region with gale force winds and towering waves. The Steel Dragger called Iceland II was no match for Mother Nature. The crash claimed the lives of Captain Tom Hodder, mate Tony MacDonald and engineer Albert MacDonald, along with Butch O'Hanley, Lee Jenkins, James Carter, Clovis Gallant, Reggie Foote, Clarence Malone and John Hendsbee.

A memorial service was held in Souris this past February to mark the 50 year anniversary. Some 200 people gathered to remember the crew members who lost their lives that fateful night. All of those who lost their lives had family members who fondly remember them and some have never had the chance to meet their lost ones, but still they work to keep their memories alive.

In the gallery with us today is Captain Hodder's daughter, Sandra, who was only two months old when she lost her father.

New family connections continue to be made even today. I know Sandra has continued to keep her father's memory alive and she was extremely happy to be reconnected with her long lost relatives. This tragedy serves as a reminder of the great danger that our fishermen put their lives in when they head out onto the water.

Sometimes it can be the last time they will ever see land again.

50 years ago—then premier, Alex Campbell, and the leader of the opposition, Walter Shaw, both paid tribute to the disaster here in this Legislature. I am happy to pay tribute today and remember those who are no longer with us.

I'm glad Sandra could join us here today as we pay respect to those who lost their lives on the tragic February day 50 years ago.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

Responses to Questions Taken as Notice

Questions by Members

**Speaker:** The hon. Leader of the Opposition.

**Power cable project**

**Leader of the Opposition:** Thank you, Mr. Speaker.

The power cable project across the Northumberland Strait was launched in October and was supposed to be finished before the winter ice hit.

Question to the minister of energy: Just exactly how far behind schedule is this project?

**An Hon. Member:** Great question.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Transportation, Infrastructure and Energy.

**Ms. Biggar:** Thank you, Mr. Speaker.

The cable project is an integral piece of infrastructure for Prince Edward Island, second to none to the Confederation Bridge. It's a \$142 million project, which is going to support and secure the electricity and economic viability for Prince Edward Island.

There are two 180 megawatt cables being laid. They started in last October. The ice came in early. There were some difficulties.

We have gone back out into the strait and the work is on schedule.

This week it's continuing. The weather is cooperating. We are about 40%, from what I understand from Maritime Electric, of completing that work. The cables are connected end-to-end. Once that cable is finally laid in the middle they'll be turned on.

**Some Hon. Members:** Hear, hear!

**Mr. R. Brown:** Impressive.

**Ms. Casey:** Great project.

**Speaker:** The hon. Leader of the Opposition.

**Leader of the Opposition:** It's unbelievable, Mr. Speaker, how this minister can blame the ice.

During the fall sitting, minister, during the fall sitting you told the House —

**Mr. LaVie:** I ain't (Indistinct)

**Leader of the Opposition:** — the project would be completed by December —

**Ms. Casey:** Can't fight Mother Nature.

**Leader of the Opposition:** — it's now almost May and the best case scenario is that the install work will not be done until the end of May.

Question to the energy minister: When will power be flowing through these cables?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Transportation, Infrastructure and Energy.

**Ms. Biggar:** Mr. Speaker, thank you.

As I noted, the cables, the connections end-to-end was completed last fall. The ship, the *Isaac Newton* over-wintered in Halifax Harbour. It returned back to our harbours in late to mid-April and has been dispatched to Borden, and has been continuing that work ever since.

That project is well on its way to completion.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Leader of the Opposition.

### **Cost of Maritime Electric cable project**

**Leader of the Opposition:** Mr. Speaker, in Hansard, you told: December.

Question to the minister –

**Ms. Casey:** Mother Nature (Indistinct)

**Leader of the Opposition:** – we've had months of over-delays on this and cost overruns. Islanders have been feeding the meter for this multi-million dollar cable-ship to sit in Halifax all winter, and now come back to finally finish the job.

Question to the minister: You have the information, how many millions has your mismanaged project cost?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Transportation, Infrastructure and Energy.

**Ms. Biggar:** Thank you, Mr. Speaker.

As I noted, it is a \$142 million project, which is being managed by Maritime Electric and laid by LS Cable company. All the responsibility for laying that cable and any cost associated with any overruns are the responsibility of that company, not Islanders. It will not be on the backs of Islanders.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Leader of the Opposition.

**Leader of the Opposition:** Thank you, Mr. Speaker.

When projects like this generate cost overruns someone ends up on the hook. Maritime Electric ratepayers and Island taxpayers, who are the same people.

This is your – you're the minister that mismanaged this project.

Question to the minister: Why do you refuse to tell Islanders the story, yet behind another mismanaged project by your government?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Transportation, Infrastructure and Energy.

**Ms. Biggar:** Mr. Speaker, as I noted, Maritime Electric are the managing project manager for this. When the project is completed Islanders will take ownership of those cables.

Any cost overruns, and I want to make this very clear so that that message is out there: Any cost overruns are the responsibility of the cable company that are laying those cables.

**Mr. R. Brown:** Great.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Souris-Elmira.

### **Exclusive zone on scallop area**

**Mr. LaVie:** Thank you, Mr. Speaker. This project was supposed to be done by Christmas. Then, the promise was by spring. Now, we see it running into the summer scallop season.

Question to the Minister of Agriculture and Fisheries: When did you approve the fishing exclusion zone for this project area?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Transportation, Infrastructure and Energy.

**An Hon. Member:** Oh!

**Ms. Biggar:** Thank you, Mr. Speaker.

**Mr. Trivers:** I thought he wanted questions.

**Ms. Biggar:** I think if we check our calendar we know when summer starts. This will be done –

**Mr. Myers:** (Indistinct) say that?

**Ms. Biggar:** – before summer starts. It will be done in the spring.

DFO put an exclusion zone on, which represents 7% –

**Mr. LaVie:** Who requested that?

**Ms. Biggar:** – of the fishing zone –

**Mr. LaVie:** Who requested that? Somebody has got to request it.

**Ms. Biggar:** – DFO put the moratorium on that area of 500 metres on each side of the cable. DFO are the ones who are responsible in the water –

**Mr. LaVie:** Someone has got to request it.

**Ms. Biggar:** – and to make sure that the work can be done safely.

It is progressing. We're about 40% done now of the final installation. By the end of May we anticipate we will turn the power on in those cables.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Souris-Elmira.

**Mr. LaVie:** Thank you, Mr. Speaker.

It's funny, this minister knows when the summer season is, but you don't know when your scallop seasons are over there –

**Mr. Myers:** It's true.

**Ms. Biggar:** You don't know that.

**Mr. Myers:** It's true.

**Mr. LaVie:** You don't know your scallop season.

There were promises made by this tired Liberal government that the project would not run into the scallop season. Another broken promise.

**Mr. Myers:** Yeah.

**Mr. LaVie:** Now, this government, also, put in a fishery exclusion zone around the project. Somebody has got to put in the request from DFO. Somebody has to put the request in.

The exclusion zone was presented to local fishers last night in O'Leary.

### **Fisheries minister and meeting**

Question to the Minister of Agriculture and Fisheries: Minister, why did you not attend this meeting?

**Mr. Myers:** Good question.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Agriculture and Fisheries.

**Mr. McIsaac:** Thank you very much, Mr. Speaker.

Thanks for the question, finally. It has taken a year to get one –

**An Hon. Member:** Two a year.

**Mr. McIsaac:** – but that's great, it's a really good question. SFA 22 –

**Mr. Myers:** (Indistinct) when she answered for you.

**Mr. McIsaac:** SFA 22 actually is between May 1<sup>st</sup> and June 3<sup>rd</sup>, as you well know.

It is unfortunate that the area around the cable is not going to be fished in for this area for this time. Maritime Electric informed DFO that they would need some time. DFO has then put in the exclusion zone, 500 metres on either side of that. That's the way it will be.

They'll finish up very soon, hopefully. They also have put a fund aside if it needs to offset loss of catch of whatever that may be.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Souris-Elmira.

**Mr. LaVie:** Mr. Speaker, very soon don't put scallops aboard a boat. Very soon don't put supper on the table.

**Mr. Myers:** No, it doesn't.

### Scallop fishing in smaller areas

**Mr. LaVie:** Very soon don't pay the electrical bill.

These fishers need to know and you fellows put in exclusion zones.

Do you have any concerns about the health of the fishery if more fishers are forced to fish in smaller areas?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Transportation, Infrastructure and Energy.

**An Hon. Member:** Minister of agriculture (Indistinct)

**Ms. Biggar:** Mr. Speaker, this project is for the benefit of all Islanders to secure our energy going into the future to be able to look at other sources of energy that Islanders can benefit from.

In terms of the project that is ongoing at the moment there is a contingency fund that has been put in place by LS Cable. It's a \$500,000 fund –

**An Hon. Member:** Oh!

**Ms. Biggar:** – it's a 7% exclusion zone, 500 metres around the project area to ensure safety –

**Mr. LaVie:** What's the science on this?

**Ms. Biggar:** – of fishers' safety –

**Mr. LaVie:** Science on this (Indistinct)

**Ms. Biggar:** – of the workers that are laying that cable on behalf of all Islanders, who will benefit, not today, not tomorrow, but for the next 50 years for secure energy to this Island.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Souris-Elmira.

**Mr. LaVie:** Thank you, Mr. Speaker.

The Minister of Agriculture and Fisheries was looking for questions. I asked him three questions so far, and he answered one of them so –

**Mr. Myers:** One out of three –

**Mr. LaVie:** – far –

**Mr. Myers:** – ain't bad.

**Mr. LaVie:** Mr. Speaker –

**Mr. Myers:** – thirty-three percent.

**Mr. LaVie:** – this is the same minister –

**Mr. Myers:** He's more popular than the Premier.

**Mr. LaVie:** – this is the same minister that was on the missing list for fishermen when they were going through the carapace size. Or the mackerel shut-down. This is the minister that was absent during the halibut quotas, or Transport Canada –

**Mr. Myers:** Oh! Shame!

**Mr. LaVie:** – the minister that could not be found.

### Exclusion zone permanent

Minister of Agriculture and Fisheries: Do you plan to make this exclusion zone permanent?

**Mr. Myers:** Good question.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Agriculture and Fisheries.

**Mr. McIsaac:** Thank you very much, Mr. Speaker.

I don't make the exclusion zone, anyway –

**Mr. LaVie:** You put a –

**Mr. McIsaac:** – DFO does that –

**Mr. LaVie:** – request in.

**Mr. McIsaac:** No, we work with the fishers, hon. member –

**Mr. LaVie:** (Indistinct)

**Mr. McIsaac:** – and it is unfortunate that the project wasn't finished on time –

**Mr. LaVie:** Had to get the critic down from Ottawa to meet with the fishermen.

**Mr. McIsaac:** We have been working with the fishermen. We have been working with Maritime Electric. We're working with DFO on this.

We were hoping the project would be finished on time. It wasn't finished on time. So, we have talked to the – Maritime Electric has asked DFO, as was explained, to put in an exclusion zone for a temporary period –

**Mr. LaVie:** (Indistinct)

**Mr. McIsaac:** – for a temporary period, until the project is finished, and there are dollars set aside –

**Mr. LaVie:** He just said Maritime Electric put the request in.

**Mr. McIsaac:** – as a fund.

Anyway, thank you very much, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Stratford-Kinlock.

#### **Number of child psychiatrists on PEI**

**Mr. Aylward:** Thank you, Mr. Speaker.

No segment of society is immune from challenges of mental health, not even children or youth.

A question to the minister of health: Currently, how many child psychiatrists do we have working in our health care system here on PEI?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Health and Wellness.

**Mr. Henderson:** Mr. Speaker, we certainly, on this side of the House, understand the toll that mental health illnesses can have on Island families, especially when it deals with our younger population, and we're always working at trying to alleviate any particular health care issues.

Currently, we do not have a child psychiatrist on the Island, but we are actively recruiting and trying to attract one here.

But, we do have many other services that are for children with psychiatry needs, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Stratford-Kinlock.

#### **Child psychiatrist treatment via Skype**

**Mr. Aylward:** Thank you, Mr. Speaker.

We know, in many specialized health fields, the demands for services are heavy, forcing less-than-ideal situations.

A question to the minister: Currently, how many off-Island child psychiatrists are providing treatment to Island children and youth via Skype?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Health and Wellness.

**Mr. Henderson:** Mr. Speaker, we're successful in developing a new telepsychiatry program here in the province that was created in February, 2017, with the help of a doctor in Ontario. I believe the doctor's name is Dr. Kiesselbach, and we're certainly doing everything we can to alleviate the situation in trying to recruit and retain more child psychiatrists.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Mr. Speaker.

A question again to the health minister: Minister, would delivering child psychiatry services by Skype from another province normally be considered a best practice?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Health and Wellness.

**Mr. Henderson:** Mr. Speaker, you know, obviously there's situations occur when it comes to recruiting and retaining physicians, for whatever the specialty would be. Although I would not say that it is the ideal situation, it is at least providing the services and needs that children require when it comes to psychiatric services in this province.

But, we have many more services that are also out there, and I (Indistinct) mention, one would be the Insight Program, programs with our behavioral support team, with Dr. Rhonda Matters, and there's a number of other programs that are out there too, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Mr. Speaker.

Well, delivering child psychiatry services to Island children and youth through Skype would seem to be a stop-gap effort.

A question again to the minister of health: How did we get to the point where we're forced to use off-Island psychiatrists to do triage by Skype?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Health and Wellness.

**Mr. Henderson:** Mr. Speaker, we're very fortunate in this province that we actually are in the process and have implemented a 10-year mental health and addiction strategy

in this province, and that's going to encompass a basically – a new path that we'll be taking in trying to deliver services to both, mental health people who require it, as well as addictions in this province, and we'll continue to recruit.

We have a number of psychiatrists in this province, as well as psychologists and many other health care professionals, and in a collaborative approach, we'll do whatever we can to help any Islander that's in need of mental health services in this province.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Stratford-Kinlock.

### **Non-psychiatric professionals and treatment**

**Mr. Aylward:** Thank you, Mr. Speaker.

The minister's correct; there are various other services here. There are other psychiatrists.

But, if the minister was to get out of his office and actually talk to some of these people that are trying to access care and treatment, they would quickly realize – or he would quickly realize – that the psychiatrists that are not trained in child psychiatry are actually refusing to see these children. So, along with child psychiatrists, there are many health care professionals who provide services in this area for Island youth and children.

Again, a question to the minister: How are non-psychiatric mental health professionals like psychologists utilized to help treat Island children and youth?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Health and Wellness.

**Mr. Henderson:** That's a good question from the hon. member, Mr. Speaker.

Yes, we do have a lot of different services, and we are able to use a lot of different health care professionals when it comes to the delivery of issues of mental health.



One of the ones that I'm quite proud about is our behavioral support team, and that does work with treating individuals of an age 4-12, and we've worked already with 44 families in that, and I certainly commend the great work that Dr. Rhonda Matters is doing in that particular case.

We also have services that are provided – you know, telepsychiatric health services, too, and we have an arrangement with Dalhousie University where students are working with families on this Island, too, to help alleviate some of the different situations that are out there, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Stratford-Kinlock.

#### **Resource availability for inpatient treatment**

**Mr. Aylward:** Thank you, Mr. Speaker.

The first hope when a child or youth presents with a mental health issue is that they can receive proper treatment through counseling and outpatient services.

Unfortunately, there are cases where inpatient treatment is needed.

Again, a question to the minister: When Island children and youth require inpatient mental health treatment, what resources are available?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Health and Wellness.

**Mr. Henderson:** Mr. Speaker, we have many different services that are available to people with mental health, especially when it deals with young individuals in this province.

And I think that the first stop is always usually the family physician, and then the referrals can be made from there.

But we also have many services that are walk-in oriented, and people can come and access services.

And then, once again, the special referrals are out there.

But, we certainly have a whole myriad of acute care and mental health services within our facilities across this province, and those professionals work hard in resolving those issues.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Stratford-Kinlock.

#### **Youth placed in adult psychiatric unit**

**Mr. Aylward:** Thank you, Mr. Speaker.

On Prince Edward Island, we don't have an inpatient unit dedicated to children and youth with mental health issues. Our regular pediatric wards are used, and in severe cases, children and youth end up being placed in an adult psychiatric unit.

Again, a question to the minister of health: Is having Island children and youth placed in adult psychiatric unit an effective model of treatment?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Health and Wellness.

**Mr. Henderson:** Mr. Speaker, once again, in this province we really try to focus on a collaborative model of care when it comes to the delivery, and we have a number of different health care professionals that deliver health care services, and those professionals – once a patient identifies a particular issue – they take the appropriate course of action, and they will put people in the appropriate locations for those services, whether that's in acute care services or intermingling with adults.

It's all up to a choice that our health care professionals would make in the delivery of mental health services, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Stratford-Kinlock.

#### **Addressing re: overcrowding of youth**

**Mr. Aylward:** Thank you, Mr. Speaker.

Recently, I talked to a desperate parent whose child spent 13 days in the psychiatric ER ward at the Queen Elizabeth Hospital because of overcrowding in the youth wing at Unit 9.

Again to the minister: Do you think that the \$2 million a year that you've negotiated for mental health programs over the next 10 years will be able to address the overcrowding problem in our youth mental health situation here on PEI?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Health and Wellness.

**Mr. Henderson:** Mr. Speaker, we were very fortunate to work out a negotiated settlement with the federal government when regarding to health accord, and we do have resources that will be added towards mental health services in this province, as well as home care and a number of other services.

And, with those services, we will be making the appropriate investments where we see need that is most urgent, and that is going to be working with young people in the school system, and we'll be making announcements in the near future regarding the details around that situation.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Mr. Speaker.

The youth I referred to in my last question finally made it to the Unit 9 youth wing, but after a week, he was discharged and started the Strength Program in Summerside.

He then became suicidal. The protocol was to call his mother to come and get her son because of health – self-harm concerns.

This started the cycle all over again. He was taken to the emergency room at the QEH, but no beds, once again, were available.

So, a question to the minister: You talk about all the resources and all the supports that are out there; do you feel that the proper protocol in a case like this would be to call the mother and ask her to come and get her child?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Health and Wellness.

**Mr. Henderson:** Mr. Speaker, once again, as a minister responsible for health care in this province, we have – once again – a collaborative model of care. There's many professionals out there, whether that's with the Canadian Mental Association – whether that's our doctors, psychiatrists, psychologists – the list goes on.

We are always trying to improve the continuum of care that we provide Islanders when it comes to mental health services and these are very complex and challenging issues and I'm sure that Island families that experience these situations – my empathy is there for them. We will continue to work on trying to make the best investments that we can to alleviate those issues, Mr. Speaker.

**Speaker:** The hon. Leader of the Third Party.

### ***Child Protection Act review***

**Dr. Bevan-Baker:** Thank you so much, Mr. Speaker.

Twice last week the Premier cited the *Child Protection Act* review to justify his refusal to support an independent child advocate. And yet, in a *Guardian* article published earlier this year, it was noted that – and I quote: Although the committee did hear feedback from Islanders calling for a child advocate for Prince Edward Island, review chair, Patsy MacLean says the committee felt it was better to focus on the services Islanders want as part of that request.

A question to the hon. Minister of Family and Human Services: Did the chair of the committee provide you with their rationale for ignoring the feedback of Islanders?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Family and Human Services.

**Ms. Mundy:** Thank you, Mr. Speaker.

The *Child Protection Act* review was a wonderful process and it engaged Islanders from tip to tip. We had over 34 consultations and we spoke to nearly 400 Islanders, Mr. Speaker, who all said the same thing: that caring for children and protecting them from parental harm is everyone's responsibility. It's the responsibility of government, communities, as well as families.

The recommendation surrounding a child advocate – the committee felt that it was a very simplistic view. There were 66 recommendations that came out of that review and to say that a child advocate was going to solve them all, that would be a very, very simplistic view.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Leader of the Third Party.

**Mr. LaVie:** (Indistinct)

**Dr. Bevan-Baker:** Thank you, Mr. Speaker.

I realize that the review of the act is mandated in legislation and that the composition of the advisory committee is set out in their regulations, however, I have to question the independence of a committee where nine of the 15 members are employees of government.

Minister: Are you at all concerned about a decision to reject third-party oversight when it comes to a committee, the majority of whose members would be subject to that oversight?

**Speaker:** The hon. Minister of Family and Human Services.

**Ms. Mundy:** Thank you, Mr. Speaker.

When the committee spoke with Islanders, again – tip to tip – almost 400 of them, and anytime a child advocate was brought up, they were asked: What does a child advocate do? What is the objective of the child

advocate? Or, what is it that you feel a child advocate would do? They said there was five ways that a child advocate would intervene.

They felt that there would have to be policy oversight, systems oversight, authority to conduct third party reviews – and you will see when my budget is on the table that there is money in the budget for third-party independent reviews, public awareness about the rights of a child, as well as legal representation.

The hon. Minister of Justice has gotten up and he has spoken about the legal representation for the children, Mr. Speaker.

**Speaker:** The hon. Leader of the Third Party.

#### **Mandate of a child advocate**

**Dr. Bevan-Baker:** Thank you very much, Mr. Speaker.

As we know, the mandate of the child advocate varies from one province to another. I feel that the advisory committee is less independent from government than the many other organizations who have recommended that Prince Edward Island needs a child advocate, such as: The coroner's jury, the Advisory Council on the Status of Women, and the Canadian Council of Child & Youth Advocates.

Could the minister explain why she is so determined to favour the advice of her committee and ignore all the independent recommendations?

**Some Hon. Members:** Hear, hear!

**Mr. LaVie:** This government doesn't listen.

**Speaker:** The hon. Minister of Family and Human Services.

**Ms. Mundy:** Thank you, Mr. Speaker.

To say that we've ignored advice, I think, is very, very contrary to what we have done and what we have said we were going to do. We said that we were going to focus our commitment right now where we needed it most, and that is on the frontlines. That is catching families and catching children

before they fall into the system. We have implemented – the hon. Minister of Justice was on the floor implementing bills and legislative changes that we will implement that are going to prevent it. So, our focus right now is in the preventative nature.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Tignish-Palmer Road.

### **Diagnostic tests and referral trial**

**Mr. Perry:** Thank you, Mr. Speaker.

My question is to the hon. Minister of Health and Wellness: A year ago, you had a presentation of a collaborative practice trial at the Tignish Co-operative Health Centre. Dr. Fox, the nursing staff and Brian Hiscock – who's a physiotherapist – have developed an orthopedic assessment service for clients that provides specific diagnoses and same-day intervention, which prevents additional diagnostic tests and referrals to other health specialists. The results of this 18-month trial were very positive.

My question, Minister, is: Has there been any progress on this from your department?

**Speaker:** The hon. Minister of Health and Wellness.

**Mr. Henderson:** Thanks, Mr. Speaker.

I have to admit, it's been a year, I guess, since I had the opportunity to attend the annual meeting of the Tignish Co-operative Health Centre and I heard they had a meeting last night, actually. It is a great example of a collaborative model of care – where you do have many different health care professionals working together. Not only do you have a medical doctor – one of our doctors is based out of there, as well as a physiotherapist. We have other public health services that are offered there.

Our department has provided resources to that facility in the past and we certainly see great value in the work they're doing and we're continuing to monitor the work that Mr. Hiscock and the collaborative model that Dr. Fox put in place there.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Tignish-Palmer Road.

**Mr. Perry:** Thank you, Mr. Speaker.

Minister, a chart audit revealed that over 60% of the patients seen and given self-managed interventions didn't require further referrals, diagnostics or treatments. This design represents potential for huge cost savings with our hospital and specialist services that are already strained.

Minister: Will you endorse this collaborative practice design?

**Speaker:** The hon. Minister of Health and Wellness.

**Mr. Henderson:** Mr. Speaker, well I said, once again we are monitoring the situation there, but I will say that the model that the Tignish Co-operative Health Centre puts in place is something that's very worthy of endorsement and we will be continuing to work on that. I am hopeful that, as we move forward, that Health PEI will take a hard look at the services that are provided there and we'll look at trying to provide more stable funding as we do move forward on that.

I think it's important that we are focusing our resources on, like the hon. member said, where we can see good health care outcomes and where we can see those cost savings as we move through the system in health care delivery.

**Speaker:** The hon. Member from Tignish-Palmer Road.

**Mr. Perry:** Thank you, Mr. Speaker.

Minister, yes I did attend the AGM last night also, and the board was very thankful and appreciative of all what our government has done to support them in the past and in the present.

Will your department commit to supporting the Tignish Co-operative Health Centre into the future?

**Mr. LaVie:** Oh yeah.

**Speaker:** The hon. Minister of Health and Wellness.

**Mr. Henderson:** Thank you, Mr. Speaker.

I think the key component in this is what the Tignish Co-operative Health Centre is doing. It is collaborative in its approach. It's everything in the essence of what I stand for as a minister – where you have multi professionals working together in delivery of health care. I'm hopeful that, as we work forward together – whether it's a doctor, whether it's a nurse practitioner, whether it's a physiotherapist, occupational therapist – that we can continue to deliver more of those services and I definitely will be doing what I can to instruct my department to see if we can come up with more long-term, stable arrangements with that particular location.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Charlottetown-Brighton.

### **Restoration of Province House**

**Mr. J. Brown:** Thank you, Mr. Speaker.

Mr. Speaker, my question is for the hon. Minister of Transportation, Infrastructure and Energy.

Minister: Province House national historic site and home of this Legislative Assembly is currently closed for extensive conservation work. I understand you recently received an update on how that work is progressing. Can you please share this information with this House?

Thank you.

**Speaker:** The hon. Minister of Transportation, Infrastructure and Energy.

**Ms. Biggar:** Thank you, Mr. Speaker.

Indeed our Province House is a site that's near and dear to Islanders and to our Legislature, and the work that is happening with it is of interest to all of us, and of course it has tremendous value as a national historic site due to the site of the Charlottetown Conference.

You have probably seen some work happening around there. Today you may have noticed, so the contractor for the phase 1 is on site has begun mobilizing this week and you'll see lots of activity happening around there in the coming weeks and months. I did receive an update and I'll be happy to table that later.

Thank you.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Charlottetown-Brighton, your first supplementary.

**Mr. J. Brown:** Thank you, Mr. Speaker. Thank you, minister.

Minister, as one of the finest parliamentary buildings in this commonwealth, Province House attracts many visitors. When will Province House reopen to the public, and is the restoration on schedule?

**Speaker:** The hon. Minister of Transportation, Infrastructure and Energy.

**Mr. Myers:** They're not in charge of it (Indistinct) project management has been handed off to Maritime Electric.

**Mr. LaVie:** (Indistinct)

**Mr. Myers:** (Indistinct) just read what Vessey told (Indistinct)

**Ms. Biggar:** Thank you, Mr. Speaker.

The project management is under Parks Canada. The estimated completion date is 20-20 which is – we're all anxious to have that completed. Parks Canada is working very closely with my department and the province, and we're all aware that we have lots of interest in the project and we're looking very forward to having that completed on schedule as much as possible.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Charlottetown-Brighton, your second supplementary question.

### **Budget for Province House restoration**

**Mr. J. Brown:** Thank you, Mr. Speaker. Thank you, minister.

Minister, the last we heard was that the expected cost of this project was approximately \$41 million. Can you advise this House as to whether the project is on budget?

**Speaker:** The hon. Minister of Transportation, Infrastructure and Energy.

**Mr. LaVie:** You'll say yes today.

**Ms. Biggar:** Thank you, Mr. Speaker.

In fact, hon. members, the Legislature itself and the Speaker's Office works very closely in relationship with Parks Canada to ensure that things are being done to what we would like to see completed for our work and I thank them, certainly, for the collaboration that we have together with them and Parks Canada.

I'm very happy that the federal government has committed \$140 – oops. That's the cable.

**Mr. LaVie:** (Indistinct)

**Ms. Biggar:** Although, the federal government has given us so much money it's hard to keep it straight, but the money for the Province House is \$41 million and I know that that money from the federal government, we're very thankful that has come in. Through Parks Canada, they are working within that envelope to set priorities for the work on Province House.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Georgetown-St. Peters.

#### **ACOA investments in Mill River deal**

**Mr. Myers:** Thank you, Mr. Speaker.

We know the province is putting more than \$7 million into this tired Liberal government's Mill River deal. Question to the tourism minister: How much money is ACOA putting into this project?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Economic Development and Tourism.

**Mr. MacDonald:** Thank you, Mr. Speaker.

That would be between ACOA and the new owners of the property.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Mr. Speaker.

Actually, it was part of the Sawler Report because it's a \$50 million project that's going on up there, but it seems rather strange that the minister doesn't know anything about it.

Question, again, to the minister: Did ACOA get cold feet after they saw you jump all over this low-ball offer?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Economic Development and Tourism.

**Mr. MacDonald:** Thank you, Mr. Speaker. It's interesting that we've discussed this several times and tabled many documents and through estimates –

**Ms. Biggar:** (Indistinct)

**Mr. Myers:** (Indistinct)

**Mr. MacDonald:** – we continue to talk about the Mill River deal. Mill River is a flagship.

As economic development minister and tourism minister at the same time, it's a real opportunity for me to get up and talk about this deal because it is a good deal for West Prince and it's a good deal for the taxpayers of Prince Edward Island.

This government has got nothing to hide. In fact, we've got everything to be proud of; moving our industry forward and moving our communities forward in rural PEI and we will continue to make these investments.

Thank you.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Georgetown-St. Peters.

### **Investment of Don MacDougall in Mill River**

**Mr. Myers:** Thank you, Mr. Speaker.

Funny, in April 24<sup>th</sup>, 2009, there was an article in *The Guardian* that says: For-sale sign of provincial golf courses. Valerie Docherty said at the time: To have a garage sale of our courses just was not in the best interest of Islanders and taxpayers.

It's funny that at the time, and they were getting much more offers – or bigger offers than you guys were getting. But, on media interviews on the weekend Don MacDougall was trying to spin this new deal and he said that he would be investing \$1 for every \$6 that this government spends.

Question to the minister: Does \$6 of public money for every \$1 of private investment sound like a good deal for Island taxpayers?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Economic Development and Tourism.

**Mr. MacDonald:** Thank you, Mr. Speaker.

I can tell you through my lending portfolio, that we have 17.9% of our lending portfolio, which is roughly about \$65 million, out in the tourism entity right now right across Prince Edward Island. We give out \$2.3 million in grants each year to tourism industry so we continue to invest in the tourism industry and Mr. MacDougall – it's unfortunate that he has to come and write an article or do a report in the paper because –

**Some Hon. Members:** (Indistinct)

**Mr. MacDonald:** – as the minister responsible for prospecting companies to come here to invest in Prince Edward Island, we're doing a very good job of it. As you well know, the economy is in really good shape and we'll continue to do that.

But, Mill River is a good deal. The property needs a lot of work. He is willing to make that investment. We're willing to move that

property forward and make sure that it stays a flagship in that community.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Georgetown-St. Peters.

### **Sawler Report 2013**

**Mr. Myers:** Thank you, Mr. Speaker.

I don't think it's unfortunate at all that Don MacDougall had to go to the paper. You guys wouldn't answer any questions about it all week. You guys were the ones that threw him under the bus and I seem to recall the article saying he called from his Toronto mansion so no Islander should feel bad for him.

The 2013 Sawler Report on Mill River estimated that an investment of \$50 million was needed to make this project a long-term success. Using the 6-1 ratio that Don MacDougall told Kerry Campbell, that's a \$43 million investment needed from public dollars.

Question to the tourism minister: Where is the rest of that money coming from?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Economic Development and Tourism.

**Mr. MacDonald:** I'm not sure, Mr. Speaker, if that an admittance of a good deal on behalf of what we had just done with government, but it almost sounds like it.

**Mr. LaVie:** (Indistinct)

**Mr. MacDonald:** The cost to renovate and upgrade that facility to get it back where it was is obviously a lot more than what we're paying, so we're glad of the deal. We will continue to – last year they had 40 – our own components of this deal at \$480,000 in losses. That's not – you take that over 10 years or 12 years, or whatever you want to do, our expenses were \$1.46 million through the campground, the fun park and the golf course so you can do the math any way you want to do it.

At the end of the day, the taxpayer is going to come out ahead as we move forward, and I'm not sure but I'm at a loss at words sometimes, but it's a confused conservative opposition –

**Mr. LaVie:** (Indistinct)

**Mr. Myers:** (Indistinct)

**Mr. MacDonald:** It's interesting that they continue to bring this up on a daily basis. We have tabled almost every document that we could possibly table and we're still –

**An Hon. Member:** Almost.

**Mr. MacDonald:** – no further ahead with the opposition.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Mr. Speaker.

He hasn't tabled the contract. He hasn't tabled the deal. He hasn't tabled the response to the RFP, or anybody's responses to the RFP, for that matter. He is hiding quite a bit. Funny, when somebody sells their house they use a realtor or a professional business person to sell their house. If you want to sell your business, the Member from West Royalty-Springvale – he does it there now, too. He helps you sell your business.

When it comes to a major asset like a golf course, you bring in somebody with expertise like Colliers or one of the other companies who sell major assets like that.

**Ms. Biggar:** Question.

#### **Government staff involved in Mill River deal**

**Mr. Myers:** Question to the – I'm going to give this one to the Premier. You can thank her for that.

Question to the Premier: Why instead of using Colliers did you use former Liberal

party president and PNP bag man and your chief of staff, instead of using Colliers?

**Some Hon. Members:** Hear, hear!

**Mr. LaVie:** (Indistinct)

**Ms. Compton:** Good advice.

**Speaker:** The hon. Premier.

**Mr. LaVie:** Are you the bag man?

**Premier MacLauchlan:** I'm not sure what those adjectives were meant to describe, Mr. Speaker, but in the case of government, we had two of our most senior people; the chief of staff in the Premier's Office, the deputy minister of finance are working in close collaboration with the deputy minister of economic development and tourism and that's a very senior experienced team and they reached a very good deal for the taxpayers of this province.

Thank you.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you.

I didn't realize that a PNP bag man and your chief of staff were experts in selling golf courses. I guess they are now. They are probably the only people in Prince Edward Island who ever sold one for nothing, so you've got quite an experienced team up there for giving away Islanders' assets.

In 2009, your tired Liberal government took the for sale signs off the golf courses, telling the media that you've got dismal offers. One of those offers was from Tim Banks, who offered to buy Crow Bush for almost \$7 million.

Question to the Premier: If \$7 million from Tim Banks for Crowbush was a weak offer eight years ago how would you describe paying someone else \$7 million to take Mill River off your hands?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Premier.



**Premier MacLauchlan:** Mr. Speaker, the numbers that are being talked about relative to Mill River include a very important component that the opposition continues to overlook and that is a complete reinvestment in the hotel property at Mill River that will renew it, which is very much needed as a flagship in that part of the province. And for our total tourism industry in this province.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Georgetown-St. Peters, your final question.

### **Purchase of Rodd hotel**

**Mr. Myers:** Thank you, Mr. Speaker.

Don McDougall, on the radio, this morning, I heard say that the resort, the Rodd resort, was never ever part of the deal. It wasn't part of the RFP. He didn't respond to it. He didn't even want it.

Your government, when you were trying to force him to buy it forced him to take the hotel.

Question to the Premier: Why did you force Don McDougall to take the Rodd hotel, a hotel that Rodd's weren't even looking to sell?

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Economic Development and Tourism.

**Mr. MacDonald:** Thank you, Mr. Speaker.

Mr. McDougall has a vested interest, not only in the Rodd property and the surrounding entities that we own, but the whole community of West Prince. That can't be overlooked.

One important thing and the Premier stressed it a little bit in his answer was where that property sits today. We all know that property is tired and it's in need of major upgrades –

**Mr. LaVie:** You guys know what tired looks like.

**Mr. MacDonald:** – Mr. McDougall talked about \$3 million of his own money going there.

To get to this point to say that it's not a good deal is completely false and misleading the general public.

**Mr. Myers:** Oh.

**Mr. MacDonald:** This is a good deal –

**Mr. Myers:** Misleading?

**Mr. MacDonald:** This is a good deal for the taxpayers of Prince Edward Island.

We'll continue to pursue these types of deals to get the taxpayer off the hook for that \$850,000 that it's losing each year, Mr. Speaker.

Thank you.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Point of Order.

Minister of Economic Development and Tourism, in answering the question asserted that I was misleading the House. I would ask him to apologize and retract, please.

**An Hon. Member:** (Indistinct)

**Mr. Myers:** Who else has been asking questions?

**Speaker:** The hon. Minister of Agriculture and Fisheries, you did say the word 'misleading'. It is unparliamentary –

**Mr. LaVie:** That's not how the House works.

**Speaker:** – so I would ask you to withdraw that.

**Mr. MacDonald:** Withdrawn

**Speaker:** Thank you.

**Mr. LaVie:** Stand up and withdraw.

**Ms. Biggar:** Cameras are on.

**An Hon. Member:** (Indistinct)

**Mr. Myers:** Oh, what? Do you have to be a man to stand up and do it?

Statements by Ministers

**Speaker:** The hon. Premier.

**Mr. Myers:** That what you're saying?

**Ms. Biggar:** (Indistinct) man enough.

**Police Services Review Final Report**

**Premier MacLauchlan:** Thank you, Mr. Speaker.

Government has now received the final report of the Crime Prevention and Policing Services Model Review, which I will table this afternoon.

This body of work was conducted over the past 12 months and includes valuable feedback provided by policing partners.

The overall recommendations of the report as announced last December remain for a positive path forward for policing on Prince Edward Island.

While it is apparent that Islanders have a lot of confidence in our Island police officers and services it is also seen that there is a clear need to move to a new ideal or a model of collaboration in policing services for the future.

The report's recommendations, as indicated in the interim report in December, will form the foundation of collaborative efforts to achieve more cohesive, integrated and effective crime prevention and policing services for Prince Edward Island.

These improvements will enhance not only the safety of Island communities, but also the safety of police officers across our province.

Our current police services have considerable experience and expertise. To achieve these improvements we will ask our current personnel, police agencies and

municipal leadership to help us guide the implementation of these recommendations.

The police services transition steering committee chaired Deputy Minister of Justice and Public Safety Erin Mitchell, will begin meeting soon to set the broad direction necessary to advance the recommendations.

Implementing the specific recommendations will be the role of the police services leadership team, which will also be formed soon.

There is a clear need for better integration and interoperability among policing services including; better communication; records management, and integrated crime analysis.

We need to look at strategic and intelligence-led crime prevention Island-wide, regardless of the police service involved.

Government will build upon success with partners on specialized teams, such as the Outlaw Motorcycle Gang taskforce, and seek enhancements in areas such as major case management.

I am confident that, together, we will improve policing services for everyone in this province.

I thank all of our policing services and members of this Legislature for their input to date, their input going forward, and for the important work that we will all do together to protect Islanders.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Leader of the Opposition.

**Leader of the Opposition:** Thank you, Mr. Speaker.

I know for many, many years, the police departments in this province have worked very hard with their partners in conservation and DFO and the RCMP and different agencies on crime prevention and different programs that have been available to

Islanders, and they've been doing a tremendous job on that.

And, over the years, I know for a fact, that these agencies were asking for this government's help, and they just kept on turning a blind eye to it.

Now, finally, after 10 years, we finally see some action going forward on crime prevention from the Premier in regards to this, and also the police service review.

I'm not saying – I'm hearing from a lot of police officers on the frontline across the Island, which includes, member of the RCMP, that they've been asking for these things in the past and this government has failed to recognize, and finally, they're doing it.

I guess it's a little bit too late. I think that we need to actually put things in place now, and not punt it down the road like this government continues to do on important issues that affect the life and safety of Islanders on Prince Edward Island.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Minister of Workforce and Advanced Learning.

### **Training PEI – Career Connect**

**Mr. Gallant:** Thank you, Mr. Speaker.

This past weekend, the work of the students of the UPEI Sustainable Design Engineering School was on display at the Atlantic Green Expo.

With the help of the school's excellent facility, the students produced some very innovative projects. It was truly impressive; it is great to see them doing so well in their chosen career path.

Our government is committed to helping Islanders receive the training they need to reach their goals. Island students can access more than \$30 million in federal and provincial student loans, grants, and bursaries each year.

This government has also changed the student loan programs to assist students, including increasing the weekly maximum

loan and introducing the defaulted loan rehabilitation program.

The new Training PEI – Career Connect program – is another step in reducing the costs of postsecondary education for eligible Island students.

Beginning this week, eligible Islanders with an active EI claim can apply to receive EI while attending postsecondary training, including universities; this also includes off-Island university and colleges.

The goal of the Career Connect program is to help unemployed Islanders complete the training they need to obtain long-term, meaningful employment.

Career Connect will reduce the amount of student debt our graduates are facing at the end of their studies. It will also encourage Islanders to complete their postsecondary studies.

For example, if an Islander stopped their studies to go back to work, but if they became unemployed, now they may be eligible to finish their studies.

This program is offered through Skills PEI and is part of our Labour Market Development Agreement with the federal government.

Applications are now available at [skillspei.com](http://skillspei.com).

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Ms. Biggar:** Find fault with that.

**Speaker:** The hon. Minister of Rural and Regional Development.

### **Prince Edward Island Ferry Task Force**

**Mr. Murphy:** Thank you, Mr. Speaker.

The Wood Islands-Caribou ferry is a vital transportation link for trade and tourism in eastern PEI and the economy of our entire province.

Today I rise in the House to remind Members of the Legislative Assembly and

the public, that they can submit their comments to the Prince Edward Island Ferry Task Force until April 30<sup>th</sup> on the importance of this critical service.

The task force was created in response to last summer's announcement from Northumberland Ferries Ltd. that Prince Edward Island would not have full two-ferry service for the 2016 season.

The province has expressed its opinion to the federal government on the need for the ferry service, and we were pleased to see a longer-term contract for the ferry service announced in the federal budget last month.

At the same time, we are continuing our efforts to push for stable, full-time ferry service.

The Wood Islands-Caribou ferry contributes an estimated \$27 million to the Prince Edward Island economy each year, carrying approximately 475,000 passengers, 160,000 passenger vehicles, and 18,000 commercial trucks.

The service also provides stable, seasonal employment for more than 200 employees.

The best way to make our voices heard by the federal government is to speak with a strong and unified voice.

So far, a vast array of comments have been submitted by people across Prince Edward Island, as well as Nova Scotians and other Canadians, about what the Wood Islands-Caribou ferry means to them, their families, and our economy.

Online submissions from the public will help the task force in making its recommendations to Cabinet and will then be shared with the federal government, as ferries are a federal responsibility.

I encourage everyone to please go to our website and submit your comments at [princeedwardisland.ca/ferryinput](http://princeedwardisland.ca/ferryinput).

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Belfast-Murray River.

**Ms. Compton:** Thank you, Mr. Speaker.

I'm glad that the Minister of Rural and Regional Development got up to talk about the Ferry Task Force. I'm very happy to say that was an initiative that I put forward in the fall, and I thank the unanimous support of this House to move on that.

I've met with the Ferry Task Force, and a couple of things that they brought up were the fact that this task force should not end come the end of this spring, or when the ferry starts; it should continue on.

There is a new five-year long-term – longer-term contract, which is great, and the task force said that they feel, because we have that now in place, that the next step is to push for newer ferries, and the way to do that is to look for greener ferries. I'm sure that through the federal government and their ability and their desire to look for greener initiatives, this is one way to tap into some of that resources that they do have.

The five-year contract is wonderful. The staff are really happy that they have a little bit more of a commitment, but the big concern is we have two old vessels; one that's 25 years old, and one that's 46 years old. And as much as you patch them up, they're still old vessels, and we need to ensure that the task force that – thank you very much – was put forward, continues their work.

This is not a one-month or a two-month job. This is a continuing job, something that we, as a government, need to push forward and continue to push. I would reach out to both the Premier and the minister of transportation to reach out to Nova Scotia, to the premier and the minister of transportation –

**Ms. Biggar:** (Indistinct)

**Ms. Compton:** – and to keep doing that. The more – as you say – the strength are in numbers, and the more we talk about it, the more liable to have some good outcomes there.

I look forward to May 1<sup>st</sup>, the first ferry run at 6:30 a.m. on Monday, May 1<sup>st</sup>. I invite the Minister of Rural and Regional Development to come with me and join me

on the ferry. We can have the Islander breakfast. I'll introduce you to the staff that are on there. It'll be a great sail, and thank you very much for bringing this forward, and I look forward to the work that this government is going to continue to do, and I will continue to push for you to do it.

Thank you very much, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you, and I welcome this announcement.

I also want to acknowledge the work of the Member from Belfast-Murray River on pushing forward with this, and I have to agree with what she says.

Rather than accept continuously refurbished, decades-old, dirty boats, we need to be looking to the future; we need to be accessing green boats.

We have a new company here, Aspin Kemp in Georgetown, developing the latest technology in green boats, and I know there are secondhand boats – they may not be as old as the ones we have now – with much greener technology than the ones that we're using at the moment.

Another aspect to this, of course it's critical for the economy of Kings County. But there's something charming about – I know, before I moved here to live here, and the fever of life when you arrived at the dock and you got on the boat, there was just this calming influence that you're now moving into Island time, and things go more slowly, and there's a lovely, calming thing about traveling by boat to an island. I think that's one of the really critical things that we're preserving here; not just the economy of Kings County, but that icon of Islandness, which is to travel here by boat.

Thank you very much, Mr. Speaker.

**Mr. Roach:** (Indistinct) those maintenance crew to keep those greasy, old, dirty boats looking good.

**Dr. Bevan-Baker:** – I think that's one of the really critical things that we are preserving here, not just the economy of Kings County, but that icon of Islandness, which is to travel here by boat.

Thank you very much, Mr. Speaker.

**Mr. Roach:** Hats off those that maintenance crew that keeps those greasy old dirty boats looking good.

**Speaker:** The hon. Minister of Communities, Land and Environment.

**Ms. Compton:** Mr. Speaker, if I can just beg your indulgence. I forgot to recognize my husband, Russell Compton, joins us in the gallery.

If you want to talk about green vessels, he's the gentleman to talk to.

Thank you very much, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

**Mr. Roach:** Is that the first time you haven't recognized him?

**Speaker:** The hon. Minister of Communities, Land and Environment.

### **PEI is Ranked Number One for Recycling and Composting**

**Mr. Mitchell:** Thank you, Mr. Speaker.

As Prince Edward Island's minister responsible for the environment I have had the fortune of witnessing firsthand the passion Islanders have for our environment.

I always knew Prince Edward Island was a leader in the country when it came to being an environmentally-friendly province, but recently this has been confirmed.

It is my pleasure to rise in the House today to share some exciting news with Islanders.

In a recent report from Statistics Canada, Prince Edward Island ranked number one in the country for our recycling and composting efforts.

**Some Hon. Members:** Hear, hear!

**Mr. Mitchell:** The report indicates that Prince Edward Island keeps more waste out of landfills per person than anywhere else in Canada.

**An Hon. Member:** Wow.

**Mr. Mitchell:** According to Statistics Canada waste management survey, Islanders each day divert an average of 429 kilograms of waste to recycling or organic processing, which is well above the Canadian average of 255 kilograms per person.

I want to thank Islanders for taking time in their daily lives to recycle and compost, which has made Prince Edward Island a leader in diverting waste from landfills. These efforts will assist in the protection of our environment for future generations to come.

This success can be attributed to many initiatives, including the Island-wide launch of the Waste Watch source separation program in 2002. This program has helped Islanders reduce waste going into landfills by 50%.

Another contributing factor would be the introduction of the beverage container program. This was launched by government in 2008 and has resulted in nearly 4.5 million pounds of used beverage containers being diverted from landfills annually.

The Electronics Recycling Program was launched two years later in 2010 and we have seen an 18% increase in electronic waste recycling on Prince Edward Island since that time.

Government, in cooperation and collaboration with industry stakeholders, has also launched industry-led programs in recent years for, recycling paint, oil, lead, acid batteries, light bulbs, expired medications, mobile phones, single-use rechargeable batteries, and medical sharps.

In closing, Mr. Speaker, I want to recognize and thank all Islanders for their recycling efforts that have resulted in the smallest province of Canada being a national leader in waste diversion.

**Some Hon. Members:** Hear, hear!

**Speaker:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Thank you, Mr. Speaker.

It's great to hear the minister recognizing the excellent work that this province, and all Islanders do, in partaking in the Island Waste Watch program and being number one in the country. It's an amazing thing.

It's frustrating when Islanders – I know, as an Islander myself, travelling across and not having that option to do that sorting that you're so used to doing on this Island. I'm hoping that Islanders, and our children, will take those ideals that have now been ingrained into us and spread them to the rest of Canada. This is really good. Definitely continue with that.

I'd also like to remind the minister that there is more work to be done in this area. For example, there still are tire dumps, for example, up in Huntley that need to be cleaned up. We need to keep our eye on that ball and make it happen.

Really, this is a program that has been in place for quite a long time. We're looking forward to new initiatives coming from this government to make our environment better.

I know there is draft legislation for a water act. There is draft legislation for a – well, a National Building Code. I certainly hope that this minister does bring that to the floor this sitting.

Thank you.

**Speaker:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you, Mr. Speaker.

I join the minister in celebrating this announcement. It's lovely to be number one in this area in Canada.

Of course, it's not only the other provinces of Canada that we put to shame, but there are many countries around the world where they do not recycle to the same extent that we do here in Canada or on Prince Edward Island, the number one province in Canada in this respect.

We have to remember that, looking back to the three Rs, a few of us, who are old enough to remember when that came out. Recycling is the third of those three Rs. It was reduce, reuse, recycle.

Recycling is important. When we use things in continuous cycles we're not drawing down on all of the resources of the planet. A much better approach is to reduce our use of things in the first place, and to reuse them. The classic example is Gilbert Clements, and the bottles that we had here for so long, reusing them uses much less energy than recycling an aluminum can, for example. The amount of energy required to melt that down and make it into something else is much greater than reusing a bottle.

In some respects we have gone backwards. You must remember that recycling is the third of the three Rs and we have to create an economic system that is sympathetic to a world where we cannot keep drawing down on the resources that are available.

Thank you very much, Mr. Speaker.

Presenting and Receiving Petitions

#### Tabling of Documents

**Speaker:** The hon. Premier.

**Premier MacLauchlan:** Mr. Speaker, by leave of the House, I beg leave to table the final report of the Crime Prevention and Policing Services Model Review and I move, seconded by the Honourable Member from West Royalty-Springvale, that the said document be now received and do lie on the Table.

**Speaker:** Shall it carry? Carried.

The hon. Minister of Transportation, Infrastructure and Energy.

**Ms. Biggar:** Mr. Speaker, by leave of the House, I beg leave to table the Province House Conservation Update and I move, seconded by the Honourable Member from Charlottetown-Lewis Point, that the said document be now received and do lie on the Table.

**Speaker:** Shall it carry? Carried.

The hon. Minister of Workforce and Advanced Learning.

**Mr. Gallant:** Mr. Speaker, by leave of the House, I beg leave to table answers to written questions No. 990 to 998 and I move, seconded by the Honourable Member from Tignish-Palmer Road, that the said document be now received and do lie on the Table.

**Speaker:** Shall it carry? Carried.  
The hon. Leader of the Opposition.

**Leader of the Opposition:** I thought you were never going to look over this way.

Mr. Speaker, by leave of the House, I beg leave to table the timetable for the PEI cable project and I move, seconded by the Honourable Member from Souris-Elmira, that the said document be now received and do lie on the Table.

**Speaker:** Shall it carry? Carried.

Reports by Committees

Introduction of Government Bills

Government Motions

#### Orders of the Day (Government)

**Speaker:** The hon. Minister of Agriculture and Fisheries.

**Mr. McIsaac:** Mr. Speaker, I move, seconded by the hon. Premier, that the 1<sup>st</sup> order of the day be now read.

**Speaker:** Shall it carry? Carried.

**Clerk:** Order No. 1, Consideration of the Estimates, in Committee.

**Speaker:** The hon. Minister of Agriculture and Fisheries.

**Mr. McIsaac:** Mr. Speaker, I move, seconded by the Honourable Premier, that this House do now resolve itself into a Committee of the Whole House to take into consideration the grant of supply to Her Majesty.

**Speaker:** Shall it carry? Carried.

I will now call on the hon. Member from Charlottetown-Lewis Point to Chair the Committee of the Whole House.

**Chair (Casey):** The House is now in a Committee of the Whole House to consider the grant of supply to Her Majesty.

Hon. members, we're on page 93, under Financial Services. The section has been read, it hasn't been carried. Permission to bring a stranger onto the floor? Granted.

**Mr. Aylward:** Chair?

**Chair:** (Indistinct).

**Mr. Aylward:** Thank you, Chair.

I was going to suggest – maybe rather than going line by line, if you were just to (Indistinct) each section (Indistinct). See how that goes for now?

**Chair:** Thank you, hon. member.

**Mr. Aylward:** Thank you, Chair.

**Chair:** Could you introduce yourself and your title for the record?

**Denise Lewis Fleming COO:** Denise Lewis Fleming, Chief Operating Officer for Health PEI.

**Chair:** Great. Thank you.

Hon. members, as requested by the hon. Member from Stratford-Kinlock, we're just going to read the title and the totals. If there's any questions, please grab my attention.

Total Financial Services: 8,202,200

Shall it carry?

You have a question on the section?

The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** I'd just like an explanation of the debt line of \$246,000.

**Mr. Henderson:** Where are we at here?

**Chair:** Yes.

**Denise Lewis Fleming COO:** Explanation of the debt (Indistinct).

So Health PEI does have responsibility for collecting revenues from various sources and each year we determine if there are any amounts that are uncollectible and so that would be our debt amount that we write off – it's really uncollectible debts.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Could you give me an example of where Health PEI may incur a debt that's not recoverable?

**Denise Lewis Fleming COO:** So we can have cases where, for example, an individual who was in hospital and chose to have private room coverage, that they may have passed away and their estate didn't have enough money to pay for the debt and so that would be a debt write-off.

**Dr. Bevan-Baker:** Okay. All right.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you.

There's an over \$440,000 increase in salaries in this section, so what are the new – presumably those are new positions – what are those positions anticipated to be?

**Denise Lewis Fleming COO:** There's actually no new positions in this area. What it is is collective agreement settlements as well as increases in our cost to benefit accruals. Under accounting standards, we're required to account for things like a retirement allowance, sick leave, vacation banks – so this is the accounting for those particular pieces.

**Dr. Bevan-Baker:** Okay.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** I'm not that great on math at the top of my head, but that looks like an 8% increase, maybe? So you're –

**Denise Lewis Fleming COO:** There's some significant costs involved in our – what's called post employment benefit expenses



and we also have retroactive settlements within that piece for some of our employees.

**Dr. Bevan-Baker:** Okay.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you.

Final thing: On the final line, which is a tiny amount, \$4,000, but that went unpaid last year. What were those grants for that didn't get paid?

**Denise Lewis Fleming COO:** That was a small oversight when we prepared the forecast. The grants were paid. It is for the Gertrude Cotton Charitable Trust. It's really a net zero amount where we receive the interest income from the trust and then it is distributed out to not-for-profit organizations, such as the Red Cross and a few other areas.

**Dr. Bevan-Baker:** Okay. Great. Thank you, Chair.

**Chair:** Hon. members, before we move on, the minister has a statement to make.

The hon. Minister of Health and Wellness.

**Mr. Henderson:** Just in regards to a question that was from the last time. The hon. Member from Kensington-Malpeque asked some questions regarding a company called UFIT. The Department of Health and Wellness through the Sport, Recreation and Physical Activity division, provided a contribution to UFIT Inc. of Charlottetown in the fiscal year 2015-2016. The amount was \$4,000.

The funding was used to support that UFIT offered to newcomers, adolescents, and local Island children that provided the opportunity for youth to gather and participate in an environment that focused on physical activity, healthy eating, learning, and mental health. It was a play-based model.

The program was open to youth and adolescents between the ages of 11 and 17 and accommodated 40 participants, including participants from the 2015 Newfit for Newcomers from Syria and local participants. The program was delivered at Spring Park School, as well as other

recreational facilities in the Charlottetown area. The program was delivered over a nine week period of 1.7 hours per week. There have been no requests for any applications by that particular company for 2017-2018 to date.

**An Hon. Member:** Can I get a copy of that, Chair?

**Chair:** Sure.

Can you make a copy of it?

**Mr. Henderson:** Yeah.

**Chair:** Are you tabling that?

**Mr. Henderson:** I'll table that.

**Chair:** Thank you.

Shall the section carry? Carried.

Health Infomatics

Total Health Infomatics: 1,548,100.

Shall the section carry? Carried.

Interoperative Electronic Health Record

Total Interoperative Electronic Health Record: 5,271,500.

Shall the section carry?

The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

Just wanted to ask: Is this the health record system that – I believe it was DeltaWare originally started or came in with – were responsible for?

**Denise Lewis Fleming COO:** This is the Health PEI's portion of the operating costs for the clinical information system.

**Mr. Aylward:** Okay, great. Thank you.

**Chair:** Thank you.

Shall the section carry? Carried.

Pharmacare

Total Pharmacare: 36,957,400.

**Mr. Aylward:** Chair?

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you.

Is this where we would see programs such as the Generic Drug Program, the Catastrophic Drug Program and some of these other programs?

**Denise Lewis Fleming COO:** Yes, it is.

**Mr. Henderson:** Yeah.

**Mr. Aylward:** Okay. Chair?

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** With regards to the Catastrophic Drug Program, when's the last time that there was high-cost drugs added to that program?

**Mr. Henderson:** Well, we have a high cost drug program, but the Catastrophic Drug Program is a program that oversees the overall drug costs for a household. So, depending on the income, it's a certain percentage of your income. Low-cost drugs can be included in that too.

**Mr. Aylward:** Chair?

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

I just want to use a couple of examples because right now I'm trying to help a couple of families navigate the system.

**Mr. Henderson:** Sure.

**Mr. Aylward:** In one particular case, a father has reached out to me. His son, I believe he's roughly 13 years old, and he has MS. He sees a specialist at the IWK and this individual has, on several occasions, prescribed him a specific drug. I think it's in the range – I want to say – of about \$2,500 a month. This is out of range for the means of

this family. He's been referred to a clinical trial down in Philadelphia –

**Mr. Henderson:** Yeah. Okay. I'm familiar with this one now.

**Mr. Aylward:** Yeah. And they recently travelled down to Philadelphia – and this is all at their own expense, their own cost for travel and accommodations and so on and so forth. If he is accepted to this trial, the drug would be covered by the trial, however, the young boy and at least one guardian would have to travel with the child down to Philadelphia – probably about five to six times a year, at least, for five years.

What they were trying to do is negotiate with the specialist in Philadelphia to see if they could at least do part of the trial up here at the IWK which would be much more cost advantage for the family, obviously. However, that's not working out. The specialist in Halifax – sorry, let me go back for a second, Chair. They did take the trip down for the pre-trial testing. They haven't heard back yet whether or not this young man would be suitable for the clinical trial. In lieu of that, the specialist at the IWK is still heavily suggesting that this other drug be prescribed, but unfortunately, it's beyond their means.

What suggestion – or what resources – or what would you suggest this family to do?

**Mr. Henderson:** I think the issue –

**Mr. Aylward:** – it's not the IWK is still heavily suggesting that this other drug be prescribed, but unfortunately, once again, as I said: It's beyond their means.

What suggestion or what resources or what would you suggest this family to do?

**Mr. Henderson:** I think issue there is that the particular drug in question is not approved for use of the situation that the individual is needing the drug for.

It's not an approved drug by Health Canada. When that happens like I say – Health Canada approves all medications for use in the country. When a particular drug isn't approved for use in Canada for a particular service, so in other words, sometimes people will get maybe a medication for – it's

approved for cancer, but they might want to try to use it for liver disease as an example. That isn't appropriate, I guess, is the reality though they might want to try it.

Those drugs wouldn't be covered for that particular affliction, I guess, would be the best way to describe it.

I'm familiar with that situation and I don't have a solution for that based on the fact that Health Canada doesn't approve that drug for that issue. Now, if over time that it does get approved, then it's something that we could look at through our High Cost Drug Program – would be a possibility because multiple sclerosis is one of the diseases that is listed under the High Cost Drug Program.

**Mr. Aylward:** Okay.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

Can you tell me is there a compassionate program, as well?

**Denise Lewis Fleming COO:** It's dependent upon each manufacturer. Many of them do have it. I would suggest that they have a conversation with the manufacturer if they haven't already.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

So a compassionate program has nothing to do with –

**Mr. Henderson:** Not with us.

**Mr. Aylward:** – with the province. It's strictly –

**Mr. Henderson:** The companies –

**Mr. Aylward:** – on the pharmaceutical side.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

I have another constituent, and I spoke to Roy Cairns about this, as well.

I have another constituent that reached out to me. This gentleman's wife has stage IV breast cancer. There is a drug that currently is approved by the feds.

**Mr. Henderson:** Yeah.

**Mr. Aylward:** Many provinces have it.

**Mr. Henderson:** Yeah.

**Mr. Aylward:** And have had extremely great results with it.

This particular lady, her oncologist has prescribed this particular drug because, unfortunately, the three previous drugs that she was prescribed had severe adverse effects –

**Mr. Henderson:** On her.

**Mr. Aylward:** – on her.

**Mr. Henderson:** Yeah.

**Mr. Aylward:** Again, we're talking about; I think it's around \$7,000 or \$7,500 –

**Mr. Henderson:** Yeah.

**Mr. Aylward:** – every three weeks, which, I mean, I can't imagine how anybody could –

**Mr. Henderson:** So, I'm assuming that drug –

**Mr. Aylward:** – afford something like that –

**Mr. Henderson:** – is not on the drug formulary?

**Mr. Aylward:** It's not on the drug formulary, no.

**Mr. Henderson:** Then, the High Cost Drug Program –

**Denise Lewis Fleming COO:** Normally, what would happen for drugs that are currently not on the formulary is that it's reviewed by our Provincial Drugs and Therapeutic Committee, along with other drugs to create a priority list for those to

receive funding and be added to our formulary.

I'd have to ask and get back to you where that particular drug, I'd have to get the name from you –

**Mr. Aylward:** I'm sorry?

**Denise Lewis Fleming COO:** I'd have to get the name of the drug from you to find out where that drug is on the prioritized list.

**Mr. Aylward:** I could certainly get that for you.

**Mr. Henderson:** Basically, yeah we have a pharmaceutical and therapeutics committee that comprises of a number of physicians and doctors will make – every doctor should be aware that they have to refer a particular drug to that. They can make that request through the particular committee. The committee reviews, probably two or three times a year. They will either add it to the formulary or add it for approval for funding. There are options to do that.

But, there are lots requests and not every request gets approved. We do look at issues around, who can we help the most with the money that we have for resources towards that.

**Mr. Aylward:** Thank you, Chair.

**Chair:** Shall the section carry?

**An Hon. Member:** Carried.

**Chair:** No, sorry. We have a question from the hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thanks.

I'm just interested. I appreciate the line of question. I'm concerned though about the – or I have a question about whether you've had any recent discussions with the federal government around a national day care, sorry, no, pharmacare program?

**Mr. Henderson:** It's certainly in our federal provincial discussions. It gets brought up just about every time, but last meetings were focused mostly on the health accord.

I think there are certainly issues that the federal minister can do around a national Pharmacare program that would help the provinces significantly, just even in overall bulk purchases and in some of those things.

We're still hopeful that there will be some discussions there. Hopefully, this health accord, now that that's concluded, will create some discussions, but nothing finalized from Prince Edward Island's perspective, anyway.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you.

As you well know, minister, we're the only developed country without a national pharmacare program. I'm just surprised that that has not moved forward.

There are studies being done. You don't need to have hundreds and hundreds of medications on it, on the formulary in order to cover virtually all of the common diseases.

Do you get a sense that – where is the resistance here? Is it –

**Mr. Henderson:** I won't say –

**Dr. Bevan-Baker:** – amongst the provinces?

**Mr. Henderson:** – every province would be a supporter of –

**Dr. Bevan-Baker:** – yeah.

**Mr. Henderson:** – a national pharmacare program. I think it's really the federal government just hasn't decided that that's one of their priorities.

I would say that most recently the priorities were focused on the health accord that gave some sense of stable funding to the provinces as we move forward, which we now have over the next 10 years, there's a health accord that has been agreed upon, or at least in our province. I don't think every province has signed on, yet.

**Dr. Bevan-Baker:** Close.

**Mr. Henderson:** Yeah.

It's part of the discussions. Hopefully, that will be one of the next – I know the federal minister, they've had some pretty significant issues with medically-assisted dying, they've had some issues around marijuana, and the health accord.

I think pharmacy would probably be one of the next discussions. From our perspective we would be happy to see it.

**Dr. Bevan-Baker:** Good.

Thank you, Chair.

**Chair:** Shall the section carry?

Carried.

Total Corporate Services and Pharmacare:  
54, 493,400.

Shall the total carry?

Carried.

Medical Affairs

General Administration

Total General Administration: 12,587,800.

The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

General administration, when I look, or read through this it talks about the Master Agreement, the medical residency program and other physician medical training. Can you give us a little bit of detail how this section would relate to the Master Agreement?

**Mr. Henderson:** I guess as far as the Master Agreement, we're in, hopefully, concluding negotiations on that right at the moment –

**Mr. Aylward:** Yeah.

**Mr. Henderson:** – so I don't want to get into a whole lot of detail on some of this, but anything in particular? Maybe Denise could answer?

**Denise Lewis Fleming COO:** In particular in this section are; the staff of the Medical Affairs office that work with physicians and

physician leaders every day in relation to administrating the Master Agreement. This is centred around those staff, as well as, as we say there: the physician supports for the Master Agreement.

Our salaried physicians are entitled to supports. That's included within here, as well as you mentioned our medical residency training programs.

**Mr. Aylward:** Okay.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

The seats that we currently hold at DAL and at MUN come out of this?

**Mr. Henderson:** That would be also the people who decide to come to the residency program and practice here. They could be – it could be some foreign-trained students, other locations, as well. It's all part of it. Those that apply to the residency are usually very obliging and we've had good results from that particular program.

**Mr. Aylward:** Thank you.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you, Chair.

I'm just looking at the last year's forecast compared to the estimate. If you look at the professional services and salaries it goes up over \$7 million. So, if costs were –

**Denise Lewis Fleming COO:** Where?

**Dr. Bevan-Baker:** – if you combine those two lines, we're about \$7 million over what you anticipated last year. I see this year you're anticipating a drop of a couple of million dollars.

How are you going to reign in that spend?

**Denise Lewis Fleming COO:** I think you might be on the next section.

**Dr. Bevan-Baker:** Oh, I'm sorry.

**Denise Lewis Fleming COO:** Yeah.

**Mr. Henderson:** The numbers aren't jiving here for us.

**Mr. Aylward:** The Minister of Finance didn't get to carry, yet, or (Indistinct)

**Mr. Roach:** It's coming.

**Mr. Aylward:** Oh, I know.

**Chair:** Shall the section carry? Carried.

In-Province Physician Services

Total In-Province Physician Services:  
102,052,600.

The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you, Chair.

**Chair:** I love the enthusiasm for the Budget Estimates.

**Dr. Bevan-Baker:** My question surrounded the increase in salaries and professional services from the estimate to the forecast last year, which was \$7.6 million. Now, you're anticipating a drop between the forecast of last year and this year's estimate of 2.6.

I'm just wondering, how you're going to reign that spending in?

**Denise Lewis Fleming COO:** The total of the two – and you're quite correct to look at the two lines together, the professional and contract services and the salaries because the physicians can move between the two.

The forecast total for 2016-2017, of those two lines, was approximately \$103.9 million, and our budget for the upcoming year is 101.3 million, so you are correct that it is down slightly.

The reason it is down slightly is that, in this year that has just closed, we had some overlaps in relation to physicians retiring and the replacement physicians coming in earlier, so there were additional costs with those particular pieces that we wouldn't be incurring in the upcoming year, so that – in particular, some of the activities – that basically right-sized the spend, is what we anticipate.

**Dr. Bevan-Baker:** Okay.

Thank you, Chair.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

I know you can't get into specifics because you're dealing with the Master Agreement right now, and that's obviously where the big ticket item is on this, is the professional services and the salaries for these medical professionals.

But I can't imagine that your high-priced lawyer that's negotiating – the McInnes Cooper lawyer from Halifax that's negotiating this agreement – is going to be able to accomplish what no other individual has been able to do before, and is to actually get the professional service fees and the salaries down, so I would anticipate that the doctors would be looking for an increase.

And Denise, I can appreciate what you're saying with regards to: We had some overlap. I know, for example, Dr. Colin McMillan is in the process of retiring after many years of dedicated service here on PEI, and we had another cardiologist come in to work with Colin and to work alongside him, so there was overlap there.

But I guess my concern goes back again to some of the questions that I have been asking here in the House with regards to psychiatry services and vacant positions that have been vacant for a very long time, and I just want your assurance that we're not going to see an erosion of services reflected in our Budget.

I mean, I guess I'd bring up what happened to our only vascular surgeon here on PEI a number of years ago, Dr. Peter Midgley. PEI had a vascular surgeon. If you talk to any of the orthos, they'll still tell you that we need to have a vascular surgeon here on PEI, but unfortunately we lost that, and we haven't even recruited for another vascular surgeon.

I do realize that Dr. Midgley does get paid to a certain extent because –

**Mr. Henderson:** Yeah.

**Mr. Aylward:** – he provides services, but based out of Halifax.

That's fine, but it still doesn't replace a vascular surgeon here on PEI. It's the same as a child psychiatrist cannot be replaced by a child psychiatrist at the IWK or at the hospital in Ottawa that would provide services via Skype. It just – it's –

**Mr. Henderson:** Well, there's –

**Mr. Aylward:** It just doesn't work.

**Mr. Henderson:** There's two issues here, I guess. The first issue, you go back to the child psychiatry – we have child psychiatry positions here.

**Mr. Aylward:** Yeah.

**Mr. Henderson:** We're recruiting. We have a child psychiatrist on maternity leave, so it's not that we don't have solutions that are coming forward to those situations.

When you talk about vascular surgery, the volume of requirement for vascular surgery wasn't to the demand of needing a fulltime vascular surgeon, so we're not recruiting for a vascular surgeon at the moment.

So those would be the differences that would be in place there.

Like, we have a committee that determines any new positions that are created, whether it's a new emergency room doctor for the QEH or a family doctor complement that might change in a certain region. So, that committee would review the requirement and need for that, and that will make a decision and support that as the decisions come forward.

So, child psychiatry is just a case where we just don't have somebody in the position. We have a physician. Vascular surgery is a little different in that that position, we just don't have the volume to recruit that, the same as gastroenterologist issues that we've dealt with, like we, once again, are trying to recruit another person for that position. There is a position, and they have set criteria for that particular position, and we're hopeful that we'll be able to fill those vacancies.

But like I said earlier before, I think we have 16-17 vacancies that we're trying to recruit for. We've got leads on some, but until you have a doctor signed, sealed, delivered, and practicing, you're never 100% certain that something isn't going to change.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

You just jogged my memory there on something. You talked about the gastroenterologist. Is Dr. Don Clark back practicing here on PEI?

**Mr. Henderson:** I think he's doing locum work, is my understanding.

**Mr. Aylward:** Okay, lucky to have him.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

Dr. Dada – was he a child psychiatrist in training (Indistinct)?

**Mr. Henderson:** He was a psychiatrist, I believe he was.

**Mr. Aylward:** Okay, so where's Dr. Dada now?

**Mr. Henderson:** Not in Prince Edward Island.

**Mr. Aylward:** He's not on PEI at all. Okay, because –

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** I know he had left his practice, and he was – got an administrative position.

**Mr. Henderson:** (Indistinct) in Alberta, another province, but anyway, he's not here, where he goes from there, and it's up to him.

**Mr. Aylward:** I guess – Chair?

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

And I guess it just brings me back to something I've talked about many times over and over again; we have a recruitment department that –

**Mr. Henderson:** Yeah.

**Mr. Aylward:** – works hard to recruit doctors, and I can understand the complexities of trying – especially specialists. I mean, we talk about communities all over PEI, especially rural communities that are looking for a GP, but when we get into specialty medicine, it's extremely hard to recruit.

**Mr. Henderson:** There's no doubt about it, and it's sometimes a (Indistinct), but to tie it back to this section, we feel we have a very competitive compensation package to our physicians here in this province, both salaried and fee-for-service.

**Mr. Aylward:** Yeah.

**Mr. Henderson:** We're hopeful and comfortable that the new agreement will continue in that vein, that we will be as competitive as any other jurisdiction in, at least, Atlantic Canada.

But there will be vacancies, there will always be challenges and that, like say, the things that keep me up at night tend to be the specialist issue. Because you have such a small volume, you're vulnerable when if you have three – and a lady called me last night – three anesthesiologists say, in Prince County. Well, if one leaves, you've lost a third of your capacity, and it takes a while to fill that.

Same thing when it comes to rural practices. You know, you have smaller numbers there, and you're a little more vulnerable if you lose one or two positions in a quick period of time. It takes time to recruit them, so.

**Mr. Aylward:** Yeah.

**Mr. Henderson:** So that's the challenge, but we feel that the compensation package is comparable to any other jurisdiction and not an impediment to attract and retain physicians in this province.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

And minister, thank you for that. And I don't disagree with any of those statements; on the contrary, I completely agree with them all.

But I guess my point is – and I've said it, or I've made the point before, and I'll make it again – is yes, while we are actively trying to recruit, I think we need to have a much greater emphasis as well on retention. Because it's the same as any business, right? I mean, it costs a lot more to get a new customer than it does to maintain your existing customers' basis.

**Mr. Henderson:** But retention comes from a number of factors. One is compensation –

**Mr. Aylward:** Yeah.

**Mr. Henderson:** We feel that compensation is comparable.

I can't change the compensation to one physician over another. It's a negotiated thing –

**Mr. Aylward:** Yeah, I understand that.

**Mr. Henderson:** – through the Master Agreement, and we have to abide by that component of it.

Retention also comes to the fact that it's an issue of retiring physicians, physicians that retire at different ages. Some practice – I can think of some in the Tyne Valley area that practiced well into their more senior years, and others like to retire a little earlier, so it's just a moving target.

Our department is really, I think, doing quite good work. We're at least holding our own. We have probably more physicians practicing on Prince Edward Island than probably in our history, but it comes with society changes, the work-life balance has changed in society, and we just keep continuing to work with that, and recruit to the best of our abilities.

**Chair:** The hon. Member from Stratford-Kinlock.



**Mr. Aylward:** Thank you, Chair.

I think I just have one more question in this section. It may not be – might not pertain exactly to this, but the minister and I had a sidebar conversation on this last week with regards to a family that is looking to get psychological help for their child, has been seen by a psychiatrist – albeit, by Skype – and has seen some other medical professionals, and Dr. Keizer as well, has been involved in the case. But now they're being essentially referred to a psychologist, and they're trying to navigate the system now to see how they can get Health PEI to cover the cost for that psychologist.

And there's a bit of a back and forth now with the psychologist and with Health PEI to the mother of this young man, how it's going to be paid, or who needs to complete the paperwork.

So, I guess what I'm looking for is an answer that I can clearly go back to this mother and say that this is the exact process you need to take and the paperwork that needs to be in place so that the psychologist can direct bill Health PEI for the services provided –

**Mr. Henderson:** (Indistinct) I go back to saying in any case of any patient with a patient-physician relationship, the physician will make the referrals to where they deem it to be the most appropriate location for that particular service and if they deem it to be a psychologist, that's an approved psychologist, to practice in Prince Edward Island, then the physician would make those referrals and that should be – will be covered. Is that correct? (Indistinct)

**Denise Lewis Fleming COO:** I was going to say I would have to understand the referral process in which psychologists they're referring to. If it's a private psychologist or a one practicing (Indistinct)

**Mr. Aylward:** It's a private psychologist.

**Mr. Henderson:** Okay.

**Denise Lewis Fleming COO:** I would have to bring the process back to you.

**Mr. Aylward:** Okay, could you?

**Mr. Henderson:** We'll get you that then.

**Denise Lewis Fleming COO:** We can bring that back.

**Mr. Henderson:** To be more specific.

**Mr. Aylward:** Please, thank you. Thank you, Chair.

I think –

**Chair:** The hon. Member from Charlottetown-Victoria Park.

**Mr. R. Brown:** In-province medical services? Is that the section we're on?

**Chair:** Yes.

**Mr. R. Brown:** Good.

Last year the budget allocation, in last year's budget book, was \$108 million for this section. But yet, you have the 2016-2017 budget estimate at \$97 million. What's the difference?

**Denise Lewis Fleming COO:** If you'll notice, last year's budget estimate book didn't have a general administration section; the general administration section plus this one, the two of them together.

**Mr. R. Brown:** So you took eight –

**Denise Lewis Fleming COO:** So the presentation is difference this year than it was last year.

**Mr. Henderson:** Good answer.

**Mr. R. Brown:** You took \$8 million out and put it in general admin?

**Denise Lewis Fleming COO:** It always was general administration, but to provide better clarity on what was relating to administration in the medical residency programs, separate from the in-province physician services. This year there is a separation in the two pieces.

**Mr. R. Brown:** Really, there's \$8 million more in admin then?

**Denise Lewis Fleming COO:** No. It was always there.

**Mr. R. Brown:** Under this?

**Denise Lewis Fleming COO:** In the general admin here, it was always administration costs. They were just grouped together –

**Mr. Henderson:** (Indistinct) separately.

**Denise Lewis Fleming COO:** – last year and referred to physician services generally.

**Mr. R. Brown:** Are they admin costs or frontline costs?

**Denise Lewis Fleming COO:** Most of those costs in the \$8 million relates to the medical residency program and all of the other medical education, as well as grants that are due and payable under the Master Agreement.

**Mr. R. Brown:** Where will I find that \$8 million?

**Mr. Henderson:** It would be just the section before.

**Denise Lewis Fleming COO:** In the previous section that was labeled general administration and if you want to take a closer look at those pieces under the professional services, you can look at the tabled document for grants and professional services and it will give you a sense of where the money is spent.

**Mr. R. Brown:** Good.

**Chair:** Shall the section carry? Carried.

Out-of-Province Health Services

Total Out-of-Province Health Services:  
49,835,700.

The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

Chair, this is one of the areas that we spent a lot of time on within Public Accounts and the Auditor General had identified some serious issues and I know that your department has been working on that and has put some policies and protocols in place to make sure that things are tracked in a much –

**Mr. Henderson:** (Indistinct)

**Mr. Aylward:** – better way.

Again, we've had conversations on this before with regards to referring Islanders to off-Island facilities, particularly around mental health and addiction issues; whether it's Homewood, Bellwood, Portage –

**Mr. Henderson:** I heard them all, yeah.

**Mr. Aylward:** I know that over and over, I've heard from yourself or other people within the healthcare system here saying, that we've had some very bad outcomes from Islanders going off-Island and coming back.

Can you back up that statement?

**Mr. Henderson:** I think the comment would be is that we're not seeing that the outcomes are any more successful than what we're seeing with some of our – like the Strength Program and some of those things as well.

It still doesn't mean that we don't refer people off-Island or won't refer people off-Island, but they have made some changes to Homewood and the advice that I'm getting from Dr. Heather Keizer, is that we're not seeing as good of outcomes as we have in the past and we're not seeing those improvements are any better than what some of our in-province services are.

Like I say, we have made some significant changes in those types of services here but it doesn't mean that everyone is going to be a success.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

I guess what I'm hearing, minister – and I'm hearing this from medical professionals as well – is that the program at Homewood or Bellwood or Portage has not changed, but rather what's changed or what's stayed the same here on PEI is, if an individual is lucky enough to get a referral and get okayed for the referral to go to one of these off-Island facilities, the program they enter is extremely intensive. It's in-patient, of

course, and it's for an extended period of time.

When they leave there they do have a great outcome, but unfortunately when they return back to our soil, the resources, the aftercare and the supports just aren't there and that's – I'm being frank with you – I'm being told by medical professionals that that's where the shortcoming is – is that after they successfully complete these long, extended, intensive programs – when they come back here there is nothing for them. Again, they go back into a dark state; whether it's a mental health issue or quite often, they're relapsing back to their addiction.

**Mr. Henderson:** We have professionals here and Dr. Heather Keizer is our head of psychiatric care in this province and we want to try to provide as many services as we possibly can here on Prince Edward Island based on a number of factors; convenience. But, all I'm trying to say is we're not seeing any (Indistinct) going off-Island.

Once again, people have to go through certain processes. There could be four or five difference phases or steps in a recovery of a particular illness and you want to try all those steps before you start referring people off-Island (Indistinct). I think if we can provide that treatment here and we can get as good an outcome, that's the direction we want to go. But it doesn't mean we would never refer somebody elsewhere and we want to make sure that the patient – it's the appropriate type of treatment for the appropriate level of care that that individual needs at that time in their lives.

**Mr. Aylward:** Thank you, Chair.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you.

My question is sort of similar to the one I asked on the last section and you explained that the drop from last year's forecast to this year's estimate was a bookkeeping issue in the previous section. But, in this section, again, I see that you're anticipating a drop in out-of-province services. How realistic is it to assume that there'll be a drop in that department?

**Mr. Henderson:** I think you can see some issues that we've done as far as around our peritoneal repatriation and some of those types of services, some of our transplant services in getting people back to Prince Edward Island. We're hoping that those investments are going to pay good dividends and keep that under control.

But, we really are taking a hard look in this department to see about our off-Island – some of the provinces have really understood the billing process well and they're billing us exactly – there's no – so we have got to be cognizant of that and if we can do those services here we want to try to do them (Indistinct)

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** I accept that. Yes, if our costs out-of-province are going to go down and we can do it here then we should be seeing an increase in in-province services then and with healthcare costs increasing, generally speaking, quite far above inflation – typically 5% or 6% – there is no department in here that is anticipating an increase of anywhere near that.

**Mr. Henderson:** No, exactly.

**Dr. Bevan-Baker:** Are those trends suddenly going to come to a stop?

**Denise Lewis Fleming COO** Within the forecast for the previous year, our items that are sporadic or periodic that don't get factored into the budget on a regular basis because they're not expected to occur every year.

For example, when we have situations where – and last year we had to plan for a couple of lung transplants – whereas there is no expected requirement for that in the upcoming year so they would be additional costs that don't get added into our budget because we don't expect to incur them every year.

We look at managing those from within. We also had a couple of situations of unusually long stays for some infants that had to be cared for both within Atlantic Canada and outside of Atlantic Canada that were very unusual cases and we don't expect to incur those, and those particular circumstances

add up to more than \$1.5 million, in those particular cases. The budget is not added in when they are an unusual amount expected.

**Dr. Bevan-Baker:** Thank you, Chair.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Obviously, we send a lot of people out-of-province for treatment, in particular –

**Mr. Henderson:** It's our second largest expenditure, yeah.

**Mr. Trivers:** Yes, in particular for specialty areas where we don't have – do we have any specialty areas we're developing on-Island where people are coming to PEI because we have that specialty?

**Mr. Henderson:** There are yes, I think some cancer – I'll ask Denise to answer that.

**Denise Lewis Fleming COO:** The services that are off-Island, our top three are; Pediatrics, so it'd be IWK or infants and their youth, are internal medicine, cardiology and surgery for cardio-vascular. Even with the volumes that we send off-Island the volumes aren't large enough for a physician to be able to maintain their competencies here on PEI. So, we still would be sending those off.

I do want to also share that these costs in out-of-province health are not just for individuals that are referred off-Island, they also cover the out-of-province health care costs for individuals, such as students who are living off-Island and individuals who may be working in other provinces that reside on PEI.

We do have, for example, our family practice general medicine within this particular allotment is about \$500,000 a year, so that really reflects those Islanders that are working off-Island on a temporary basis or living off-Island on a temporary basis, we cover their costs as well.

**Mr. Henderson:** He was also asking if there are any services we provide here for residents off-Island.

**Denise Lewis Fleming COO:** We occasionally do, for in particular, dialysis. A number of individuals like to come to the Island so we provide some services. Occasionally, we do cancer treatment as well.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** I always think that might be a good strategy to develop the Island, maybe as a centre of excellence in dialysis or cancer treatments. It's not just about the health costs; it's also about what is on the Island and the spin-off from all those people working here and the people travelling here. It could help offset some of this cost of the people going out-of-province.

**Mr. Henderson:** Yeah, we're always looking at – but the reality is, is we still have a pretty small population compared with other Atlantic Provinces. The chances of us having a volume of our percentage that would be higher than another province to justify here where we pick up some of their business, is slim, I guess is what I'm saying.

**Mr. Trivers:** I think it would be a really great thing to work towards and grow that on PEI so that this is something that the Island offers.

Thank you, Chair.

**Chair:** The hon. Member from Charlottetown-Victoria Park.

**Mr. R. Brown:** Thank you.

**An Hon. Member:** (Indistinct)

**Mr. R. Brown:** You got a lot of mitigation in there, you're pretty confident that you're going to be able to do this. How confident are you that you'll be able to stay (Indistinct)?

**An Hon. Member:** (Indistinct)

**Mr. R. Brown:** 98%?

**Mr. Henderson:** I'll refer to our financial officer on that one.

**Denise Lewis Fleming COO:** We're as confident as we can be based on all the

information that we know right now. As we know, sometimes people can have unexpected changes in their health status, so we work and communicate with the department of health as they arise in order to determine how we're going to deal with providing them with the funding that they need.

**Mr. R. Brown:** How much are the professional services, 48 million would be – everybody thinks that's just doctors' salaries. How (Indistinct) is it the hospital itself? Do we get that broken down? Everybody thinks we spend 48 million on just doctors.

**Mr. Henderson:** This is what (Indistinct) think the department of health in Nova Scotia and New Brunswick would be billing us for. They're billing us for right to the toilet paper.

**Mr. R. Brown:** Do we have a breakdown of that?

**Denise Lewis Fleming COO:** If you'd like to refer to the tabled document, grants and professional services under professional and contract services out-of-province health. Hospital services for the 2017-2018 budget out-of province hospital, 37,764,400 and physician services 11,210,500.

**Mr. R. Brown:** Well you could build a new hospital for (Indistinct) million.

**Mr. Henderson:** He'd probably like to do that.

**Ms. Biggar:** No, you cannot.

**Mr. Roach:** It'd be a good start.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** Thank you, Chair.

Minister, this is a general question because I don't know where I'm going to find this in here, but it's brought to my attention by several nurses at Prince County Hospital that Michael Mayne went out and spent \$150,000 on a project called Health PEI soapbox hq.com. Apparently, he spent \$150,000 on some kind of web-based

program where nurses can go on and make comments or suggestions.

**Mr. Henderson:** Okay, yeah.

**Leader of the Opposition:** What can you tell me about – my understanding – and I've got the information here – this hasn't been used this January the 19<sup>th</sup> because all of the nurses say it's –

**Mr. LaVie:** (Indistinct)

**Mr. Henderson:** Think it's a joke? Okay.

**Leader of the Opposition:** It's a joke.

My question is: What are we doing for like – how do we approve stuff like this getting purchased?

**Mr. Henderson:** It would be the Health PEI section, but I'll ask –

**Denise Lewis Fleming COO:** It would be under Prince County Hospital, which is further along but I can bring information back. I do not believe it was \$150,000. That is significantly overstated.

**Leader of the Opposition:** Can you bring that back, please?

**Denise Lewis Fleming COO:** Yes.

**Leader of the Opposition:** Thank you.

**Mr. Roach:** That's right.

**Some Hon. Members:** (Indistinct)

**An Hon. Member:** (Indistinct) over Twitter (Indistinct)

**Chair:** Shall the section carry? Carried.

Total Medical Affairs: 164,476,100.

Shall the total carry? Carried.

Emergency Health Services, Long-Term Care and Hospital Services East

Queen Elizabeth Hospital

Total Queen Elizabeth Hospital: 123,883,300.

Shall the section carry?

The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Thank you.

I was wondering: How many patients would the Queen Elizabeth Hospital have put through or would you expect to put through in the 2017 – 2018 (Indistinct)

**Mr. Henderson:** How many patients?

**Mr. Trivers:** Yeah.

**Mr. Henderson:** We have that here somewhere, but –

**Mr. Trivers:** What I want to do is compare Queen Elizabeth Hospital in community hospitals east to provincial clinical services and see the number of patients going through each, just as a comparison mechanism.

**Denise Lewis Fleming COO:** On the number of patients that we expected to see in 2016-2017 is – well, I'll have 11 months worth of data – we had 8,738 discharges so that basically gives you an idea of how many patients. The number of patient census days – so adding up all of the days each patient stayed in the hospital – for 77,158 and that's 11 months worth of data (Indistinct)

**Mr. Trivers:** Okay.

**Mr. Henderson:** So, occupancy is 90.1%.

**Mr. Trivers:** Sorry, occupancy was what?

**Mr. Henderson:** Occupancy is 90%.

**Mr. Trivers:** Thank you, Chair.

**Chair:** Are you finished with your questions?

**Mr. Trivers:** Yes.

**Chair:** Perfect, thank you.

Shall the section carry? Carried.

Community Hospitals – East

Total Community Hospitals – East:  
12,493,900.

Shall the section carry?

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** I wanted to know, using this same data, we could see that 11 month mark if you can; how many patient discharges and what was the patient census number for the Community Hospitals – East? Broken down by hospital, if you could?

**Mr. Henderson:** Kings County would be 657 and Souris would be 289, and patient days in Kings County was 9,797 for a 95% occupancy rate. In Souris, we would have 5,003 patient days for an 86.3% occupancy rate.

**Chair:** Hon. Member Rustico-Emerald, are you good with that?

**Mr. Trivers:** (Indistinct)

**Chair:** Shall the section carry? Carried.

Provincial Clinical Services

Total Provincial Clinical Services:  
39,699,600.

Shall the section carry?

The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Do you have equivalent numbers for the number of patients that would have gone through provincial clinical services? For example, the number of – I don't know – discharge is probably the wrong term for a clinical service, but the number of patients they would have served?

**Denise Lewis Fleming COO:** For clarity, this section covers diagnostic imaging, laboratory services and pharmacy services.

**Mr. Trivers:** Pardon me. It's okay.

Thank you.

Chair, I do have another question, though.

**Chair:** the hon. Member from Rustico-Emerald.

**Mr. Trivers:** I was wondering, for the QEH and the Souris Hospital and KCMH, how much money do you expect to be input through outside fundraising?

**Mr. Henderson:** That really doesn't have anything to do with us, does it?

**Mr. Trivers:** Is that something you really rely on in your budget (Indistinct)

**Mr. Henderson:** Well, outside fundraising would be more for the equipment. Most foundations, they really don't provide any funds for any operational services. We really focus on the operational side of it, although we do contribute to some of the equipment funds and some of the diagnostic imaging equipment. The province has contributed some monies to that. But, ultimately those are foundation responsibilities.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Just to be clear then, the amount of outside fundraising that is being done by various hospital foundations et cetera, would not impact these budget numbers at all.

**Mr. Henderson:** No.

**Mr. Trivers:** Just to be clear. Okay, thank you.

**Chair:** Shall the section carry? Carried.

Ambulance and Blood Services

Total Ambulance and Blood Services:  
16,940,900.

Shall the section carry? Carried.

**Mr. Henderson:** Tag teaming here, are you?

**An Hon. Member:** Yeah, an upgrade.

**Mr. Henderson:** That's a matter of opinion.

**Chair (Palmer):** So we're on Long-Term Care?

Long-Term Care

Total Long-Term Care: 66,213,900.

Shall it carry?

The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Thank you, Chair.

I noticed in the grant handout, you do have a breakdown of the number of beds by private nursing homes.

**Mr. Henderson:** Yes.

**Mr. Trivers:** Do you have a breakdown of the number of beds for provincially-owned manors? (Indistinct).

**Mr. Henderson:** Yeah, we do. It's about 50/50%. We're talking, I think, 1,141 total and half –

**Denise Lewis Fleming COO:** Do you want me to read them out?

**Mr. Henderson:** Yeah, if you've got them there.

**Mr. Trivers:** I would love that handout. Yes. Thank you. That'd be great.

**Denise Lewis Fleming COO:** Would you like it as a handout or would you like me to read them out?

**Mr. Trivers:** I think a handout would be more appropriate, thank you.

**Denise Lewis Fleming COO:** (Indistinct).

**Mr. Henderson:** It's 595 beds public and 546 private for a total of 1,141.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** One of the ongoing issues that I think – I know I, as an MLA, I hear about it a lot and I'm sure you do as well – is people don't like to leave their home community when they have to go to one of the existing long-term care facilities. Or, and I realize this is outside your department as well – community care facilities and that sort of thing.

**Mr. Henderson:** Community care would be –

**Mr. Trivers:** – would be family and human services. Also, just affordable housing in general – but that’s another family and human services. They’re all linked together.

But, I was wondering if you’re planning to issue any more beds, specifically in the North Rustico area since it’s my district. I know there’s a developer there that would dearly love to build.

**Mr. Henderson:** As far as community care, that’s up to the developer (Indistinct) –

**Mr. Trivers:** Right, long-term care.

**Mr. Henderson:** As far as the designation of long-term care – like I’ve mentioned in one of our Legislative committees, as well as I’ve mentioned here in the House – is that we do have a senior policy analyst that’s sort of reviewing our whole issue around the interaction between acute care, homecare, long-term care, community care, and we do know we have people awaiting long-term care placement that are in acute care beds and we have to try to come up with a better interaction and balance on that.

So, I guess at this point in time – we’ve had an internal document around long-term care strategy and we’ve asked Michael Corman to review that and sort of see if we can make it factual and implement it.

**Mr. Trivers:** No, I have a question.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** My question was – for the long-term care: How much money do you think – what is the impact of offering enhanced homecare on these long-term care and grants for private nursing home numbers? If you don’t know that – I realize that’s something you’re possibly studying. At what point do you think you might have those numbers?

**Mr. Henderson:** I think the reality is is that there is times we have long-term care beds vacant in this province, so the issue comes back to where they should be located. Some people choose not to go in a certain location, just because it’s not conducive to where their family is. We have a first available bed policy that tries to discharge patients to –

**Mr. Trivers:** I just – put it in another way: Do you think that if you enhance homecare services –

**Mr. Henderson:** Oh, yeah.

**Mr. Trivers:** – you can actually save money in long-term care?

**Mr. Henderson:** Well, I think that’s the idea. I think the biggest issue here is about slowing down the trend and demand for long-term care. Generally, Islanders want to stay in their homes and that’s part of, once again, our federal funding in the health accord. There are some resources that are going to be allocated to homecare. Internally, we are working on a plan to start to implement that. But ultimately, we’re trying to meet needs of Islanders in their homecare supports that can slow down the trend and demand for either community care or long-term care.

**Chair:** Can I come back to you or –

**Mr. Trivers:** I just was – one last –

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** As we discussed at Standing Committee on Health and Wellness, this idea of combining home care services with day and evening care services with funding for home-based caregivers – I think is one that could provide much better value and services to the people as well as save the province money. I just wanted to urge you again to look into that. I know I’ve gotten a lot of feedback from that standing committee meeting that people really think that’d be a great thing to pursue.

**Mr. Henderson:** It’s not out. We, per capita, on Prince Edward Island, we are one of the lower spenders on home care. Per capita, we’re one of the higher spenders on long-term care. So, that tells me that there’s not a good balance there comparable to other jurisdictions.

I think it’s also important to note that Islanders have to be aware that government and what we do in home care only can deliver so much services. There are certain realities of where there are private



companies that are out there that deliver services as home care that the public can pay for and then there's also community care that the public will pay for.

So, we have to try to find that balance and we would say that there are issues there and that's what we're trying to address in our new strategy as we move forward.

**Chair:** The hon. Member from Belfast-Murray River.

**Ms. Compton:** Thank you, Chair.

I understand you have a new analyst – I guess you'd call him an analyst – that you've hired. I'm just wondering about when you will be issuing some nursing beds? Is that going to be delayed because of the analyst?

**Mr. Henderson:** I guess the first issue goes back to saying: How does this interact and what's the balance between all of these different levels of care? If we require more than 1,141 long-term care beds in this province, where would they be located? How would they be distributed? Because that's one of the challenges I have as minister, I get people come in to see me and they'll say: I'll build you 50 beds in Rustico – or wherever the situation might be. We may not require that number and volume of beds in that particular area. Then the challenge becomes, is if you are to distribute them out, how can you distribute them out in a volume that justifies the investor to develop these and put them in place?

So there has to be a better rethink of how we deliver long-term care. I keep saying: maybe, is there another option that exists here? If we have community care and long-term care, is there something that we can negotiate or work with community care that maybe is more temporary in nature or allows – permits these community care facilities to look after these individuals on a shorter period of time and we can get them into another location when a long-term care bed becomes available in their community.

**Chair:** The hon. Member from Belfast-Murray River.

**Ms. Compton:** Thank you, Chair.

As you're well aware, there's already been an investment made in the community at probably one of the best private nursing homes in the province. So –

**Mr. Henderson:** I wouldn't challenge that.

**Ms. Compton:** No. No one will challenge that, I don't think.

There is obviously a need there – and you know from the wait list. So, that's the only question I'm asking you is: when? And I encourage you to –

**Mr. Henderson:** Like I said, I don't have an answer for 'when' and 'if'. But like I say, on the surface, as a minister, I think that there's – we still have about 130 people awaiting long-term care in this province. We know there seems to be a number there, so now we have to look at that.

But also, we have to take into account the interaction of acute care. If we take all those people out of acute care, do we still need that many acute care beds? I mean that would be another question that we would have to ask too. These are a lot of fundamental questions on how we deliver these services and that's where we really need some really thorough thought with a policy analyst to say: How does that interact? What impacts would we have if we made some of those changes?

Big questions – but I do hope that, at least under my term as minister, we can see some fundamental changes in the way we deliver long-term care in this province and that it will be more reflective of the needs of Islanders.

**Ms. Compton:** Thank you, Minister.

**Chair:** The hon. Member from Tignish-Palmer Road.

**Mr. Perry:** Thank you, Chair.

Minister, I've heard from quite a few people in my district where they want to keep their – let's say it's their mother or their father at home. They're happier, they're healthier to stay at home, but they have to go to work – I mean it might be seasonal employment, but they have to leave home to go to work. So, these individuals end up having to go, basically, into long-term care. But, they

would love to have them at home as long as they possibly could, which would alleviate some of the pressures for long-term care beds – the waits, and also, financially, to the system, because each time a bed is occupied it costs the province dollars.

Would there ever be or would your department ever consider – how would I say – incentives – not really incentives – but paying people, if they were to get, let's say, I don't know, \$600 or \$700 a week to take care of a loved one at home, as opposed to going out and having to – to a different work place, staying home and taking care of that loved one because at the end of it, it would actually save the province dollars.

**Mr. Henderson:** There are a couple of assumptions in there. The first issue is that assuming, as an example, if you have somebody that's in a long-term care bed that's one thing, but if they are in an acute-care bed awaiting long-term care and they would be going into an acute-care bed – would that bed be empty normally or would it be used? That's a question (Indistinct) or not –

**Mr. Perry:** But either way, it could be. They are either going to go acute or long-term.

**Mr. Henderson:** Well yeah, it still comes at a cost to the long-term care perspective.

**Mr. Perry:** Exactly, yeah.

**Mr. Henderson:** But, you're into some fundamental questions here on how much services you actually provide Islanders and like I say, there are private companies out there that do deliver those services and we do provide respite care to Islanders for a period of time.

I get these requests, actually, quite a bit and everybody uses the same argument, that if this person wasn't in – if I could keep them at home – but it still comes at a cost to us at some capacity.

One of the things we've done, you might have noticed it with palliative care, we've done some investments, we worked out an arrangement with Island EMS to provide some palliative care services at home.

It's about working with each particular household and trying to meet their needs, but it does become a challenge and I think, to add to that, I believe the federal government has done a little bit of an initiative around (Indistinct) insurance –

**Mr. Perry:** ER, yeah.

**Mr. Henderson:** – to allow people to provide care to their loved ones. There are a number of things that we're working on now.

**Mr. Perry:** Thank you.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you, Chair.

I thought we would carry on on this conversation about long-term availability of beds being available for long-term care. I think it was about a month ago there was a story about Andrews Lodge where they have 24 beds –

**Mr. Henderson:** Ready to roll, yeah.

**Dr. Bevan-Baker:** – and I think you stated at the time there were close to 50 patients in hospital waiting for long-term care. One of the suggestions to marry those two things together was to offer a temporary license, you just talked about that.

**Mr. Henderson:** Yes.

**Dr. Bevan-Baker:** Any thought on that? Has that gone forward at all?

**Mr. Henderson:** That's part of what they're – the senior policy analyst around seniors, is to work with and see how we can come up with this other option that might exist maybe on a more temporary basis or to alleviate the pressure points.

Where I get concerned about the pressure points is when the system backs up that we start preventing so-called bed blockages, where people aren't able to get a surgery. I'm not saying that the surgery provided in O'Leary or Alberton, but the system backs up and if Alberton and those places are backing up that has impacts on Prince County which then can impact people who might require a surgery at Prince County or QEH. It's making sure that we're now

slowing the system down because of people not being in the appropriate place for the appropriate level of care.

I think there needs to be something – be a bit of a pressure relief in those particular situations and maybe there are some situations where with these community care facilities, we could allocate a certain amount of beds for a period of time to take those – and that might be a more cost effective way of doing it.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you.

Did I hear you say that you will not be issuing any temporary licenses until the review is complete then?

**Mr. Henderson:** We want to get a sense of that, yeah. I think that this would be somewhat precedent setting to do that and once again, my feeling as a politician, is once you make a pilot or once you make it temporary, it gets hard to change. We want to make sure we're strategic and doing it appropriately, and that will kind of a clear direction on where we're going in long-term care and I don't think we're there right yet, but I'm hopeful. I don't know how long the term of minister of health will wind up being, but I would hope under my term that I could come up with some new visions as we implement the long-term care in the province.

**An Hon. Member:** (Indistinct)

**Mr. Henderson:** (Indistinct) sometimes I'm not so sure.

**Dr. Bevan-Baker:** I'm good, Chair.

Thank you.

**Chair:** The hon. Minister of Workforce and Advanced Learning.

**Mr. Gallant:** Thank you, Chair.

To the minister: You have a study ongoing, when do you see this study being completed?

**Mr. Henderson:** There's no specific study, but we've hired a seniors' policy analyst,

Michael Corman and he is doing a review of an internal long-term care strategy that was developed in this province. It goes back to that issue: How do those inter-relations work? How many beds should we have and where would they be located? Those are the fundamental questions that Michael Corman is reviewing, and that will give us some clarity on how we implement that policy from that point forward.

**Mr. Gallant:** Are there any timelines? Did I miss that? I couldn't hear part of your answer (Indistinct)

**Mr. Henderson:** As far as timelines, I have said here I'm hoping as my – I don't know how long my term as minister will be and I'm hoping –

**Mr. LaVie:** It will be short.

**Mr. Henderson:** – sometime in the next year we'll be able to determine these things.

**Mr. LaVie:** (Indistinct)

**Mr. Henderson:** I would be hesitant to state a date, I guess, is all I'm saying.

**Mr. Gallant:** The reason why I ask this, minister, as was mentioned in this House, I, myself, in my area, we have a need for some long-term care beds and when you tell stories of bed block and things like that, it seems like we have a bit of a situation where maybe we need to remedy it. That's why I asked when do you think the –

**Mr. Henderson:** Yeah, I go back to that same answer I gave previously. There is a certain volume of beds that are sometimes required for a facility to justify their investment into long-term care. We might say that there are 50 beds, but then where would they be located and where would they be? If you divided that up across PEI, it might mean four beds here, three beds there, six beds there, 20 beds there. That might not work in some cases for a smaller community or smaller facility.

We just have to think that one out a little bit more before we made a firm decision on: How many beds would you add, where they would be located and what impacts would that have on community care. But, I have said publicly, that I think we'd like to

discuss with the community care facility association on how that works, more so than the public, in building our own additional beds onto our own facilities.

We already have a partnership, like I said here. It's pretty near 50-50 as far as where our beds are allocated and I think we would want to continue and strengthen that partnership in the private sector.

**Mr. Gallant:** One more question.

**Chair:** The hon. Minister of Workforce and Advanced Learning.

**Mr. Gallant:** Is your department still on the theme that you'll let it go to the private sectors then the public sector for long-term care beds? Is that (Indistinct)

**Mr. Henderson:** When I say 'private sector' I should clarify and say 'non-governmental sectors'. As you're aware, in the facility you (Indistinct) it's a co-operative.

**Mr. Gallant:** Yes.

**Mr. Henderson:** There are some other facilities that are non-profit organizations out there, and yet there are some private. So, I'm just going to say non-governmental to be more clear, I guess, is a better way to describe that.

**Mr. Gallant:** Thank you, minister.

Thank you, Chair.

**Chair:** Shall the section carry? Carried.

Grants to Private Nursing Homes

Total Grants to Private Nursing Homes:  
25,445,100.

Shall the section carry? Carried.

Total Emergency Health Services, Long-Term Care and Hospital Services East:  
284,676,700.

Shall it carry? Carried.

Family and Community Medicine and Hospital Services West

Prince County Hospital

Total Prince County Hospital: 44,039,300.

Shall it carry? Carried.

The hon. Member from Rustico-Emerald.

**Mr. Trivers:** I'm just wondering if you have the number of patient discharges and the patient census for the Prince County Hospital, using that same 11-month period I guess, 2016-2017.

**Mr. Henderson:** I'm sure we do. Where are we at here?

Discharges: 4,083. Patient census days would be 33,312 for an occupancy rate of 89.3%.

**Mr. Trivers:** (Indistinct)

**Chair (Casey):** Shall it carry? Carried

Community Hospitals – West

Total Community Hospitals – West:  
10,766,800.

Shall it carry?

**Mr. Trivers:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Just looking for the patient discharges and the –

**Mr. Henderson:** For Western Hospital it would be 316 discharges. Patient days: 8,260 for an occupancy rate of 96.6%, and in O'Leary it would be discharges of 124; for patient days of 3,478, for an occupancy rate of 78.2%.

**Mr. Trivers:** Thank you.

**Mr. Henderson:** If you're wondering why that number is a little bit low it would be based on the palliative care. There are four beds for palliative care there so that tends to not be utilized quite as much.

**Chair:** Shall the section carry? Carried.

Renal Care Services

Total Renal Care Services: 7,589,600.

Shall it carry? Carried.

Primary Health Care

Total Primary Health Care: 13,193,000.

Shall the section Carry? Carried.

Chronic Disease Management

Total Chronic Disease Management:  
1,159,400.

Shall the section carry? Carried.

Public Health, Women's Wellness and  
Children's Developmental Services

Total Public Health, Women's Wellness and  
Children's Developmental Services:  
9,019,900.

We have a question from the Leader of the  
Third Party.

**Dr. Bevan-Baker:** Thank you, Chair.

I'm sorry. May I go back to the previous  
section? I was – everything went by so  
quickly there –

**Mr. Henderson:** It was a blur.

**Dr. Bevan-Baker:** I was trying to collate  
my notes here, and I missed it.

**Chair:** Sure.

**Dr. Bevan-Baker:** Thank you.

It's about the chronic disease management. I  
mean, given how the burden of PEI's  
diseases is – chronic illnesses here is such an  
enormous problem and a drain on resources  
– why is that section so poorly funded, if I  
can put it that way?

**Mr. Henderson:** Well, I would say there's –  
we have got some investments in there. One  
is our provincial cardiopulmonary rehab  
service, that's out at UPEI, and we've seen  
some of the work that they're doing there.  
Patients get referred there, and they really  
work on trying to be more preventive.

I think that some of the issues around a  
diabetes program were included in this

particular section; our colorectal cancer  
screening promotions, and some of those  
things, so.

**Denise Lewis Fleming COO:** This section  
does not reflect all of the chronic disease  
management work that happens as the  
minister mentioned, like the diabetes  
program; it was part of the primary health.  
It's incorporated within Primary Health Care  
and the spend is there.

Such things as our organized stroke care  
program, its costs are spread out over the  
system. Some of it occurs at the Prince  
County Hospital, so it's not reflective of all  
chronic disease management work.

**Dr. Bevan-Baker:** I appreciate that.

Thank you.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** I have questions on the  
section you – the correct section.

**Chair:** (Indistinct).

**Mr. Henderson:** (Indistinct).

**Chair:** Okay, so we're into Public Health,  
Women's Wellness and Children's  
Developmental Services.

Thank you.

**Dr. Bevan-Baker:** Thank you.

I'm just wondering if you could outline what  
the current service is, and also the future  
services will be, at the women's health  
centre.

**Mr. Henderson:** Okay. It's just getting  
started, so I mean some of the current  
services – maybe you'd have that, a bit more  
specific.

**Mr. Henderson:** Like, I know we have a  
nurse practitioner that hasn't started yet but  
will be going there. They've been hired but  
– go ahead, Denise.

**Denise Lewis Fleming COO:** Within this  
section, it would be the community portion  
of the women's wellness centre is what it  
reflects in here, and it will include core

services, such as prenatal and postnatal care, for women without a primary health care provider; postpartum mental health; essential health services, including education, screening; menopausal care for Island women; also –

**Unidentified Voice:** (Indistinct) started.

**Denise Lewis Fleming COO:** – addressing any issues that arise that can be treated on a community-basis for first trimester bleeding care, as well as other –

**Mr. Roach:** (Indistinct) MacKinley.

**Some Hon. Members:** (Indistinct).

**Denise Lewis Fleming COO:** – supports for helping people seeking fertility treatment.

**Dr. Bevan-Baker:** Okay.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** A couple of those things I'd like to ask some follow-up questions on.

First is on fertility. What sort of range of programs are you intending to fund when it comes to fertility and infertility (Indistinct).

**Mr. Henderson:** It's probably more of a patient-navigator process. There'll be some initial testing, and maybe some (Indistinct) issues around ascertaining what some of the challenges might be, but we won't be doing the actual fertility injections – or is that the right word?

**Denise Lewis Fleming COO:** IVF.

**Mr. Henderson:** IVF services, so it would be everything leading up to that, and then the person would be referred to off-Island, probably in Halifax, for the procedure.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** So you don't anticipate at any point Islanders accessing fertility services here on Prince Edward Island beyond the diagnostics?

**Mr. Henderson:** Well yeah, I would look at it, at this point in time, it would be more the initial stage of couples that might be having some issues around that at this point in time,

but where this women's wellness centre leads to and evolves into, I think the sky's the limit, as the saying goes, but that's up to governments and departments to decide where the priorities would be and where the needs would be as they evolve.

So, I'm actually pretty excited about the services that are going to be provided there when it comes to the delivery of women's specific issues pertaining to women's health issues.

At the moment, we're not providing the fertility services, but if demands – it's the same thing, like other services that we might repatriate back to the province, it just depends if demands are there and whether there's an evolution in the services that are provided.

Technology can change. There's a lot of factors in that.

**Chair:** The Leader of the Third Party.

**Dr. Bevan-Baker:** I'm excited about the presence of the women's clinic as well, minister, and I thank you for that.

For a couple, for example, who are having fertility issues and go through the testing process here on Prince Edward Island, and it's determined that they have to go out-of-province for whatever treatment is required, would there be transportation or other costs covered for them to receive that?

**Mr. Henderson:** Not specifically, other than the programs that currently exist around Hope Air and the bridge passes and some of the things – those types of things, if they qualify or are eligible for that. I don't think there'd be anything more than that.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** The other facet of the women's health centre that I'd like to ask a question on is postpartum depression.

**Mr. Henderson:** Yes.

**Dr. Bevan-Baker:** Do you have figures on how much you're investing in that?

**Mr. Henderson:** I'd have to refer to our trusty advisor here for the finances side of it.

**Denise Lewis Fleming COO:** I don't have the breakout right here for the – I believe it's one full-time nurse, a mental health nurse, in relation to that, but I can confirm and send it back.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** The access to postpartum mental health services through the women's health centre, is that – one full-time nurse, assuming that's who is there – are they sort of available on a mobile basis, or would the women have to go to the women's health centre in order to receive those services?

**Mr. Henderson:** Well, I think there's a couple of issues here. One is, is that a lot of our staff are already trained to identify our public health nurses that when they do – whether it's a two-week, four-week, six-week assessments of newborn children, they're all trained in trying to identify a potential risk pertaining to postpartum depression. Once again – so those are identified, referrals would be made.

But it doesn't mean that individuals can't automatically just go through the women's wellness centre and self-refer, as well.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** So, if a woman was suffering from postpartum mental health issues, would the most logical point of contact for her to be the women's health centre? Would you –

**Mr. Henderson:** I would always say to anybody if your family doctor is really your best point of contact in any particular case. But having said that, your family doctor may not be available on a certain circumstance. Emergency rooms are all part of that. Our Island Helpline would be part of that.

But when you also are going through the process of postpartum – potential depression that might occur after having a child, our public health nurses reach out; they're contact points, and an individual can seek help at that point and advice would be given.

So, there's a lot of different context to try to identify a challenge and get the appropriate level of care. But when this service is up and

running in a more – you know that we have, basically, a sign that says 'Women's Wellness Centre', and you know – but we're still in an evolving process. We don't have construction completed. There's a lot of factors here.

Once that's going, I think that will alleviate and address these issues. Once again, that service can evolve, too, where demands and needs exist.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you.

The nurse who is – again, we'll assume that that's the dedicated person for postpartum mental health issues – would she or he have special training in that?

**Mr. Henderson:** Well, I (Indistinct) yes. They would obviously focus more on that specialty versus just general mental health illness issues.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** And the facility, as you say minister – I understand that this is a – it's a newborn project.

**Mr. Henderson:** Yeah.

**Dr. Bevan-Baker:** And is there any potential to use the space, the physical space there, for group therapy, for example, to make it available for a group who would like to go in there to conduct group therapy?

**Mr. Henderson:** Right at the moment, I haven't actually seen the size of the space and things of that nature, but we are under the process of design right now. The women's wellness centre is going to be located at the Prince County Hospital, but it's also to expand some of the ambulatory care services that are provided at the Prince County Hospital. I'm sure that the resources within that Prince County Hospital as far as space would be available to be utilized as well for group sessions and things of that nature.

**Dr. Bevan-Baker:** Okay, thank you, Chair.

**Chair:** Thank you. The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

Just with reference to what the hon. member there was speaking about with regards to fertility specialists; currently if you're a couple of an individual that's having a difficult time conceiving, you still have to travel off-Island, essentially to Halifax, I think, in most cases –

**Mr. Henderson:** Yeah.

**Mr. Aylward:** – and I've talked to several individuals that have done that, and it is quite an expensive procedure –

**Mr. Henderson:** Yeah, no, I understand that.

**Mr. Aylward:** – they have to go through.

**Mr. Henderson:** And there's a risk, too, you know, to it working, no guarantees.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

Chair, this is right up your alley because I know you've been advocating it for quite some time now with regards to midwifery here on PEI.

Would that program, when it finally is established here on PEI, will it be based or centered out of here? I know it's the individuals that would practice would be going out within the community, but they are still going to need a home base.

**Mr. Henderson:** I guess that would be too premature to say that right at this point in time. Once again, we still haven't even passed the legislation to allow midwives to be a practicing profession in the province. Then the next issue is to decide, if they are practicing, will they come under the Health PEI envelope and will we be paying for some of those services and if we're paying for some of those services, would we'd include them under the women's wellness centre.

I guess the quick answer is that's a likely location, but I couldn't say for sure that that's how this will all evolve into to do that.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

Minister, you had mentioned there a short while ago with regards to the design process of the women's wellness centre –

**Mr. Henderson:** Yeah.

**Mr. Aylward:** Any idea – and I know that we're not talking about capital budget here at this point in time – but do you have any sort of timeframe when the design process might be completed?

**Mr. Henderson:** I know they were in the design process now, but I think construction's supposed to start. Do you know, Denise?

**Denise Lewis Fleming COO:** I think the design process is actually supposed to be wrapping up in the next couple of months, so that they can then prepare to issue the tender.

**Mr. Aylward:** Thank you.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

So the tenders haven't gone out yet then?

**Mr. Henderson:** No, no.

**Denise Lewis Fleming COO:** They did for design.

**Mr. Aylward:** Okay, but for the actual construction process, obviously they didn't get –

**Mr. Henderson:** Yeah.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

For a long time now I know, particularly at the Prince County Hospital around the ER and the ambulatory care, there's been a real, real space crunch in there. I believe it was at



one point a campaign promise to expand that, because right now when you go in there you're essentially – you have the patient in one space divided by simply a curtain –

**Mr. Henderson:** Yeah, I know.

**Mr. Aylward:** – to the next patient, and so confidentiality, when a medical professional is in talking to a patient, it's definitely not ideal.

**Mr. Henderson:** No, but I would target them as a bit more of an observation bed more so than, let's say a – like, say, I've been through the facility myself a number of times and there are private rooms for where more confidential discussions would be in place. But at this point in time, we've put a lot of resources into the helipad. That was kind of a little unexpected. We had to put some resources now into the women's wellness centre, expanding the ambulatory care section which is way overcrowded –

**Mr. Aylward:** Yeah, (Indistinct)

**Mr. Henderson:** – and we are looking at some of the concepts of these observation beds and how they can be better utilized and how we can make them more – I think they're doing some of that work in the review of the QEH as well.

So definitely an issue, but not our primary target right at the moment.

**Mr. Aylward:** Thank you.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** So how many of these beds are actually observation beds that are essentially divided between one another by a –

**Mr. Henderson:** Curtain?

**Mr. Aylward:** – a curtain.

**Denise Lewis Fleming COO:** At the emergency department?

**Mr. Henderson:** Yeah.

**Denise Lewis Fleming COO:** I would have to (Indistinct)

**Mr. Henderson:** I'm pretty sure four, but I –

**Mr. Aylward:** Okay.

**Mr. Henderson:** – could be more clear on that, I guess. I've been there and I've seen (Indistinct)

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

And how many permanent standalone private exam rooms would there be in the PCH ER ambulatory care?

**Mr. Henderson:** I don't know. I'd have to guess that a bit, but I know there's quite a few there. Would you know, Denise?

**Denise Lewis Fleming COO:** Not off the top of my head.

**Mr. Henderson:** I don't know the specifics on that; but like I said, I've been there, I've had my mom in there on a few occasions, and it seems like there's no shortage of rooms, although sometimes they're all full. It just depends on the time.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

So with the introduction and the announcement of the women's wellness centre, what currently is taking place at the PCH and where in the PCH is it taking place? What services are being provided?

**Mr. Henderson:** Denise?

**Denise Lewis Fleming COO:** (Indistinct)

**Mr. Henderson:** Right, yeah.

I guess the issue as far as what services are provided, we are doing surgical –

**Unidentified Voice:** (Indistinct) terminations.

**Mr. Henderson:** – the terminations of pregnancies. We are doing some postpartum

depression work there. We have a nurse practitioner, I believe is hired, but hasn't commenced yet, or maybe has commenced just recently. I'm not sure the exact services in that regard.

As far as where the location would be, I would hesitate to identify that just due to privacy reasons. For obvious reasons, I think you would be aware as a politician the concerns that that might raise for staff and the public.

**An Hon. Member:** (Indistinct) delay the committee (Indistinct) –

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

So you spoke several times today about the nurse practitioner. Is this the nurse practitioner that is going to be leaving, I believe, the Western Hospital?

**Mr. Henderson:** That's correct yeah.

**Mr. Aylward:** So that individual is not going to be leaving the Western Hospital until –

**Mr. Henderson:** Until a replacement can be found.

**Mr. Aylward:** – until it's –

**Mr. Henderson:** I know they've had interviews and it might be right about now that they've made that transition. I just –

**Mr. Aylward:** Okay.

**Mr. Henderson:** – didn't know the specifics; but I know they've had interviews for sure on that nurse practitioner position.

**Mr. Aylward:** Okay.

Thank you, Chair.

**Mr. Roach:** Question.

**Chair:** Shall the section carry? Carried.

Provincial Dental Programs

Total Provincial Dental Programs:  
2,742,700.

Shall the section carry? Carried.

**Mr. Myers:** Question.

**Chair:** We have a question from the hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

This section hasn't seen much of a bump in quite a few years, and I know a number of years back you guys (Indistinct) the communities and cutting people (Indistinct) who could get it –

**Mr. Aylward:** Have they decided to extend the hour or –

**An Hon. Member:** (Indistinct)

**Mr. Myers:** (Indistinct) seems like you don't care really as much about this program as you once did. Why are we not seeing any raises in this area?

**Mr. Henderson:** I can think just in general would be that people's dental health has been improving over the years. The great work of the dentists on Prince Edward Island has made. Our seniors seem to be in better condition when it comes to the dental issues. That would be one reason. Anything more you'd like to add to that, Denise?

**Denise Lewis Fleming COO:** Also the numbers have remained relatively static. There is increases year over year for the usual collective agreement increases, but the population of children that are being treated or staying about static or are declining slightly, so that's why the service levels wouldn't be, the budget wouldn't be increasing.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** What is the income threshold for a child to get into the dental program?

**Mr. Henderson:** (Indistinct)

**Denise Lewis Fleming COO:** (Indistinct)

**An Hon. Member:** (Indistinct)

**Mr. Myers:** Yeah, I think so.

**Mr. Henderson:** I thought that was (Indistinct) like you didn't have private insurance –

**Denise Lewis Fleming COO:** Right, so actually all children can participate.

**Mr. Myers:** Pardon me?

**Denise Lewis Fleming COO:** All families can participate. There is a registration fee; however, that registration fee is waived whenever their family income is below \$30,000.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Henderson:** Just remember, too, that we're the payer of last resort, so lots of families have private insurance, too.

**Mr. Myers:** Yes.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** This program, does it go to every school on Prince Edward Island? I know it goes to –

**Mr. Henderson:** Well, I think it's provided by the dentists themselves, but we do have –

**Mr. Myers:** So you don't have the program anymore, where you take it (Indistinct)

**Mr. Henderson:** The mobiles, yeah, the clinics.

**Mr. Myers:** Yeah.

**Denise Lewis Fleming COO:** We do go to schools.

**Mr. Henderson:** Oh, we do I guess.

**Denise Lewis Fleming COO:** Yes we do, and as well it is offered through private dental offices for the diagnostic and treatment services.

**Mr. Myers:** Okay.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** What schools do you offer this in?

**Mr. Henderson:** You know that?

**Denise Lewis Fleming COO:** If I recall correctly, they attempt to go to every school; however, there have been a couple of schools where it's been a challenge because of space issues for them to attend.

**Mr. Aylward:** Where would that be?

**Mr. Henderson:** (Indistinct) perhaps schools (Indistinct)

Not in the rural areas, though.

**Mr. Aylward:** I'm just waiting for the education minister to get on the floor.

**Mr. Henderson:** Yeah.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Yeah, I'm just looking for a list of the schools.

**Denise Lewis Fleming COO:** I'll have to bring it back to you. I don't have the list of schools in my book to read out to you.

**Mr. Myers:** Okay.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** In the cases of the schools where you don't have the space to do it, what provisions are you putting in place to help alleviate that?

**Mr. Henderson:** Well, they can go to any dental office. Isn't that the way –

**Denise Lewis Fleming COO:** Yeah.

**Mr. Henderson:** All our private dentists provide that same service.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Yeah, I guess that's great if you have one that's nearby. I think the advantage of having the mobile dental clinic right in the yard is – and I know how it works in the schools down east is they –

**Mr. Henderson:** Yeah.

**Mr. Myers:** They used to come into the schools and get you.

**Mr. Henderson:** Yeah.

**Mr. Myers:** It wasn't – you didn't even have a choice. They just – they knocked on the door and you left. That was kind of the beauty of it that you made sure that every child was going to get to go. If you don't have it there then the onus is on someone else making sure that it happens, which is great in the cases where it does, not so good in the cases where it doesn't.

**Mr. Henderson:** No, it's fair. Yeah.

**Chair:** The hon. Member from Member from Charlottetown-Victoria Park.

**Mr. R. Brown:** Thank you. I don't mind extending the hour. We have a committee meeting and we'll just have a committee meeting after we're done of this?

**Chair:** Sure.

**Mr. R. Brown:** Great.

Thank you.

**Chair:** I think the rule is the committees can't meet while the House is in session.

**Mr. R. Brown:** Oh no, great.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** That's it for me on dental here.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you.

It was brought to my attention a little while ago that there is an issue regarding the exemption from the CDCP program for families who have insurance. There is an automatic exemption.

In many cases, the type of dental coverage – dental coverage varies considerably. You can get 100% of your cost covered, or –

**Mr. Henderson:** Yeah.

**Dr. Bevan-Baker:** – half your cost covered and there are all sorts of things out of the way.

The problem here arises when you have a poor dental program with limited coverage where a parent, let's say, is a single parent with three or four kids and they end up needing a large amount of work where the co-payment, what the insurance does not cover, is a very large amount of money.

Is there any facility in here for those people to sort of say: I don't want to use my private insurance because it's so poor and it's costing – I simply can't afford it.

Could those people be included under the health – could people choose whether they use their insurance or not, is what I'm saying?

**Mr. Henderson:** I don't think so. I think it's a case that they're always the – we're always the payer of last resort.

**Dr. Bevan-Baker:** Yeah. I think that's a big problem because there are some, again, I know of, in my own practice, there were single parents with multiple children. They had insurance, but it was, basically, it was unusable for them because the cost to the parent was so outrageous.

**Mr. Henderson:** Okay.

**Dr. Bevan-Baker:** I'd appreciate some sort of dialogue with the dental community on that to see if there is a – sliding scale, or something could be done for people in that situation.

**Mr. Henderson:** Okay, we'll –

**Dr. Bevan-Baker:** Thank you –

**Mr. Henderson:** – chat with them internally on that.

**Dr. Bevan-Baker:** – I appreciate that.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** I know we have already talked a lot about the Children's Dental Care Program here in this section.

I guess I would like to look at the other spectrum. I have heard from a lot of seniors, as well, in my district, particularly, seniors that are in subsidized housing and they're essentially living on –

**Mr. Henderson:** Yeah.

**Mr. Aylward:** – fixed income, OAS and CPP.

One of the issues that I'm hearing is that the long, extensive wait time to see a dentist on that, on the seniors' program.

Is there anything being done to try to clear up that backlog?

**Mr. Henderson:** Currently, we have 184 people who are currently at various stages of treatment. We do have a pilot program for low-income adults. The wait time is about six months.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thanks, Chair.

I don't want to dispute the facts that you have in front of you, minister, but I also wouldn't want to dispute the information that my constituents have told me, that in some cases, they're waiting as much as a year.

I guess my real issue around this is, in particular, if you have a senior on a fixed income, they're eating habits might not be the most healthy to begin with. Then, if they're having dental or oral problems and they're having a hard time chewing their food and so on and so forth, it's only going to contribute to more health issues down the road.

I'm just thinking that – we talk so many times whether it's psychological assessments for children in the health care system that we're waiting up to three years for and the list goes on and on. Here, I think,

we have a pretty easy fix, as well, because we do have a lot of dentists in private practice here on PEI.

**Mr. Henderson:** Yeah.

**Mr. Aylward:** I know, in a lot of cases, when we have immigrant children, immigrant families coming in, that is one of the first things that they have access to is access to a dentist –

**Mr. Henderson:** Right, yeah.

**Mr. Aylward:** – to make sure that their oral health is okay. But yet, we seem to be ignoring our seniors. I think we need to put a priority on our seniors and get them onto a fast track program, as well.

**Mr. Henderson:** All I can say is that the asks are many. It's one of those issues that I have empathy for, as well. I have had some constituents in similar situations and long wait times.

I guess we tend to deal more with immediate health care issues sometimes more than longer term and this would be one that will have an impact on the longer term. It's one of those issues that we look at, but it's just about finding the resources.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Again, I bring in it back to one of the presentations we had back a few months ago with regards to the grandparents raising their grandchildren.

There was a horrifying story of one grandmother explaining her financial situation and the oral health or her granddaughter. I have to commend the Leader of the Third Party. After the meeting I know that he pulled her aside and gave her some very valuable information. I don't know, maybe he even made an appointment for her to see her.

**Dr. Bevan-Baker:** (Indistinct)

**Mr. Henderson:** Yeah.

**Mr. Aylward:** I mean we have professionals in our dental care community that are willing to step forward –

**Mr. Henderson:** Oh, yeah –

**Mr. Aylward:** Sorry, maybe we need to put a call out to those individuals and say: Look, you know what? We have a certain segment of our society; low-income seniors, who we need to find help for. Is there some way we can come together as –

**Mr. Henderson:** Yeah, that's a good –

**Mr. Aylward:** – a dental –

**Mr. Henderson:** – idea (Indistinct)

**Mr. Aylward:** – community to rectify the situation?

**Mr. Henderson:** I would add that family and human services sometimes would provide some (Indistinct) health services, as well. It's just not our department.

**Mr. Aylward:** Yeah.

**Mr. Henderson:** Depending on the situation and need there, as well.

**Mr. Aylward:** Chair, I'm just – thank you.

I'm just raising it, minister, because –

**Mr. Henderson:** Yeah, I know –

**Mr. Aylward:** – you're the person here in front of me –

**Mr. Henderson:** – it's a good point –

**Mr. Aylward:** – right now, so.

**Mr. Henderson:** It's a very good point.

**Mr. Aylward:** Yeah.

Thank you, Chair.

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** A follow-up from the Member from Stratford-Kinlock. I have had questions from seniors as well.

I recall in the media when the Syrian refugees came in there were a number of children that hadn't eaten properly for, I think, up to two years. There were real problems, dental problems.

Was there anything in the federal program when they were brought to Canada, and we sponsored them, was there any funding there for dental or for health?

**Mr. Henderson:** I'm pretty sure there was, wasn't it?

**Denise Lewis Fleming COO:** I would have to go back and check the exact details. I know there were some very basic services offered.

**Mr. Roach:** Okay.

**Denise Lewis Fleming COO:** Perhaps, not to the extent that they would need as a result of that extended –

**Mr. Roach:** I'll just follow-up later with the minister.

Thank you.

**Chair:** Shall the section carry? Carried.

Home Care, Palliative Care and Geriatric Care

Total Home Care, Palliative Care and Geriatric Care: 21,160,300.

Shall the section carry? Carried.

Question from the hon. Leader of the Third Party.

**Dr. Bevan-Baker:** I'm thinking here about the extra money that's coming from the health accord with the federal government.

Do you have plans on where you're going to spend that money?

**Mr. Henderson:** We're in discussions at the moment. We do have plans, but nothing is really finalized at this stage. It's ultimately to try to expand home care services to have a variety of levels of support that we can provide. I don't think we're looking at duplicating what we have now.

It's ways that we can deal with seniors who might have more advanced health care issues. We have some dollars that are going to go into that.

We have plans but we're just not there, yet. It's very preliminary, I guess is where I'm at.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Is that why we see that increase? Is that –

**Mr. Henderson:** Yeah.

**Dr. Bevan-Baker:** – is reflected in the federal dollars –

**Mr. Henderson:** That's correct.

**Dr. Bevan-Baker:** Okay.

Thank you, Chair.

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. MacKay:** Thank you, Chair.

I think it was brought up earlier about keeping seniors staying in their own homes right now.

Are there anymore services going to be provided to those seniors this year?

As far as staff, I guess?

**Mr. Henderson:** There are a couple of issues here.

One, is like the hon. Leader of the Third Party had mentioned, is that we do have some more resources. We are now working on how we're going to spend those resources.

We still have to work a bit with the federal government because they mentioned that there may be certain stipulations on tracking that, where the money went, and some of those things.

That's why I don't really have definite, but the reality is is that we want to expand the services to home care to include more Islanders and to provide more services for those Islanders that are getting home care.

I think it's really about trying to provide a higher level of care to some of those individuals from, what be more a health

perspective and slow down that trend of requiring community care fairly quickly or into long-term care.

**Mr. MacKay:** Thank you, Chair.

**Chair:** Shall the section carry? Carried.

Total Family and Community Medicine and Hospital Services West: 109,671,000.

Shall the total carry? Carried.

Mental Health and Addiction Services

Acute Mental Health

Total Acute Mental Health: 19,762,600.

The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Chair.

Have we had an actual engineering assessment of the Hillsborough Hospital – the actual state, condition?

**Mr. Henderson:** Well I know we're doing reviews of it. I don't know if we've done an actual engineer – I'm sure we have.

**Denise Lewis Fleming COO:** No, we haven't had a full engineering assessment –

**Mr. Henderson:** Okay.

**Denise Lewis Fleming COO:** We have had an individual in, working with us, while we worked to do some of the enhancements to the upgrades on the security at Hillsborough Hospital because there are issues with asbestos and the age of some of the electrical.

**Mr. MacEwen:** Okay.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Chair.

Is there a plan to assess the safety of the building structurally-wise?

**Mr. Henderson:** We are planning on – I think in a few years we're looking at doing a complete rethink of this whole service, but where we're at with it –

**Denise Lewis Fleming COO:** Work is currently underway on planning for the redevelopment of Hillsborough Hospital. We know we also have to look at what we need to do in order to support it until replacement can happen.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Chair.

Minister you said: I think we're planning that –

**Mr. Henderson:** Well, in the 2019 capital budget, there are resources in there for – so that's where we're at. We're heading towards that direction, but we're not there. Obviously, we've made some pretty significant investments in some of our security. I think there's in here – about a half a million dollars in security investments and those are the challenges that we're faced with in trying to get to that stage with an aging facility. I might identify – the facility still meets accreditation standards at this point and we'll do what we can to make sure it gets through accreditation in the upcoming year.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Chair.

I have no idea how it meets that.

**Mr. Henderson:** Yeah.

**Mr. MacEwen:** But, they do great work there, obviously. Can you detail: Who is part of the planning for 2019? Is 2019 shovels in the ground? Is it a 2019 announcement? First of all, who's part of the team that's planning the hospital?

**Mr. Henderson:** I'll refer to Denise on this one.

**Mr. MacEwen:** Thank you, Denise.

**Denise Lewis Fleming COO:** The primary planning committee is currently comprised of: our director of facilities and capital planning; as well as – it also includes the chief of mental health and addictions, Dr.

Heather Keizer; and the chief administrative officer for mental health and addictions, Verna Ryan; as well as myself. We are the primary group that's overseeing the development and working together in order to come up with the plan on what we do to redevelop it and move forward.

**Mr. MacEwen:** Chair?

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you.

How far along in that process are we, Denise? Is it just kind of like – are there regular meetings? Are we fairly advanced? Are we just starting?

**Denise Lewis Fleming COO:** There's various components, I'm not sure if you're aware – in doing such a capital project, part of the first piece is doing what's referred to as master planning.

**Mr. MacEwen:** Yes.

**Denise Lewis Fleming COO:** And we are seeking, very soon, to issue a tender for an RFP for a consultant to help us do that master planning for the Hillsborough Hospital. So, our anticipation is within the next 30 days that we would actually be doing that.

**Mr. MacEwen:** Okay.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Chair.

So that – the master planning – how long will – what's the scope for the consultant to do that? Is that like a year's worth of work?

**Denise Lewis Fleming COO:** I don't believe it's a year's worth of work. We would want to shorten up the time frame, actually, because after the master planning, then we get into a component that's called functional planning, which you get down more actual into the design of a particular – what the replacement facilities are going to be. We only have a two year window to do that.



It also includes – part of the planning will be some site visits to other facilities in Canada to get an understanding of what new approaches and new design will look like so it's less than a year that we actually want to have the master planning done.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Chair.

Are we planning – as far as the staffing model, that type of information – are we planning on an increase in the number of clients or patients we will be seeing? As far as size, what are we planning for as far as volume, numbers, that type of thing? Are we planning for an increase or the status quo numbers?

**Denise Lewis Fleming COO:** We'll be looking at those numbers with Dr. Keizer and Verna Ryan on both: what it is right now and also what it potentially may be into the future and how it's (Indistinct) phased in to deal with those particular needs and what, perhaps, unmet needs exist right now that we need to look at incorporating into the new design.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you.

Maybe, Minster, it's more appropriate for you to answer this, but I know when we look at the manors and there's a lot of talk out there. I always say when you go into the Co-op and they say: Why are we building manors that are the same size when we know we're going to need more people.

**Mr. Henderson:** Yes.

**Mr. MacEwen:** It's a balance for you to say: Well, maybe that's the hump and it's going to come back down – or for whatever reason – that your government decides to build manors with the same number of beds. I'm concerned about what the trends you're looking for with mental health and do we know where it's going? It doesn't sound like we know for sure if we're going to build this bigger or smaller or –

**Mr. Henderson:** Well again, if I go into – once again we do – when you're saying we didn't add any more beds. We have added beds to our own public manors, but we've also added beds to our community care facilities where we've added the private long-term care beds with them. So, we have added beds.

All I'm trying to say is, is that when I deal with the public manor side of it, we're probably going to add on more beds in that regard. If we get back to – we still have a number of community-based care that we're providing for people with mental health issues. We have a number of different houses that we have staff at that provide service of the transitioning people back into the community and things of that nature.

That's part of what the review will be – is what will be the sufficient size of that? Some of the other issues that we're dealing with is forensics and how that is – some of those services are provided off-Island. So, you know, do we repatriate some of those back? We can say that we're adding more beds, but we may not be just based on – we're taking some back from Nova Scotia. That's a big holistic answer that I don't have a solution for right now to say the exact number.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Chair.

As far as the model of what we're looking at – point me to the best model out there. You're not just – the services that the Hillsborough Hospital offers now or our mental health unit in the hospital – as far as pediatric care, that type of thing – what is the best that's out there now? What are we striving towards? Or striving to beat, I should say? Do even better.

**Mr. Henderson:** I don't know. Maybe Denise can answer that to be more specific.

**Denise Lewis Fleming COO:** What we're striving for or what my conversations with Dr. Keizer and Verna Ryan have involved, is there needs to be the appropriate continuum of care with a focus on early intervention and community-based care –

**Mr. MacEwen:** Yeah.

**Denise Lewis Fleming COO:** – in supporting people to that piece. There is a need for a continuum. We will always need some acute care beds, but we want to make sure there's appropriate supportive transition in place so that, ultimately, people can be in their community, integrated into their community, and have the appropriate care in those areas, rather than having a significant number of people institutionalized.

**Mr. MacEwen:** Fair point.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Chair.

That's a really fair point and a good point, too, as far as out in other areas.

The government now has, I guess what we call, a mental health walk-in type situation in Summerside.

**Mr. Henderson:** It's in Summerside, yeah.

**Mr. MacEwen:** Is that going to be incorporated into the new model at all with the Hillsborough Hospital or is that outside the (Indistinct) the –

**Mr. Henderson:** Can you answer that?

**Denise Lewis Fleming COO:** It's very much premature. That's going to be all through the planning phase of incorporating of all those pieces. Also, what services do we want to be offering down the road and making sure that we consider – take that into consideration as we design and develop.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Chair.

You rhymed off the planning committee and things are starting to get ramped up and you talked about even an RFP in the next 30 days. Is there anybody outside of government that's involved in that process, as far as organizations that would be – you typically go to to talk about mental health.

**Mr. Henderson:** (Indistinct) mental health?

**Denise Lewis Fleming COO:** There will be an intent to consult with external groups, as the minister mentioned. For example, the Canadian Mental Health Association will be one of the groups that we definitely talk to and there will be others as well.

**Mr. MacEwen:** Chair?

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you.

At what point of the process does that start? Would that be up to the consultant to hold those consultations with public stakeholders?

**Denise Lewis Fleming COO:** No, they'll be taking direction from the steering committee, myself, Dr. Keizer, Verna; and the intent is to have that consultation throughout the process, so we've already discussed and are trying to create a list of those who to consult and when.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Chair.

Minister, was there any thought to having someone outside of government on that steering committee, the planning committee?

**Mr. Henderson:** From my end, not so much, but Denise, if you like to add to that some specifics.

**Denise Lewis Fleming COO:** We'll be taking forward to government what our suggestions are so that it can look. We did consider it with those pieces, and debated between a seat on the steering committee as opposed to consultation, and right now, we arrived at consultation.

There is a very strong relationship and regular meetings, actually, between the Canadian Mental Health Association executive director and Verna Ryan. They meet on a regular basis, I believe biweekly, and so he is also going to be kept up to date through that process as well, so we have regular communication.

**Mr. MacEwen:** Thank you, Chair.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you, Chair.

We know there's a lot more funding coming, again, from the federal government for the mental health through the health accord and I'm wondering how – and you may not have figured this out yet – but how that spending is going to align with the five pillars of what, I think, is a really great mental health and addictions strategy.

**Mr. Henderson:** Well, I mean, once again, in some of these discussions, we've talked about some of our – like, as an example, facilities; Hillsborough Hospital, would that be something that we could qualify for funding or allocate resources through – from the health accord to it? It looks like that's probably not going to be the case at the moment, because hospitals are kind of at the domain.

We've had a number of other provinces say that they thought they could take some of their health accord money to go towards hospital facilities. My understanding is that's not going to be the case. But like I say, we can certainly deal with programming and things of that nature.

Still premature, I guess, in knowing how the health accord's going to be funds and how it pertains to a facility like the Hillsborough Hospital.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you, Chair.

It's sort of accepted that the goal for spending within a health budget on mental health should be about 9%, and we're sitting at less than 7% here.

Would there be any sense as to whether the funding from the health accord is going to – how close it will bring us to that target of 9%?

**Mr. Henderson:** I don't think it's going to make – it's not transformative, would be my –

**Dr. Bevan-Baker:** Yeah.

**Mr. Henderson:** – would be my line. You're talking 20-some million dollars over 10 years, so it's about 2 million a year.

**Dr. Bevan-Baker:** (Indistinct), yeah.

**Mr. Henderson:** You can see that some of the salaries and stuff, it's not going to be transformative.

**Dr. Bevan-Baker:** Thank you, Chair.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you very much, Chair

In 2014, there was \$5 million allocated in the capital budget earmarked specifically for replacement fees of the Hillsborough Hospital. Was that money spent?

**Denise Lewis Fleming COO:** There wasn't \$5 million targeted in 2014.

**Mr. Aylward:** Yeah, that's the notes I have shows that in the 2014 capital budget, included were \$5 million to start the first stage of the replacement of the Hillsborough Hospital.

**Denise Lewis Fleming COO:** I'd have to go back, because my records have that that \$5 million actually would commence in the fiscal year 2019-2020, and what the current Capital Budget factors in is that in this upcoming fiscal year we've just started, that there's \$200,000 allocated, and that will be for the planning work that we were discussing earlier.

In the year 2018-2019, it'll be \$1.2 million, and then growing to 4.5.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

The 10-year strategy on mental health and addictions that was released not that long ago, it didn't have a lot of detail in there with regards to the Hillsborough Hospital, but it did mention the tier five secure care inpatient unit for intensive rehabilitation treatment and hospitalization.

I guess my concern is, we know that a lot of the issues that we have right now around mental health and addictions here on PEI, and we had a discussion during Question Period on it. We're hearing from all kinds of people within Island communities with regards to mental health issues, and now we're seeing that we're going to be putting off replacement of the Hillsborough Hospital to 2019-2020, or who knows, maybe even later than that.

I guess I just would like to get some kind of sense of the government's urgency on overall mental health and addictions here on PEI.

**Mr. Henderson:** Well, I can tell you, from my perspective as a minister – it's probably one of the – the one you get the most calls from, emails some of those long-term care, and we're challenged by all these with trying to attract certain professionals. Like you had mentioned a child psychiatry; when we have a child psychiatrist go off on maternity leave, now you've got a vacancy, you know, they're hard to replace and develop programs like telepsychiatry to try to fill the void in those particular cases. But you know, mental health issues, there's no easy solutions. It can be very individualized.

But we've put some pretty significant investments into mental health services in this province, even specific programs, whether that's the Insight Program; the Strength Program, although more focused on addictions; and behavioural support teams; senior's mental health – we've announced – we've tried to make some changes to have walk-in services on mental health in various locations across the province.

We have a longstanding contract with the Canadian Mental Health Association. I believe there's about 76 people that work across PEI providing those services, so there's a lot of services out there, and – but, you know, there's always individuals that a certain service may not suit, and unfortunately those circumstances exist. We're trying to fill those voids as best we can as a department, so it's a priority.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

I guess why I want to focus a little bit here on the Hillsborough Hospital is we heard it over and over again with regards to the manors. It was a campaign promise twice. We heard about the palliative care facility. Actually, the – and I know this for a fact – the sign had to actually be replaced for a new photo op, because the original sign was so badly-faded, and weather-tattered, that for the next campaign and photo op, it had to be changed again.

Now, we've been talking about the Hillsborough Hospital for quite an amount of time, and I'm just afraid that we're seeing a trend and that, even though it's being stated that it's going to be replaced starting in 2019-2020, that that might not actually take place because of what we've seen as a trend.

Can you tell me how old the Hillsborough Hospital is, when it was built?

**Mr. Henderson:** It's old. It was – there's different sections on it –

**Ms. Biggar:** The main section –

**Mr. Henderson:** – but it's not a new facility, for sure.

Would you have that, Denise?

**Denise Lewis Fleming COO:** I don't actually have the age it was built.

**Mr. Henderson:** I just know, the terminology on some of the signs that are –

**Mr. Aylward:** Yeah.

**Mr. Henderson:** – if you go look at the history; I think it was – that was out there for 50 years, wasn't it?

**Denise Lewis Fleming COO:** And the building, there's two construction component – two main construction pieces. I would have to find the dates of the two separate pieces of construction.

**Mr. Henderson:** But the reality is it's passed its life expectancy, and although it still meets accredited standards, we've seen challenges and investments around security.

We feel like a lot of those investments are removable, and we can put them into a new facility. It's one of those things that has to be on any government's radar screen to address the infrastructure of that location.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you very much, Chair.

I guess the reason I raise that issue, too, about the age of the facility, is back probably close to four years ago, I was called by some staff who wanted to raise an issue and do it confidentially, because one of the main elevators that was used to transport patients up and down was out of service and was out of service for an extended period of time; I think, probably, about a month-and-a-half at that point.

So, I went out and I met with the manager for the facility at that time, and he was very open and frank, and we had a great discussion, and he gave me a quick tour.

But, what he told me, essentially, the difficulty with that elevator is that they had to wait to find a machinist that was able to actually manufacture parts because the elevator was that old that you couldn't get parts off a shelf anymore for that.

**Mr. Henderson:** I don't think there's any dispute here about the need for replacing the facility and modernizing and updating it and it is in the Capital Budget.

Every year I advocate for a capital budget for our department of health. We are working on a couple of long-term care facilities that are on there. This would probably be the next big-ticket item within the department.

Women's wellness issues; but I mean there's some things that come up that are a little hard to plan for, and we have a court challenge on that issue, so you have to address that issue.

It's just really – the asks are many again and resources are limited and we are trying to make the facility last until we can get a replacement, but it's going to take a little bit of time and without a doubt, there are a lot

of issues out there when it comes to structure.

I'm not disputing anything you're saying, hon. member.

**Mr. Aylward:** No.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you very much, Chair.

How many beds are located at the Hillsborough Hospital?

**Denise Lewis Fleming COO:** I believe it's 83.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Henderson:** It's 83 (Indistinct)

**Mr. Aylward:** Thank you, Chair.

Are all 83 of those beds utilized?

**Mr. Henderson:** (Indistinct) I think so.

**Denise Lewis Fleming COO:** Quite often they are at full capacity.

**Mr. Aylward:** Sorry, Denise?

**Denise Lewis Fleming COO:** Most times they are at full capacity.

**Mr. Aylward:** Full capacity?

Thank you.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** That's it for now. I might have more when you come back.

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. MacKay:** Thank you, Chair.

I'm just curious if there's a number of how many are waiting to see a psychiatrist right now on the waiting list.

**Mr. Henderson:** I don't know if I have that.

**Denise Lewis Fleming COO:** (Indistinct)

**Mr. Henderson:** I wouldn't have that, but I mean there would be people that would be waiting.

But, I go back to saying if somebody is in urgent need of seeing some help we do have psychiatric services at our emergency rooms. We have physicians that can make referrals, but there are lots of services. It might be a week or it might be a couple of days.

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. MacKay:** Thank you, Chair.

I'm just more curious – I know you don't have the exact number, but are we talking a couple hundred or a couple thousand?

**Denise Lewis Fleming COO:** It is in the next section.

**Mr. Henderson:** It's actually in the next section here, I'm told.

**Mr. MacKay:** Okay.

**Chair:** Next section? Okay. Can you save that for the next section?

**Mr. MacKay:** Yes.

**Chair:** Thanks.

**Mr. MacKay:** I have another one.

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. MacKay:** I guess it was brought up earlier that we no longer send anybody off-Island to Portage or –

**Mr. Henderson:** No. I didn't say: no longer; it's just not – we're just saying we're not seeing that the outcomes be any more successful than what we've been able to do here. At some point in time we may have to refer people. It depends on demands. It depends on where (Indistinct) –

**Mr. Aylward:** The demand is there now.

**Mr. Henderson:** Well –

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. MacKay:** How many would we send off-Island right now for service?

**Mr. Henderson:** Probably, not too many right at the moment.

**Denise Lewis Fleming COO:** I would have to bring back the numbers and the referrals for the past year.

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. MacKay:** Thank you, Chair.

You said you weren't seeing, I guess, the results you were hoping for. Who makes that decision, that they're not seeing the results?

**Mr. Henderson:** That would be Dr. Heather Keizer who is our head of psychiatric services in the province.

Once again, physicians have the ability to make referrals and she being the head of that particular section – so if a physician wants to make a referral, she would decide whether that's the appropriate location and at the appropriate time in their level of treatment to determine that. I get a lot of requests that come from MLAs, even from my own constituency, that always seem to have that attitude that off-Island is better.

We're just saying that we're not seeing that the outcomes are any better in some circumstances. I don't want to say we'll never refer anybody off-Island, but we would want to make sure that we tried all the other levels of services on-Island first before we refer – no different than any other illness that an individual would have.

**Chair:** Hon. members, it's getting a little hard to hear the questions and the answers.

**Some Hon. Members:** (Indistinct)

**Chair:** Don't mind if you take your questions outside the rail.

**Mr. Roach:** Thank you, Chair.

**Mr. R. Brown:** (Indistinct) need a vote.

**Mr. Roach:** We will, Chair.

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. Roach:** Thank you, Chair.

**Mr. MacKay:** Minister, what is the cost to send a patient off-Island to Homewood or Portage? Is that broke down?

**Denise Lewis Fleming COO:** That's back in the out-of-province health services. I would have to bring that amount.

**Mr. MacKay:** Okay.

**Denise Lewis Fleming COO:** It varies by the length of stay.

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. MacKay:** Final question on this section, Chair.

My question is: On the waiting list, who decides how urgent?

**Mr. Henderson:** That's between the physicians.

**Mr. MacKay:** It's all gone through –

**Mr. Henderson:** Yeah, I get into this a lot that people will ask – well whatever the particular illness, a person needs a certain referral – I'm not a medical professional so I couldn't really determine urgency. I leave that to the physicians in question so that's determined by the physician referring to determine how urgent it is to ever they're referring them to, to determine how that stacks up against all other referrals.

It is based on a most-urgent basis. The problem is that most everybody thinks they are most urgent and there are probably small variances between urgencies. It's not an exact science.

**Mr. MacKay:** All right. I'm good until the next section then, Chair.

**Chair:** Thank you.

The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Thank you, Chair.

With the Hillsborough Hospital, I don't know if these metrics are appropriate but you mentioned there are 83 beds. Is there a discharge rate – number of discharges, pardon me, as well as a patient census for the Hillsborough Hospital?

**Mr. Henderson:** I do know there are people that have been there for an extremely long period of time; like seven to eight years. But, we've got that here.

**Denise Lewis Fleming COO:** I have the admissions. In the fiscal year April 2016 to March 2017, there were 757 admissions and 36,057 patient-base, census-base, for that particular piece.

**Some Hon. Members:** (Indistinct)

**Denise Lewis Fleming COO:** Actually, as I see that, I should give a correction. The total number of beds, I'm miscounting a unit, it's actually 107. It's not 83. It's 107.

**Mr. Trivers:** 107 beds, okay.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** I have some questions about the focus on primary prevention. Is that in the next section (Indistinct)

**Denise Lewis Fleming COO:** Yes.

**Mr. Trivers:** I just wanted to clarify where we're at here.

**Chair:** Can you hold that for the next section?

**Mr. Trivers:** Okay. All right.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** Thank you, Chair.

Minister, have you ever done a threat assessment on the staff at the Hillsborough Hospital or a recent threat assessment on the security at the hospital or anything like that?

**Mr. Henderson:** There's definitely – that's part of the reason why we put in some of the security measures in place right now and there are concerns that I have, as minister, with the safety of our staff in that facility.

Once again, we're trying to deal with it the best we can and we have hired outside security in some circumstances when patients have become a real risk and a threat.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** Can you elaborate on some of the concerns that you have as minister on security?

**Mr. Henderson:** I think the reality is that the complexities of mental illness, the size of individuals today – I'm not trying to say that our population is getting bigger, but I think there was a case not too long ago where there was an individual like 6'5", 300 lbs and had some serious issues. That becomes a real challenge for staff to intervene and the safety of those staff, so that's why we would look at outside security to make sure that our staff and other patients are in safe circumstances.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** With that, has the staff or the union expressed any concern to you over that issue?

**Mr. Henderson:** Not to me specifically. But, would you have had anything on that, Denise?

**Denise Lewis Fleming COO:** The union has expressed concern to the administration. That's also why we're continuing to do work, as the minister mentioned, to do some security enhancements in that particular building to increase staff safety, including such things as closed-circuit cameras and hiring additional security staff. It is something that is very much ongoing and forefront in both the chief administrative officer and the chief of mental health and addictions.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** I'm wondering if staff has expressed concerns in safety and immediate action isn't taken to address those

concerns, is the department worried about any liability that could be attached for failing to act in a timely manner.

**Mr. Henderson:** All I'm saying, you're always worried about any potential risk to your staff and to the operational components of any of our facilities, but there are only so many things you can do and we're trying to be proactive on that and that's partly why we have identified security.

But even in those regards, things are happening faster than we would anticipate and that's why we have to look at outside security to make sure that the people are looked after and safe.

**Mr. MacKay:** Thank you.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

Forensic referrals, can you explain what a forensic referral is?

**Mr. Henderson:** Forensic referrals are usually off-Island and those are the ones that would be court ordered; they didn't go to trial and the courts have identified that they are under the care of the province for mental illness.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Has there been an increasing occurrence – just because I know your security has gone up – has there been an increasing occurrence of staff pressing charges against patients under the care in the Hillsborough Hospital?

**Mr. Henderson:** I'm not so sure on that. Denise, would you have had (Indistinct) –

**Denise Lewis Fleming COO:** Not that I'm aware of.

**Mr. Henderson:** Not that we're aware of.

**Chair:** the hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you.



Could you check and see how many –

**Mr. R. Brown:** Can I have a Point of Order? If you don't mind.

**Mr. Myers:** No. Go ahead.

**Chair:** Point of order.

**Mr. R. Brown:** Point of order, sorry.

**Chair:** Thank you.

**Mr. R. Brown:** I should have read my Beauchesne's this morning.

We're going to be here for a while. We might as well let the Pages go get their supper and that if they want?

Is that okay?

**Leader of the Opposition:** Yes.

**Mr. R. Brown:** Good, thanks.

You guys can go.

**Chair:** Are you okay with that?

**Mr. R. Brown:** No, the rest of you stay.

**Chair:** Thank you, hon. member.

**Mr. R. Brown:** Bring us back some chicken.

**Chair:** The hon. Member from Georgetown-St. Peters, you have the floor.

**Mr. Myers:** Thank you –

**Mr. R. Brown:** Bring us back a box a chicken.

**Mr. Myers:** So –

**Mr. Henderson:** Are we seeing that number increase, is that – that was your question?

**Mr. Myers:** Yeah. I'm just wondering if you have seen the number increase, or –

**Mr. Henderson:** I'm told that it slightly has increased. I think we're up to \$6,000.

**Denise Lewis Fleming COO:** It varies.

**Mr. Myers:** I'm aware, yeah.

**Denise Lewis Fleming COO:** Are you looking for the number of forensic cases? Is that the request?

I had a hard time hearing the question.

**Mr. Myers:** The question –

**Chair:** Hon. members, we're having a hard time hearing the question

Thank you.

**Mr. Myers:** I guess my question is, what is the number of cases where staff presses charges against –

**Mr. Henderson:** Oh, okay.

**Denise Lewis Fleming COO:** Okay.

**Mr. Henderson:** I'm not aware of what those would be, but we could find that out.

**Mr. Myers:** Okay. Yeah, I think it's high.

Another question, Chair?

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** What is the requirement for security training for somebody who is going to work in a facility like Hillsborough Hospital?

**Mr. Henderson:** I'll maybe refer to Denise on that.

**Denise Lewis Fleming COO:** I don't have that here with me. I know it's established by the facility itself and in consultation with the chief administrative officer. They are currently identifying also, what improvements they want to that skill set.

**Mr. Henderson:** Those are different. There is our staff that has secure capabilities and then there is sometimes the outside staff that we have to hire in that are through a contractor. But same thing; they would have to meet certain criteria.

**Mr. Myers:** Yeah.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

Is that a national standard though that they would meet?

**Mr. Henderson:** I don't think so, but –

**Denise Lewis Fleming COO:** No, there is no national standard that I'm aware of.

**Mr. Myers:** Really?

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you.

It would strike me as odd that there wouldn't be, given that whatever happens here in a facility like Hillsborough Hospital, it wouldn't be unlike any other facility in any jurisdiction in the world, even for that matter, that there wouldn't be some kind of security protocols.

It's not like regular security. It's not like you're dealing with a patient, you're dealing with somebody who is ill, and you're dealing with somebody who is under the care of a doctor, most likely a psychiatrist.

**Mr. Henderson:** That's true, but it's not a jail.

**Mr. Myers:** No.

**Mr. Henderson:** It's not a incarcerated facility. I mean, it's a little different in the respect that it is an open facility.

We do have people in secure locations that have – are monitored 24 hours, constantly.

**Mr. Myers:** Yeah.

**Mr. Henderson:** Assessments are done constantly and once again, we are trying to look at how we can be more – use more modern technology, like closed circuit t.v. and some of those things to try to improve the situation.

It's a continuing challenge and probably will continue to be.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

In the cases where you talked about where you had some of the people are bigger. They're taller. They're stronger. It's unlike, and I totally can appreciate that just from any time you spend walking around. People are a lot bigger and stronger –

**Mr. Henderson:** Yeah, they are (Indistinct)

**Mr. Myers:** The question I would have is, and it falls into the security protocol.

I'm wondering if you could bring back a copy of what the security protocol is that they require.

I would think, given what you said, that there is an issue, and I trust that there is because it makes perfect sense, what measures you would put in place to ensure that you're not injuring a patient that you're trying restrain.

Like somebody who is 6'5", 230 pounds in one of those small rooms, there is no room.

**Mr. Henderson:** No, and I can appreciate that. It's no different than any law enforcement issue.

You're dealing with an individual that's, say, out of control and has got psychotic issues and you're trying to restrain that individual. If things get a little bit out of control, I guess, in some ways, so I mean to say that you're preventing all injuries.

I mean, I'm sure we can talk to security, police officers, the whole list. There are protocols that they try to do in restraining an individual, but it doesn't always perfectly, I guess.

**Mr. Myers:** No.

**Mr. Henderson:** We can try to find those protocols.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** I understand that. I think the difference is, if you're with the City Police your protocol would have to be different

because you don't necessarily know who you're dealing with –

**Mr. Henderson:** No.

**Mr. Myers:** – and there are a lot of things you don't know about somebody.

When you're in a facility that is government owned and it's a patient, you should know – there should be fewer unknowns than a police officer having to meet somebody on the street; wouldn't have any idea if there is psychotic episode, if they're carrying a weapon or if they are going to harm themselves or someone else. Those are things that you guys would have all catalogued.

**Mr. Henderson:** There is no doubt that there would be less risks in that regard and less unknowns.

You're still dealing with mental illness and psychosis of the mind. I never thought I would be talking about this, but there is so much – so many unpredictable factors that go with that.

You're dealing with individuals that are large. They are not thinking rationally in any component. There are just a lot of unknowns is what I'm trying to say.

As minister, I hear the stories. I've been down to the facility, it's eye-opening for sure, to say the least. You really get a sense of the challenges that a facility and the staff have to encounter there. These are people that are really at the far fringes of our province and society.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

You mentioned earlier, I think that you said there were 83 beds. My understanding was that there were 75 there.

**Mr. Henderson:** I think we –

**Denise Lewis Fleming COO:** Actually, I –

**Mr. Henderson:** – corrected (Indistinct)

**Denise Lewis Fleming COO:** – corrected, there's –

**Mr. Myers:** Oh, sorry.

**Denise Lewis Fleming COO:** – there's 107.

**Mr. Henderson:** 107.

**Mr. Myers:** There are 107?

Are they all in use?

**Denise Lewis Fleming COO:** Pardon?

**Mr. Myers:** Are they all in use?

**Mr. Henderson:** Just about, yeah.

**Denise Lewis Fleming COO:** Average occupancy rate –

**Mr. Henderson:** 90%, I think.

**Denise Lewis Fleming COO:** Is actually closer to 93%.

**Mr. Henderson:** 93%, so.

**Mr. Myers:** Okay.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

In your budget last year for professional fees legal, you had budgeted for \$4,700 and you spent \$16,900.

What was the – and that was just the third-quarter forecast. Do you have an update of what that is to the end of the fourth quarter and can you explain what the big jump was there?

**Denise Lewis Fleming COO:** Third-quarter forecast there is actually what we anticipated spending for the whole year. We just delivered the number at third quarter.

**Mr. Myers:** Okay.

**Denise Lewis Fleming COO:** So our forecast is still \$16,900. We had our in-house Legal Counsel was off for a period of time this year. We had to access some external Legal Counsel to support us in dealing with cases that were either before

the Mental Health Review Board or the Criminal Code Review Board, so that's why it was up.

Our in-house Legal Counsel has actually returned.

**Mr. Myers:** Okay.

**Denise Lewis Fleming COO:** That's why it (Indistinct)

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** That brings me to another interesting point.

Could you explain how the Mental Health Review Board works? It's an independent board, to my understanding, made up of legal professionals, or mental health professionals, or both?

**Mr. Henderson:** You might have to refer to my (Indistinct) colleague on that one.

**Denise Lewis Fleming COO:** Sure, one second.

The Mental Review Board is actually comprised of two psychiatrists, a layperson and a lawyer. They do operate, like you say, independently. They hear cases of people that are involuntarily committed and whether or not their applications would stand or if they should be released from that involuntary (Indistinct) is what they do.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

The legal person that you would have in-house that would have been off for a period of time that created this bump, what exactly would they be presenting to that board on your side?

**Denise Lewis Fleming COO:** They would be supporting answering questions that may come from staff in preparing to present cases to the Mental Health Board. That is primarily what they would be responsible in doing.

We've also have doing work last year in

order to recruit some new individuals to that particular, so it's a piece of work that we have to go through.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

In the Mental Health Review Board, is it not the advice that's put forward by the presiding doctor that would determine what the decision of that board would be?

Wouldn't there be a doctor saying: yea or nay? Wouldn't that be the bulk of the – I don't know if I'd call it evidence or not, I'm not sure what you'd call it, but the presentation of that board, the bulk of it, would be professional opinion of a doctor.

**Denise Lewis Fleming COO:** Yes, but they still do require support and assistance in dealing with the cases, because this is dealing with a person's individual rights and freedoms. So there's always a lot of due diligence and what (Indistinct) in being presented to make sure that it's ready for their consideration.

**Mr. Myers:** Okay.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

Another item on your hand out here, your snow removal. You didn't budget any money for snow removal and it cost you \$14,700.

**Denise Lewis Fleming COO:** So in previous years, there had been – that contract was incorporated with the QEH contract. Last year, it was actually done separately. We are also currently – in prior years, had had some support from transportation infrastructure, so we are readjusting and looking at what we can incorporate in the upcoming year.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

So it looks like you may have already found your solution because you're budgeting for 500 this year?

**Denise Lewis Fleming COO:** Well, that's not going to be our complete solution, but there's definitely ongoing conversations.

**An Hon. Member:** (Indistinct) shovel.

**Mr. Myers:** Okay, thank you.

**Mr. Henderson:** (Indistinct) put them out shoveling (Indistinct)

**Chair:** Thank you.

Shall the section carry? Carried.

Community Mental Health

Total Community Mental Health:  
12,846,800.

**Mr. MacKay:** (Indistinct)

**Chair:** Question from the hon. Member from Kensington-Malpeque.

**Mr. MacKay:** So is this the section of my questions from earlier? Minister?

**Mr. Henderson:** Yeah?

**Mr. MacKay:** Is this the section from the questions I had earlier?

**Mr. Henderson:** Yeah. The wait times, yeah.

**Mr. MacKay:** Okay, so how long is the average wait time right now?

**Mr. Henderson:** Okay, in psychiatry we have – for Canadian Mental Health, Prince's average wait time was 15 days, Queens 41 days, Kings 27 days. Urgent, just to make it clear, is four days –

**Denise Lewis Fleming COO:** (Indistinct) a number.

**Mr. Henderson:** Oh, sorry, that's the number there.

Average wait time 15, 41, and 27 for urgent, and for general routine it could be 54 days (Indistinct)

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. Henderson:** So I'm just trying to break it down, but I can give you a more stats but just to give you an idea between urgent and general.

**Mr. MacKay:** Okay, we might get to – so I guess my question is, to me, if somebody's waiting 41 days and they're considered urgent, that seems to be an awful long wait time, does it not?

**Mr. Henderson:** Well, longer than you'd like, but I mean, once again, it depends on the level of urgency I guess.

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. MacKay:** Thank you, Chair.

So is there a list of how many people are currently waiting?

**Mr. Henderson:** Do we have that here? Yeah. I'm sure. What's this number here?

**Some Hon. Members:** (Indistinct)

**Denise Lewis Fleming COO:** As of December –

**Mr. MacKay:** December?

**Denise Lewis Fleming COO:** – it listed 69 individuals –

**Some Hon. Members:** (Indistinct)

**Mr. MacKay:** Sorry, I can't hear you.

**Mr. Henderson:** Sixty-nine people or individuals are on a wait list.

**Denise Lewis Fleming COO:** In Queens County.

**Mr. MacKay:** Sixty-nine.

**Mr. Henderson:** Yeah. That was – I gave you the numbers for psychiatry services, which is what you asked, right?

**Some Hon. Members:** (Indistinct)

**Mr. MacKay:** Right.

**Mr. Henderson:** So the wait times for mental health services would be (Indistinct)

**Mr. MacKay:** Okay, let's –

**Some Hon. Members:** (Indistinct)

**Chair:** The hon. Member from Kensington-Malpeque.

And hon. members, we're still having a little difficulty hearing the question.

**Mr. MacKay:** So what are the wait times for the mental health?

**Mr. Henderson:** So for mental health services you're looking at about – I'll just give you easy numbers – 21 – 20 days, semi-urgent would be 38 days, and general routine would be 60 days.

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. MacKay:** And how many are currently on that wait list?

**Mr. Henderson:** Do we have that?

**Denise Lewis Fleming COO:** Yes. The number's beside it.

**Mr. Aylward:** Chair.

**Mr. Henderson:** Oh, okay, yeah, the wait list.

**Mr. Aylward:** (Indistinct) wondering if the minister can provide us with that chart.

**Mr. Henderson:** For Prince it would be 35 people, Queens, 134 and Kings, 35 for the number – did you get that?

**Mr. Aylward:** Yeah.

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. MacKay:** Thank you, Chair.

Is there a breakdown of how many children are currently on the wait list for both psychiatrists and mental health?

**Denise Lewis Fleming COO:** No, we don't have it (Indistinct) –

**Mr. Henderson:** No.

**Denise Lewis Fleming COO:** Not as far as on the wait list.

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. MacKay:** Okay. Thank you, Chair. My final question: so round figures between both, we're only talking 269 individuals on a wait list right now?

**Denise Lewis Fleming COO:** For urgent care.

**Mr. Henderson:** Yeah, that's probably right, for urgent, yeah.

**Mr. MacKay:** Okay.

**Chair:** That good?

**Mr. MacKay:** Thank you.

**Chair:** Thank you.

The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Thank you, Chair.

I was wondering. You have several different areas here in community health, you know.

**Mr. Henderson:** Yeah.

**Mr. Trivers:** Community mental health teams, counseling support, after care, community outreach, community maintenance, special projects focusing on primary prevention research and standards.

Is there a breakdown of how the money budgeted in this section is allocated to those different initiatives?

**Mr. Henderson:** I'll refer to Denise on that.

**Denise Lewis Fleming COO:** We would have to bring it back. There's not a breakdown completely by each particular project. So there would be – community day programs would break down into that particular piece, and also could break out into various regions of day support or

addiction – sorry, addictions is not in this section. So there is some breakdown that we could bring back.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** I would request that you do bring that back. In particular, I'm interested in the amount of resources being spent on primary prevention. I think that when it comes to mental health, especially if it's mental health problems that may result in addiction later on, primary –

**Mr. Henderson:** Sure, yeah.

**Mr. Trivers:** – prevention is the key, I think. You've probably heard that many times.

**Mr. Henderson:** Yeah, I agree.

**Mr. Trivers:** That's what people have talked to me about it; it seems to be a priority. People at least intuitively say: That's where we should be spending our money, primary prevention, let's prevent these costs down the road.

However –

**Mr. Henderson:** But the problem is, is that people come in the door requiring services and that number – it's the chicken and the egg scenario, and tuff.

**Mr. Trivers:** So would you agree with that?

**Mr. Henderson:** In general you want to put more money in preventative measures, but I would say – like you say, I mentioned here earlier in the House that the amount of requests that I would have for preventative measures would blow my budget to smithereens, I guess would be the term.

So you just got to try to pick and choose where you can. That's what my feelings are as minister and we try to make improvements where we can and anytime we do have some savings, we find real savings and we reinvest them into where the next highest priority, the best payback would be.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** In particular, I think mental health is a place where primary prevention is key, and that's why –

**Mr. Henderson:** Yeah, and I think that's why we've made an announcement here not too long ago at the department of education where we're working on providing some nursing supports in our school system to try to identify issues quicker and try to have those referred faster and provide some of those services. So those are the types of preventative measures, but resources are still the challenge to deliver those services.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** The Member from Stratford-Kinlock asked questions today in the House about child psychologists and –

**Mr. Henderson:** Yeah.

**Mr. Trivers:** – the fact that we really – you mentioned in your answer that we don't really have one on the Island, so we're using telehealth to –

**Mr. Henderson:** Well, at the moment, yeah, just because we have one on maternity leave, a child psychiatrist on maternity leave, but we are also trying to recruit another as well, and – yeah, so.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Will your breakdown include the number, the amount from each one of those areas that's specifically allocated to primary prevention or – I guess I'll start with that.

**Denise Lewis Fleming COO:** I'll have to look. I don't know if I can get all the way down to breaking out primary prevention versus after care, and after care being support after you leave the acute care piece. I will try to get as close to the breakdown as I can and so you'll just have to look at it whenever you receive it.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Can you remind me again exactly what resources are already available for primary prevention, especially I'm thinking in schools likely.

**Mr. Henderson:** Well, the schools is a bit different of a unique situation because it tends to be the department of education that would deal with most of the school issues, but there's a couple of services that we will be providing and one is the issue of having RNs from primary care focus on the –

**Mr. Trivers:** This is mental health I'm talking about.

**Mr. Henderson:** That's correct, yeah, for mental health, that's going to be their focus. So (Indistinct) –

**Mr. Trivers:** Okay, just to be clear.

**Mr. Henderson:** – identifying mental health issues, and there'll be some other issues, like sexual health and some of those things that they'll be providing in the school system. But primarily, it's to try to address the issues around mental health and getting at our kids in a younger stage.

The other is occupational therapy services that we provide for the school system. All other professional services as it pertains to psychological assessments and speech language pathology would be for the department of education. So, just to give you some – now preschool, that would be all us. After school, all us.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** The RNs –

**Mr. Henderson:** Yeah.

**Mr. Trivers:** – that you've announced that are going to be in schools that will have a variety of responsibilities, including some related to primary prevention on the mental health side.

**Mr. Henderson:** Exactly, but these –

**Mr. Trivers:** Are –

**Mr. Henderson:** – are health care professionals.

**Mr. Trivers:** Yes.

**Mr. Henderson:** That focus will be more on as a mental health nurse.

**Mr. Trivers:** Is this where they're salaries are budgeted? In this section?

**Mr. Henderson:** Yeah.

**Mr. Trivers:** How many of them are there?

**Mr. Henderson:** I think we're doing four, aren't we? Adding four.

**Denise Lewis Fleming COO:** It's four RNs and two occupational therapists.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Remind me again, how they're going to be spread across all the different schools on the Island?

**Mr. Henderson:** It's the rollout; this is going to be over a period of a number of years. The minister of education made that announcement. My understanding is it's seven over four years, is it? Or three years –

**Ms. Biggar:** I'm sure you'll have that answer when you (Indistinct)

**Mr. Henderson:** Yeah.

**Denise Lewis Fleming COO:** The first – it's two and two so there are two for, I believe, up west, Bloomfield area plus one occupational therapist. Then, down east, two nurses and an occupational therapist down there.

**Mr. Henderson:** Just so you know, some of the rationale on that is that we've already, as a department; we've already funded the Queens County, and that. We put it out as a pilot to see what kind of impacts it was having.

That would be an example of how we look at trying something; seeing if it's having an impact. We found that the occupational therapy was. Now, we're adding and branching that out across the Island so that it's more consistent in the delivery of services.



The RN will be the same component of that. We will be adding them in; seeing what benefits are accrued and then see if it makes a difference and then, once again, we will be adding more as it evolves to other schools over the term of the announcement.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Thank you.

Queens County is a large county, and it has both rural – I'll call them city and municipal and unincorporated components to it.

You said there was a pilot project that was done in Queens County.

**Mr. Henderson:** For occupational therapy, yeah.

**Mr. Trivers:** So, with this announcement then, how many RNs and occupational therapists will be in Queens County?

**Mr. Henderson:** In Queens County we have one occupational therapist currently. I believe that's right?

**Denise Lewis Fleming COO:** I don't have the number for Queens County. I just have the numbers here in front of me for what the expanded announcement is. I'd have to bring and get the answers as far as what's within Queens County.

**Mr. Henderson:** As I recall, I think it's a one-point-something position. So there are probably two people focusing on occupational therapy in Queens County.

We will be adding one to the west and one to the east. Then, as far as RNs, I don't think we have RNs, currently, in Queens County, but we will be adding two to the west, two to the east in the rural areas.

Just so you're aware; those were where the wait times were the most for, both mental health issues, I mentioned a little earlier. So once again, it's just trying to get consistency in our wait times.

As an MLA in my area, I understand that there are always going to be wait times for occupational therapy, mental health, and some of those things. I just want my wait

times to be the same in O'Leary as they are in Charlottetown or Montague.

We're always trying to track those statistics. You take out the vacancies that might occur in a certain situation like if somebody goes on a maternity leave, but if you try to get them more consistent, that's partly why these resources are put into these locations.

Once again, as time evolves, you try to get all the wait times to come down. Right now, they're not consistent. Not even close.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Of course, the areas I'm interested in, of course, would be Hunter River, Central Queens –

**Mr. Henderson:** No, and I –

**Mr. Trivers:** – Elementary, Gulf Shore Consolidated –

**Mr. Henderson:** – can appreciate that –

**Mr. Trivers:** – Kensington, Kinkora –

**Mr. Henderson:** – every MLA has their own area.

**Mr. Trivers:** I mean all these different places.

I have to admit, in our conversations today, I haven't really heard that part of central PEI mentioned very much, at all.

**Mr. Henderson:** We're heavy into rural these days, I guess.

**Mr. Trivers:** I really am interested to get the breakdown of services in that area, and as well, I was wondering if – do you have the numbers of what the wait times are for the –

**Mr. Henderson:** I just gave –

**Mr. Trivers:** – mental health –

**Mr. Henderson:** – some wait times here a little while ago.

**Mr. Trivers:** Is that a handout that's coming out to us?

**Mr. Henderson:** Did we –

**Denise Lewis Fleming COO:** I can make it as a handout.

**Mr. Henderson:** We could make it that way.

Just to give you an idea. I had mentioned there that for psychiatry services; the urgent wait times in Prince go from 15 days to –

**Mr. Trivers:** Right. I'm very interested –

**Mr. Henderson:** – to (Indistinct) days (Indistinct)

**Mr. Trivers:** – like, do you have it broken down by – is it by geographical area? Is it by school?

**Mr. Henderson:** I just got Prince, Queens and Kings and I have urgent, semi-urgent and general. If that helps.

**Mr. Trivers:** Are those placed in through the schools, or are those placed in –

**Mr. Henderson:** No, these would be just general psychiatry issues for the province. There would be all ages in that.

It's basically the demands for psychiatric services in the province.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Henderson:** We just don't have them broke down into children and adolescents –

**Mr. Trivers:** Okay.

**Mr. Henderson:** We have programs that are specifically for that. If I take the INSIGHT Program, the behavioural support teams, those are focused on certain age demographics, or no different than the seniors' mental health team for seniors.

There are all these services, but there are also general mental health services for Islanders. There are a lot of services out there, but there are still demands.

Like I said before in the House here, I acknowledge that mental health is an

extreme challenge. It's hard to find the easy solutions. I don't know if there is any province out there that does have a system that works perfectly, or whatever.

Our challenge tends to be filling the resources to fill vacancies. If I look at psychiatry, we have a couple of vacancies there. Psychologists, it's the same thing. It's just to try to find the physicians.

None of these positions are low-budget items. We have psychiatrists that are some of our high-billers in this province. Filling more vacancies, it's a cost.

We're not in tune to say, we're not doing that, but if we're adding more psychiatrists that has to go through a committee. A physician recruiting resource committee that determines the demands and needs for more positions for psychiatrists, but we haven't filled the ones we have got.

**Mr. Trivers:** One more question.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** What is the process then, for example, teachers, who are on the frontline working with children, and are often the first ones to identify mental health needs?

**Mr. Henderson:** Now, you're getting into an education department issue. We do provide occupational therapy in our school system. That's our responsibility. We are going to provide four RNs into the system to try to – mental health nurses that can identify children who have issues.

If a teacher identifies that that child might have some issues they'll be asked that that nurse to have a discussion, or try to determine if there is a proper referral that that person should have to go to.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** The item in the description is: special projects focusing on primary prevention.

What special projects are you budgeting for in 2017-2018? Or have you decided, yet?

**Denise Lewis Fleming COO:** The description is also just a general description because we also leave it in there and take every opportunity that when funding becomes available, either through Health Canada or other federal government initiatives, that this is where some of the special project funding would reside and operate out of that.

**Mr. Trivers:** What special projects did you do in 2016-2017?

**Mr. Henderson:** The behavioural support team is something that has been created, the INSIGHT Program, those would be the programs that have been created, the seniors' mental health program –

**Mr. Trivers:** I'm talking about – I want to know about primary prevention, special projects –

**Mr. Henderson:** That's part of what they –

**Mr. Trivers:** – focusing on primary prevention –

**Mr. Henderson:** – do. They're out to try to identify seniors who are at risk, and to try to identify those and prevent before it becomes crisis.

That's ultimately what you're dealing with, with mental health issues. You're trying to stop things before they get to be a crisis stage.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you very much, Chair.

A few questions with regards to some of the budget line items. Under equipment, I see there was budgeted for \$6,700, estimate and your forecast spent \$52,500.

I'm just wondering what the variance is there.

**Mr. Henderson:** I'll refer to Denise on that one.

**Denise Lewis Fleming COO:** Sure, just one second.

**Mr. Aylward:** That's who I was asking anyway.

**Mr. Henderson:** You'd get a better answer.

**Mr. Aylward:** Yeah.

**Denise Lewis Fleming COO:** That was various pieces of business equipment. Some of it was to, I believe, also implement some of the video conferencing capabilities that we put in place for the telehealth services for psychiatry, because we had to make some investments to put that in place at four community mental health sites.

**Mr. Aylward:** Okay.

**Denise Lewis Fleming COO:** That is some of the business equipment. Primarily, in trying to get it in.

**Mr. Aylward:** Okay.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

Again, down on the next line: materials, supplies and services, I guess it's sort of reverse; you had budgeted \$423,100 and right now you're only forecasting to spend about \$103,000.

Why the under-spend there when you're, again, estimated to spend 452 in the coming fiscal year?

**Denise Lewis Fleming COO:** There were estimates in the previous year of what special programming needs would be of various clients and there wasn't a spend to that particular level. They also have been undergoing a redevelopment, as you know, under Dr. Keizer and Verna Ryan, about how they can actually improve and increase special programs such as the Strongest Family Initiative that was announced. We're looking to try and expand into more (Indistinct)

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

Chair, excuse me if this doesn't fall specifically in this section, but I'm just wondering about the 811 call and where that falls under.

**Mr. Henderson:** Tele – 811 – we have –

**Denise Lewis Fleming COO:** Primary care.

**Mr. Henderson:** Primary care, yeah.

**Mr. Aylward:** Can you tell me, essentially, what costs the province to participate in that?

**Mr. Henderson:** We've got a new contract with a new provider. We've edited our contract there (Indistinct) with Medavie so they are providing that service to the previous – I think there was a reduction, actually, wasn't there?

**Denise Lewis Fleming COO:** You would see, if you refer to grants and professional services handout under primary healthcare, you will see purchase service. It's approximately \$740,000 for the 811 service.

**Mr. Aylward:** Okay, thank you.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

The reason I'm bringing that into this section, Chair, is, again, with one of the families I have recently been meeting with or engaged with after they reached out to me is one of their children recently had a very traumatic episode where the parents actually called 811 and explained the situation, what was developing, and the operator on the other line said: We will send our mental health mobile response team out right away, can you give us your civic address?

**Mr. Henderson:** Right.

**Mr. Aylward:** They gave the civic address, and they said: Oh, you're in PEI. The mobile response team is only available in Nova Scotia and/or New Brunswick.

Is there any sense or any plans within the new mental health rollout of looking at a mobile response team for mental health? The reason I ask that is right now what took

place, and what takes place, is if you get to a situation like that you have no choice, no option, but to call either the RCMP of the municipal police force responsible for that area.

**Mr. Henderson:** Well, 911 would be the (Indistinct) –

**Mr. Aylward:** Yeah, but essentially –

**An Hon. Member:** (Indistinct) sees the writing on the wall.

**Mr. Aylward:** Essentially, what takes place is the police officers will respond and in this case I'm talking about a 13-year-old young boy that was having a severe mental health attack and the protocol is for the police to come, place him in handcuffs, place him in the back of the squad car to transport him to the hospital which, in my view, if that was my son I would be so upset. I would be probably talking to my lawyer because that is only going to exasperate the situation and traumatize that child even more, when the last thing somebody, especially a young person that is experiencing a traumatic mental health episode, needs to be is handcuffed.

**Mr. Henderson:** There is still the option that the family can take the person to an emergency room (Indistinct) that's a choice that they would make, I guess, but in a 911 call the operator on the line is going to take some interventions and (Indistinct) decide whether to call the police or to dispatch a paramedic or an ambulance.

Once again, I would leave those professionals to decide what is the appropriate method of restraint to take an individual at risk to get them transported to the location that will provide that service.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

Unfortunately, it's not always an option for the parents or the guardian to transport that young person to the emergency room –

**Mr. Henderson:** I understand.

**Mr. Aylward:** – for varying reasons that I won't get into right now.

They got off the phone with 811 in Nova Scotia. They called 911 and 911 are the ones that told them that your option is to call the RCMP and have him transported (Indistinct)

**Mr. Henderson:** My understanding – I do know of mental health issues that where people have been transported by ambulance. I have been down at the QEH when that has occurred. If a person at risk of self harm – I guess it's dependent on what dispatch feels is the most appropriate situation based on the information they are provided. I don't think it's only the police forces that deliver the person.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you.

Chair, again to the minister: Don't you agree with me that that is completely a wrong protocol to –

**Mr. Henderson:** I guess my point would be –

**Mr. Aylward:** Let me finish – to have a young person transported in handcuffs in the back of a squad car?

**Mr. Henderson:** I guess my only comment on that is it would depend on how big the person is; what the police forces determine to be a reasonable risk. There are some 13-year-olds who would be probably smaller. There could be some that would be quite a bit larger and there are a lot of factors in that.

Once again, as a minister, I don't know if I would be able to be an expert enough to determine what's the appropriate way to take a patient with mental health issues based on their age and size and all of those factors. I guess I would have to refer that to the forces that are making that decision when they arrive on the scene. There has to be a fair bit of flexibility with these professionals to determine the appropriate course of action to take.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you very much, Chair.

Minister, I have to tell you I think you're opening yourself up for potential lawsuits down the line and that's the least of my worries.

**Mr. Henderson:** Yeah, I know.

**Mr. Aylward:** My concern is first and foremost for, in particular, this young person that I have been dealing with his grandparents and parents on and the stories they have been telling me and the experiences that they have been going through.

Their 13-year-old boy is not a big person. He's not an imposing figure at all. But yet, when they called 911 that's the option that they were given: You're going to have to call the RCMP and have him transported.

**Mr. Henderson:** It's something I'll do a little more thorough investigation on to try to determine if that's the appropriate course of action or if we have a set protocol on that. I would say I'm not exactly aware of it.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thanks, Chair.

While you're reviewing that protocol, could I ask you to also have some of your staff look into the mental health mobile response team that they have in other provinces to see if we could have that incorporated here?

**Mr. Henderson:** I'm sure we're always reviewing the way we deal with things and we do have – Dr. Heather Keizer is accessible. If calls were made, she can – she is a professional that can kind of make some fairly quick decisions on, once again, appropriate protocols. To a certain degree, we can respond fairly quickly but (Indistinct)

**Denise Lewis Fleming COO:** I will say that I know Dr. Keizer is interested in investigating a crisis response team. It is something that she is looking into right now.

**Mr. Aylward:** Okay, thank you.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you.

I am in no way criticizing or critiquing Dr. Heather Keizer and her professionalism and her ability. I have had several conversations with her, not in-depth, but I know of her work and I think she is a great person to have in the role that she's in. But, my only thing was to, as one MLA to a minister, ask you to go back to your department and due the due diligence to ensure that we're looking at this.

**Mr. Henderson:** Yeah, no. We're constantly looking at ways to improve the services with the resources we have and we'll continue to do that (Indistinct)

**Mr. Aylward:** Thank you, Chair.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you, Chair.

I was pleased to see that the community health department budget is going up. Again, I'm assuming that's got to do with the health accord transfers from the federal government. I appreciate that you said, as well minister, that politically it's difficult to focus on prevention because it's a cost but, there's no immediate benefit to be had. And so, the tendency always is to deal with the acute issue in front of you and I understand that.

**Mr. Henderson:** You get that, yeah.

**Dr. Bevan-Baker:** But, you also made a comment earlier about there is no jurisdiction that is doing this perfectly, and I absolutely agree with you. But, there are some other jurisdictions which are putting a far greater emphasis on prevention than we are here in Prince Edward Island.

In Canada, Alberta is quite far ahead in that regard. But if you look around the world, Australia and the UK have a much different balance of spending when it comes to mental health care services and preventive or community mental health services.

So, I'm wondering how we ever get over that? This is a large question, but how does a

department ever say: Okay, we have to bite the bullet. We just have to do this because we know that 20 years from now; we're going to see the savings.

**Mr. Henderson:** I guess from my perspective, I mean, I've pitched to the Minister of Finance; I've pitched to the Premier when it comes to our budgets. A good example would be the flu immunization protocol that – I have a chief public health officer and we have epidemiologists in our department and they are always advising me – what's the next thing that would get the most payback. Smoking cessation would be another that I'm working towards.

So, it's really about – whether it's the strength of the minister to advocate on the behalf of his department with the Minister of Finance, with the Premier and try to get that budget envelope as big as we possibly can. I would say that I was pretty successful this time around – which is really my first time as a minister to have that – I kind of knew a little bit more what I was doing when it came to issues within my department and I can say I've got that one through.

I'm hoping to do some work around diabetes, which we discussed here in the House and smoking cessation is another one I'm working on. So, those are all, what I would deem preventative in nature. It's just that there's so many asks. I get it with the drug formulary – is another one. We've got more medications we'd like to see on that one, it's just – where does it end? And where do you get those resources in it?

It's ultimately government's decision on how they want to spend the resources. But, we still have only a taxpayer that's willing to pay so much right now based on the overall Budget – which is what – \$1.6 billion – something like that? If we're taking more, we've got to either take from somebody else, or we've got to get more. Still, there's only so much money. That's a long-winded answer.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** No, but it was very honest one and I appreciate it, Minister, thank you. And I understand the conundrum.

With the increased funding, though – what did I figure it out to be – one point – in the community mental health – it's over a million dollars – \$1.6 million, basically from last year's estimate.

Do you have a sense of where you anticipate spending that money and improving the community mental health services?

**Mr. Henderson:** Well, one is what we just announced with the school system. Those resources are going to be part of that. And there's a few more.

**Denise Lewis Fleming COO:** The other particular big push is around the seniors' mental health resource teams, in order to try and support our seniors. While there's been a lot of conversation about how we support our youth, there's also, as we know, a growing senior's demographic and trying to support seniors and their mental health.

There's also then work on how we use the remaining resources within to redeploy and refocus. There's been a lot of renewal work that's been going on under Verna Ryan and Dr. Keizer in order to more effectively deploy the other resources we currently have.

**Dr. Bevan-Baker:** Okay.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you.

You brought up the school services that you're expanding – or the new services I should say. Is there a model that you're using that you're basing that on? Is there another jurisdiction in which you –

**Mr. Henderson:** I think what we're looking at is to try to identify health care professionals with a background in mental health delivery in ways that they can work with our school-age population and when there's a case where there's a teacher or an individual identifies that that child might have some concerning issues, then these nurses will meet with them and talk with them and try to get a sense – do an assessment – and then refer them to where they might need to be. I think the challenge that we're seeing in the school system has

been that teachers aren't necessarily trained for those specifics –

**Dr. Bevan-Baker:** Absolutely.

**Mr. Henderson:** – and deal with those things.

The question is: Do you put a psychiatrist in every school, or do we try to deal with something that's a bit more cost-effective, but yet has people with a specialty in a health delivery model and that they can then refer them to where the most appropriate need would be. It's no different than the way we have our family doctors make referrals then to a specialist when it gets into an area of specialty more than their expertise is willing to –

Ultimately, Islanders want the best possible level of care, but we don't want to have specialists dealing with every patient that has an ache in a leg or a pain or whatever. It's those kinds of things that – that's the model, I guess, we'll be trying to deliver here.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Yeah, I mean teachers have been asked to do a whole bunch of things –

**Mr. Henderson:** No doubt about it.

**Dr. Bevan-Baker:** – way beyond what they were trained to do. Unfortunately, that's reality. In this school program that you're going to develop here, we know there's youth workers and there's social workers, but I didn't see – and nurses. I didn't see any mention of school councilors in that mix. Is that –

**Mr. Henderson:** Well, that would be the school system again. I emphasized before, what we're doing in dealing with mental health issues in indentifying – there's really only two components that we're doing. One is occupational therapy – is a relationship that the department of health has with the department of education, and the other will now be this issue around putting some RNs in the school through our primary nursing network.

So, all these other things that you're talking about would be really more the department of education – that's their responsibility. The reason why we're taking a role in this is because we got some federal money that's been allocated towards mental health and we are being more proactive and preventative by getting children at a more vulnerable age, when these issues don't manifest into a more serious issue as they grow older. That's why we're putting them in the schools, to try to get those children and be more preventive as you move down the road as those children graduate and become adults in Prince Edward Island that, hopefully, they have a better –

**Chair:** The hon. Leader of the Third Party, do you have another –

**Mr. Henderson:** (Indistinct).

**Chair:** Oh, sorry.

**Mr. Henderson:** Yeah. Some of this money is also with the department of education, too, but these are the resources that we're putting in and they will be our responsibility – same as occupational therapy is.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Yeah, and I understand that, Minister. The reason I'm asking this series of question is you mentioned that that's where – one of the examples of where – this extra funding from the health accord is going. I think it is fair to ask you questions on that so –

**Mr. Henderson:** No, no. No issue with that.

**Dr. Bevan-Baker:** Maybe the decisions for where the funding, particularly for the school program will go, will be made within the department of education, but the so-called – not all schools have the same level of need.

**Mr. Henderson:** No. That's right, yeah.

**Dr. Bevan-Baker:** I mean, it's like communities – there are different levels of need in different places. There are schools that have been identified as being higher – so-called wraparound schools; you're probably familiar with that terminology. But, I don't think that any of those schools are the ones that have been identified to

have more funding put into them. Would you have any input in suggesting that those schools with the higher need are the ones that (Indistinct)?

**Mr. Henderson:** I think we've identified that the east and west is – when we went through the school review, it was identified on numerous occasions – at least the meetings I was at – that some of these support services that were provided to the students, as well as the teachers – wasn't up to standard – or the wait times weren't consistent across the Island. That's why we started out, but this is a three-year announcement. This is phase one.

**Dr. Bevan-Baker:** Yes.

**Mr. Henderson:** Once again, our dollars are going to change, too, as the federal health accord comes, but in general terms, that's where the resources will be going and why we've identified east and west. But, there will be more schools participate as time (Indistinct). I think we want to try to see how this works, too, and try to get it right before we make a blanket announcement that it's in every school or whatever.

**Dr. Bevan-Baker:** Okay.

I'm good, thank you.

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. MacKay:** Thank you, Chair.

Minister, going back to I guess something you said there earlier in this section about the positions being hard to fill.

**Mr. Henderson:** Yes.

**Mr. MacKay:** What is the reason why you find they're hard to fill? What are some of the obstacles?

**Mr. Henderson:** If you want my honest opinion when it comes to recruiting of our health care professionals, health care professionals are usually highly-trained, educated, and are high-income earners – in general terms. Their spouses are usually the same scenario and it's hard to sometimes find the second job for the spouse.



We're finding that the ones we tend to be attracting are couples, but that leaves us extremely vulnerable. I can think of Dr. Kutcher in Summerside, him and his – I think Dr. Nicholson is his partner. I've got Dr. Barton – her partner is a nurse – a mental health nurse, I believe. I've got Dr. (Indistinct) and Dr. Alsalih. We can get those people, but if you take Dr. Naveed in Alberton as an example – I tend to be more in that area – her husband, I think, is a chemical engineer – a biochemist, something along that line – there were no jobs for him in West Prince, you know what I'm saying. So, she practiced for a while, but eventually decides that this –

I think that's one of the issues that's most there. The other one when it comes to the specialty of it is the issue of patients and potential workload.

But, as I said, if you have three anesthesiologists, if you lose one you've lost a third of your complement, then the workload goes onto the other two, so they like bigger pools of staffing and all those things.

I think that's what I see as the challenge. I don't think it's compensation in general terms, but I think these health care professionals that are coming from, probably, larger cities, that they get used to an urban lifestyle, so not all of them want to go to a more rural lifestyle. Some do, but there's lots that don't, so we're just not that urban for some locations, some of the professionals, I guess.

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. MacKay:** Thank you, Chair.

Kind of on the same track here, how many positions do you think would fix the problem?

**Mr. Henderson:** Right now, I'd say if we filled all our vacancies – which I think we have about 16-17 vacancies of the health care professionals in this province, I think it was the question, maybe, the Member from Stratford-Kinlock asked me a while back.

I think we recruited about 20-some positions last year, but we've got – still have 16-17

vacancies, right? We've got some offers out, and you hope you're going to get some of them filled. You've got some maternity leaves.

But if we had all our positions full – that's why they're the positions that are there. So if we're adding more positions in, that has to go through a whole different review with the physician recruitment and review committee, and they determine to add on other positions here or there or transfer one to here or there, and those kinds of things.

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. MacKay:** Thank you, Chair.

So, if you could, you would fill them 17 vacancies?

**Mr. Henderson:** Oh yeah, if we ever get the third of them, if we can get the people to go into those, that's what recruiting and retention, that's their mandate is to fill those vacancies, and this is where we go back to the – sometimes we get into situations where we have a physician that's willing to come, and we've got one right at the moment that's in this kind of situation.

I think there's a site visit going on right now with Dr. Malone. His wife is a fertility specialist, and she's trying to say: I might be interested in coming too. Is there a spot for me to fit? So, you try to work with that.

We have another doctor, (Indistinct), whose wife I think was a geriatric specialist, so we kind of look at those situations, is there a way we can accommodate these?

We got to DVA. We go to other locations around the province, UPEI, and find – see if we can try to find a job for the spouse to get one – to get two jobs, so that's – yeah, that's the reality of what we did (Indistinct)

**Mr. MacKay:** Okay, I'm good Chair.

**Chair:** The hon. Member from Kensington-Malpeque.

**Mr. MacKay:** I'm good, thank you.

Shall the section carry? Carried.

Addiction Services

Total Addiction Services: 12,434,500.

Question from the Leader of the Opposition.

**Leader of the Opposition:** Can you tell us, minister, what we basically have for addiction services available, like for beds and facilities?

**Mr. Henderson:** Okay, well we have a provincial addiction treatment facility in Mount Herbert. It has 34 beds, 57.5 fulltime equivalents working there. We have services in Alberton, Summerside. We have places, the Talbot House, Lacey in St. Eleanor's, which are transitional homes; we have the Strength Program in Summerside.

We have other locations on addictions too; the methadone program would be another example of an addiction service that we provide.

That gives you a bit of a –

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** Do we have a breakdown percentage-wise of what addiction services do, like how much percentage would be alcohol, how much percentage would be methadone or drugs or whatever?

Do we have anything like that?

**Denise Lewis Fleming COO:** (Indistinct)

**Mr. Henderson:** Well, I generally know in methadone, we have expanded our methadone program significantly. We've now added suboxone to our methadone program.

**Leader of the Opposition:** Minister, is there one area that's becoming more addictive than another? Like, is drugs –

**Mr. Henderson:** Oh, opioids, and the drugs like Percocet, Dilaudid, OxyContin; all of those drugs are one of our bigger challenges. We've clients all across this province.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** Are we finding any correlation between somebody who's addicted to alcohol in the past is now addicted to B and now is addicted to C, and is – are we finding any research on that?

**Mr. Henderson:** I would say that there are addictions come in many forms, and there's some individuals that seem to be more vulnerable to addictive – I don't know, I'll say with more addictive personalities, or whether they have an environmental setting that tends to be more conducive to attraction to addictions.

But I'm just saying, I think we are seeing – if I look at Mount Herbert and our bed numbers – we are seeing those numbers decline significantly, and I think a lot of that's attributed to the methadone program, so people are at least being able to transition and function back in society after some addiction, and I think that we're seeing more opioid-related types of addictions than we are alcohol.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** How many (Indistinct) outside of Mount Herbert, how many beds do we have in these other facilities that are caring, actually, for patients?

**Mr. Henderson:** We probably can get you that. Like I said, some of these beds are more transitional in nature, so we have that.

**Denise Lewis Fleming COO:** I'm sorry. They're trying to get the Chair's attention.

**Mr. Henderson:** Oh.

**Chair:** Sorry?

Oh sorry –

**Ms. Mundy:** Just put me on the list.

**Chair:** Oh, thank you, so sorry.

**Ms. Mundy:** (Indistinct) just trying to get your attention.

**Mr. Henderson:** Okay.

**Some Hon. Members:** (Indistinct)

**Chair:** Sorry, so –

**Mr. Henderson:** Well, that's more (Indistinct)

**An Hon. Member:** What's that?

**Mr. Henderson:** That's more (Indistinct)

**Denise Lewis Fleming COO:** To reset, the number of beds that you're looking for.

So, at Talbot and Lacey House – Lacey House is a six-bed facility for women, and Talbot House is a 14-bed facility for women.

Deacon House is a six-bed shelter in that particular area, and I don't have the number of supports for Summerside. I would have to come back with that particular number.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** How many addiction-trained nurses do we have? Or, we still aren't using RNs in them, and how many would we have?

**Mr. Henderson:** Well, I'm just – I see a provincial addiction treatment, 57.5 fulltime equivalents. I'm not sure what that actually equals in nurses, but (Indistinct) –

**Denise Lewis Fleming COO:** (Indistinct)

**Mr. Henderson:** We're going to (Indistinct) and confirm that.

**Leader of the Opposition:** Well, I'm thinking there is probably (Indistinct) of the staff actually working the beds. That's actually what my wife used to do years ago.

**Mr. Henderson:** Okay, yeah.

**Denise Lewis Fleming COO:** There is a combination in addiction services, so 19.7 of those FTE in addiction services are from PEINU, but there are also a number of FTEs from UPSE, which would include different addiction workers, as well as LPNs and other support workers, and there's about 90 FTEs from UPSE.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** Have we had any problems at the addiction centres that

have been a risk to staff or to – you, I'm saying, like –

**Mr. Henderson:** The risks?

**Leader of the Opposition:** Yeah, any problems with staff to, and actually patient – you know, and I –

**Mr. Aylward:** Violent episodes, or?

**Leader of the Opposition:** Yeah, violent episodes or something like that; have we had anything (Indistinct)

**Mr. Henderson:** Certainly so much that I'm aware of, but I'm sure there's risky situations there, and I've toured the facility on a couple of occasions but (Indistinct)

**Denise Lewis Fleming COO:** I know occasionally, we do have incidents recorded, because we do have an incident reporting system within Health PEI. I just have to admit, I don't have the numbers here with me in that in relation to PATF.

**Leader of the Opposition:** Can we come back –

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** Can we come back with that information, and if it is?

**Denise Lewis Fleming COO:** Yes.

**Leader of the Opposition:** Okay, thanks for now.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

The minister mentioned there a little while ago something that I wasn't aware of, and I'm very happy to hear that –

**Mr. Henderson:** I've got to shut up, or –

**Mr. Aylward:** – that – no, no, it's a good thing, minister.

**Ms. Biggar:** (Indistinct)

**Mr. Aylward:** And it's something that I've been advocating now for a while, because

even though the methadone program has helped, and if you talk to John Douglas or Nancy Orr in the justice system, they'll tell you that methadone has had a positive impact on the court system, whereas they're not seeing the repeat offenders over and over again.

However, one of my concerns about the methadone program all along has been the lack of – the apparent lack of a program in place for a gradual reduction or withdrawal on methadone as there are in some other provinces.

But, what you mentioned was that you've now introduced Suboxone into the methadone program –

**Mr. Henderson:** That's correct.

**Mr. Aylward:** – which I applaud you for, because I think suboxone is a much better harm-reduction –

**Mr. Henderson:** It's a tool in the toolkit, yeah.

**Mr. Aylward:** Exactly. I know there's probably more expense attributed to it, but I remember back a number of years ago, when I was talking to the then chief public health officer, who also did some work in addictions –

**Mr. Henderson:** (Indistinct)

**Mr. Aylward:** I'm sorry?

**Mr. Henderson:** There is less withdrawal issues with soboxone. It seems to be more suitable for younger –

**Mr. Aylward:** Yeah, sorry, I misquoted myself. It was actually Dr. Don Ling at the time had requested a \$50,000 trial, some from the provincial government to do a trial on soboxone. I think it's great that you are introducing soboxone into the program.

Chair, my question would have to be with specific programs. Unfortunately, quite often what we see is people with addiction issues, especially around opiates and heroin, cocaine and different drugs like that, they do go out to feed their habit and commit a crime in our community, end up in the legal

justice system, and in a lot of cases, end up being incarcerated.

I guess what I'm looking for from you is: What programs do we currently have in place in our correctional facilities? In the women's facility, the youth facility and in the provincial Sleepy Hollow, the provincial facility, for individuals that have been incarcerated that have an addiction issue?

**Mr. Henderson:** That wouldn't be through us. That would be through the department of justice. They have – you might have seen a number of ads for nursing staff or for different specialty staff at Sleepy Hollow and other – Prince County jail and some of those locations. That's not under us.

**Mr. Aylward:** It's a completely different silo –

**Mr. Henderson:** No.

**Mr. Aylward:** – there is no overlap between –

**Mr. Henderson:** Once they're incarcerated, that's the same as the school system, technically, the education section is responsible for those things.

**Mr. Aylward:** Okay.

**Mr. Henderson:** I had mentioned the two overlaps there.

**Mr. Aylward:** Thank you, Chair. I may have more as we get along here.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you, Chair.

I'm looking at the line item for addiction services. The last year's estimate and forecast and when we hear daily in the media how many Islanders are suffering with addiction problems.

Can you explain why we under-spent on addiction services last year?

**Denise Lewis Fleming COO:** The answer goes back to what something the minister was referring to earlier about the challenges in getting to a full complement of staff. Not just on the psychiatry side, but actually we

have some challenges recruiting to staff here.

You'll see the salaries line is at \$10,210,000 whereas budget was 10 million nine. They had some extended vacancies last year and that's why it was under spent.

The other piece, as well, is that we were a bit under-spent on a federal provincial project that was wrapping up that year so we didn't spend as much as we thought.

That is why you'll see the budget does decrease from last year to this year because that federal project has ended.

It's not that services are being removed, it's just that a project has ended.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you.

The methadone program, if I remember correctly, the cost of the medication is actually very small for a dose. I know the doses vary depending on the circumstances, but can you give us a percentage of the cost of the methadone program, which is associated with the dispensing fees?

**Denise Lewis Fleming COO:** The cost of the drug –

**Dr. Bevan-Baker:** The methadone program costs X, but what percentage of that is related to pharmacy fees in dispensing the medication?

**Denise Lewis Fleming COO:** I'm going to have to go back to the pharmacare section. I will look and see if I can answer the question.

**Dr. Bevan-Baker:** Okay.

**Mr. Henderson:** I think the first issue is we have a methadone clinic down at Queen Street there that we run, right? There are also some of the pharmacies across the Island that also provide services.

The people that we deal with in methadone may not be all people that live on Prince Edward Island that require methadone or are on methadone. Some people have it through their private insurance and programs of that

nature, and are doing this based on their own referrals. Just to give you some idea, there are a little bit of differences and variances in some of these situations.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Having spoken to a couple of pharmacists who do dispense this. I know that it's done on a daily basis frequently, for the people who require it. Then, there is a fee every time they do that.

There was also a discussion I had where the cost, it's quite a labour intensive process apparently, to, especially if you're in small pharmacy and you don't have a lot of people who are requiring it.

Is there any – I'm looking at reducing the cost here, that's what I'm concerned about.

**Mr. Henderson:** Yeah but –

**Dr. Bevan-Baker:** Is there any way of bypassing that large amount of money, which is spent on dispensing fees?

**Mr. Henderson:** Just so you're aware though, the dispensing fees in this province are negotiated between the pharmacy association.

**Dr. Bevan-Baker:** Yeah.

**Mr. Henderson:** If you're looking at dispensing any medication there is going to be a set fee.

**Dr. Bevan-Baker:** Yeah.

**Mr. Henderson:** I might add, that we're probably a little on the high side on that right now compared to other jurisdictions, but we'll let negotiations unfold on that issue.

Like I said: It would really be a negotiated thing on that. I guess that's the argument that the pharmacy association would have is that if our dispensing fees are different then their same fees that they charge private insurance companies and stuff, it might be affected, too.

That's, once again, a process that we're working through.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** I'm looking at the peculiarities of the methadone program in that it's a daily prescription. I can't think of any other medication where a pharmacist would have to dispense a medication on a daily basis.

**Mr. Henderson:** Right.

**Dr. Bevan-Baker:** You would get 30 days or 60 days or 90 days or whatever.

I'm just wondering if there are other provinces where they have mitigated this in some way so that they're not paying dispensing fees in (Indistinct)

**Mr. Henderson:** To give you an idea, even on the methadone program, people have their own specific box, the methadone box; that's a locked box. They can have more than one prescription in that particular box. It's not always a case of that they would have to get a prescription every day.

**Denise Lewis Fleming COO:** To answer your earlier question.

**Dr. Bevan-Baker:** Thank you.

**Denise Lewis Fleming COO:** The average cost per claim for a client on opioid replacement therapy for this current fiscal year that just ended is about \$15. About 80% of that, on average, about 75% is dispensing fee with that particular piece.

However, as the minister mentioned, you are correcting that initial, or initiation of the medication. You can be observed daily, but it does get stretched out to longer pieces.

**An Hon. Member:** (Indistinct)

**Chair:** Hon. members, we are having a hard time hearing the answer.

Thank you.

**Denise Lewis Fleming COO:** As the minister mentioned, it does get stretched out to longer periods as they get stabilized on their medication and show that they comply with using it.

Also – but there is a limit to how much you want to dispense or send home at any one time because you don't want it diverted in that particular piece.

Other jurisdictions have looked at what they do to cap dispensing pieces in that particular – and it is something that we have looked at and have raised in discussions with the pharmacy association.

**Dr. Bevan-Baker:** Thank you.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you, Chair.

Of course, I understand the value of methadone in the life – in the journey of an addict, of some addicts anyway.

It seems to me that a methadone program can go on, for some people, indefinitely.

**Mr. Henderson:** That's correct, yeah.

**Dr. Bevan-Baker:** Who makes the decision as to when it's time to try another methodology or who –

**Mr. Henderson:** That would be the physician that's under the care of that patient and is prescribing the methadone.

You would hope that there would be good patient relationship with the physician and that there would be a goal and objective in trying to wean off the methadone, but that's really – that would be up to the physician and patient to determine what's the most appropriate course of action. I wouldn't want to suggest anything that –

**Dr. Bevan-Baker:** No.

**Mr. Henderson:** – took somebody off of it sooner than – but indefinite is, at this point in time, it would be people that would be on that category.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Does this province look at other provinces methadone programs and see whether we fit within the – so what you would consider to be the normal perimeters?

**Mr. Henderson:** I don't know specifically, but I'm sure we do. We're right – most services that we provide, especially something as important as methadone, no different than other opioid responses that we're taking. We are always monitoring other provinces and seeing what situations occur there.

We're watching this with a pretty close eye on what's happening, as what you've seen from the west as it transports east with fentanyl and some of those opioid issues that are concerning.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** I'm fine.

Thank you, Chair.

**Chair:** The hon. Minister of Family and Human Services.

**Ms. Mundy:** Thank you, Madam Chair.

Minister, there are a lot of studies out there that say that many of the people who are suffering with addictions have also suffered from trauma during their lives. Whether it be sexual abuse, child abuse –

**Mr. Henderson:** Yeah.

**Ms. Mundy:** – occupational –

**Mr. Henderson:** Mental health issues (Indistinct)

**Ms. Mundy:** Mental, yeah.

**Mr. Henderson:** – problems –

**Ms. Mundy:** – exactly, and they turn to alcohol and drugs as a form of self medication and then find themselves in that spiral.

I'm just wondering – there are a lot of studies out there and I know that we use it quite often in my department, all of our staff in child and family have been trained in informed care and I'm just wondering if that's something you've looked into for the staff at addiction services or providing mental health services? If not, if it's something that you might look into in the future for training.

**Mr. Henderson:** (Indistinct) Denise. I'll refer to Denise on that.

**Ms. Mundy:** Sure, yeah.

**Denise Lewis Fleming COO:** I know we do have crisis training for our staff, but I would have to look and have a discussion with Verna Ryan as to how much (Indistinct)

**Ms. Mundy:** Okay, thank you. If you could, that would be great.

Thanks.

**Chair:** The hon. Member from Charlottetown-Victoria Park.

**Mr. R. Brown:** Thank you, Chair.

It's 7:00 p.m. and we're supposed to be (Indistinct) business other than government so I would ask for unanimous consent that we continue on with this set of estimates until we're done, the health.

**Chair:** Hon. members, do we have unanimous consent to stay on these estimates?

**Some Hon. Members:** Yes.

**Chair:** We do.

**Mr. R. Brown:** Good, thanks.

**Mr. Henderson:** I'm not so sure I want to.

**Some Hon. Members:** (Indistinct)

**An Hon. Member:** You can't call the hour. The hour is gone.

**Chair:** Hon. members, is it just for this budget?

**Some Hon. Members:** Yes.

**Chair:** This budget? And then we'll go onto the –

**Mr. R. Brown:** (Indistinct)

**Chair:** All right, perfect.

**Mr. R. Brown:** Thank you.

**Chair:** Hon. minister, are you finished with your question or –

**Ms. Mundy:** Yeah, I think they were going to look into –

**Mr. Henderson:** Yeah, we'll follow up on that.

**Ms. Mundy:** – how much training in trauma and informed care that the staff at addictions and mental health services get.

**Chair:** You good?

**Ms. Mundy:** Yeah, I'm good.

Thank you.

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** Thank you, Chair.

Minister, I wonder if you could briefly talk about the services that are offered in Kings County.

**Mr. R. Brown:** That will be an hour.

**Ms. Biggar:** (Indistinct)

**Mr. Henderson:** There are a lot of different programs there when it comes to addiction services. I know we have the primary healthcare services in Kings County. We have community mental health and addictions on Douses Road and we also have the Souris Hospital annex that provides some community addiction services located there. Do we have some others there?

**Denise Lewis Fleming COO:** Those would be the primary ones for the addiction services.

**Mr. Roach:** Yes.

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** With respect to the methadone program, could you tell me, for example, how that's delivered in, say, Montague and Souris and whether –

**Mr. Henderson:** It would be delivered through the pharmacy.

**Mr. Roach:** Through the pharmacy?

**Mr. Henderson:** Yeah, so any pharmacist would take a prescription and they would dispense it at that location. We do have – like on Queen Street we have our own pharmacy down there to deal with addiction issues pertaining to methadone, but other than that it's our pharmacies.

**Mr. R. Brown:** A good program.

**Mr. Roach:** Thank you, Chair.

**Chair:** Thank you.

Hon. members, before we move on, there should only be one person speaking –

**Mr. R. Brown:** Yes. I tried to tell them.

**Chair:** – at a time.

**Some Hon. Members:** (Indistinct)

**Mr. LaVie:** (Indistinct) Chair.

**Chair:** The person asking the question and then the person responding to the question, if you could help me out that would be great.

**Mr. Aylward:** Responding (Indistinct)

**Mr. R. Brown:** (Indistinct) tried to tell them (Indistinct)

**Mr. Myers:** (Indistinct)

**Chair:** Thank you.

The hon. Leader of the Opposition.

**Mr. LaVie:** (Indistinct) need a couple of whips in here.

**Leader of the Opposition:** Thanks, Chair.

I'm curious on the gambling addictions; how big of an issue is that in PEI?

**Mr. Henderson:** I know we do get some resources from Atlantic lottery that goes towards providing that. Is it a major problem?

Would you know, Denise, on that?

**Denise Lewis Fleming COO:** (Indistinct)



**Mr. Henderson:** It's not one that I'm getting a lot of calls on or a lot of issues around that. Everything seems to be – the same services and addiction treatment – they can deal with addictions at Mount Herbert pertaining to gambling as well as any other addiction that is out there.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** What resources does Atlantic lotto provide?

**Mr. Henderson:** Yeah, they give us – it actually comes to the Department of Health and Wellness but I'm not sure of the exact number. It's not significant but it is money that goes towards dealing with gambling, and they also do some promotional work around gambling addiction in the province. You see some commercials on TV, as an example.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** Can you come back to the House with how much they provide to us?

**Mr. Henderson:** Yeah. If I had my health and wellness budget here I could have. I know it was – I know it, but I just can't think of the number.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** Thank you.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Thank you, Chair.

In fact, I was going to ask questions along the same line. I was wondering if – the fact that people aren't coming forward with a gambling addiction I think might be because it shows up different in other addictions. It shows – it really shows up in poverty, I think. I was wondering if the Minister of Family and Human Services might have an intervention on how many people on social assistance is related to gambling problems as opposed to (Indistinct) I don't know if she has that (Indistinct)

**Mr. Henderson:** I don't have that answer, but she might.

**Mr. Trivers:** Chair, can I ask the Minister of Family and Human Services (Indistinct)

**Mr. Henderson:** Maybe when that department comes up that would be a good question to ask.

**An Hon. Member:** She'll be on the floor.

**Chair:** Yeah, she'll be on the floor.

The hon. Member from Rustico-Emerald.

**Mr. Trivers:** In terms of the supports, financial, I guess, intake that comes from our casino on the Island as well as the various VLTs around the province; what's your opinion, minister, as to how much that contributes towards problems with Islanders?

**Mr. Henderson:** When it comes to Atlantic lottery and some of those (Indistinct) Department of Finance, but I don't know how big of an issue it is. It's there and for people who identify that gambling has – no different than any other addiction – if somebody identifies that they have a problem we have supports and their family doctor would be a good starting point. The emergency room or – I was just about to say simply contacting us at any of our facilities. We do what we can to alleviate those problems.

**Chair:** The hon. Member from Rustico-Emerald.

**Mr. Trivers:** Do you do any monitoring at all as part of addiction services when it comes to monitoring the casinos and the VLT locations across the province?

**Mr. Henderson:** Not specifically through us, anyway. I'm sure that, once again, it might be the Department of Finance that might have something to do more with casinos because that would fall more under them than it would me.

**Chair:** the hon. Member from Georgetown-St. Peters.

**Mr. R. Brown:** Georgetown?

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. R. Brown:** He's sleeping.

**Mr. Myers:** Sorry.

Can you give us a breakdown of what the counselling rate is for tobacco, for alcohol, for gambling and for drugs?

**Mr. Henderson:** The counselling rate? What do you mean?

**Mr. Myers:** Through your services; how many people are seeking services in each of those categories?

**Denise Lewis Fleming COO:** I'll have to ask how they categorize or track their clients in that particular piece. I can ask that question and bring that information back.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Can you give us a breakdown of what are the different drugs that you are currently offering addiction services for?

**Mr. Henderson:** As far as drugs, methadone and Suboxone would be the two that I'm aware of on that. There could be some other particular medication for another type of a self-related issue that they might be providing some funding for. I guess Naloxone would be the other one that we would have available that deals with overdoses and things of that nature. I don't know if there's any more.

Do you know?

**Denise Lewis Fleming COO:** Those would be the primary ones.

**Mr. Henderson:** Those would be our main three, anyway.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

My question was more around what are the drugs that are being treated? What are the addiction services finding that users are using and what are the ratios of each?

**Mr. Henderson:** Some of our big ones are like Dilaudid, Percocet, OxyContin – would be some of the big – they are opioids that are used for pain management and I guess fentanyl would be another one, all those types of medications that are out there for pain management and individuals get a little overboard in their use of them, I guess. I can say that there are probably cases where there is overprescribing of medications too and we're trying to monitor that and we have a drug information system that tends to monitor those things and determine who are the over-prescribers and we try to deal with those issues as best we can.

**Chair:** the hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Could you provide us with the percentage breakdown of services required for fentanyl users in PEI?

**Denise Lewis Fleming COO:** (Indistinct)

**Mr. Henderson:** Realistically, he wants to know fentanyl – how many people have been identified as users of fentanyl. Is that the question?

**Mr. Myers:** Yeah, as a percentage of your total service.

**Mr. Henderson:** Fentanyl is something that we're monitoring quite closely to try to determine how many cases of fentanyl are in the province. We have a committee in place that's sort of reviewing how fentanyl is used in the province –

**Mr. Myers:** – service.

**Mr. Henderson:** Well, fentanyl is something that we're monitoring quite closely to try to determine how many cases of fentanyl are in the province. We have a committee in place that's sort of reviewing how fentanyl is used in the province and we'll continue to monitor it, but so far it's not a big challenge.

**Denise Lewis Fleming COO:** Can I (Indistinct)

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

**Chair:** Sorry.

**Denise Lewis Fleming COO:** Can I ask to clarify something?

**Chair:** Sorry, Denise has an answer.

**Denise Lewis Fleming COO:** Just to clarify the question that you had in relation to users of fentanyl, do you mean the number of people who have been issued prescriptions for it, or the number seeking treatment for addiction to it?

**Mr. Henderson:** Yeah, fentanyl, yeah.

**Denise Lewis Fleming COO:** Seeking treatment?

**Mr. Myers:** Yeah, vs. the whole number of seeking treatment for drugs.

**Mr. Henderson:** It's not a big number, I know that, but it's getting something that we're worried about.

**Some Hon. Members:** (Indistinct)

**Chair:** Intervention?

**Ms. Mundy:** Sorry, put me on the list again.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

Another question: Do you support the legalization of marijuana?

**Mr. Henderson:** Doesn't matter whether I support it or don't support it. That's a federal law that's coming down that we're told as a province and my role is to make sure that we're ready with all the legislation that allows for it to be used safely from a recreational perspective. We already have medical use marijuana in this province.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

Do you have any money in this budget to deal with the increased use of marijuana in relation to an addiction problem, increased early intervention money and prevention programs for, particularly, those under the age of 18?

**Mr. Henderson:** Not at this point. I mean, right now we would be no different than any other addictive issue that we would be dealing with; but it is a discussion that's part of – I know all the other provinces are asking that same question.

I've been in conversations with Minister Philpott regarding this. They've recently announced their strategy, but we have to monitor and watch this as it goes through the House of Commons and we'll take appropriate action at that time.

I think every province would be saying we'd like to see some resources that would be going with that, but at this point in time the federal government has said no to that answer.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you.

I've long since been a proponent for prevention and early intervention when it came to drug issues. What programs do you have in the line of prevention and early intervention that you deliver currently through our school system?

**Mr. Henderson:** We don't do much through our school system. We do have some public health nurses that would go to our school system periodically to do vaccines and I supposed some could go in and do a uh, at the request of a teacher that's teaching a health subject.

But, our newest intervention will be these two – these nursing positions that we're going to be adding to the school system. All other issues pertaining to the schools will be the department of education, so we only deal with public health nurses; we deal with the

RNs that we're going to be adding into the school system, and occupational therapy. Those are the only ones that are under our department.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

When you're – in your budget, it says prevention and early intervention, so what would you consider early intervention?

**Mr. Henderson:** Anything preschool is issues that pertain around us, but are you talking more on the addiction issue?

**Mr. Myers:** Yeah.

**Mr. Henderson:** Well, those would be – once again, I think there'd be as an example the Strength Program would be an issue that deals with adolescents. It goes back again to our Insight program that's over here in West Royalty. There are a number of different programs that would be dealing with adolescents that those are out-of-school types of related issues to see (Indistinct)

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

While the Strength Program and all of those programs are programs, they aren't early intervention programs. In my opinion, they would be more of a once you're addicted it's part of the treatment. It would be part of your treatment process, the Strength Program.

**Mr. Henderson:** (Indistinct)

**Mr. Myers:** Early intervention to me would mean things to intervene so it won't happen versus so it doesn't become an addiction, so it doesn't become an issue, so it doesn't get to the treatment stage.

**Mr. Henderson:** To give you an idea, we have what is called the CAST program, C-A-S-T, and that's Coping And Support Training Program. On that particular one we provide youth counselling programs provide a continuum of care for children and youth, comprising of education assessments and

counselling and early intervention and treatment services.

Like I said before, when we have mental health services – this is not maybe directly related to addictions – but we do have people that work in the schools to deal with some of those types of issues when it comes to mental health.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

Do you still have – I know a while back there was the DARE program existed and then it had a reduction of funding. Maybe it completely lost its funding and it kind of disappeared out of the school system.

**Mr. Henderson:** Yes.

**Mr. Myers:** Do you have any program along those lines? That was more in like the grades five-six age I think.

**Mr. Henderson:** Oh, okay.

**Denise Lewis Fleming COO:** (Indistinct)

**Mr. Henderson:** Nothing to replace DARE, no.

**Mr. Myers:** Okay.

**Denise Lewis Fleming COO:** (Indistinct)

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

On the scene of DARE, which was a great program and there were a lot of people that put a lot of work into making that happen and the fact that marijuana is going to be legalized and much easier to access by everyone; do you think now it's a good time to introduce something into that age group, the 10, 11, and 12 age group to make sure that they know the risks associated with marijuana?

**Denise Lewis Fleming COO:** (Indistinct)

**Mr. Henderson:** I guess that's part of one of the challenges that we have. Once

recreational use of marijuana – the federal government has outlined a number of specifics. Now, it's up to us as a province to determine if we're going to adhere to that. So if you use age as an example, the federal government says 18 will be the age limit. That's a debate we'll have to have on the floor of the Legislature at some point to determine a different age.

Same issues if there are issues found to be pedaling the product within the school system. There would be some pretty significant fines for that and that's something, once again, we'll be looking at that on how we replicate what the federal government has had on that. The other issue is going to be around taxation and will we find resources through that that will be impactful to do more things around prevention and stuff?

At this point in time, we're not – until the federal government actually determines it to be legal it's pretty hard for us to do anything beyond that. It's really up to this Legislature to determine what the regulations are going to be and the legislation pertaining to that.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

Do you consider marijuana to be a gateway drug?

**Mr. Henderson:** I guess there's a fair bit of evidence that would say that is the case in some circumstances and like I said, it's considered. But, you could probably use that same argument for tobacco. You could probably use that same argument for alcohol. They all are initial stages of drugs that can lead to greater risks and harder drugs, and more complicated problems.

But once again, the federal government is making its decisions on what's legal and not legal in this country and it's up to us as a province to deal with that and how these products are used and sold and accessed in this province. We just have to deal with it as it comes forward.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

This question is probably only half for you and half for the education minister. I'm going to ask him when he comes on, but no one from my own teen years going to high school; I can remember there was considerable group of people when they got off the bus would go and smoke dope and then try to go to class through the day. Do you think there's a long-term – I don't think that would be a secret in anybody age group. I don't think that wouldn't be abnormal in anybody's age group. If it is then maybe Montague is an anomaly.

But, I see it as an adult. I see it being a real issue with substance abuse of that nature and learning because it's not noticeable. It's not like alcohol where your teacher would absolutely know that you had consumed alcohol. They might not necessarily know that – especially if you show up like that every day, there would be no indication that you were different than you were the day before. Do you think there's a long-term effect on health and education as a combination?

**Mr. Henderson:** I would say, once again, I think there's antidotal evidence that would say that is the case. I think there is a lot of science that would say that brain development is stunted by whether it's tobacco, alcohol or other substances.

Once again, the federal government has made its decision (Indistinct) outlining the rules around the dispensing of marijuana and the use of recreational marijuana in the province and we just have to make our own decisions on how that – whether we want to strengthen some of those processes or not. In the end, we'll just have to make those decisions as a Legislature here and as a government and go from there.

**Mr. Myers:** Thank you.

**Chair:** The hon. Minister of Family and Human Services.

**Ms. Mundy:** Thank you, Madam Chair.

Just a question around the Strength Program in Summerside; I had a constituent whose son had, I guess, gone to the program dealing with addictions issues, but while

there was also battling an eating disorder, and there was nobody there qualified or equipped.

However, an eating disorder is – I guess could be qualified as an addiction, as well as a mental health issue.

I'm just wondering if you know if there's any plans to including eating disorders.

**Mr. Henderson:** Well, I don't know specifically about the Strength Program, but once again, I know (Indistinct) some other MLAs have brought those types of issues to my attention, and there is resources there to help through our psychiatry programs, or psychiatrists that are out there.

It's a similar program to those types of things. An eating disorder, like many other addictions, I guess, in that regard, or an obsession, I guess, might be a better word to use, and that really would fall under our mental health services, and psychiatry would be part of that, so.

**Ms. Mundy:** That's good, thank you.

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** Thank you, Chair.

Minister, would it be safe to say – and I follow this up based on the question, and along the same lines with the Member from Georgetown-St. Peters – when we're talking about marijuana being used in Prince Edward Island, this isn't new –

**An Hon. Member:** Yeah.

**Mr. Roach:** – to Prince Edward Island. It's been around for a long time; for as long as I can remember.

Would it be fair to say that we are already dealing with substance abuse with respect to, and have been for years, with marijuana and people who'll become addicted to it or abuse it and come into the realm of addiction services?

**Mr. Henderson:** Without a doubt, yeah, it's not any different than any other, whether it's tobacco or alcohol for that matter, but so – yeah, we – there's nothing that would

change in our addiction process in dealing with marijuana.

**Mr. Roach:** So, all of those services are currently in place –

**Mr. Henderson:** That's correct.

**Mr. Roach:** – now, and have been for years, to deal with this addiction services.

**Mr. Henderson:** Yeah.

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** And certainly, I know there's been a number of programs that have been in the schools for years, and there still exists some programs within the school system to talk about addiction services, but now on a wider range of it.

**Mr. Henderson:** Yeah, well, we do have services. But once again, there wouldn't be any difference between marijuana, alcohol, or any other addiction. It's – that's what, at Mount Herbert, our provincial addiction strategies are all about.

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** Thank you, Chair.

Would you – you know, is there an expectation or is there any conversation with the federal government with respect to – and I know it hasn't been legalized yet, and certainly this discussion we're having is preliminary because it hasn't been legalized yet.

Is there any literature attached to this from the federal government that would indicate that we may see an increase in addiction services as a result of what they're taking?

**Mr. Henderson:** I think the biggest issue is, in our conference calls that we've had with the federal minister, is they are putting a fair bit of responsibility on the provinces to determine how those things will be dealt with.

I know some provinces have asked for more resources to deal with those potential types of issues; addictions, justice, some of those types of things.

The federal government has been pretty resolute in stating that there (Indistinct) will not be any resources that would come with this. I think that what they're pointing the finger at a bit is that we would have the ability on taxation to deal with those issues and find the resources from that process.

That's one of the things that (Indistinct) your department, my department, and the department of justice will have to eventually work this out on how we're going to deal with all those related issues as it pertains to health and addiction and dispensing and in enforcement.

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** Thank you.

I guess a more direct question – has the federal government supplied or provided literature that would support, I guess, or give us any idea of what we can expect as provinces that we may have to deal with in terms of the research that they've put into this?

Obviously, I'm sure they must have put a lot of research into it prior.

**Mr. Henderson:** Yeah.

**Mr. Roach:** And do we have access to that literature that would help us determine what we could expect, and what we may have to deal with, as a result of this legislation?

**Mr. Henderson:** Well, to give you an example, obviously they've done a fairly thorough review across the country. They had a commission that was established to determine how this would unfold – about, what, a month ago or three weeks ago, something like that.

I think MP Blair made their announcement with Minister Philpott and some of the other ministers involved, and yes, there has been a fair bit of communication and literature that's been transferred back and forth.

The provinces have all outlined a number of different points of view that we're in disagreement with some of the recommendations and things of that nature, and the same thing about there's a number of provinces that felt there should be

resources attached to this that's being forced on the province.

Because really, the federal government has come up with a legislative agenda; they've put some really basic parameters, and then said to the provinces, you guys go ahead and decide what you want to do from there.

I'll give you a good example from a health care perspective. There was a lot of concern about the age of recreational users, what would be considered legal, and I think there was some evidence that said over age 26 would be appropriate, but I understand about the ramifications that that would have and how you enforce and distribute and all those kinds of issues.

But, they've put a number of age 18, so if we want to make that stronger we would have to do that.

The other issues are issues around use of the product. It could be in liquid form, it could be in food products, it could be inhaled or smoked. Those are issues that have impacts on health outcomes, so we have to – we'd like more, maybe, more indication from the federal government, and we'd like to see some uniformity across the country on how these – but basically, the federal government has said no, this is what we're doing is the basic parameters around the dispensing and the use of recreational marijuana in the country. If you want to do something different and if you want the resources, you take that upon yourself to do the taxation necessary to gain those resources.

Now, I'm sure there'll still be discussions, and the legislation hasn't passed yet, but it's – you know, there is some concerns and issues, and that's where I think the three departments are going to have to come together, but until we see what they've actually passed in the House of Commons, it's hard for us to do too much just yet.

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** Yes, Chair, a final question.

If the legislation passes, is it correct in saying that the federal government has said that it will actually become legal or come into effect July 1<sup>st</sup>, 2018?

**Mr. Henderson:** That's correct, that's their date that they've –

**Mr. Roach:** If the legislation is passed this spring?

**Mr. Henderson:** That's what they're outlining, so that really gives us two shots at changing any of our own legislation in coming up with our own policies.

There is probably sufficient time on that, but to really do the research and study what the overall ramifications and the impact it's going to have on governance and enforcement and health care and some of those things, that's not a lot of time, but –

**Mr. Roach:** Thank you, Chair.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

What I'd like to sort of broach into here does stem a lot from addictions and mental health, both.

I know back in 2011, the Medical Society of PEI had a resolution for their annual meeting calling on the government to produce an epidemiological study on suicides so that the province could develop a prevention strategy, and unfortunately, to this day, we're still seeing a severe issue around suicides here on PEI.

There was a lot of talk a few minutes ago with regards to marijuana being a gateway drug; you can believe that or not. It depends on what you want to take on that, but I'll get into that in a few minutes.

But my first question, I guess, would be directly related to the suicides here on PEI. What measures are being taken currently to track the suicides here on Prince Edward Island?

**Mr. Henderson:** Suicides would be tracked through the coroners' office, which is not our department, but we're aware that suicide is an issue in this province, and we're trying to do whatever we can through our mental health and addictions –

**Mr. Aylward:** – Island?

**Mr. Henderson:** Suicides would be tracked through the coroner's office, which is not our department.

We are aware that suicide is an issue in this province. We're trying to do whatever we can through our mental health and addictions strategy to try to overall increase the sense of wellness in the province.

We don't see that our numbers are really any different than any other province. In a number of reviews and surveys, Islanders sense of happiness and belonging is as good as any other province in the country.

Unfortunately, there are individuals that have problems and unfortunately they've taken that course of action to deal with their situations and that is really unfortunate.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Don't get me wrong. I'm not trying to say here in the Legislature that suicide rates here on PEI are higher than any other jurisdiction in Canada. We just have to look at some of the northern communities, Aboriginal communities here in Canada.

What you see in the news is just simply heartbreaking. Unfortunately, it seems to afflict our young people more so than anyone else. That's what we're starting to see here on PEI.

I just look at the last month here on PEI and the number of young individuals that succumb to suicide and took their own lives for various reasons, whether it was a mental health issue or whether it was an addiction issue.

I guess my question to you would be: What action did your government take when the Medical Society had put that resolution forward back in 2011? Was there actually an epidemiological study conducted on that?

**Mr. Henderson:** We have epidemiologists in the province and, you know, we have worked towards our mental health and addictions strategy. As far as anything more specific than that, I'm not aware of that.

2011, a little before my time, but in our mental health and addictions strategy we're



trying to deal with that overall sense of well-being and getting people the resources and the services, the health care professional services that they require.

Hopefully, that won't cause that outcome in the end. The women's wellness centre, these are things that we're evolving with women.

We have done a lot in a short period of time, here. You have to give it a little bit of time, but I just really urge Islanders that are thinking about those courses of action to seek the help that's out there. There are many ways to reach out.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** I don't disagree with some of your statements there, minister.

Unfortunately, when some of these people try to reach out. The help just isn't simply there.

Now, I mean I'm the first to admit I'm not a trained medical professional in any way, shape or means. I'm not an epidemiologist.

There was some talk a few minutes ago –

**Mr. R. Brown:** There's only one genius.

**Mr. Aylward:** Yeah –

**Mr. LaVie:** (Indistinct) getting supper.

**Mr. Aylward:** Self proclaimed, unfortunately.

There was some talk here just a few minutes ago and some really good questions and discussion around marijuana and potentially it being a gateway drug.

I've seen time and time again here on PEI where our young people are in elementary school, and for one reason or another there is an issue. The teachers or the resource teachers, the guidance counselors, whoever is involved in that particular issue with that student refers them for a psychological assessment. Then, they're put on this infamous wait list, which could be as long as three years.

Back a number of years ago the Standing

Committee on Health and Wellness took their meetings across the Island. We heard from many people. We heard from quite a few young people, as well. In camera, actually, a few of them, and then some in public.

They basically equated their situation to their early years in education and waiting for that psychological assessment.

Unfortunately, with the two, three-year wait time, whatever issue they had manifested into a mental health issue, which then, and quite often, and I say it back in the day when I was in junior high. That locker room at Stonepark.

When my son went there and I went for a tour the best thing I had ever seen was that locker room was gone. My experience at Stonepark when they had that big locker room and the stuff that went on in there, and the drugs and the dealing that went on in there. It would frighten anybody.

Unfortunately –

**An Hon. Member:** (Indistinct)

**Mr. Aylward:** Yeah, like you ever went to the library.

**Chair:** Do you have a question, hon. member.

**Mr. Aylward:** Yes, I do, Chair.

But what a lot of these young people have told us, what they've experienced is by the time they got to junior high they started to self-medicate. They were self-medicating with marijuana. By the time they got to junior high, sorry, to high school, senior high, they had progressed onto stronger drugs, like the opiates and things like that.

I'm just trying to ascertain if we can put programs back into the schools like the hon. Member from Georgetown-St. Peters said, the D.A.R.E. program that was there at one time was a great program.

I think we're really failing our youth, first and foremost, by not engaging psychologists that are in the private sector to come in and once and for all eliminate the backlog and the wait list to have a psychological assessment done for these young people.

And two, to put a program in place in our school system.

I guess I would like your comments on that.

**Mr. Henderson:** Two issues, I guess.

The first issue on psychological assessments, that's really through the department of education when it comes to students in the school system. The second issue would be that is part of why we're adding resources into working with the school system to add some RNs, mental health RNs into the school system to maybe do some preliminary work to identify some of these students so that they can at least be identified that they require a psychological assessment and try to advocate for them to get those assessments and get them. Really almost like a patient navigator concept.

We hope that these are some resources that will see some dividends as we roll them out over the next three years and hopefully that's – but I agree with you in saying that, once again, during the school review we heard a lot of those issues around psychological assessments, occupational therapy, which does fall under our department.

Some of the other interventions would be speech language pathology. Those are the department of education. It's a little hard for me to respond much more than saying that really check with the next minister and give him the gears on it.

**Mr. Aylward:** Yeah.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thanks, Chair.

Minister, again, I appreciate your comments and the limitations you have within your department or within what we have to refer to as your silo.

I think that's fundamentally where we get into an issue. That's why we have been calling for a child advocate for so long is because see the different departments that are supposed to be talking to one another, but yet the silos are still there and they're not being broken down.

You talked about having these RNs introduced to the school system to triage these children that may or may not require a psychological assessment, but we already have educational professionals in the system that are identifying these children as in need of a psychological assessment.

What you're proposing is to duplicate the effort when we already know that these children need a psychological assessment. What I'm saying is let's engage private psychologists.

I have here your recruitment stats here as far as what we're looking for, for various psychiatrists, psychologists, child psychologists and so on and so forth. I have all of this here.

There are individuals, there are professionals out there that are willing to help today. Can we not just do the right thing once and for all and engage these individuals to get into our school system. I understand that you're the health minister and all, I'll be talking to the education minister, again, about this, but like do the right thing and get the help for these children that needing it.

**Mr. Henderson:** I would say that I don't totally agree with the comment about silos. Yes, we have some budgetary issues –

**Mr. Aylward:** Oh, there are silos.

**Mr. Henderson:** – that are their own particular situation.

We do have a multi-agency school support team that we are a part of. We also have done what we're doing with the RNs in the school system. We've worked with the department of education to determine that that would be an appropriate intervention. We also have partnership with occupational therapy.

Those are some things that we are doing. We're also looking in working with the department of education when it comes to our physical fitness and use of our school recreational or phys. ed. facilities to the general public.

I'll say we are doing that, but yet we do have budgetary issues and constrictions and

who is responsible for those particular items on a budget and that's all I'm trying to say.

The minister of education and I, I think we communicate daily and we're always working on issues together and announcements that would be coming forward. I don't necessarily agree that it's all about silos, but you can use that term. I can see where the argument would be that you could say that, but there's other arguments that would display that that's otherwise.

**Chair:** I'm going to allow an intervention from the hon. Minister of Education, Early Learning and Culture.

**Mr. Currie:** I'm just listening to some of the debate and discussion. Last week we basically made a very public (Indistinct) – my budget will be presented next. We have responded with school support teams and we've been very clear. It's a \$7 million dollar investment over three years. The Westisle family and the Montague family – the high schools – and all the schools in those two parts of the province will be receiving supports that are unprecedented in respect to what is currently in the system.

Right now we recognize that there's lots of (Indistinct). I don't know if I would say that every child who is on a wait list for a psychoeducational assessment is going to end up with a serious addiction to drugs. I think that there are children that are in mainstream academic programs that will find themselves, unfortunately, to a path of addiction. I think we'd better just keep it in perspective.

I've been working very closely with the Public School Branch. I recognize that the waitlists – there's pretty substantial investment – there's another \$1.4 million to EALs, EAs, youth service workers that are working on adapted and modified programs that are actually taking kids off the psychoeducational waitlist.

But this is an area that we're aware of and we're concerned. We're looking at a draft strategy, as we speak. It's being prepared by –

I think we need to recognize that there are some things going on. On the addictions side, let's not forget, we've got a 24/7 Strength Program in Summerside, we've got

an inpatient day program, we've got the transition unit at the – there's a lot of good things going on, but there's always more work to do.

I just want to comment on the minister. I think you're doing a great job and keep up the good work. We're probably – operationally – we're spending 5.8% increase over this fiscal. It's probably one of the largest increases in health care spending in any health authority in this country.

**Mr. Henderson:** (Indistinct)'s got stamina. I got stamina.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you, Chair.

To speak to the minister's comments there: I think if he wants to go back and look at Hansard, not once did I say that any child that is in line for a psychological assessment is going down the road to an addiction or mental health issue. I did not say that.

What I said, in fact, was that we need to be looking after our children at the first possible opportunity to ensure that any issues further down the road do not arise. There are medical professionals – psychologists – out there that are willing to do this job – that are willing to jump into the trenches and to eliminate this wait time that is up to three years for a child.

If you have a child in grade two or three that's identified as potentially needing a psychological assessment because of whatever reasons, we're now at grade 6 and moving into grade 7. So, again, I think that there are resources out there – and avenues out there to correct this situation. And to, once and for all, eliminate this waitlist. These individuals are prepared to do the job.

**Mr. Henderson:** I don't know if I want to touch that.

**Mr. Aylward:** Let's just end the excuses and the deflection and just do what's right and do what's right for our children and get it done.

**Mr. Henderson:** Well –

**Mr. Aylward:** Thank you, Chair.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Chair.

Minister, you mentioned earlier about Portage and I think the comment was made about – we're stopping sending people over, but you said: No, no, we're still sending people over.

Can you just clarify to me, when people would go or who would go, or why we've stopped funding as many?

**Mr. Henderson:** Go ahead there, Denise.

**Denise Lewis Fleming COO:** As the minister mentioned earlier, requests to refer a patient out-of-province for mental health care do come in to an out-of-province referral office and they're reviewed by a committee of physicians, of which Dr. Keizer sits on that. They would be considered on an individual case-by-case basis. There is no formal decision tree on saying: Yes, this person stays in or no that person – it's considered on a case-by-case basis – considered at the time what health care services exist within the province to be able to provide them with the care they need. If it doesn't exist, then what facilities outside the province would be most appropriate to care for it?

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Chair.

Has that policy changed in the past number of years, or has that always been the case that there's been a team of health professionals that have decided that?

**Denise Lewis Fleming COO:** There's always a team of physicians – are the ones that review the requests for out-of-province referral services.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Chair.

Can we get a breakdown of the number of people that have gone to out-of-province facilities? Not just Portage, but the ones in any province?

**Denise Lewis Fleming COO:** Yes.

**Mr. MacEwen:** Can we get a month-by-month breakdown of how many?

**An Hon. Member:** The last two years.

**Mr. MacEwen:** Just two?

**Mr. Henderson:** Probably years – the last two years, yeah.

**Mr. MacEwen:** For say three years?

**Denise Lewis Fleming COO:** Yes.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you.

That request comes from who? Is that coming from the family?

**Denise Lewis Fleming COO:** No. It would come from the individual's care provider. Most often it is the family physician, although occasionally, it can come from a specialist here on the Island.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Chair.

Minister, can I have a breakdown of the number of requests that were sent to that committee?

**Mr. Henderson:** I'll ask Denise to refer to that. I'm getting a little delirious. I might need a psychological assessment after this, probably.

**Denise Lewis Fleming COO:** Short answer: yes.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you.

Just to clarify, because there was a lot of laughter going on there. I'm looking for the number of referrals to that committee by month for the past three years and then also the number of people that have been accepted to be sent off-Island.

**Denise Lewis Fleming COO:** I had made a note for – yes, the number of referrals off-Island and the number of referrals that went to committee.

What I will say is that we may not be able to provide them by month –

**Mr. MacEwen:** Okay.

**Denise Lewis Fleming COO:** – because the numbers may be small enough that it could potentially cause unidentifiable data, so then it would be rolled up to a larger time period.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** That's fine. Thank you.

Funding, cost-wise, if that referral or request is being made to that committee, that's funded by the province.

**Mr. Henderson:** Correct. If we're referring people out-of-province or to whatever the service would be, then it's covered by us.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** So, someone has their health profession – or say their family physician makes that request to the committee, it's turned down. Do you see instances where that family pays for them to go?

**Mr. Henderson:** That would be their choice, yeah.

**Mr. MacEwen:** Are you familiar with cases where that happens?

**Mr. Henderson:** Yes.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Do we track that at all?

**Mr. Henderson:** Not that I'm aware of, no.

**Chair:** The hon. Member from Morell-Mermaid.

**Mr. MacEwen:** Thank you, Chair.

And the decision of where to go – is that recommended by that committee?

**Mr. Henderson:** That's correct – well between the physician and who's willing to accept that patient into that particular program or to get that particular service.

**Mr. MacEwen:** Okay.

Thank you, Chair.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

You mentioned earlier that you didn't find that the results from off-Island treatment were any better than the services that you had on-Island.

Can you provide us with the stats breakdown of that – where you're getting that information from?

**Mr. Henderson:** Well, I guess, in my discussions with Dr. Heather Keizer, who is the chief person responsible – or director in charge or responsible for mental health – and making those decisions where we refer people, she is telling me that there's been some changes – and these are conversations I've had with her – that there are some changes in some of these other facilities. She's not finding that the outcomes are any different than what we're having here.

Like I said before, we're not saying we're not referring people to those locations, but the public sometimes comes with a mindset, that because it's an off-Island location, that it must be better. That's not always the case. We have to monitor those things and I have to take the advice of professionals in this particular case to determine that that's accurate.

I guess we could probably look back to find out some situations on the more recent ones that we did refer to some of those locations

and see what the outcomes are, but if the outcomes aren't any better – like I said, everybody is not going to – just because you automatically take an intervention into whether it's the Strength Program or whether it's Mount Herbert, or whether it's off-Island services, it doesn't mean that that's going to be the time that's going to be the solution to that individual's issues.

You have to target and track those statistics to a certain degree and some cases it will work, some it won't.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

Could we have a copy of the stats you're referring to?

**Mr. Henderson:** I'm just saying we know people that have been referred off-Island, so we can revert back to see if we can get people – what the outcomes were of those situations and was there any sense of recidivism in those particular individuals on whatever their issue was; whether it was an addiction issue or a mental health issue or that kind of stuff.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

How detailed would your tracking information be for people who come out of treatment?

**Mr. Henderson:** I think it would just be as simple as, that they completed treatment and six months later they went back to require some service for that particular treatment. I don't think it would be much more specific than that.

We'll have to check with addictions and see what we can bring back on that.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you.

You think that that might be indicative of what the actual issue is; that your only stats

on addictions treatment is whether or not they reoccur. I mean, what follow-up services are you offering on a – I think this has long been an issue and it's why the Reach Foundation started, what they do.

What services are in place to make sure – you spend 30, 40, \$50,000 on treatment, which I think is wonderful, regardless whether it's on or off-Island. If the result is you come out clean and sober then fantastic, but what measure are put in place to make sure that over the next six months you don't have a reoccurrence?

**Mr. Henderson:** An example of that is that our transition of services that we have for transition services and the support services that we have. If a person has a particular addiction, it is acknowledged that there is going to have to be some support. You see that with AA, as an example. There's an organization that is out there for people who have – no different than Narcotics Anonymous.

There are these organizations out there that do provide after care support and our mental health counsellors will provide supports there as well. But, individuals have to be wanting to deal with their issue if they so-called, fall off the wagon and we don't care for a person 24 hours a day, seven days a week consecutive with the facility to make sure they are in a bubble if they don't have a relapse for their issue. It's those kinds of challenges that we're faced with.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

I guess all that considered, then, what stats do you have that cover the rate of reoccurrence?

**Mr. Henderson:** I guess it likely goes back to the same answer. I'll have to talk with Dr. Keizer and sort of see what we're trying to get you – what information that would appropriate to get to you.

Like I said, we're not talking about large numbers here and I just don't know how specific these statistics are other than – I'm sure we track a person who has an intervention that's part of our department.

If we find that that person has, six months later or a year later, that's an obvious statistic that they'd had a relapse, even whatever their illness or situation would be, and we can track that. But, how much more specific we get, I don't know.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

It's been long said that there was a direct correlation between untreated mental health issues and further addictions, and I know partly that's why the federal government is tying more of their health transfers to mental health problems.

**Mr. Henderson:** Yeah, that's right.

**Mr. Myers:** What programs do you plan to implement on the mental health, particularly when it comes to those earlier interventions, to ensure that this doesn't fall into a –

**An Hon. Member:** (Indistinct)

**Mr. Henderson:** We have sort of answered those on a number of occasions. What we're looking at doing was just the recent announcement – keep in mind that the resources of the federal government is talking about transitioning here, we're talking about \$800,000 for the first year for mental health services, so we're looking at spending some of that money with the department of education into having some mental health nurses in – primary mental health nurses in our school system in the west and the east and over three years we're looking at transitioning more of those (Indistinct) –

We're still trying to get some sense of what kind of tracking the federal government want, what stipulations are with those resources and then we've also got some issues around home care that we're working on, that issue as well.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

I take it from your comment, then, you're not necessarily happy with the federal government's health transfer as it relates to mental health services?

**Mr. Henderson:** I would say that that would be an understatement, yes.

**Mr. Myers:** Okay.

**Mr. Henderson:** In the regards to say that we, as provinces, and as ministers of health, we're looking for a far greater increase to the health transfers than what current – and in fact, it will probably mean less money for the provinces over a period of time than what we currently had under the previous health accord.

The other issue would be, is that I think a lot of the provinces would say the fact that they're stipulating and targeting that money for specific expenditures – this is a jurisdiction – health is a provincial jurisdiction. We're the ones that administer it and they're basically funding less than 23% now and that's probably going to be declined about 20% of the overall costs. That will create some challenges in this province.

But, the reality is we would have probably – if we were looking at spending resources, we would probably look at home care. We would probably look at mental health and addictions as the types of expenditures that we would put money into.

There is some targeted money that is for that, but it's not going to compensate for the reduction of the Canada health transfers that went from 6% to 3%.

**Chair (Palmer):** The hon. Member from Georgetown-St. Peters.

**Chair:** Thank you, Chair.

It's interesting, I guess, to hear you say that because the former health minister, prior to the last election, I heard it quite a bit that he wasn't happy with the health accord which you now say was a better health accord, the one that was arranged by Harper and it's interesting –

**Mr. LaVie:** (Indistinct)

**Mr. Henderson:** No. I'm saying that the previous health accord where it was a 6% transfer with no stipulations on it –

**Mr. Myers:** The Harper accord.

**Ms. Compton:** Harper accord.

**Mr. Henderson:** – that accord was better for the province of PEI –

**Mr. Myers:** Agreed.

**Mr. Henderson:** – today.

**Mr. Myers:** Yes, thanks to Gail Shea.

**Mr. Henderson:** But, that accord ended. That was not – we don't know what it would have been for the next 10 years.

**Mr. Myers:** It would have been good.

**Mr. Henderson:** The federal government, through Minister Philpott, has negotiated an offer to the provinces which was 3% and with some targeted money towards home care and mental health, and we have to respond to that.

Now, there is –

**Mr. Myers:** He's dying to get in.

**Mr. Henderson:** – a stipulation in the clause that says if any other province gets a better deal, there is still one province that has not signed onto the accord, so that might – there may be some hope that there will be something a little better there.

**Chair:** The hon. Minister of Education, Early Learning and Culture.

**Mr. Currie:** Some good discussion and I just want to jump in and make a couple of comments, particularly, on this whole discussion about mental social emotional and well being.

A year ago we made some significant changes in the department and the board and one of the things that we have done is we have set three priorities.

One of the three priorities is around social emotional and (Indistinct) student achievement, social emotional well being

and public engagement. The whole mandate of the social emotional piece is to continue to look at curriculum from an educational element to look at the changes in all aspects of the curriculum, both from K-12. It was a preventative education element there.

The other thing that's really important is that the goals that are now the responsibility of schools, led by principals and teachers, have a mandate and responsibility to have social emotional objectives.

The conversations are changing on the ground in schools to look at these issues around social emotional, creating healthier school cultures which have a direct impact on children, and this is not just in the high school system, this is from K-12. There is some really progressive stuff going on.

We've have been conversation with Stan Kutcher. He's doing some preliminary work with us to look at what we're doing as a public education system around social-emotional, which is everything that we're talking about here today. There is some real positive work going on.

I did mention earlier the school support teams are significant resources that are going into schools that will be working with children and kindergarten and grade 1 and grade 2 and grade 3. That's a significant step forward in this whole area of prevention and education.

Pretty exciting initiative and it has also gotten the attention of other departments of education and departments of health in the regions, as well so –

**Mr. LaVie:** (Indistinct) anywhere else?

**Chair:** The hon. Member from Souris-Elmira.

**Mr. Currie:** The plan for the rollout obviously, there are more families of schools. It's a \$7 million investment so within three years all of the families of schools will have access to those school support teams, so pretty exciting initiative.

**An Hon. Member:** Question.

**Ms. Biggar:** Carry.



**Mr. LaVie:** I'm still on the list though.

**An Hon. Member:** Carried.

**Mr. LaVie:** Don't brush me off the list.

**Mr. Roach:** Carry the section.

**Chair:** The hon. Member from Souris-Elmira.

**Mr. Myers:** (Indistinct) is back on the list?

**Chair:** Oh, yeah, I'll put you back on.

The hon. Member from Georgetown-St. Peters, then I have you.

**Mr. Myers:** Okay, thanks.

The question I had was you talked about voluntary and involuntary. Could you explain the difference between the two?

**Mr. Henderson:** In pertaining to what?

**An Hon. Member:** (Indistinct)

**Mr. Myers:** Yeah.

Into the addictions program. You talked about it earlier. I heard you say –

**Mr. Henderson:** People can self-refer to Mount Herbert, as an example and state that they have an issue and a problem and go into the facility. They do not need a referral from a family doctor to go to those facilities.

Once they are there they have to be deemed appropriate. They can't just determine, I'm going there and automatically get a service, but if you do show evidence that you do have an addiction issue.

On the other side of it, we can't hold people for those types of services for any great length of time –

**Mr. Myers:** Why?

**Mr. Henderson:** If they decide they want to sign themselves out, I think it's two days, is it?

Like they sign themselves out. That's a challenge that we're always faced with.

People didn't break the law by having an addiction. If they require a service, they're referred there, but if they get to a point where they decide that they want to not continue on with that service they don't – the only things that they would have to do if anything is court ordered, that says you have to go and take this service and then it's a different story.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

Back in February, I guess, of last year there was a promise to create a youth facility in Charlottetown that was like 12 beds.

**Mr. Henderson:** We have the INSIGHT Program, which is a day program over at – and that seems to be working out quite well.

That's Dr. Jackie Goodwin.

**Mr. Myers:** Yeah.

**Mr. Henderson:** You know–

**Mr. Myers:** Is that what the announcement was in reference to at the time?

**Mr. Henderson:** I think it was, yeah. And the Strength Program, which is in Summerside, which does have beds.

**Mr. Myers:** Okay.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Your only youth treatment facility on PEI to date is just in-patient day?

**Mr. Henderson:** The Strength Program for addictions in Summerside is an in-bed facility. Like I said, we have the day program and then we have our – at the QEH there are an adolescent mental health beds there.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you.

I have the article up, the CBC article and it says that it was a 12-bed in-patient unit to treat people.

**Mr. Henderson:** That's Summerside.

**Mr. Myers:** So that does exist?

**Mr. Henderson:** That's the Strength Program in Summerside.

I thought that was 16-beds there –

**Mr. Myers:** It is a bed system on the Island?

It's not new?

**Mr. Henderson:** The Strength Program?

**Mr. Myers:** Yeah.

**Mr. Henderson:** It's new as in it is new for the last few years.

**Mr. Currie:** Last couple of years.

**Mr. Henderson:** It's not new as in yesterday.

**Mr. Myers:** It has been around since – it has been around for four years, at least.

**Mr. Henderson:** Probably. Maybe three, but it may be – yeah, I don't know the exact date.

**Mr. Currie:** There is the day Strength Program and then the Summerside keep a 24-hour residential Strength Program.

**Denise Lewis Fleming COO:** It began in 2015.

**Mr. Henderson:** 2015–

**Denise Lewis Fleming COO:** As a 12-bed –

**Mr. Henderson:** – so two years.

**Denise Lewis Fleming COO:** – facility.

**Mr. Myers:** As a–

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** It changed. In 2015, it changed its primary function?

**Mr. Henderson:** It changed to be an in-bed facility.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** What replaced the program that was the Strength Program.

**Mr. Henderson:** It would be the INSIGHT Program.

**Denise Lewis Fleming COO:** The Strength Program became a 12-bed with a plus four outpatient location in Summerside to provide in-patient care 24-7.

The INSIGHT Program is the one that is operating out of Charlottetown. That was the day program that formally strength was only a day program so now the INSIGHT Program is now that piece and strength is the in-patient.

**Mr. LaVie:** What did you say, minister?

**Mr. Roach:** 24-7.

**Denise Lewis Fleming COO:** Yes, 24-7.

**Mr. Henderson:** She can–

**Chair:** I'm going to declare a short recess.

[Recess]

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you.

We're just back to talking about your two programs. You're in-bed one and the one, I can't remember what you called it replaced the –

**Mr. Henderson:** The INSIGHT Program.

**Mr. Myers:** The INSIGHT Program.

**Mr. Henderson:** Out in West Royalty there, yeah.

**Mr. Myers:** Can you give us what how full the two of those are, currently?

**Mr. Henderson:** How full?

**Mr. Myers:** Yeah.

**Mr. Henderson:** I think the strength is probably full. The situation in the INSIGHT Program; 11 people have completed the INSIGHT Program, so that would be out here.

The Strength Program; do we have what that

**Denise Lewis Fleming COO:** (Indistinct)

**Mr. Henderson:** I don't know if I have the strength numbers here, but it's generally full. That would be the best way I could describe it.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Do you have a requirement to expand, do you think, the in-bed?

**Mr. Henderson:** I wouldn't say that right at the moment, the wait times are pretty limited for those. Same with Mount Herbert, our wait times are very limited. Most people can get a bed within three or four days would be the general wait times there.

I do get criticism that sometimes when a person is addicted that they need that service immediately. In lots of cases we are able to provide that, but there are circumstances for we aren't and the wait times.

I wouldn't see that as our highest priority in investing money into services at the moment.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

Just a question. So what would the age be – what does that go up to, the program in Summerside?

**Mr. Henderson:** (Indistinct)

**Denise Lewis Fleming COO:** Fifteen to twenty-four.

**Mr. Henderson:** Fifteen to twenty-four.

**Mr. Myers:** Fifteen to twenty-four? So what do you have, then, for inpatient when you're over 24?

**Mr. Henderson:** Mount Herbert would be the location (Indistinct)

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

What's their capacity to deal with opioid addictions or –

**Mr. Henderson:** No, that's what they do. That's their main mandate and they – it's a multi-addictive facility, so any addiction, it doesn't have to be just alcohol or opioid related

They would be staff on-call that would be trained to deal with any of those addiction issues and to put together a plan of action to transition them out from those issues.

**Chair:** The hon. Member from Georgetown-St. Peters.

**Mr. Myers:** Thank you, Chair.

The question is: Are you turning anybody away?

**Mr. Henderson:** I wouldn't say anybody is turned away, but once again, before a person is made – they have to be deemed appropriate for a referral, so once again, you're dealing with the health care professionals in determining is this the best course of action for this individual? Have they gone through the program before? What's different this time? And then they would make the referral to whatever the most appropriate spot would be.

I wouldn't say anybody's turned away, but I'm not saying everybody's accepted into every situation because they think they want it. We have to have a health care professional identify that that's an appropriate course of action for treatment of a situation.

**Chair:** Carry the section? Carried.

Nursing, Allied Health and Patient Experience

Chief Nursing Office

Total Chief Nursing Office: 381,900.

Shall it carry? Carried.

Total Nursing, Allied Health and Patient Experience: 381,900.

Carry the section? Carried.

Human Resources

General

Total General: 4,817,800.

Carry the section?

The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you.

I see occupational health and safety falls under this section, and with the new radiation regulations.

I understand that the occupational health and safety inspectors are going to have to take over the job of regulating or monitoring private operators, like dentists, across this province to ensure that their equipment is properly calibrated, and I'm wondering if there are any funds in here for – either to hire inspectors who are appropriately trained, or to train OHS inspectors, if we have it.

**Mr. Henderson:** Well, that's – Denise –

**Denise Lewis Fleming COO:** For clarity, the occupational health and safety that's referred to here is the occupational health and safety of our own staff, so it's the work and the programs and the policies that we have in place for our own staff safety, not for other organizations.

**Dr. Bevan-Baker:** Okay, but Chair, I'd still like to ask the question, because I've been waiting for occupational health and safety to come up so I could address this issue.

**Chair:** Yeah.

**Dr. Bevan-Baker:** The question is: Now that the monitoring and enforcement of privately-operated radiation devices falls under the occupational health and safety, is there money in the budget, in your health budget somewhere, to either train the OHS people that we have now, or to bring in people who are appropriately qualified to do that?

**Mr. Henderson:** As you're aware, we did repeal the public act – the health act radiation safety regulations, and now it's a responsibility of each of these operations to make sure that their property, or their devices, are as emitting-free as possible, and we have our own system within our own department to deal with our own services, and so that – it's a radiate-emission device team that reviews this.

Maybe Denise can add more to it.

**Denise Lewis Fleming COO:** The staff that would support it, in particular, are under the provincial clinical services, back a couple of divisions ago, because that's where diagnostic imaging falls under, as well as at the QEH we have biomedical staff that would also be involved in monitoring that and testing it.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you.

My question, specifically though, about private operators outside of the health department who are using radiation-emitting devices, who's going to monitor that?

**Mr. Henderson:** That'll be up to each individual organization, and in this case, there's the radiate emission device act that's a federal act, and that determines if all the safety standards are met for any product that's purchased, and it would be up to each owner-operator to determine that their devices are operating safely as they work forward.

And they would be under the occupation self help and safety act to determine if there's a worker that determines that that piece of equipment is not safe, and then it would be the *Occupational Health and Safety Act* that would apply to those like any other piece of

equipment that it's up to the standards that it was manufactured in.

That's why, for us, we have our own devices, and we make sure that those devices meet those standards for our staff, but dental offices and whatnot would be responsible for seeing that their own equipment is up to standard.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Yeah, and of course, having been a dentist, I'm aware of the potential dangers of leaky radiation equipment or malfunctioning radiation equipment, and we were mandated every so often. An inspector used to come around and check that our machinery was working properly.

There's certainly nobody in any dental office that I can think of on Prince Edward Island who is able to do the sorts of testing required to make sure the equipment is working properly themselves, so what about the health and safety of not the workers, but of Islanders who are going to offices, private dental offices, or other offices where they may be exposed to radiation?

How can they be assured that things are fine?

**Mr. Henderson:** Well, I guess it comes back to how much do we as government determine every device is safe? I mean, in general terms, once again, if a staff person felt there was a risk, then they have a right to contact occupational health and safety, and they would come in and determine that that product isn't safe.

Is that fair? Maybe Denise will answer that more.

**Denise Lewis Fleming COO:** We do have regular service contracts on our equipment, including those that emit radiation. And so, with that piece, there would be the manufacturer or whomever we have as the external third party that comes into assess them; that's one point in which an assessment will be done to determine if there is any issues.

We also, as far as an external third party, would where appropriate, if we believe

testing need to occur because of our biomedical staff identified it's time to do such a thing, then we would do a contract to bring somebody in if they could not do it internally.

There is testing that would be done. And we also, as part of our accreditation process, it's an occupational health and safety piece that I'm sure they would be asking us on.

**Chair:** The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Just to clarify something, Denise, you're talking about within Health PEI and within the health –

**Mr. Henderson:** Yeah, that's correct.

**Dr. Bevan-Baker:** Because I'm talking about –

**Mr. Henderson:** Yeah –

**Dr. Bevan-Baker:** I'm talking about the operators out –

**Denise Lewis Fleming COO:** I'm talking within Health PEI.

**Dr. Bevan-Baker:** Yeah, and I understand that you have regulations and policies and protocols. I'm talking about the private sector where no such thing exists, and I'm concerned about the safety of Islanders, because we now have all kinds of radiation-emitting devices where there is no mandate to monitor them properly.

**Mr. Henderson:** But – is that our responsibility?

**Denise Lewis Fleming COO:** That's outside our mandate.

**Mr. Henderson:** Yeah, that's kind of outside our mandate to go and deal with all of those types of devices. I mean, it really would be up to each operator.

Now, if the dental association felt that it needs to collaborate together and hire an individual to come in and monitor those devices to ensure that they're safe, that that's an option that would exist.

But from our perspective, we're not providing that service to all other Islanders.

**Dr. Bevan-Baker:** I'll leave it there. Thank you, Chair.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Thank you very much, Chair.

I just want to re-verify that we're on Human Resources, General.

**Denise Lewis Fleming COO:** Yes.

**Mr. Henderson:** Yes.

**Mr. Aylward:** Correct, okay.

And so, part of it says "The Division supports the operation of the Board of Health PEI."

**Mr. Henderson:** Yeah.

**Mr. Aylward:** The board had their AGM back in October, and they say on their mission that to work in partnership with Islanders to support and promote health, but they haven't posted their minutes from the meeting from October 24<sup>th</sup> as of today's date, and then if you read through some of the previous minutes, then it would appear that the majority of their meetings and discussions are secret – more like a group seminar than a decision-making body.

And in fact, the CEO at that meeting actually stated there's some tough decisions to be made in the coming years, so I'm wondering why –

**Mr. Henderson:** Why those minutes –

**Mr. Aylward:** – why those minutes aren't being posted; and if there's tough decisions to be made, what are those tough decisions?

**Mr. Henderson:** Any tough decisions within Health PEI – it's a collaborative, once again, an issue between myself, the CEO, the board chair, and the board itself. Once again, we work well together and when we look at different goals and objectives, but there's always challenges in just trying to maintain our budget line is one of the bigger issues. Issues like repatriating what services that we looked at back to the province, how we're dealing with mental

health, long-term care, the list goes on. But I'll have to check into why those services weren't – or why those minutes weren't published.

**Chair:** The hon. Member from Stratford-Kinlock.

**Mr. Aylward:** Minister, could you get back to me on that? I'd be very interested to know why the CEO seems to be doing things in secret and not being open and forthright. We have a government that campaigned on being open and transparent, but yet the board that represents the single largest budget here on PEI seems to think that he can control thing behind a cloak.

**Mr. Henderson:** Well, that would be the responsibility of the board chair –

**Mr. Aylward:** Yeah.

**Mr. Henderson:** – in making sure that the CEO is adhering to openness and transparency and all those types of issues. It's the board chair that determines what items get published and not, and we try to all work together.

**Mr. Aylward:** Thanks, Chair, I'll look forward to that answer coming back.

I'm good, Chair.

**Chair:** Total Human Resources: 4,817,800.

Shall the section carry? Carried.

Quality and Safety

General

Total General: 1,323,100.

Shall the section carry? Carried.

Total Quality and Safety: 1,323,100.

Shall the section carry? Carried.

Total Health PEI: 664,883,900.

Shall the section carry? Carried.

**Ms. Biggar:** Great job.

**Some Hon. Members:** Hear, hear!

**Chair:** The hon. Member from Kensington-Malpeque.

**An Hon. Member:** There you go, Chum.

**Mr. MacKay:** I just wanted to take a quick moment and thank the minister and Denise for your patience. A lot of questions – a lot of answers and we thank you for your time.

**Ms. Biggar:** Great work.

**Some Hon. Members:** Hear, hear!

**Mr. Henderson:** Madam Chair, I move that the Speaker take the chair and that the Chair report the progress and beg leave to sit again.

Shall it carry? Carried.

**Chair:** Mr. Speaker, as Chair of a Committee of the Whole House, having under consideration the grant of supply to Her Majesty, I beg leave to report that the committee has made some progress and begs leave to sit again. I move the report of the committee be adopted.

**Speaker:** Shall it carry? Carried.

#### Motions Other Than Government

The hon. Leader of the Third Party.

**Dr. Bevan-Baker:** Thank you, Mr. Speaker.

I call Order No. 18.

**Speaker:** Shall it carry? Carried.

**Clerk:** Order No. 18, *Election Age Act*, Bill No.103, in Committee.

**Speaker:** I will call on the hon. Member from Charlottetown-Brighton to come and chair this bill.

Hon. Leader of the Third Party, you have to resolve when you do Committee of the Whole House. I got ahead of you.

**Dr. Bevan-Baker:** Yes – and I don't have the text for that, I'm sorry.

**Clerk:** Let the House resolve itself into Committee of the Whole House.

**Dr. Bevan-Baker:** I move that the House do now resolve itself into a Committee of the Whole to take into consideration the said bill.

**Some Hon. Members:** Hear, hear!

**Speaker:** Shall it carry? Carried.

The hon. Member from Charlottetown-Brighton, come and chair the bill.

**Chair (Brown):** May it please the house, we'd like to bring a stranger to the floor.

**An Hon. Member:** Granted.

**Chair:** The House is now in a Committee of the Whole House to take into consideration a bill to be intituled *Election Age Act*. Is it the pleasure of the committee that the bill be now read clause by clause?

**Mr. Aylward:** Chair, before we consider that, could we just have an overview?

**Chair:** Sure.

**Dr. Bevan-Baker:** Yeah. It's the bill that we were discussing two weeks ago to lower the provincial voting age from 18 to 16.

**Chair:** The hon. Minister of Transportation, Infrastructure and Energy.

**Ms. Biggar:** I knew we had the bill on before, I just wondered if we had already gone into the bill.

**Chair:** I think my recollection is that we had, but the hon. Member from Stratford-Kinlock perhaps wanted to refresh the memory, so that's fine.

**Mr. Aylward:** That's exactly it, Chair. Thank you for your consideration.

**Ms. Biggar:** Thank you.

**Chair:** Happy to do it.

Last day we were on section 1, subsection 1.

The hon. Leader of the Opposition.

**Leader of the Opposition:** Thank you.

Since we last discussed this, have you done any research on to the possible *Young Offenders Act* and what that could cause to it?

**Mr. R. Brown:** Yeah. That was a good question.

**Dr. Bevan-Baker:** I can tell you that any young offender, had they been accused of a crime, or found guilty of a crime, would still be able to vote. This would change nothing. Any offenses pending or accused would have no bearing on this bill whatsoever.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** So, what happens if, we'll say – a young offender of 13-years-of-age gets convicted of a serious, violent crime – his record is sealed. At age 16, he decides to run for public office and gets elected into the House with a criminal record behind him that's sealed that the House would have no knowledge of or no information in.

**Mr. R. Brown:** That could happen now.

**An Hon. Member:** No it couldn't.

**Mr. Aylward:** Speaking from personal experience, are we?

**Mr. R. Brown:** That's a good one.

**Mr. Aylward:** We were all thinking it.

**Leader of the Opposition:** Right now, it's my understanding that all parties – you have to have a criminal record check done prior to you being accepted by your leader and to run for public office as an MLA. So, that information would not be available to the leader of the party, or the party, as it moves forward. So, how would you deal with that issue?

**Dr. Bevan-Baker:** I think parties have different protocols when it comes to confirming candidates. I would imagine that that's a standard one, though, hon. member. But again, in terms of the act, it's really irrelevant.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** I don't see how you can say that, hon. member. If you've got a young person, aged 12-17 and 364 days that gets convicted of a capital crime; it could be for sexual assault, it could be for murder, it could be for anything, trialed as a young offender, and for him to have that record attached to him and it not be open to the public could be a – I'd have to divert to the hon. Premier maybe for a legal opinion or another member. I almost have to wonder if that would not be an issue.

**Dr. Bevan-Baker:** Joanne is going to speak to that.

**Chair:** Perhaps Joanne could speak to it here for us.

**Joanne MacKinnon Assistant:** Well, I think it would still be an issue if your candidate was 18, or 21, or 35. A sealed juvenile record, as far as I understand, would remain sealed. It would only have an impact for 16-18-year-olds running. They wouldn't be able to run under the current legislation, but you could still very easily have an 18 or 35-year-old with a sealed juvenile record that you know nothing about sitting in your caucus.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** You're talking about possible young offenders who have also got convicted at age 12, 13, 14 and 15. Which on the *Young Offender's Act*, they can be charged and convicted.

**Joanne MacKinnon Assistant:** But then, if they serve their sentence and were released and their record is sealed, you'd still have no way of knowing that regardless of how old they are.

**Leader of the Opposition:** Should we not research the fact that –

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** Should we not research, possibly, the implication – you know the ramifications of that? Would that not be something prudent to do?

**Dr. Bevan-Baker:** Again, I can't tell you what happens in other jurisdictions. I would imagine that the same sorts of restrictions



with young offenders apply in other jurisdictions.

It is something I have not come across any documentation on, at all. My guess is it's a moot point, is what I'm saying.

**Chair:** Questions?

**Leader of the Opposition:** Thank you for now.

**Chair:** Further questions?

The hon. Minister of Education, Early Learning and Culture.

**Mr. Currie:** Thank you very much.

I had to leave when you came on the floor the last time. I got up the next morning and I read the paper and just I really need you to sort of explain to me what the motivation and what the rationale is to this piece of legislation you're bringing forward just for my own clarity.

Since, it came to the floor and reading about it and obviously having lots of conversations. I am the parent of a 16-year-old and sometimes I have a tough time, and she is a good kid, getting her to clean her room, let alone getting her out to vote and run for a seat in this Assembly.

I just really need to get my head around the motivation and they why, I guess, you're bringing this to the floor.

One of the things that we went through, a plebiscite and you know I think Elections PEI did a very robust, aggressive job of trying to attract the attention of our high school students.

I think that it would be safe to say that the voter turnout for that audience, who were busy with their young lives, the turnout was somewhat dismal. Maybe if you could do, the Leader of the Opposition sort of give me some context of the motivation and the why that this is coming to the floor.

**Dr. Bevan-Baker:** Thank you, minister for the question.

Perhaps, I could start by saying that your 16-year-old currently could get married. She

could certainly drive a car. She could start a family if she so wished. If she was working, she would be paying taxes.

All of those things are legislated here on Prince Edward Island. Those are all pretty heavy duty responsibilities in my mind. I feel that if we are willing here on Prince Edward Island to allow 16-year-olds to do those sorts of adult activities then allowing them to participate in elections is certainly not an unthinkable thing to add to that list.

Also, on a more philosophical level, I think democracy functions best when you have informed, engaged citizens. The more informed, engaged citizens we have the better democracy we will have.

Introducing 16 and 17-year-olds to the mechanism of voting and the responsibilities of becoming informed and being an informed citizen capable of voting in an aware manner in an election – the earlier we do that the better, in my opinion.

It's certainly, practically, a lot easier to do when young Islanders are still at school where they can be reached through political science classes or civics classes or whatever.

The point you made about the robust effort, I think that was the adjective you used of Elections PEI. I agree. I think Elections PEI did a good job of getting into schools. But, I know that there were many schools where that process was not universal. Not every 16 and 17-year-old was reached.

I think have done better there, but I agree with you, the turnout actually of all ages, but also 16 and 17-year-olds was disappointing. I don't think we should use that as a rationale for preventing them from participating in future elections.

**Chair:** If I might, just before I go back to you, I'll give the floor over the hon. Member from Stratford-Kinlock for recognition of guests.

**Mr. Aylward:** Thank you very much, Chair.

I looked over in the gallery a moment ago. I just wanted to recognize a couple of constituents from Stratford-Kinlock. In particular, one of the leading youth parliamentarians here, Lilly Hickox and her

mom. It's great to see you here, thanks for coming in especially for this discussion.

Thank you, Chair.

**Some Hon. Members:** Hear, hear!

**Chair:** The hon. Minister of Education, Early Learning and Culture.

**Mr. Currie:** In this country, a country's minimum voting age often sets the precedent for other acts like sexual consent and criminal responsibility, age limits, as we all know.

If the voting age were lowered to 16 are we going to start treating 16-years-old as adults in matters of consent of criminal prosecutions? I guess the – I'm just thinking you know, as we're talking here.

The other one would be if government doesn't think 16-year-olds are responsible enough to make a decision that affects only them by themselves, then how do they think them responsible enough to make a decision that affects the whole province?

I'm just trying to, kind of – I've been making some notes over the last few days and just trying to kind of get my head around. I'm just being very open with these questions.

When we think of adults, we think of 18-year-olds. When we think, enlisted to fighting for our country, it's 18-year-olds. I just would be concerned that lowering that age to 16 we, in some ways, take away their youth, in some respects.

I know as a father of a 16-year-old my ambition is that she enjoys her friends; that she participates in school sports; that she has a good balance between developing skills to becoming a very good citizen as she grows up and goes through her high school experience and just to be a kid.

That's all I'm thinking. I've had this discussion. I've raised this discussion with my daughters and I raised it with their friends and I raised it with my peers. I'm intrigued that it is coming to the floor. I've got more questions than I do answers to – at this point in time.

**Dr. Bevan-Baker:** Is that a question?

**Chair:** I think there were two – do you want to go back to the question?

**Mr. Currie:** Well, no. I think, Peter, the leader understands my themes.

**Dr. Bevan-Baker:** Yeah.

I think if we were to pass this legislation it does not mean that we have to back and look at the drinking age or the criminal code or anything like that. These are independent pieces of legislation.

I'm not sure that I agree with you that we're stealing childhoods by encouraging and allowing them to participate actively in the electoral system. I disagree with that.

I should say, I didn't mention this in my opening comments, minister, but there was in New Brunswick – there was a commission on electoral reform that just last month presented its report recommending that they reduce the voting age in New Brunswick to 16. They certainly have no concerns in regards to what you were talking about.

**Mr. Currie:** I'm not implying that you're making those statements. These are some thoughts and some questions I've had as I have thought through; since I have read the article in *The Guardian* about this. I had to leave that evening and I didn't get to ask the questions.

That's where my questions and the position that I'm coming from.

**Chair:** Any more questions, hon. minister?

**Mr. Currie:** No.

**An Hon. Member:** Charlottetown-Kings Square.

**Chair:** The hon. Member from Charlottetown-Victoria Park.

**Mr. R. Brown:** Yeah, okay I've been in three different (Indistinct)

**Ms. Biggar:** Get ready for another one.

**Mr. R. Brown:** To follow-up on the minister of education's thing; resetting the age to 16, which would be resetting adulthood to 16. Therefore, would there not be a charter issue for 16-years-old to say: Look, I can vote. That sets the benchmark so I should be allowed to drink. I'm being discriminated against because of my age. Wouldn't you think that would be an argument?

**Dr. Bevan-Baker:** It's an argument you could make, but it certainly doesn't hold water.

As far as I'm concerned you're talking about a mixture of federal and provincial legislation here. If we were, indeed, to lower the voting age to 16 here on Prince Edward Island it would have no bearing whatsoever on the voting age federally or municipally, for that matter.

The municipality act that we just passed, the voting age there was 18. They would be independent. We're not, in passing this bill, suddenly reducing the age of majority to 16. This is specifically for voting in provincial elections. That's the beginning and the end of the perimeters surrounding this bill.

**Mr. R. Brown:** What would you determine determines adulthood at 18?

**Dr. Bevan-Baker:** I'm sorry?

**Mr. R. Brown:** What would you say determines adulthood at 18?

**Dr. Bevan-Baker:** I think I mentioned last time that there is a continuum there and I know some – I'm looking at Lilly there, who worked in our office last summer and did an absolutely stellar job.

I also know 30, 40, 50-year-olds who are less informed about politics than they should be. I don't think there is an age at which we suddenly become mature –

**Mr. R. Brown:** Yeah.

**Dr. Bevan-Baker:** – it's not like that.

**Mr. R. Brown:** Okay.

**Dr. Bevan-Baker:** I think these things happen slowly.

I think one thing that I also haven't said is that the youth of today will live with the consequences of the decisions that we make in this Legislature. I'm not just talking environmentally, I'm talking about the debt load that we have created for future generations. They are going to have to be paying that off.

I think if they are going to be living with the consequences of the decisions we make here, then their perspective needs to be brought forward.

I don't think legislators and legislatures think enough in the long-term. I think the presence of younger people, both voting and potentially in the House, would create that longer view, which is needed for good policy making.

**Chair:** Hon. Member from Charlottetown-Victoria Park.

**Mr. R. Brown:** Yeah, I'm good.

**Chair:** The hon. Minister of Transportation, Infrastructure and Energy.

**Ms. Biggar:** Thank you, Chair.

Following through on that train of thought from Charlottetown, the member from Charlottetown.

You had stated that you think 16-year-olds are quite capable of being married and all the other parts of it. Taking that into account, do you feel 16-year-olds should be able to enlist in the military then if they're responsible for everything else?

**Dr. Bevan-Baker:** I –

**Ms. Biggar:** As responsible as you would promote.

**Dr. Bevan-Baker:** I should say that at no point did I state that I thought all 16-year-olds were capable of getting married or driving a car or starting a family, but that's – the legislation of this province allows them to do so.

Equally, I think 16-year-olds are perfectly capable of voting. I think that's a far less onerous responsibility than some of those

other responsibilities and freedoms that 16-year-olds currently enjoy here.

It wasn't a matter of capability. It was just, I just think this is the right thing to do.

**Chair:** Are you sure you're done?

**Ms. Biggar:** I just was wondering what his opinion was on my question.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** Two questions here in regards to that conversation.

If we were lower to age 16, would that possibly force any onus on a municipality to lower their age to 16?

How would the municipalities then deal with that, possibly, that movement or that?

**Dr. Bevan-Baker:** The legislation for that is contained in the *Municipal Government Act* that we just passed.

This is a standalone separate piece of legislation. It may spur a conversation, both federally and municipally, to consider lowering the voting age, but it would not mandate that that happen.

**Leader of the Opposition:** With that, I'm wondering is – each act interacts with each act, so if you're changing one act then it possibly could have a – cause a possible change or ripple effect within other acts.

I think if that's what we're seeing here, but with that I have to bring up what the Minister of Transportation, Infrastructure and Energy said: If we lower the voting age of 18, from 18 to 16, god forbid we have a war tomorrow, could there possibly be something there of where we could put a – with kids, 16 – he actually could – we could be putting him into war, or into harm's way–

**Ms. Biggar:** Or her.

**Leader of the Opposition:** Her.

If we had to, you know, if we had to call people to arms. What about that?

**Dr. Bevan-Baker:** Again, I have to state categorically this is a standalone piece of

legislation where it very specifically says that this is purely for provincial general elections.

It would have no material effect on what you're talking about.

**Chair:** The hon. Leader of the Opposition.

**Leader of the Opposition:** With all due respect I don't think we can say that. I don't think we can say that this is a standalone.

I think there are other issues we have to look at.

Thank you.

**Chair:** The hon. Minister of Transportation, Infrastructure and Energy.

Before we go there, too, I should just clarify for the purposes of Hansard that I had started out saying section 1 subsection 1.

It's actually section 1 subsection 1 that leads into subsection 2 that we are currently debating.

**Ms. Biggar:** Thank you, Mr. Chair.

**Chair:** Just talking about the –

**Ms. Biggar:** Thank you for –

**Chair:** – age to vote.

**Ms. Biggar:** – that clarification.

**Chair:** Okay.

**Ms. Biggar:** If it's just following up on the Leader of the Opposition's question around the eligibility to vote at 16 in a general election and you're living in a municipality, where, if they have an election in the same year, you've voted in a general election at 16, but you're restricted from voting in a municipal election. I would think it would have some impact on the right of that person to vote then in the municipal election.

Even though, as you say, the municipalities do set their own election rules.

**Dr. Bevan-Baker:** It wouldn't have an impact on their right, to be literal about it, but it certainly might spur a conversation

about the apparent contradiction there, absolutely –

**Ms. Biggar:** Well –

**Dr. Bevan-Baker:** – but it's not going to affect their right to vote.

**Ms. Biggar:** – it would if they're – if the, would it not affect their eligibility, their right to vote if the municipality has set it at 18?

**Dr. Bevan-Baker:** There are just different rules. Different rules for different elections. The same would be true of the federal elections if we were to change that.

**Ms. Biggar:** Thank you.

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** Thank you, Chair.

Awhile ago, I did have the occasion to hear you on *Compass* and in that interview you stated that 16-year-olds are quite capable of marriage, of having children, of holding down jobs.

I meet with families quite a bit during my Mondays where I'm at my district and a lot of issues are discovered, discussed.

On a number of occasions the issues revolve around 16 and 17-year-olds and a lot of those discussions are around just trying to keep 16 and 17-year-olds in school. Trying to ensure that, as much as possible, as the parents have discussed of trying to keep them in school so that they can get an education so that they are able to learn, grow, be able to make good decisions.

I guess my concern was just the statement that 16-year-olds are capable of this. They're capable of it, but that's a big responsibility at 16-years-old. You haven't finished your education. You now have children in the family. A tremendous amount of work to bring that very young adult to the point where they're going to be able to kind of carry on for themselves.

**Dr. Bevan-Baker:** I don't remember exactly what I said that night on *Compass* but I doubt I used the word 'capable.'

**Mr. Roach:** No, that's my question.

**Dr. Bevan-Baker:** No, I think what I probably said was they are permitted or they are able to do that through legislation.

I'm just saying that those are the laws of our province. It's not a personal opinion of mine. Those are the laws of this province. That those are activities that 16-year-olds are currently permitted to do.

I was using that as an argument to say: voting in an election seems like a perfectly reasonable addition to that list of responsibilities.

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** What is your opinion on that? You said that –

**Dr. Bevan-Baker:** I brought the bill forward, I –

**Mr. Roach:** No, no. What's your opinion? Going back to exactly what you said. You talked about I used the word 'capable' and you said 'able.' You said: That's not necessarily my opinion on it.

I'm asking you what is your opinion on that?

**Dr. Bevan-Baker:** My opinion –

**Mr. Roach:** 16-year-olds getting married, having children, going out to work. What is your opinion on that?

**Dr. Bevan-Baker:** My opinion on the bill before us, which is what we're concerned about, is that 16-year-olds should enjoy the responsibility of being able to participate in elections.

**Mr. Roach:** I'm asking you the question based –

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** – on your previous answer.

You said: That's not my opinion about 16-year-olds getting married. I'm asking you: What is your opinion?

**Dr. Bevan-Baker:** I'm not sure that that's relevant to this discussion. I'm concerned here –

**Mr. Roach:** Well, I've heard you say–

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** Thank you.

I have heard you say a number of times your opinion. And it is your opinion. You've said on a number of times your opinion – and it is your opinion. You've said on a number of times you've answered questions here: I believe that 16-year-olds are capable of voting. You've expressed your opinion. I'm asking you your opinion on that. You can't have it both ways.

**Dr. Bevan-Baker:** I think there are many pieces of legislation in this province and country that I have concerns with. I know many, many 16-year-olds who have attained levels of maturity that astonish me. I think the generation which is coming up now are much more worldly than when I was 16. If I look back to the things that I believed and I understood and what was important to me when I was 16, I think the world has changed dramatically.

I think that the fact that our legislation permits 16-year-olds in this province – and in other provinces across the country to do all of the things you were talking about – is a reflection of that change in society. I personally believe that 16 is an appropriate age to have those responsibilities. That's my personal opinion.

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** Thank you.

I will agree with you that there are some 16 – over my lifetime, I've met many 16 and 17-year-olds and I have found some to be quite capable of making adult decisions. Through my career I found many that were not. Would you agree with that statement?

**Dr. Bevan-Baker:** I would.

**Mr. Roach:** Thank you.

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** Thank you.

Question: What research have you done to determine that 16-year-olds are capable of engaging in voting? In other words, what was the depth and the breadth of your research and what articles would you quote from whatever journals you might have read that would lead you to come to that conclusion?

**Dr. Bevan-Baker:** I don't have that list in front of me, but I certainly did a prodigious amount of reading before I brought this forward and also investigating into other jurisdiction where this right already exists. There are many, many countries around the world where 16-year-olds can already vote and their democracies are not falling apart.

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** Thank you.

Could you bring all that forward?

**Dr. Bevan-Baker:** Absolutely.

**Mr. Roach:** I'd like to have a look at that.

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** Thank you.

I guess as a follow-up to perhaps a couple of questions that the hon. Leader of the Opposition had with respect to talking about 18-year-olds and that being pretty much determined at the national level – that that's the age that's accepted nationally – where 18 year olds are considered responsible and capable of assuming adult responsibilities. In determining that at the national level, I guess it was carried over to the Criminal Code of Canada that that was the case.

Have you looked into, for example – and I'd like to see your research as to – why after all of those years, at the national level, that that was assumed at the national level that that was the age of adulthood for our youth? In your research have you looked at why that determination was made nationally in Canada as to that determination? Do you have research on that?

**Dr. Bevan-Baker:** Not at my fingertips, but nothing is cast in stone. Society is evolving

all the time. The world around us is changing continuously. Again, I think I cited it earlier, but I just want to make sure, that the electoral commission in New Brunswick suggested that their voting age be reduced to 16.

This isn't some wacky idea that the Leader of the Third Party has drawn out of the ether – this is based on research into many, many other jurisdictions – dozens of other jurisdictions, where this voting age currently exists.

**Chair:** The hon. Minister of Finance.

**Mr. Roach:** I'm not suggesting that that was just drawn out of the air, but I do recall that when I was growing up, life was different then than it is today for 16 and 17-year-olds. My recollection of growing up might have been a little different than yours. I recall, in those days, that a lot of the younger people had a lot more responsibilities placed on them. They grew up, at least where I came from, in hard times. There were lots youth where I grew up that started working, along with going to school at age 13 and 14. When you start doing that, you grow up really, really quickly.

I think things have changed today. I think what we see are 13,14,15,16, 17-year-olds doing – some of them – and I would note that a lot of them that are here in this House working with us, I think, are excellent examples of young people who excel and have taken on responsibilities where others haven't and they pick up the challenge. I'm sure they're going to continue to grow from that. I salute each and every one of them that have been coming in here – at least the six years that I have been in here.

I guess my question: Would you be confident that – and is there research within the documentation that you have – that would support that all 16-year-olds have that capacity to take on that adult responsibility? I remember the first time I voted. For me, it was a huge responsibility and I felt great weight on my shoulders. I was a young adult. In fact, I was a police officer working in downtown Toronto at age 19 when I first voted and I remember what that was like.

**Dr. Bevan-Baker:** I don't think you would find any research anywhere that would

confirm that every single 16-year-old is – and I'm not sure what 'capable of voting' even means.

Let's not forget that the cohort of people who have voted through the years has changed dramatically. It used to be just landowners – aboriginal people were not allowed to vote. Women, my goodness, were not allowed to vote until fairly recently. I think, compared to those sea changes in the people who were able to vote, a reduction in the age to 16 is a very, very minor adjustment.

**Mr. Roach:** Thank you, Chair.

**Chair:** The hon. Member from Charlottetown-Victoria Park.

**Mr. R. Brown:** Thank you, Mr. Chairman. I move that we call the vote seconded by the hon. Minister of Finance.

**Chair:** On?

**Mr. R. Brown:** On the whole bill.

**Chair:** On the bill.

Okay. Are there any other questions on the bill or should we carry the bill?

Shall the bill carry?

**Dr. Bevan-Baker:** I want a standing division, please Chair?

**Chair:** Standing division has been requested. Can we do that in Committee?

**An Hon. Member:** (Indistinct)

**Chair:** We can't do that in Committee?

**Mr. R. Brown:** You can do that just at second reading.

**An Hon. Member:** We can do it if the Speaker comes back.

**Mr. R. Brown:** When the Speaker comes back you can do the calling vote?

**Clerk:** (Indistinct)

**Chair:** Okay. The clerk has advised that we can do a recorded division on the adoption

of the motion of the report to the Speaker.  
First we have to – before we get there –

Shall the bill carry?

**Some Hon. Members:** No.

**An Hon. Member:** Yes.

**Chair:** We have about – at least four ‘nos’ and one ‘yes’ that I’ve heard. So, the bill shall not carry.

**Some Hon. Members:** (Indistinct)

**Dr. Bevan-Baker:** Mr. Chair, I move that the Speaker take the chair, and that the Chair report that the bill not be recommended.

**Chair:** Shall it carry? Carried.

Mr. Speaker, as Chair of a Committee of the Whole House, having had under consideration a bill to be intituled Election Age Act, I beg leave to report that the committee has gone through the said bill and does not recommend same to the Legislative Assembly. I move that the report of the committee be adopted.

**Speaker:** Shall it carry?

**Dr. Bevan-Baker:** Can I ask for a recorded division of this issue, please?

**Speaker:** Yes.

A recorded division has (Indistinct) on the adoption.

So, Sergeant-at-Arms?

[The bells were rung]

**An Hon. Member:** On the adoption of the report.

**Speaker:** On the adoption of the report.

**An Hon. Member:** Right.

**Some Hon. Members:** (Indistinct)

**Mr. J. Brown:** Mr. Speaker, before I indicate that government members are here, we perhaps should ask for clarification; we are agreeing as – or disagreeing – as to

whether or not the report to the Speaker is carried?

**Speaker:** Yeah, the question is going to be all those in favour of voting against the bill, please stand.

**An Hon. Member:** (Indistinct) the bill was –

**Mr. Myers:** No, it’s to accept the report.

**Ms. Biggar:** We carried the report.

**Clerk:** The report, Mr. Speaker, recommends that the bill not be accepted, so if the vote in favour of the report that means the vote would be in favour of rejecting (Indistinct)

**Speaker:** If they vote in favour of the report, then voting against –

**Mr. MacKay:** Vote in favour, you’re voting against the bill.

**Ms. Biggar:** Yes.

**Mr. Myers:** Yes means no in this case.

**Speaker:** Okay, so the question will be all those voting in favour of the report.

**Mr. Roach:** Again, we’re accepting the report.

**Mr. J. Brown:** Okay, so Mr. Speaker, government members are present and ready for the vote.

**Speaker:** Okay.

**Ms. Biggar:** Question.

**Speaker:** Ready for the question?

**Mr. Roach:** Still waiting for it.

**Ms. Biggar:** Oh, we’re not ready.

**Mr. Trivers:** We’re not as used to being whipped.

**Some Hon. Members:** (Indistinct)

**Mr. Myers:** I want to thank everybody for making this a long day, all those who were involved in this.



**Mr. J. Brown:** Is it over yet?

**Mr. R. Brown:** While we're waiting for the opposition whip, I just want to thank the staff for working over the supper hour. We had a great discussion, I think, today, about health care – about people's health care on Prince Edward Island, and I guess we just couldn't stop and we wanted to talk about health care, and we wanted to talk about Islanders today, so I wanted to thank the staff for staying with us over there.

**Some Hon. Members:** Hear, hear!

**Mr. MacEwen:** Hi guys.

**Mr. R. Brown:** Is he coming in from Souris?

**Ms. Biggar:** Need (Indistinct) leader; got to be leader, first.

**Speaker:** Okay, all those voting in –

**An Hon. Member:** He didn't say (Indistinct) Mr. Speaker.

**Ms. Biggar:** He didn't say.

**Mr. MacEwen:** Yeah, I was just (Indistinct)

**Speaker:** Thank you.

All those voting in favour of adopting the report please stand.

**Clerk:** The hon. Government House Leader, the hon. Minister of Finance, the Minister of Transportation, Infrastructure and Energy, the hon. Premier, the hon. Minister of Agriculture and Fisheries, the hon. Minister of Education, Early Learning and Culture, the hon. Minister of Family and Human Services, the hon. Member from West Royalty-Springvale, the hon. Minister of Rural and Regional Development, the hon. Minister of Health and Wellness, the hon. Minister of Economic Development and Tourism, the hon. Minister of Communities, Land and Environment, the hon. Minister of Workforce and Advanced Learning, the hon. Member from Tignish-Palmer Road, the hon. Leader of the Opposition, the hon. Member from Summerside-Wilmot –

**Mr. J. Brown:** Mr. Clerk, just as Chair of the committee I'm not sure whether I should be voting on this, or should not be.

**Clerk:** Yes, you can vote.

**Mr. J. Brown:** Okay.

**Mr. R. Brown:** Oh, you're not getting out of this one.

**Clerk:** The hon. Member from Charlottetown-Brighton, the hon. Member from Belfast-Murray River, and the hon. Member from Georgetown-St. Peters.

**Speaker:** All those against the adoption of the report, please stand.

**Clerk:** The hon. Leader of the Third Party, the hon. Opposition House Leader, the hon. Member from Stratford-Kinlock, the hon. Member from Rustico-Emerald, the hon. Member from Morell-Mermaid.

**An Hon. Member:** Call the hour.

**Speaker:** Okay.

The motion has been adopted and the report has been –

**An Hon. Member:** Call the hour.

**Mr. Aylward:** Extend the hour?

**Speaker:** The hour has been called.

The hon. Minister of Agriculture and Fisheries.

**Mr. McIsaac:** I move, seconded by the hon. Member from Tignish-Palmer Road, that this House adjourn until tomorrow, April 26<sup>th</sup>, at 2:00 p.m.

**Speaker:** Shall it carry?

Carried.

The Legislature adjourned until tomorrow, Wednesday, at 2:00 p.m.