



House of Assembly
Nova Scotia

HALIFAX, WEDNESDAY, MARCH 6, 2024

SUBCOMMITTEE OF THE WHOLE ON SUPPLY

6:43 P.M.

CHAIR
Danielle Barkhouse

THE CHAIR: Order, please. The Subcommittee on Supply will now come to order. It is now 6:43 p.m. The Subcommittee is meeting to consider the Estimates for the Office of Addictions and Mental Health as outlined in Resolutions E23 and E17.

Resolution E28 - Resolved that a sum not exceeding \$359,619,000 be granted to the Lieutenant Governor to defray expenses in respect of the Office of Addictions and Mental Health, pursuant to the Estimate.

Resolution E17 - Resolved that a sum not exceeding \$6,960,000 be granted to the Lieutenant Governor to defray expenses in respect of Communications Nova Scotia, pursuant to the Estimate.

I will now invite the Minister of Addictions and Mental Health and Communications Nova Scotia to make opening comments up to an hour, and if they wish to introduce their staff to the committee. The Minister of Addictions and Mental Health and Communications Nova Scotia.

[6:45 p.m.]

HON. BRIAN COMER: This evening, I have with me Kathleen Trott, deputy minister of the Office of Addictions and Mental Health, to my right, and Barry Burke, executive director of the Department of Finance and Treasury Board.

I'd like to start by talking to you about the work we've been doing in addictions and mental health care in our province and our plans for the year ahead. Some of you may have heard me say this before but it bears repeating: The commitment we made to Nova Scotians in 2021 on universal mental health and addiction care was historic. It is historic. Nothing like this has ever been done in Canada before, anywhere in the country. We were the first. We were the first to appoint a dedicated Minister of Addictions and Mental Health, a role I am very privileged to hold.

Last Fall, with amendments to the Health Services and Insurance Act, we became the first to pass enabling legislation to support universal access to mental health and addictions care. Being the first is exciting, but it's not for the faint of heart. Being the first means we didn't have a road map to guide us, a step-by-step plan. What we had was a vision for what we wanted the future to look like, a clear mandate from Nova Scotians to deliver on that vision, and a team of people at the department, in our health system, and in our communities across the province ready to dig in and make this happen.

I was ready too. More than ready. I came from the front lines of mental health and addictions care right here in Nova Scotia. I saw up close and personal the impact access to care or lack thereof can have on people and families within our own communities. Our vision for universal care is one where every Nova Scotian can get the mental health and addictions services and supports they need when they need them. They are not limited by geography. They are not limited by whether they have private insurance or by their ability to pay out of pocket, and they are not limited by the issues they're facing relative to the issues that others can be facing. They shouldn't have to travel five hours. They don't have to pay hundreds or even thousands of dollars to receive care and they don't have to wait for weeks or months or even longer.

In a universal system, people who need care can get the care. How do we do that? We do that by making a range of services available from a range of providers, scaled to meet the needs of Nova Scotians. Our work is focused on three key areas: 1) our traditional health care system, where we are expanding the programs and services we have in place now and adding new ones; 2) creating partnerships to tap into the skills and expertise of our universities, community organizations, and the private sector; and finally 3) integration, making sure all of it comes together so that when someone in our community needs mental health and addictions care, they just make one call, go through one door, and can be connected to the care they need, whether it's from a clinician in a hospital or a psychologist in a private office, or a local organization in their community or a phone call with a peer support worker who has been through the same thing before.

All these services have a role in a universal system of care, and we are investing in all of them. Let me start with our formal health care system, the services provided by Nova Scotia Health and the IWK at our hospitals, at outpatient and community clinics, and through mobile clinics and more.

Of the \$65 million in new funding for mental health and addictions, almost 80 per cent of it was invested in the public system. This is where you'll find our new mental health acute day hospitals. We opened one in Halifax in 2022 and a second one in Sydney late last year. A day hospital can fill the gap between an in-patient stay and outpatient treatment. It's for people with complex mental health needs who need more support than what they would get through an outpatient clinic, but also don't need 24/7 on an inpatient unit. It's an option that didn't exist in the province before, one that gives patients the treatment and support they need during the day with the benefit of going home at night.

People attending our day hospitals get care from a multi-disciplinary team, one that might include a psychiatrist, nurses, social workers, occupational therapists, recreational therapists, and pharmacists. They provide care for Nova Scotians seven days a week. We are opening two more day hospitals - one in Northern Zone and one in Western Zone, and this year's budget includes \$2.5 million more to support that expansion. Once those two sites are open, the option will be available to Nova Scotians across the province within each zone.

Another great example of the investments we're making in services and supports in our formal health care system is our recovery support centres. Recovery support centres offer a low-barrier way to access care and support for Nova Scotians who want help with substance use, alcohol use, or problem gambling. Low-barrier is very important because it's something we're seeing a growing need for in communities across the province. At our recovery support centres, people are supported by multi-disciplinary teams that include nurses, nurse practitioners, social workers, and navigators, where they can access treatment one-on-one and take part in group programs. They can get connected through to other services like in-patient withdrawal or opioid use disorder treatments or community supports.

We've opened seven recovery support centres so far in Dartmouth, Sydney, New Glasgow, Middleton, Lunenburg, Evanston, and Yarmouth, and five of those are fully operational. Two - Evanston and Yarmouth - are still building out their service offering but their doors are open and they're providing care within those communities. This year's budget includes funding for four more recovery support centres in Halifax, North Sydney, Amherst, and Truro, and we have one more planned for Springhill in 2025. Both day hospitals and recovery support centres are filling gaps in our health care system by connecting people with health care in a new way, a way that did not exist before.

That's what we're doing with our Integrated Youth Services expansion. Over the next three years, we'll open eight sites in locations across the province. Integrated Youth

Services sites offer youth between the ages of 12 and 25 a safe place to get support for mental health and addictions, and other things as well: training and education, employment, social services, life skills, and even recreation. At an IYS site, youth and their families can access a range of different supports all under one roof.

The mix of services is different from community to community, based on their unique needs. What doesn't change is the approach. Everyone works together. Here are a few other things I like about this model of care: Integrated Youth Services sites are community-based, so they're closer to home. Because all the services are together under one roof, youth and caregivers don't have to travel to different locations for appointments and follow-up. Some of them are even open on evening and weekend hours. There's no appointment required. People can drop in any time and get connected with someone that day. Of course, there's no cost. The first Integrated Youth Services site is now up and running at the IWK in Halifax and I'm looking forward to rolling that out in more communities this year.

There's one more example I want to talk about from our formal health care system and that's autism services. Budget 2024-25 includes an additional \$2.8 million to support the rollout of our new Provincial Preschool Autism Service. Demand for autism support services, like early intensive behavioural intervention, continues to grow and so does the wait-list for diagnostic assessment. The Provincial Preschool Autism Service expansion is one of the ways we're helping address the needs of children with autism and to support their families.

What it means is that more children and their families can access more programs and services as early as possible. It means having one point of access, one wait-list for diagnostic assessment, one place families can go to access all the services and supports available from the province in our public system through community-based organizations and beyond.

It means ensuring the QuickStart Nova Scotia program for toddlers is available across the province. It means having new autism intervention teams that will provide targeted focus and comprehensive services to children and youth with autism based on the needs of that particular child and their goals, which are developed in partnership with caregivers and their families. It means increasing our capacity for diagnostic assessment. This is really important because as of today there are more than 1,600 names on that wait-list. That's 1,600 children and young people, 1,600 families.

Despite working at full capacity - I would argue even beyond capacity - in our public system, that list grows a little bit every month. We're adding more names than we're taking off, but this isn't a new problem. What's new is finding solutions on how to fix it, solutions like the pilot project we launched last year to connect children on the public wait-list for assessment with private-practice psychologists who have the training and expertise to conduct those assessments.

We have eight psychologists participating in the pilot at present, which is also helping us test the use of service codes to pay the private sector for delivering publicly funded health care services. While that number is small, it is having an impact. In the first two and a half months, we've been able to book 31 more autism assessments than we would have done otherwise, and we've booked 25 additional ADHD assessment appointments as part of this pilot. Again, these are names that were on the public wait-list for this service.

Through this partnership with private-practice psychologists, we're able to get them assessed faster. We are working with community physicians through Project ECHO - Extension of Community Health-care Outcomes - a globally recognized approach to building capacity in the community for specialty health care services. It's a model that allows us to support community-based clinicians to further develop their own skills and at the same time gives Nova Scotians better access to best-practice care within their own communities.

We have dedicated service codes in place that allow participating doctors to bill MSI for autism assessments through Project ECHO. We've had 14 physicians participate in training sessions so far, and we hope to bring more into this work in 2024. Doing more assessments means we can give people better, more timely access to the services and supports that come after getting their diagnosis.

We're also adding resources to the teams at the IWK Health Centre and dedicating resources within the team to do diagnostic assessments. That's in addition to recruitment under way for brand new roles in our health care system to support the Provincial Preschool Autism Program expansion, including the staff who will support the new province-wide clinical intake and care coordination system.

Of course, diagnosis is just the first step. We also recognize the need for better access to services and supports for children and families once they have had a diagnosis. The services provided by Autism Nova Scotia and Hearing & Speech Nova Scotia, including Early Intensive Behavioural Intervention, will continue to play an important role in this provincial program. We're seeing more children than ever come through these programs. Budget 2024-25 includes more than \$20 million in funding to support that work.

The services we provide through our traditional formal health care system will always be important because there will always be a need for clinical specialists delivering clinical care in a clinical setting. But hospital-based clinical care is not the solution for every person in every circumstance, which is why we're looking outside of our public system at new ways to support Nova Scotians.

Mental health and addictions care is available in a lot of places, not just in clinics and not just in hospitals. It is available at private clinics where psychologists, social workers, and counselling therapists provide services to paying clients. It's available through our post-secondary institutions as we partner with them to create hands-on learning

opportunities. It's available all across the province through community-based organizations that provide a range of services and supports for Nova Scotians.

Increasingly, mental health and addictions care is available virtually, whether that's on the phone, by text, online or through an app. We're going to bring every available resource to bear when it comes to connecting Nova Scotians to care. Private sector partners are already doing that. One example is a new mental health support program for firefighters that launched in December of 2023. Through a partnership with TELUS Health, we're able to offer volunteers the services and support that is often available to career first responders through employee and family assistance programs.

Another example is Access Wellness, which we launched in 2022. It's a single-session counselling service for individuals, for families and for couples. You can meet with someone online, by phone or in-person, depending on what your need is, and it's available free of charge for Nova Scotians. One of the things I love most about Access Wellness is that it offers a quick and easy, low-risk, low-barrier path to service, therapeutic counselling, that a lot of people have never even considered prior to this.

Is a single counselling session not going to meet everyone's needs all of the time? Of course not. But in a universal system of care, it doesn't have to, because it's just one of the many services and supports available to Nova Scotians. For some, a single session with a clinician is going to be enough just for right now. For others, a single session with a clinician might help them see the benefit of a service like this to support their own mental health. Each of these services and many others we've launched since 2021 are helping to fill the gaps in access to mental health and addictions care.

One of the most exciting things in this year's budget for me is the \$10 million in new funding to support our very first insured service program for mental health and addictions care. When we talk about an insured service program, we are talking about a specific service by a specific provider at a defined rate of reimbursement.

The autism and ADHD pilot I referenced earlier is an example of an insured service program. Through that pilot we are able to test and try the model to understand what is working well and what could work better. We'll take what we learn through the pilot, which is limited in scope and time, and use it to build insured service programs to scale so more people can access them.

This approach to delivering care has existed for decades in Nova Scotia. It's how we pay doctors and dentists and pharmacists for the services they provide to Nova Scotians on our behalf. That part isn't new. What is new, and what will make Canadian history this year, is the launch of the very first insured service program for the delivery of mental health and addictions care. We are also supporting the work of community-based organizations, which play such an important role in our communities, as you all know, and will play an even bigger role as we move toward universal care.

[7:00 p.m.]

Budget 2024-25 includes an additional \$6.7 million to create a funding framework for community-based organizations. Right now, most of our funding to CBOs across the province is done on a year-to-year basis. We do a lot of one-time grant funding as well, and you can imagine it makes it really difficult for these groups to do any long-term planning. The funding framework is going to help us align the needs of Nova Scotians with the programs and services offered by CBOs.

Not only that, but by transitioning to more multi-year agreements, we're actually giving the community sector something they've needed for a really long time - stability - so they can spend more time on the actual service delivery and less time doing paperwork for grant applications.

Another key piece of the puzzle when it comes to universal mental health and addictions care is our work with post-secondary institutions, and we do that in a few different ways. First, they are key to ensuring we have the workforce we need to deliver health care to Nova Scotians today and for the future. Late last year we announced a new Master of Nursing Degree, Mental Health and Addictions at Dalhousie University. That program will start in September of this year.

We also have the Centre for Psychological Health at Dalhousie, where Ph.D.-level psychologists are providing care to some of the most vulnerable Nova Scotians. The students are getting important hands-on clinical experience under the guidance of registered psychologists, treating clients who really need it. That clinic is helping us test the use of service codes, too, but in a different way.

Of course, knitted into all of this and into the traditional public health care system are the ways we're leveraging technology to support Nova Scotians. As we move ahead this year, we'll keep looking for ways to use our finite resources in the best way possible across the system.

When it comes to universal, the third and final piece of the puzzle is systems integration. These are the investments and initiatives that are a little less exciting, perhaps, but necessary to ensure that we're bringing all these pieces together into one cohesive system of care. The work we're doing on integration now means that when someone gets connected to provincial central intake, whether they're referred by a primary care provider or self-referred, our clinical team does an assessment and can then connect them to any one of the services I've mentioned so far this evening.

In the public sector, by the private sector, through community-based organizations, or through virtual care we want to match people with the most appropriate service for their need and to do that we need to make sure those care pathways exist between services. The

right service from the right provider at the right time - that's what universal mental health and addictions care looks like.

The last piece I want to talk about is the workforce. Budget 2024-25 includes \$7.6 million to support our health and human resources plan for mental health and addictions. We know that under universal we will be delivering more care to more people and to do that we need to make sure we have not only more clinicians but the right resources in the right places overall.

This funding is going to help support recruitment and retention throughout the system - doctors, nurses, psychologists, and social workers, to name a few, plus all the non-clinical roles that support the delivery of mental health and addictions care, like peer support, engagement and outreach, administration, and more. It will help us add more seats in our health-care-related post-secondary education and training programs and create brand new ones. It will help advance retention initiatives as well. We are supporting the workforce we have today and keeping our new recruits in the system for the long term.

By the end of this fiscal year, with our first ensured service program out there and available, a funding framework to support community-based organizations, and a workforce action plan, we will have all the foundational pieces in place when it comes to universal mental health and addictions care. In total, we will have invested \$124 million more into the system, which means more services available more quickly to more people in more locations. This is certainly complex work and there are a lot of moving parts.

I said from the beginning that this is not easy, but it doesn't make it any less important, and here's why. We have been given this mandate by Nova Scotians. It is their mandate; it is their priority. It's also their money and they expect us, their government, to spend it wisely, to act in their best interests, to make smart investments in programs and services that are rooted in best practice, supported by evidence, and that we know will have the most impact. We aren't doing it alone. We're working with partners in the health care system and the private sector, our community-based organizations, our universities and colleges, and many more.

I want to take a moment to thank the team at the Office of Addictions and Mental Health, under the leadership of my deputy minister and senior leadership. It's certainly a passionate group that's been working very hard on a very complex file. I also want to acknowledge the many community-based organizations across the province that I've had the pleasure of working with and visiting over the last couple of years. Certainly, our public health care system: doctors, nurses, Master's level clinical psychologists, and social workers, and many more.

Since we started this work together in 2021, they have consulted with more than 200 stakeholder groups including health system partners, post-secondary institutions, community organizations, regulators, colleges, professional associations, unions,

Indigenous communities, and many, many more. The team has overseen expansions in our public health care system. They've provided funding and guidance to community-based groups across the province. They've also built brand new innovative pilot projects from scratch. All that work is connecting more people to more care. That's what's most important to me.

THE CHAIR: According to the practice that has developed in this Legislature, the Opposition caucuses take turns asking questions for approximately one hour each. During a caucus's turn, the members within a caucus may take turns examining the minister on the Estimates resolution. Only the minister may answer questions. Caucuses are also expected to share time fairly with the Independent member.

To begin the examination, the Official Opposition.

The honourable member for Clayton Park West.

RAFAH DICOSTANZO: I jotted down quite a few things. I see in the budget that there's \$36 million more in mental health supports this year. My first question: Is that total correct? We're certainly really happy to see that, the extra \$36 million in the budget. As the Minister of Finance and Treasury Board said, the Province will make progress on its commitment to offer universal mental health. That was in your opening remarks as well.

I also wanted to know: How are you envisioning the final plan? When you say we have universal mental health, what is that going to look like? Is that going to the family doctor whenever I need to? How many hours are we getting? Can you give me the real vision for the future? When do you expect this to happen?

HON. BRIAN COMER: I would say that at a high level, access for Nova Scotians to high-quality evidence-based care, to the care that they need, would be the simplistic version, regardless of what illness or issue you're facing. It's no easy task, as I mentioned, for sure. We're really focused on enhancing the hospital-based system, with expansion of day hospitals, recovery support centres and increasing access to virtual care in rural parts of the province.

In terms of the most significant aspects of the budget in regard to addiction and mental health care, look at the \$10 million for the health services insurance piece, which we'll be relating to the service codes. That really defines service for a defined compensation.

We made significant progress, I would say, in the service codes. We're actively engaged right now in conversations with various professionals in terms of compensation and scope of practice and the sorts of unique infrastructure needs. Within the next year, there will be implementation of universal access in terms of service codes, specifically.

I think it's also important to note the importance of the community wellness framework, and that \$6.7 million. I think that as MLAs we all have groups within our own constituencies who do great work. A lot of times they do have an impact, whether it's with youth or peer support. They spend a lot of time filing for grant applications and really can't focus on actually helping their citizens in their own communities.

As part of the health and human resource investment of \$7.6 million, we're not just focusing on the clinical and formal system, which we certainly will focus on, but we'll also be focusing on peer support workers, on people who can do clinical outreach. When you look at the Dalhousie Centre for Psychological Health as well, it really is a unique pilot, I think, offering high-quality, low-barrier access to folks who haven't really traditionally accessed the formal health care system.

If you look at these three buckets - if you look at the high-acuity-based care of the hospital system, the non-urgent care with the service codes with the providers right across the province, and the community-based organizations, I think then you really get the picture of what universal access will look like.

RAFAH DICOSTANZO: I'm still not getting the picture. The recovery centres - we're opening them in different regions. As a new family with small kids, is mental health going to happen in the school? Just what is the vision? Are there other provinces or other jurisdictions across the world that have achieved universal mental health that we are following? What is the true vision for me, for my daughters in the future, I would ask? Are they going to have - is it separated from the family doctor? If you have mental health, you don't go to your family doctor, you go here? What is the real vision of how the access is going to be?

BRIAN COMER: I think the real goal is system integration. There's no wrong door. This would be the right provider at the right time. Certainly, with schools specifically, we are developing the curriculum in collaboration with the Department of Education and Early Childhood Development. That will actually be piloted in specific schools this Spring, with the goal to roll that out next year across the province. I think it's Grades 6 to 9. We also support SchoolsPlus youth health centres within the school system specifically. To answer your question, the goal would be a single point of entry to the system to get the right care at the right time. This is how I would describe it based on best evidence.

RAFAH DICOSTANZO: I'm not being difficult. I'm just trying to really envision it. I'm also trying to envision how the system is going to work. If I had a child who had mental health or autism, do I take him to a recovery centre for just mental health and then for everything else he goes to the family doctor, and then to hospital for whatever? How are these connected? How is that information being shared from the recovery centre to the hospital to the family doctor?

BRIAN COMER: I think that's a good question. Certainly, something I saw when I worked in the system is that navigation can be a really challenging issue for families. I think if you look across some of the services that we've talked about tonight, like the recovery support centres, they are primarily geared for substance use and gambling and those kinds of issues. They're low-barrier access for communities.

I think what we're really working towards - which has really been lacking, not just in Nova Scotia but in Canada - is having that single point of access for evidence-based care. That can vary, depending on the specific need of the individual. I certainly wouldn't say that going to your primary care provider would be the wrong place to go. Certainly, they may not have the skills or the clinical ability, but they will have an avenue to where to direct that person for the right care based on this model.

[7:15 p.m.]

RAFAH DICOSTANZO: What I'm hearing is similar to going to see a specialist. You've got to go see your family doctor to get to see a mental health specialist. Is that correct? If that is not self-referral - you can't just call or be included - how many sessions will that child receive, how are you assessing the needs, and who decides that?

BRIAN COMER: The best point of touching base if you have addictions and mental health care is the central intake system. The phone number has highly skilled and qualified clinicians who do a very thorough intake. I think last year they did close to 16,000 calls for Nova Scotians.

Every person, based on their unique needs, would certainly have a different level of acuity and would need a different number of sessions based on their unique situation. In terms of specifics, I guess categories of treatment, as an example. If you look at the neuro-psychological assessments or psycho-diagnostic assessments, it could be individual therapy or family therapy. These are the sorts of services that clinicians can provide.

Most of the services that they will have - for example, Tranquility is an online resource that uses internet-based cognitive behavioural therapy. Anyone who needs care can self-refer. But I think some people, based on stigma or other reasons - It means primary care providers also will have to have a clear pathway to refer to the system. I know that those conversations are certainly ongoing in terms of the integration piece.

The goal is that there will be no wrong door. It's self-referral. It's with your primary care provider. It could be online. It could be virtual. It could be by telephone. Just a really wide spectrum of ways to access the care that you need.

RAFAH DICOSTANZO: I can't say that I'm really clear on the vision and how we're going to manage this and how people are going to know that these access points exist for their children or the adults. How many people are waiting for assessments? Do we have

numbers? You received 16,000 calls last year - how many of them were able to get appointments? What's the wait time?

BRIAN COMER: I think it may be helpful to go over some data here for some important numbers. In terms of the Provincial Mental Health and Addictions Crisis Line, Kids Help Phone, the Nova Scotia Health Authority crisis consults for 2022-23, there were 55,186 total intakes for crisis. The Nova Scotia Health Authority, just to give you an idea of the sheer volume of appointments, had 397,765 appointments in 2022-23.

In terms of addressing wait times, it's certainly a significant issue and something that we keep a very close eye on. We do meet the urgent wait times quite consistently within seven days. Our real challenge in the province was non-urgent wait times. That's why we're really working hard to implement low-barrier access forms of treatment, whether that's through an outpatient clinic, a community-based organization and other middle- to lower-tier forms of treatment.

I'll ask my staff and see if they can find the specific numbers and wait times for you, and I'll follow up with that shortly, if that's okay.

RAFAH DICOSTANZO: Yes, if I can have the numbers of people on the wait-list, that would be wonderful.

Also, I have a question here. The Canadian Alliance on Mental Illness and Mental Health recently did a nationwide survey and gave Nova Scotia a failing grade in every single category of our mental health and substance use health system. That's an F in access, public confidence, satisfaction, and effectiveness.

What's in this budget to ensure that Nova Scotia can access care they need and improve this F rating?

BRIAN COMER: We've invested more than \$65 million into mental health care so far. It's not just about money. It's also strategic planning and implementation. I do think this has certainly connected more Nova Scotians to care that they do need.

If you look at what we've done - for example, the expansions of the opioid use disorder treatment in mental health clinics across the province, expansions to peer support, expansions to autism services, withdrawal management - there are also new services, like the mental health acute day hospitals. Certainly, 20 per cent of this went to increasing services and supports through various pilots, and also working with CBOs.

We're also doing some significant work with online access to e-Mental Health resources, even virtual care in emergency departments in rural parts of the province. I haven't seen that specific study. I don't know what their sample size was or the specifics, but I would say we're making significant investments to improve access to care.

RAFAH DICOSTANZO: I'm surprised that the minister hasn't seen or heard of the Canadian Alliance on Mental Illness and Mental Health report. I can forward that to you if you would like.

I also wanted to ask some questions on the actual budget. I see that in General Administration, in 2023-24 it was \$186,000 and you've spent almost double that - \$331,000 - and you're increasing it to \$454,00, which is wonderful. Could you let me know what this is going to be spent on? Is it salaries? The \$454,000 for general administration.

BRIAN COMER: Yes, that would be for a new position and salary.

RAFAH DICOSTANZO: How many positions did you say?

BRIAN COMER: Two. It would be a deputy minister and a special advisor.

RAFAH DICOSTANZO: The next line I'm reading here is Strategic Direction and Accountability. In 2023-24, we had budgeted \$2,894,000. Less was used but now we're increasing it. I'm just wondering how this is going to be spent, the \$31,562. That is for early intervention services. I apologize. The \$31 million? That amount was less than what we budgeted for but we're increasing it again.

BRIAN COMER: In terms of the early intervention services budget line items, the bulk of that is from the Provincial Preschool Autism Service, Nova Scotia Health Authority wage increases and IWK Health Centre wage increases for staff.

RAFAH DICOSTANZO: Just one more, and then I will pass it to my colleague here: We have a Mental Health Services line, and I believe we're spending less on that line? The Mental Health Services? Am I reading it correctly? It was \$222 million. We spent a little more, \$231 million. And we're increasing it, correct?

BRIAN COMER: Yes, the original number was \$222,122,000, and it increased to \$268,821,000.

RAFAH DICOSTANZO: What is this going to be spent on, if I may ask?

BRIAN COMER: The bulk of the \$36.2 million is for - the Office of Addictions and Mental Health is currently examining a model for response to crisis, crisis mobile response teams across the province. There's the Dalhousie University Clinical Psychology training program - it's a centre for psychological health. There's funding in there for the Master of Nursing Degree, Mental Health and Addictions at Dalhousie University.

There's \$7.6 million there for the Health Human Resource Strategy; \$10 million for the HSIA, the Health Services Insurance Act program; and \$6.7 million for the

Community Wellness Framework, which will provide multi-year core funding for community groups that deliver low- to moderate-tier services for mental health care.

RAFAH DICOSTANZO: The recommendation on Page 60 of the Mass Casualty Commission's report recommends that:

The Province of Nova Scotia should establish a comprehensive and adequately funded model of mental health care service provision for urban and rural Nova Scotians. This model should include first response to those in mental health crisis and continuing community support services to prevent mental health crises from arising or recurring.

What specifically in this budget will ensure that Nova Scotians can get the mental health care they need no matter where they live?

BRIAN COMER: One of the most significant recommendations that came out of the Mass Casualty Commission's report was Recommendation C.13, which really focuses on improving access to mental health care for folks in those impacted regions, both through Nova Scotia and through the Government of Canada. I'm working with my second federal minister now. We're definitely working collaboratively on this issue.

In terms of deliverables and what we've been doing to implement those important recommendations, Nova Scotia Health Authority has hired 23 new roles within those communities. They range from frontline clinicians - there's one specific position with a registered nurse who's out in the community as a navigator, touching base within the community - a variety of folks working within health promotion and public engagement.

Most recently, we did announce the implementation of a community grief and emotional bereavement model, which will start within the Northern Zone and then over the next couple of years will be expanded province-wide. We do have a couple of subject-matter experts who have been hired to lead that model as well.

I think there's already been a needs-and-impact assessment done in 2023. There will be another one done in 2025 and 2028, to basically quantify if we're actually doing what we're trying to do within the community. We've also made significant investments in trauma-informed care to service providers and those who are interested in getting care within the community.

I would say it's very much a whole-government approach: the Department of Justice is fairly involved; the Department of Community Services; the Department of Communities, Culture, Tourism and Heritage; and primary health care. At one point, we also did mobile primary health care clinics, with mental health resources embedded within

those as well. We're certainly listening to the community and letting them help guide us and support them. I do think we have done a lot, given the mandate.

[7:30 p.m.]

RAFAH DICOSTANZO: Not that I understood the total vision for this universal mental health, but I would like to ask: When can Nova Scotians expect universal mental health and addictions care to be implemented? When would you expect that? Is it going to be 2024 or 2025? Where are you with it, and when do you expect to be saying that we have implemented it?

BRIAN COMER: The first stages of implementation will be within the next year. This will take a while - this is complex and comprehensive - but the first province-wide scope of implementation will be within the next year.

RAFAH DICOSTANZO: I will pass it on to my colleague.

THE CHAIR: The honourable member for Bedford South.

BRAEDON CLARK: Thank you, Minister and staff, for being here tonight. I really appreciate that.

I wanted to ask a question about firefighters - volunteer firefighters, in particular. I was a substitute at the Human Resources Committee, maybe about a month or so ago, and we heard from volunteer firefighters that they are obviously in a high-stress environment that can often lead to mental health issues. That was one of the reasons why the Province provided coverage for paramedics and other groups, as well. Volunteer firefighters deal with many of the same issues.

I know there was some funding through TELUS referred to in the meeting. I'm wondering: What is happening in terms of volunteer firefighters with coverage, and how much is being spent - I believe it was through TELUS, but if I'm wrong, I can be corrected - through that program?

BRIAN COMER: That specific program was something that came up out of conversations after the natural disasters - the fires and the floods. During those events and post-events, we deployed mobile mental health teams, like the comfort centres and different community resources. Hearing from different MLAs and folks across the province, it was certainly an identified need.

The first was just volunteer firefighters, and it's also for ground search and rescue folks too. It's \$75,000 over two years for the pilot. It can be in person, it can be virtual, or it can be telephone. There are options there for family therapy if need be. This has been a

- working with the president of the Maritime Fire Chiefs Association - certainly something he wanted. He was here in the Legislature last session.

A few things it does are family and couples therapy, stress management, and addictions and substance use support. You can also get some primary care advice for diabetes or hypertension - I guess you would call them workplace comorbidities. I think it's been well-received. I have 13 volunteer fire departments in my own constituency in Cape Breton.

The big piece now is to try to communicate that it's available to your fire departments within your own communities. I would certainly encourage folks to do that.

BRAEDON CLARK: A two-year pilot program and this is the second year coming up - is that right? This fiscal year would be the second year, and once the pilot project is complete, what are the options beyond that for mental health supports, specifically for volunteer firefighters, ground search and rescue, and so on?

BRIAN COMER: Yes, the actual program launched on December 15, 2023, so it will be roughly two years from that date. We'll be evaluating the outcomes and seeing what we're getting in terms of metrics. It will also be important to talk to the volunteer firefighters and their families to see whether they find that the service is helping. I think we've already had some initial feedback from various chiefs that they do find it's a very positive thing, now that they're getting - whether it's literature in the fire departments for folks to call the number or use the website or have a confidential way to seek help where folks might not otherwise do so.

This is a pilot, though. This is intended just to better understand the needs and to see if it's actually helping, but it can be a very - let's say volunteer firefighters usually work in other full-time jobs. They have a lot of demands on their time and energy, these sorts of things. I think it's just another point of access. We'll certainly make sure that we're getting a good outcome for what we're investing.

BRAEDON CLARK: I just want to make sure I have my timing right: When is our hour up?

THE CHAIR: 8:06 p.m.

BRAEDON CLARK: 8:06 p.m. Okay, that's what I have. Good.

THE CHAIR: We will give you a five-minute reminder.

BRAEDON CLARK: Thank you. One thing that I've been curious about ever since the announcement of the universal mental health program, which we all want to see happen. We'd love to see that. I'm certainly not an expert in the field, so forgive me if this is

obvious, but if you're a psychologist in private practice today and you have a full client roster and you charge - I don't know, \$200 an hour or \$150 an hour, whatever the case might be - and then a public program comes in where you might not be able to charge as much - I don't know if that's the case or not, but I'm just wondering: How does the department plan for that, to make sure that the private option that many providers are already doing is not really the only option for them? They might say, "Well, I'll do as much of the public work as I can, but I also can't cut my income in half." How does the department plan for that? How does that fit into the overall framework of this project?

BRIAN COMER: That's a good question. It's certainly a complex question to answer, for sure. We've had hundreds of conversations with various clinicians. I guess the key groups of clinicians we've been talking to thus far are focused on psychologists, social workers, nursing, occupational therapy, and registered counselling therapists. I would say we've had significant engagement. We've actually had a significant increase, for example, in the number of registered counselling therapists actually coming to Nova Scotia, which I think is a very positive sign in terms of recruitment.

In terms of working in a hospital-based system versus having a private practice, I've certainly worked with clinicians who do both. Some might work on an acute psychiatric ward during the weekdays and have a private practice during off-hours, just as an example. With these service codes, we could tap into that kind of additional capacity as well. Certainly, there will have to be, I would say, fair and equitable compensation for the clinicians. I think if you look at what we've done so far with physicians and nurses and paramedics, there are always conversations that are fair and take place at the collective bargaining table.

It's not necessarily just private practice. If you look at the Centre for Psychological Health at Dalhousie, for example, these are folks who are actually being referred from community-based organizations right in the HRM, or some folks just walk in right off the street, right off the campus, and get high-quality service right on the spot. There's definitely a role for CBOs and post-secondary institutions as well.

We did invest to have a research chair for addictions and mental health, too, at St. Francis Xavier University in Antigonish, for example. I don't think that position has been chosen yet, but that'll be coming soon. They're really going to have a focus on rural mental health care in Nova Scotia because it certainly has unique needs.

I wouldn't say the private and public are mutually exclusive. You can do both. There's always professional choice as well. We have a significant investment of \$7.6 million for HHR, specifically for universal, in this budget. It's not just for hospital-based clinicians - it's right across the spectrum. I do think that will make a significant difference.

BRAEDON CLARK: I also wanted to touch on something you mentioned there, which is recruitment, which is always a hot topic in all fields, but particularly in health care

over the last little while. I was curious about how that fits into the picture. In a perfect world, obviously, if universal mental health care was in place tomorrow or six months from now or soon, do we have the people to do the work? If we don't, how do we go about making sure that they are there when the day comes when, hopefully, we can say that we've achieved this goal?

BRIAN COMER: I would say that recruitment certainly can be a challenge. I would say that since 2021 we've had pretty significant success with different disciplines. Since 2021 we have 148 net new mental health and addictions clinicians - this is just for the Nova Scotia Health Authority. These would be folks working in either in-patient or outpatient mental health care within Nova Scotia's health system - 71 net new nurses, 21 net new LPNs, 29 net new social workers, and 14 net new counselling therapists.

We've certainly had challenges with psychologists specifically. I would say not too long ago there were significant challenges to psychiatry, specifically in Cape Breton. Certainly, we have significant improvements on that right now. In the province, I think we have only 4.1 vacancies right now for psychiatry, for 164 psychiatrists.

I've spent a lot of time recruiting some myself, to be honest, and was very successful to get a number of families coming - not just to the Eastern Zone but to the Northern Zone and other areas of the province with their families. They often come with colleagues as well. In the Eastern Zone, I think we have a full complement of psychiatrists for the first time in 15 years. There have been some positive stories. I think you can definitely turn the ship around. I think psychologists will certainly be a focus of mine, as minister, whether that's working with folks in the Department of Advanced Education, in terms of seats. We also have to focus on immigration and streamlining credentials.

The impact that the Patient Access to Care Act has had on international recruitment has been significant. I don't think that'll be the same, as far as mental health care goes.

BRAEDON CLARK: You must be a good recruiter, Minister. Good job.

On the psychologists side, how does that look in terms of vacancies versus positions at this point?

BRIAN COMER: The current vacancy for psychologists is 28.4.

BRAEDON CLARK: How many overall positions - 28 of how many possible positions?

BRIAN COMER: Seventy-four.

BRAEDON CLARK: Quick math - that might be 40 per cent or so. I take your point there in terms of vacancies. That's certainly a challenge. I appreciate the time and the

answers there from the folks. I'm going to pass things over now to my colleague from the NDP, the MLA for Halifax Citadel-Sable Island.

[7:45 p.m.]

THE CHAIR: It is now the NDP's time. The honourable member for Halifax Citadel-Sable Island.

LISA LACHANCE: Thanks so much to the minister and the staff for being here and answering so many questions. I have several questions, and I'm trying to decide where to start. One of the things I did want to talk about is that we have very limited public data about how Nova Scotians are doing in terms of mental health and about services, where they're at, and the outcomes of those services. One of the only ways people can gather information is the wait times registry.

What I have noticed - I downloaded all the wait times from the most recently reported piece of data - or data period. Of that, between adult services and youth services in all the sites, there were only two or three that showed a decline in the last reporting period. In fact, all other jurisdictions are showing an increase in wait times, both for adults and youths - the wait time for 50 per cent of folks versus 90 per cent of folks.

I can't wave this in the air because that would be a prop, so I'll walk through a couple of them before it gets terrible and painful. The Bayers Road Centre clinic in Halifax, for instance, for adults - whether I take the wait time for 50 per cent of folks or the wait time for 90 per cent of folks, the trend is basically the same: The numbers are increasing. They've been increasing since Fall 2022. There are other places where in the publicly available data, there are huge gaps.

The rural Cape Breton clinics have data publicly reported for October 2021 to June 2022, and then there's another little blip over here in January to March 2023. It's quite an empty data set. Guysborough Memorial Hospital is showing a steep increase from October 2022. Yarmouth Regional, at the 90 per cent, is showing a sharp increase from the same period. Cumberland Regional Health Care Centre is also increasing.

IWK for child and youth mental health is extremely hard to understand. I think there's an error in what's been posted. I have tried to bring this to the attention of your department, and no one seems to have noticed it or dealt with it. The graph goes like this: The wait time for 50 per cent, July to September 2021, is 59 days; July to September 2021 is 6 days; and October to December 2021, seven days. Then there's a double count here of October to December 2021, 54 days. Then it goes to 4 days, 68 days, 5 days, 62 days, et cetera. Anyway, you get the idea. The data is obviously incorrect, and it's been like that since last Summer.

These gaps in the data ranges I've been talking about where there's a little bit of a graph and then there's a blank space where the data isn't reported - when this is really one of the only sources of information that we have publicly available about how the mental health system is working, the gaps in data and whatever's happening with the IWK data and the fact that it's been up there for nine months is all concerning. What's more concerning is that most places are showing an increase in wait times.

I'm wondering what your goal is in the next year, this coming fiscal year, in terms of wait times in Nova Scotia.

HON. BRIAN COMER: I didn't know about the graph or discrepancies. I'll look into that and I will follow up with you, for sure.

I think it's important to note that we are meeting the targets for urgent care in the province, certainly when folks are really the most acutely ill. Non-urgent wait times are very challenging given the increased demand and I think acuity and complexity of cases. This year is really focusing on initiatives that will increase access to care for non-urgent issues such as the Integrated Youth Services rollout over the next couple of years.

We made significant investments in virtual care in rural parts of the province. This year we are really focusing on the non-urgent investments. With the service codes and the community-based organizations, they can really play a vital role in those lower- to middle-tier types of services within the communities - Recovery Support Centres as an example. People can just walk in off the street. Really low-barrier access is important.

We do agree that the evaluation of monitoring is very important. There are frameworks that have been developed for the Universal Access Initiatives and also overall. Many of these frameworks, for example the Centre for Psychological Health, are in fairly early stages. There is very detailed monitoring and evaluation to really ensure that it's increasing access to care for folks.

People are really happy that it's people-centred care and that it's safe and effective for folks.

LISA LACHANCE: I'm not sure if I heard correctly. You said that we are meeting the timelines for urgent care, but not urgent wait times? Is that what you said? If that's what you said, can you clarify?

BRIAN COMER: I just said that we are meeting the targets for urgent wait times and that non-urgent wait times certainly remain a challenge. Many of the initiatives, I would say, announced in this budget and previous budgets are really geared towards increasing access to non-urgent care.

LISA LACHANCE: What is the goal for non-urgent care?

BRIAN COMER: I know, just having worked in the system, typically that was 28-days for non-urgent care. We would certainly like for that to be much less than that, for sure. Right now, to be honest, we really want to see a decrease in non-urgent wait times. That's why I'm really working hard to increase access right across the spectrum. We will continue to monitor wait times very closely, and we will really know as we move forward with implementation. There is certainly an expectation from me that these would start to decrease.

LISA LACHANCE: One of the other publicly available data points on mental health in the province is around suicides. In 2022 we had the highest rate of suicides we have ever seen in Nova Scotia. I know when that was released this past September, the department indicated that there would not be a suicide prevention strategy. I will just say that what I hear through the community, from parents who have contacted me - community advocates - is that that number is probably low. They feel that their young people's suicide was misattributed - misreported, I guess the word would be. But let's just assume it is still the highest rate; it's just that it could be higher. How are you addressing this?

BRIAN COMER: Certainly, suicide is a very complex and tragic issue for families and communities in Nova Scotia. I know in 2020 the Province did implement a suicide prevention and risk reduction framework. Right now, I am having very active conversations with the federal minister on the rollout of a national suicide framework. There is a real sense of urgency on rolling this out nationally. That is being led by the Public Health Agency of Canada. We are certainly a part of those conversations on a national suicide prevention action plan.

There is also the recent rollout of 9-8-8, the Suicide Crisis Helpline. I think we do have some metrics on that here - I can get them for you shortly. I know there has been a pretty significant uptake of Nova Scotians using 9-8-8. We also had a men's mental health campaign earlier last year, really focusing on the demographics that are the highest risk for suicide. I think the national suicide prevention plan will certainly be important. And we will be keeping a very close eye on access to crisis services as well. Last year, I think, the crisis line received close to 27,000 calls. These are people getting very quick access to a trained clinician who can navigate them through the system.

It is an issue I am aware of, and it is a very complex issue, but something we are certainly working hard to address.

LISA LACHANCE: I agree, it is an urgent issue. I know that PHAC has been working on that strategy and action plan for a long time. Actually, I was engaged in earlier research around this. So it is good they are looking at it. It is actually taking a long time. Do you have a sense that we will see it this year? And in the absence of that, do you endorse the 2020 framework that was released around suicide prevention?

BRIAN COMER: Yes. I would say, in terms of conversations with the federal government, we are very actively engaged. I would say it is a very collaborative relationship that is being worked on very hard. I think a critical part of this is also that we have very strong public health surveillance in Nova Scotia. It is certainly something we keep a very close eye on. As you mentioned, suicide can be very complex, even in terms of reporting. It can be a very complex issue. There are elements of the framework that I certainly would support in 2020, but we are always looking at the best available evidence to improve things.

[8:00 p.m.]

LISA LACHANCE: I want to ask about Integrated Youth Services. As you know, I am a big fan of the model and a big advocate. I am wondering: In this coming fiscal year, how many sites will be opened?

I have a less direct question. I understand that a number of Indigenous communities and the Mi'kmaw Native Friendship Centre provided a letter to the department expressing concerns about the process of site selection and engagement in the Integrated Youth Services project. I'm wondering if the minister could speak to how he's addressing that.

BRIAN COMER: I know the IWK is leading those conversations with those communities. I don't have that information here now, but I can look into the letter to see if I can follow up with the member.

LISA LACHANCE: That would be great. I think it is important. There has been a lot of work nationally around building capacity in terms of Indigenous models of IYS, and through the federal IYS-Net there is an Indigenous council around that work. I can't remember the name of the actual working group.

You've spoken to the importance of having community engaged and the importance of community in supporting people's mental health while in community. We need to be getting this right with community members.

On the issue of community, I have also the CMHA Nova Scotia's response to the 2024 budget here. They're saying that they're disappointed in what's available for community mental health. The headline is "Nova Scotia Budget 2024: Budget acknowledges rising cost of living, not enough for community-based mental health." They feel their efforts - "their" meaning the government - "fall short in supporting the important work of community-based organizations and support services."

"We are disappointed that this budget does not include the critically needed investments we were looking for" to address the social determinants of health. "Community-based organizations are filling the gaps, meeting people where they are" - that's definitely the role and the value that you spoke to.

They were looking for further support, and I'm wondering - for community-based organizations and mental health - I'm wondering what your response is to that criticism.

BRIAN COMER: We've supported the CMHA in the past. I have a lot of respect for the work that they do in the province. If you look at the increased investments in mental health over the last three years, they've been by far the largest investments in the history of the province, to be honest.

I spent a lot of time myself working on pushing the community wellness framework forward. I visited many CBOs across the province. This was a very specifically identified need. I would say that's a historic investment in core funding for CBOs in the province. You certainly can't please everyone all the time.

I have a lot of respect for the work that the CMHA does. I do think there are significant, if not historic, investments in mental health care. I didn't read that specific report, but I'll take a look at it as soon as I can.

LISA LACHANCE: I do think providing multi-year funding for community-based organizations is an excellent step forward. I think it's important across all sectors from all departments.

I guess what CMHA is talking about is that there - they just found that there was not enough investment and spending on programs. I can give you this for you to take a look at if you'd like. They are a major stakeholder, both in thought leadership and community mobilization around mental health and, obviously, programs. I think it would be good to engage with them on their concerns.

LISA LACHANCE: In the government business plan, there was a reference to increased addiction services, increased tension to safe supply, and increased numbers of overdose prevention sites. I'm wondering if you can talk about what the goal is for this year in terms of how many new OPSs and how many - what that safe supply policy looks like.

BRIAN COMER: In terms of safe supply, there is a pilot right now with the North End Community Health Centre, so it would be tablet safe supply with opioids. They are undergoing that pilot right now. We'll certainly get the outcome data and reports on that specifically.

We do have two overdose prevention sites right now in the province, one here in the HRM and the other one in Sydney. We've seen increased demand for both, whether it is syringes or supervised consumption. We've also been noticing increases in accidental overdoses. Toxicities are significant issues with synthetic opioids and synthetic benzodiazepines. Not only are people using in high-risk situations, but they are poisoning

themselves to the point where there are overdoses. It's something the folks in the office, Dr. Hickcox, and Dr. Strang keep a close eye on.

If you look at western Canada, it's quite catastrophic what's happening out there with the opioids and issues like that. There's certainly emerging evidence in terms of safe supply, specifically with the tablets they supply. I know British Columbia is in the early days of looking at the research for injectable opioid agonist therapy now. Given their epidemiology, they're having some serious issues. We keep a close eye on that. I'll be curious to see how this pilot goes.

There's also an issue in Nova Scotia. We have a select group of prescribers in the province. There's only a handful right now, so there's also a clinical professional education aspect to that.

We did launch an addiction medicine consult service here at the Halifax Infirmiry. It has had incredibly positive feedback. An emergency room physician or a medical-surgical doctor on a medical-surgical unit can refer to an addiction medicine consult specialist because oftentimes these folks, through intravenous drug use, can have hard infections and other kinds of issues. That's a positive service that has been launched and certainly something we'll look to expand if we can find the clinicians to do it.

LISA LACHANCE: The poison drug supply and accidental overdoses are a growing issue, and we don't want to end up with the kind of statistics that we see in B.C. and Alberta.

In the government business plan, it says the government is going to open more overdose prevention sites. I can show you that in the House - my government business plan is in the other room. If you are not familiar with that reference and that commitment in the budget, perhaps you can have a look at it and follow up and let me know how many sites you're aiming to open.

BRIAN COMER: I can follow up on that and see what that is.

LISA LACHANCE: I'm wondering how much is allocated in the budget for the development of an alternative emergency mental health response program, like the new models of care to enhance interactions between police and persons experiencing mental health and addictions crises in the community, through a community-led crisis response model as per the business plan.

BRIAN COMER: The increase this year is \$675,000 for the mental health and addiction model for response to crisis within the communities. The total for that would be \$2.25 million. This is really looking at supporting a framework examining a variety of mobile crisis models. Some of that would be with no police, some would probably be with

police. There would be a variety of things looked at there. There has been pretty significant consultation across the province.

We'll also be examining the ability for first responders, whether it's police or paramedics, to have direct contact with a mental health clinician, like when they're out on a call. That's what we've been looking at. We'll have to have the ability to expedite it or decrease the acuity, depending on what happens on the calls. Sometimes, depending on what's happening, you might need a police officer for the safety of the patient or the staff.

We looked at jurisdictions across Canada that have done this quite successfully. We certainly have some communities that have been very interested in terms of the police service and the folks working within the health care system. This is really to create the framework across the province for crisis response.

LISA LACHANCE: Will the framework be rolled out in this coming fiscal year? You've mentioned communities that are interested. I know that Halifax Regional Council is looking at fast-tracking the development of their alternative emergency mental health service, but what other communities have expressed interest directly to you?

BRIAN COMER: The framework will be released this year. I would say there has been significant interest from Truro, Sydney, and Bridgewater - they're the first three that come to mind. I know that there is a working group with the folks in the Department of Justice and our office, working together on this, working with police services and with folks in the health care system. We'll also need to work with identified CBOs within the community, especially if it's a non-police kind of response model. This will be new for some of them, so we'll probably have to work together to educate them and to give them the best available information to effectively make this successful. It's probably one of the more consistent gaps that I've heard of across the province. We'll certainly try to get this rolled out as efficiently and as quickly as possible.

LISA LACHANCE: With the framework being available this year, do you anticipate any municipalities actually rolling out an alternative service in the coming fiscal year?

BRIAN COMER: The RFP is posted for the framework right now. I would want it done as quickly as possible, to be quite honest, but I know there has to also be strategic planning to successfully implement it. I would say that there's been significant interest from Truro, specifically, right from the beginning, with the police chief there and some folks within the business community. I think it's important to note that there will be an opportunity to have access for first responders to triage mental health calls, whether that's through virtual or telephone access.

We've also been looking at - I know in some jurisdictions they've actually embedded clinicians within the dispatch centre. I've seen pretty good success with that.

The framework is posted now, and we'll certainly try to get that rolled out as quickly as we can.

[8:15 p.m.]

LISA LACHANCE: I have to admit that I meant to go back and try to figure out the answer to this question myself, but I haven't, so I'm going to ask the minister: How many services or contracts does TELUS currently have to deliver different types of mental health services in Nova Scotia?

BRIAN COMER: There would be two: Access Wellness Nova Scotia and the services for volunteer firefighters and ground search and rescue workers.

LISA LACHANCE: Were there RFPs issued for that or were they sole-source?

BRIAN COMER: The Access Wellness Nova Scotia was an RFP, so it went through the procurement process. But for the firefighters it was a sole source.

LISA LACHANCE: I talked about this letter in the House already, in my budget response, but many of us, members of committees, yourself as the minister, received a letter, dated February 20, 2024, from all of the child and youth psychiatrists who work for the province. I read through their names when we were in session, so I won't go back through that again.

The tone of this letter is that they were very, very concerned about the impact of both the clinical psychological services pilot and Bill No. 334, the Health Services and Insurance Act. They feel that this will be devastating for the public system in which they work. I'm wondering how the minister is responding to this letter.

BRIAN COMER: Any time we get feedback, especially from clinicians in the province, it's something we take very seriously in the department. We've been very clear from the beginning that we remain dedicated to the implementation of universal access. We certainly take all those letters very seriously. I read them myself, for sure. We continue to make record investments in the mental health and addictions care system, primarily in the public part of the system.

We'll take those concerns into consideration. I think at the core of the issue of that specific letter is probably compensation in the public system. I know those conversations, with psychologists specifically, will be at the collective bargaining table. I think that will be a fair process as we've seen with doctors and nurses and paramedics. I know the Minister of Labour Relations will certainly have those conversations.

We always take feedback from clinicians. I spend a lot of time myself talking to clinicians across the province. It's something I'm certainly aware of. This isn't an either/or

situation. We know that we need a strong publicly funded system. We might also need some additional resources for the non-urgent issues with folks. We'll work toward implementation of this and continue to do everything that we can.

LISA LACHANCE: I was concerned when I received this letter because, as you noted, the struggle to recruit and retain a full complement of health human resources in the sector is very difficult. We know that these folks are really overstretched, and people have to wait a long time to get to see them.

I take it very seriously when the whole team comes forward and says, We have a problem, and we're very concerned, and things need to change now. Perhaps you can report back to the House in terms of how those discussions go, particularly with the psychiatrists, and how you can stabilize that section of the workforce and their concerns.

You have talked about the autism pilot, the \$500,000 invested to reduce assessment wait lists for childhood autism spectrum disorder and attention deficit hyperactivity disorder. We've already heard from several practitioners - the psychiatrists among them, but others as well - that the pilot is actually just going to exacerbate the chronic issue of failure to retain and recruit mental health clinicians, and concerns around practitioner uptake in general.

I'm wondering if you can speak to how many practitioners you were hoping to engage with this, or what your goals were in terms of assessments and whether folks step forward from the private sector or the public sector to undertake this work.

BRIAN COMER: I think early estimates from the Department estimate somewhere in the range of five to ten; we actually have eight. Those eight are from the private sector. I think when you add the autism diagnostics plus the ADHD diagnostics, you're somewhere around 56 tests that wouldn't have been performed if it wasn't for the pilot.

I would like to see that number higher but given that it's a new program in the province, I do think that's important for those 56 families. They got that diagnostic assessment. It's a pilot. We will continue to learn, collect data, talk to the clinicians, talk to the families. That's the important thing about a pilot, that we're really trying to learn as we increase these things.

LISA LACHANCE: Can you remind me how many people are on the wait-list, or how many children/families are on the wait-list for autism and for ADHD assessments?

BRIAN COMER: I know for autism it's around 1,600. ADHD is a little bit more complex. I can see if we can get you the number for that in follow-up.

LISA LACHANCE: That's still a long way to go in terms of getting 35 assessments done out of a wait-list of 1,600 that I assume renews itself quite frequently. Having a child

myself who has autism, one of really the hugest challenges that we faced was the drop off of services and assessments after the pre-school age. So yes, they're supposed to get support within the public education system; and no, we never actually saw any of the autism specialists at any of our IPP meetings, at any of our in-school meetings, and there were plenty.

My concern is what happens. You have this diagnosis, and then hopefully you get access to some of the early childhood services that are important, but the need doesn't stop at age 6, and I know you know this. For the 35 families who've had this assessment, what happened next? What services were people given access to, and were they free or were they being referred to services that had an associated cost?

BRIAN COMER: I wouldn't have that level of specificity of information, based on when those assessments have taken place. I would say as we've enhanced the Preschool Autism Strategy across the province, there are programs like QuickStart and there are educational programs for parents and families that historically were just in the HRM. That's province-wide now. They've been staffing up significantly. I know there was a pilot in the Northern Zone, I believe, with mobile teams with various kinds of health care disciplines to go to crises at the homes with families. That was led by folks at the Nova Scotia Health Authority. I don't have that level of specificity but there's a much broader spectrum of services, I would say, available to families in the province.

LISA LACHANCE: One thing that Autism Nova Scotia has been a vocal advocate for - I'm sure this is no surprise - is the Provincial Autism Strategy. Particularly they have a lot of concerns about the Canadian Autism Strategy being released and that there would be funding under that. If we're not lined up, we're not going to be able to access that funding without a strategy, so we won't be able to meet the federal government requirements. Will you be developing a Provincial Autism Strategy?

BRIAN COMER: That's certainly a very important issue. Certainly, the team I would say works very closely with Cynthia and her team. She is probably one of the leaders in Canada in terms of advocacy and knowledge with autism. I would say conversations are certainly very active right now, also with the Minister of Education and Early Childhood Development. It's certainly something I support. I think we're very close.

LISA LACHANCE: That's great. Autism Acceptance Month is coming up. What a great time that would be to announce the commitment to a new strategy. I mean, it's all lining up, minister, you can just take advantage of that. I think on April 2nd we are raising the flag here at the House. It's all there. I can't wait for that announcement.

As you are working towards this integrated model - and I can absolutely appreciate the complexity of that - how are you bringing together information and information systems? Will all mental health services and wait-lists - will you be in the One Person One Record initiative?

BRIAN COMER: Yes, I'd say the mental health and addictions system, especially once you look at the hospital in-patient system and outpatient system, we're unique in the sense that the addictions and mental health program was the first provincial bed management system. So you could see how many beds, in what units, in which hospitals, and these sorts of things.

I've had conversations with folks who will be kind of leading the One Person One Record. It's going to take some time, it's a significant infrastructure change for some of the antiquated technology that's in the hospitals. I think we'll certainly be part of that process.

In terms of integration with Central Intake, in terms of expansion of hours and the opportunities that could potentially be coming forward with digital health care, too, I think there are some exciting innovations and opportunities, but we'll certainly have to have a single point of access, which is certainly a goal of mine. We're not there yet but everything we're doing is working towards that vision.

LISA LACHANCE: I mean, I do think it's essential and it's even overcoming part of the stigma around mental health as well. Within the IWK system, for instance, kids have a physical health file and a mental health file, which of course is not helpful when you want to treat the whole child. It certainly seemed very stigmatizing to me. Then also the added burden for folks to try to keep track of all their various attractions with services and that sort of thing. Certainly, it will be amazing when we have that.

Just back to community-based organizations: The \$6.7 million will be a multi-year agreement. Will they all be multi-year agreements with community-based organizations?

BRIAN COMER: There will be three specific streams through the community wellness framework. The projects stream, specifically, will be working with the Mental Health Foundation of Nova Scotia. It will be \$1.75 million every year - it will be kind of core funding for them. The delivery partner stream would be more, I guess we could say, operational kind of funding. So that will be three-year agreements with accountability frameworks put in place. These could be long-term programs. I mean, there are some great youth groups across the province that I can think of. That will be \$4.36 million, that bucket. The last one will be \$300,000, something new that we're trying as a research innovation stream. So it will be for research projects, research partners in the province to collect data, especially around community access to treatment and these sorts of things.

LISA LACHANCE: Just to clarify, the research and innovation fund: Will that be open to community-based organizations to propose their own research, or will they require an academic partner to access that?

[8:30 p.m.]

BRIAN COMER: It will be a very formal application in my thought process. That's probably to be determined right now. I certainly couldn't see why community-based organizations couldn't benefit from this.

LISA LACHANCE: When do you plan to launch that funding?

BRIAN COMER: Hopefully in the Spring, as soon as we pass the budget.

LISA LACHANCE: So the operational funding will go into these three-year agreements. Basically, my question is: Are you starting all of those projects anew? I mean, they might have existed before, that sort of thing, but basically, your plan is to get \$4.36 million signed in agreements with community-based organizations this year. That's my question. Is the minister planning to?

BRIAN COMER: We've provided a number of one-time grant funds to sobriety groups across the province. That was \$6.9 million so far this year. The Community Wellness Framework will be an additional \$6.7 million. We have identified groups right across the province that I think would strongly benefit from the core funding. I believe the expectation in the coming years is that this number will increase, based on demand and outcomes based on our evaluations.

LISA LACHANCE: I think you referred to my next question, which is one of the challenges but also opportunities when you go out with a call for proposals, a call for projects - is making sure that you have regional diversity and regional coverage, and you have coverage from various ages. I mean, you know all this. How are you going to ensure that all Nova Scotians have access to these community-based services?

BRIAN COMER: There is health and equity consideration built into the evaluation framework of the proposals themselves. That will ensure geographical and equitable distribution of funding.

LISA LACHANCE: Maybe you could speak a little bit more about how the needs of equity-seeking groups, equity-deserving groups - 2SLGBTQIA+, the African Nova Scotian community, rural communities, newcomers - how are you using that framework to ensure that you understand the challenges facing diverse communities and that they're being addressed through the programming of the office?

BRIAN COMER: In regard to equity, diversity, inclusion, and accessibility of services we know there has certainly been historical lack of access to services for equity-deserving communities in Nova Scotia and across the country. We do have a lived experience advisory group, as one example, which provides very valuable information and development of programs specifically relating to the Community Wellness Framework.

I spend a lot of time travelling to meet with stakeholders in the province, which I think is very important, to get their perspectives. Some specific funding initiatives to support this - I think the African Nova Scotian clinical services pilot would be a good example. I've met with Tajikeyimik and our First Nations Chiefs and health care directors many times and they are continuing to develop their First Nations strategy as well. We are really just there to support them.

There has been a lot of work done across the health care system with the Health Equity Framework as well. I think that's a couple of important examples to guide things that way.

LISA LACHANCE: Within the \$6.7 million budgeted for community-based organizations, is there any specific amount within that allocated towards working with African Nova Scotian communities or with First Nations, Inuit, or Métis communities?

BRIAN COMER: I think they will be part of the evaluation criteria once the call for proposals goes out. I don't have that level of detail yet now because it's not passed in the budget at this point, but it will be an important consideration to support those groups.

LISA LACHANCE: I'm also wondering about support for the 2SLGBTQIA+ community, where youth have often had lower mental health outcomes than straight and cis peers. A lot of folks are struggling, scared, feeling isolated, attacked online, and attacked by leaders across the country.

Making sure programming that supports them can be offered is important. Do you have anyone within the office who has written in their job description the need to address issues facing the 2SLGBTQIA+ community?

BRIAN COMER: We do have someone who was a key part of the equity, diversity and inclusion in the community at Wallace Framework who reached out directly to community groups as part of her job description.

LISA LACHANCE: Is the office participating in the development of the 2SLGBTQIA+ Action Plan being led by the Office of Equity and Anti-Racism?

BRIAN COMER: I don't know specifically - we'd have to reach out to that staff member to touch base. We can certainly follow up with the member.

LISA LACHANCE: There are currently two mental health day hospitals here and at the Cape Breton Regional Hospital site. Can you talk me through a bit, in the few minutes we have remaining, the sort of uptake for the program? Are the beds always filled? Do you see a corresponding - because I see from our earlier discussions about this - decrease in demand for in-patient beds?

BRIAN COMER: In relation to the day hospitals - the Central Zones - a day hospital was launched in April 2022, with 2,749 visits thus far, which saved an estimated 5,901 in-patient days in the hospital. The one in Cape Breton opened in July 2023 and has had 471 visits so far, which saved 722 in-patient days. It certainly has a significant impact not only in those zones but in provincial in-patient bed capacity overall.

LISA LACHANCE: I can't do the math quickly right now, but are you seeing the same impact in both the HRM and the CBRM in terms of the ratio between the two factors?

BRIAN COMER: It's probably a bit too early to tell for Cape Breton because we have been open only since July. It's not just about saving beds; there's certainly better care for patients who are getting care at these facilities.

[8:45 p.m.]

When we opened the one in Cape Breton, as part of the announcement we had someone who used the service speaking from a first-hand perspective, which was much better than hearing me talk about it. It gave a valuable perspective on his experience with him and his family. As we expand to do more in the province, I do think it'll have an impact on in-patient bed capacity and in-patient experience.

LISA LACHANCE: Are you using any standardized measures for folks who access the day treatment program in terms of functionality or that sort of thing?

BRIAN COMER: There's routine patient monitoring, in terms of outcomes, but it's a bit more complex . . .

THE CHAIR: Order. The time for the NDP caucus has now elapsed. It is time for the Liberal caucus.

The honourable member for Fairview-Clayton Park.

HON. PATRICIA ARAB: The Liberal caucus will cede their time to the Independent member.

ELIZABETH SMITH-MCCROSSIN: I have a few questions pertaining to addictions and mental health services in Cumberland North and in Cumberland County. My colleague is listening here - he probably has all the answers, but we'll ask.

One of the questions was around detox services. We have, I believe, a growing issue with addictions in our area and in our community. Crystal meth and cocaine use are reportedly on the increase. I'm mainly hearing that from law enforcement.

I'm also hearing that the detox for Cumberland County, which is in Springhill, is only open five days a week instead of being open seven days a week, and patients are being discharged on Friday, whether they have a place to go to or not. I'm hearing from some of those patients. They come to the MLA office, and they don't know what to do or where to go. I'm wondering if there are any plans to increase the detox to be open to seven days a week again.

In follow up with that, in relation to that question, I'm also hearing from patients who have gone there that they feel medical management isn't enough. They're reporting that the detox is just providing medical management for physical withdrawal of whatever the drug may happen to be. They're looking for other help, like counselling, therapy, and a more holistic approach.

I'm wondering if there are any plans to offer - as well as being open seven days a week - more than just medical management for the detox.

HON. BRIAN COMER: With All Saints Springhill Hospital - the hospital or the inpatient withdrawal services - some staffing impacts have caused some reduction in services there. It's something we're working hard to reopen.

Something that will have a positive impact in that area is in Amherst: In the second quarter of 2024/25, we're going to be opening a recovery support centre in that region. It will be a low-barrier access to care for substance use, gambling, family - advanced programming for folks. I think that's positive.

Most of the recovery support centres we've opened so far do operate seven days a week. Some are open Monday through Friday, depending on human resource constraints. I do think that's positive. From speaking with clinical leadership in that zone, I do know they're working on utilizing other spaces in that facility to increase addiction day programming, for example, and other sorts of resources within the community.

ELIZABETH SMITH-MCCROSSIN: That's great news. It's great to hear that. The minister is likely already aware of this, but we have a real wait-list for child and youth psychiatry. I've been contacted by about 10 parents from mid-November until January, and they've been waiting for appointments with a child and youth psychiatrist. They were frustrated because waiting for these appointments was holding up treatment but also holding up getting access to other support services through the education department. In each situation, the parents wanted to sign a consent form and asked for help. It did seem to expedite getting some appointments, but my concern is that there are a lot of other parents who wouldn't know to contact their MLA to ask for help. Are there any plans to try to help improve access for our children, specifically our young children, who are trying to get appointments for psychiatry?

BRIAN COMER: Over the next couple of years, we will be rolling out the provincial Integrated Youth Services models across the province, two of which will be in the Northern Zone. I don't have locations with me here today. We are close to that. In terms of adult psychiatry, we did just recruit three psychiatrists to that region, which I think is a great success. In terms of child and adolescent psychiatry, I'd probably have to touch base with the folks in that region to get more specific information for you.

In certain situations, we have increased virtual care with - ideally you would want someone there physically in the community, but there are certain situations in which virtual care is appropriate. There are also situations in which a child and adolescent psychiatrist will do periodic visits to communities - daily, weekly, or monthly - to see patients in their community.

We can talk with leadership within Child and Adolescent Psychiatry and follow up with them with the member if that works.

ELIZABETH SMITH-MCCROSSIN: Thank you to the minister. I appreciate that. It is a real concern because we have a lot of children in our school system, in our elementary schools - there is a real delay for them getting treatment because of these delays.

I do want to acknowledge and thank the minister and the department for a couple of things. About five years ago, I was informed that Cumberland was not included in the Involuntary Psychiatric Treatment Act or guidelines. I had asked and others had asked for that to be added, and it was added. In the last couple of months, as the minister is probably aware, we have two new psychiatrists in our area. Not only are they taking patients off the wait-list, but they're also going to our emergency department at Cumberland Regional Health Care Centre when needed. I can't tell you how positive that is for families when they are going through a crisis. It's been a long time coming, and I wanted to let the minister know how much that is appreciated.

I have a couple of other questions before I finish. Can the minister update the people of Cumberland if there are any plans or any update on getting a mobile crisis unit for either Cumberland or the Northern Zone to be able to respond to mental health crises in the community?

BRIAN COMER: There is an RFP posted now for a framework for mental health models for mobile crises supports. This will be a provincial framework and a collaboration between law enforcement, health care, and probably some community-based organizations. We have had significant conversations with a variety of stakeholders across the province. If there is interest within the Northern Zone from law enforcement or folks within the community, I would encourage you to get them to contact the department.

This will be non-police - police with health care - the framework is going to iron out all those details. There has been a \$675,000 increase in this year's budget for that

framework. I know it is needed, especially in rural parts of the province, so I look forward to seeing what comes from that.

ELIZABETH SMITH-MCCROSSIN: Many in the community have expressed a need for a mobile crisis unit in Cumberland in the Northern region. Unfortunately, we've had many situations in which family members will contact us when there may be somebody living in their home, there is a clear mental illness, but they refuse to go to the hospital. They refuse to go for help, and the family just doesn't know what to do. Law enforcement have said, "We can go and do a wellness check and ask them if they are planning to harm themselves." If they say no, then the police will say, "Yes, this person is mentally ill, but they're not posing a threat to themselves or to anyone else, so there is nothing we can do."

There are many times when families feel helpless, so there are real gaps in the system. Leading to that are the gaps in the mental health system for people who are struggling with a severe mental illness and living on the streets or living unsheltered, and many people in the community don't know how to help them. That is a concern in our area, too, and we're trying to find ways to provide some mental health services to those individuals. Every individual is unique, and that is how they must be approached as well. - When they do go to the emergency department, they are not receiving the care they need, in most circumstances, and our emergency departments are saying they are not properly set up to handle these kinds of situations. We definitely need more support, and our local manager has said he has requested a mobile crisis unit.

The last question I will ask the minister is: Are there any plans for expansion of rehab facilities in the Northern Zone to help people who are struggling with addictions and who may need more than just the regular detox withdrawal management that we currently have available? For example, in neighbouring New Brunswick we have a new rehab facility that is open called Oceanview Addiction Treatment & Recovery Center and they are going through the certification process. They are not quite there yet, but they are doing some amazing work in bringing people who are really struggling while living on the streets with addictions. They are bringing them in and helping them try to get clean, but they are really looking for funding. I am wondering: Given the growth of addictions that we are seeing, are there any plans for improving rehab services for the Northern Zone?

BRIAN COMER: We have robust outpatient-based services for substance use in the province. I think there are 23 outpatient-based clinics across the province. What's been happening with the housing crisis - complex, persistent kinds of folks who are having challenging issues - has certainly come to the forefront, not just for this department but for a variety of departments across government.

We have had conversations with the federal minister and a variety of provincial and territorial ministers as well. They are having similar issues. We are having those ongoing conversations, looking at which best models of care work and, from a human resources

capacity, what we can do. There's nothing specific to report right now, but those conversations are active within the department.

ELIZABETH SMITH-MCCROSSIN: That concludes my questions.

THE CHAIR: Are there any other questions from the Liberal or the NDP caucus? Are there any questions from the Progressive Conservative caucus?

The honourable Minister of Addictions and Mental Health for his closing remarks.

[9:00 p.m.]

HON. BRIAN COMER: Thank you, everyone, for the thoughtful questions. I'm going to read my resolution now.

THE CHAIR: For both, please - for both E28 and E17.

Resolution E17 - Resolved that a sum not exceeding \$6,960,000 be granted to the Lieutenant Governor to defray expenses in respect of Communications Nova Scotia, pursuant to the Estimate.

Resolution E28 - Resolved that a sum not exceeding \$359,619,000 be granted to the Lieutenant Governor to defray expenses in respect of the Office of Addictions and Mental Health, pursuant to the Estimate.

THE CHAIR: Shall the resolutions stand?

The resolutions stand.

Thank you, Minister, for your time. We shall have a short five-minute recess.

[The committee recessed at 9:01 p.m.]

[The committee reconvened 9:04 p.m.]

THE CHAIR: Order, please. The Subcommittee on Supply will come to order. It is now 9:04 p.m. The Subcommittee is meeting to consider Estimates for the Department of Economic Development, as outlined in Resolution E6.

Resolution E6 - Resolved that a sum not exceeding \$96,782,000 be granted to the Lieutenant Governor to defray expenses in respect of the Department of Economic Development, pursuant to the Estimate.

I will now invite the Minister of Economic Development to make opening comments up to an hour, and if they wish to introduce their staff to the committee, please do.

The honourable Minister for Economic Development.

HON. SUSAN CORKUM-GREEK: Thank you for the opportunity to share some comments on the work of the Department of Economic Development.

I would like to begin by introducing a couple of people who are able to join me on somewhat short notice this evening. I have with me my Deputy Minister, Scott Farmer, to my right, and to my left, Peter MacAskill, CEO of Invest Nova Scotia.

I'd like to start by touching on our government's priorities for Budget 2024-2025 and how the Department of Economic Development fits into that larger vision. Our new budget builds on the work of our government to date. It invests more in health care, in building a strong workforce, in housing, in supporting Nova Scotians and communities, and in a stronger, cleaner economy.

With this budget, we are positioning our province for sustainable growth and greater prosperity for all Nova Scotians. The Department of Economic Development has an important role in this, and we are steadfast in our focus.

The Department of Economic Development is a small team, comprising just 28 people. However, as I say to companies looking to invest or locate here in Nova Scotia, small is our superpower. Our relatively small size is what allows this province to be nimble, to react quickly to opportunities or challenges, to connect investors and entrepreneurs to the resources they need, and to assemble key decision-makers in a room when a project spans departments or levels of government. This, I am assured, doesn't happen in every jurisdiction.

Similarly, these talented, thoughtful, passionate, and above all dedicated people have shown themselves ever-ready to respond to a need, face a challenge, or seize an opportunity. An example that came to mind as I prepared these thoughts relates to last Spring's terrible wildfires and the supports stood up to assist businesses.

Now lest anyone be thinking, "That's something the department has certainly done before" - which it has - "so what's the big deal?": The deal is the key person who had set up business support programs through all the various phases of the pandemic, as well as after Hurricane Fiona - our internal expert in this area - his home was among the first destroyed when fire broke out in Tantallon.

Two others from that small team were among those evacuated and left unsure whether their homes were damaged or destroyed. Nonetheless, our remaining team rallied

and, working collaboratively, got the Small Business Wildfire Relief Program up and running by June 5th, providing a one-time payment of \$2,500 to 668 businesses in HRM and Shelburne County. They did this while still advancing other files and priorities without missing a step or dropping a proverbial plate.

I raise this now, early on in my comments, as I think it is deserved and important. We live in a world where it has become so easy to complain, to criticize, and to make people - particularly those in roles within the public service - faceless, or worse, we turn them into caricatures. I want to challenge that, so I am sharing my experience and my privilege in overseeing a department where, thanks to its size, I get to know these people as individuals, see the high level at which they operate, and work with them to grow the economy and the opportunities for all Nova Scotians. Thank you to them all.

Additionally, as minister, I have the privilege of working with several partner agencies and organizations. Chief among them are the Crown corporations Invest Nova Scotia and Events East.

The Events East team focuses on delivering unforgettable events that drive economic growth and showcase our vibrant province in all its glory: highlighting local in their menus, tucking it in their swag bags, and of course, featuring it on the convention centre stages. Over the past couple of years, I have attended many events at the convention centre. Every single time I arrive - and I've watched to confirm this takes place across the board - I am warmly welcomed and immediately offered assistance by convention centre staff.

In my case, it's usually a matter of directing me to what floor I need to be on for the event for which I am running late. For those attending national and international events here, it can range from directions to the nearest pharmacy, a good place to have dinner, or day trip recommendations for the weekend ahead.

Meanwhile, Invest Nova Scotia is our province's flagship agency for business development, offering programs and services to support businesses at every stage of their development, from the funding and fostering of innovative start-ups and helping a promising company get to the next level to supports to assist established firms to de-risk investment in new processes or technologies, as well as investment attraction. Again, this is a group of dedicated and effective people.

The Department of Economic Development's work is focused on four broad planks: growing strategic sectors, increasing productivity, investing in entrepreneurship, and ensuring all communities experience growth and prosperity. To achieve these aims, it's essential that we are engaged with the business community in the fullest sense and communicating openly and honestly.

As minister, along with my deputy minister, our EDs, our program officers, our investment attraction and executives at Invest Nova Scotia, our CEO, their sector experts, and regional business advisors, we are out there talking and meeting with individual businesses, sector associations, post-secondary institutions, downtown business commissions, and regional enterprise networks. It's these folks who know the ground game, be that the state of a particular industry or the economy of Southwest Nova. It's by working with them that we make progress, and together we are making great progress.

This is an incredible time in the history of our province. We have the momentum of growth and the opportunities that flow from it. We are challenged to make the most of this moment, to use it to create the future we want, and to keep that movement going, which is why we have a suite of programs that focus on innovative, sustainable, and green businesses.

[9:15 p.m.]

Invest Nova Scotia acceleration programs for start-ups are a great example. These programs are helping Nova Scotia start-ups in areas like agriculture, clean technology, health technology, oceans, and ICT get ready for investment. They're helping entrepreneurs like Rashmi Prakash of Aruna Revolution Health to get innovative, sustainable green products to market.

I first met Rashmi while attending a pitch competition at the Emera ideaHUB. She approached me, showing such incredible energy, and explained how she had moved to Nova Scotia less than a year before to launch her company here because of the supportive ecosystem. Aruna produces locally made, biodegradable, and fully compostable menstrual pads that they make in a production facility in Burnside. Rashmi has been successful in two of Invest Nova Scotia's programs - GreenShoots and Accelerate - which has allowed the company to improve its technical processes, scale the business, and ultimately attract investors. It is just one of the early success stories to be found here.

I would like to take a few minutes to touch on some of our focus areas over the past year. An important part of our work is ensuring we are responsive to the current needs of businesses, entrepreneurs, and communities across the province. The department and Invest Nova Scotia administer 33 programs for businesses, in addition to other supports such as business training. We are always looking for new ideas to improve or add to our programs and help us achieve our economic goals faster. That's why we conducted a fulsome review of the mechanisms we use to attract investment and assist businesses in our province, and we are currently integrating that feedback into our programs.

Over the past year, a tremendous amount of work has taken place under the banner of Nova Scotia Loyal. As minister, I am confident this program will deliver on its goals to instill pride, to inspire and invigorate our growers, harvesters, manufacturers, and consumers, and to support a shift in demand and consumption of Nova Scotia products. In

fact, initiatives over the past year to test and try consumer reward mechanisms - because we need to know what works most effectively - have already resulted in new customers and increased sales for hundreds of Nova Scotia small businesses.

In the pre-Christmas period, for instance, we had our brand ambassadors at 10 different events in communities - including Wolfville, Sydney, New Glasgow, Lunenburg, and Halifax - talking about the program and distributing \$5 Nova Scotia Loyal vouchers, which they could redeem like cash against purchases from participating vendors. Over the course of this period, we engaged with 32,000 Nova Scotians, providing \$126,000 in vouchers that were redeemed with nearly 600 unique Nova Scotia businesses and resulting in over \$534,000 in local spending.

I am not going to sit here and suggest that was a pure 400 per cent lift. There are few too many parameters in the equation to make that kind of a conclusion. It was, after all, the holiday shopping season, and people were reasonably at these events to pick up gifts. However, anecdotally, many of our participating vendors told us their sales were up at these events, and they credited the program for giving them added profile via Loyal. Indigenous maker and business owner Melanie Sampson, of hi, love. greetings in Kings County, posted to her Instagram, saying:

I participated in the five-dollar voucher program by Nova Scotia Loyal at two markets and that incentive for shoppers really helped my little business. I can't wait to keep making fun goods from this paper I am now fully in love with.

That paper, for the information of those listening, is plantable seed paper that she crafts into beautiful cards, bookmarks, and other favours.

Another pilot with a more verifiable impact was our school program, wherein we provided vouchers to 13,000 children across four school districts. An encouraging percentage of these vouchers were redeemed at farmers' markets - my recollection is 67 per cent. If I'd had a little more time tonight, I might have been able to double-check that, but it was high.

I don't know about others in this room, but when my children were young, it was questionable whether any note, report card, or test to be signed would even make it to me. I tended to find these things at the bottom of bookbags at the end of the school year. The fact that those coupons made it home and were then redeemed was a win, no matter how you slice it. The fact that many families also reported that it was their first time visiting a farmers' market was an added win.

We've also been working closely with our business partners - for instance, our growers. Many of them confirmed that there is demand for more of their products. Retailers large and small have recognized the power of the local food movement. They see the

advantages of shorter supply chains and fresh-from-the-field produce, but for producers, a common challenge is getting their products to the market, particularly when time away from the farm impacts productivity. That's why we recently launched a pilot program with Food & Beverage Atlantic to research and test consolidated distribution models for local produce so we can help get more local on the shelves.

We are working across government, in particular with our colleagues at Service Nova Scotia, to ensure our government is not asking of Nova Scotians what we aren't doing enough of ourselves. I speak here of initiatives to help connect Nova Scotia companies with government procurement opportunities.

To my colleagues in Opposition who continue to ask, as is their right and indeed their role, "Where is Nova Scotia Loyal?" - it's all around you, but in 2024-2025, you will see us finalize the program eligibility criteria, implement the final brand design and marketing strategy, launch the consumer rewards program, and develop procurement interventions.

Nova Scotia is growing as more and more people realize our potential and the opportunities to live, work, and invest in one of the world's finest places. We recently announced a new payroll agreement with global technology service company Cognizant Technology Solutions, which we expect to deliver an additional 1,000 high-paying jobs in Nova Scotia within six years. That's on top of the 1,000 employees Cognizant has already hired in its first two years in this province. Cognizant has been a success story in one of our strategic growth centres, creating well-paying jobs for Nova Scotians, for new post-secondary graduates, and for newcomers.

Our government is looking for ways to better support Nova Scotia's strategic sectors, like IT and life sciences - those high-wage, high-productivity sectors with strong potential to grow and thrive. Targeting these sectors allows us to create jobs, increase the productivity of existing businesses, and be more competitive. We will continue to meet with start-ups, businesses, researchers, and sector leaders to help inform what is required to grow these industries and sectors.

A good example is the life sciences sector, which has very high growth potential for Nova Scotia. First, we've got an especially strong set of assets, including a strong, local community of life science companies, a crackerjack industry association in the newly formed Life Sciences Nova Scotia, and a post-secondary environment with a strong reputation in this field to both elevate research and produce the talent that this industry so desperately wants and needs.

Here is the other piece. As a government committed to transforming health care, we have gone to this industry and asked, How can we work together to grow your business while also providing Nova Scotians with access to the latest, most cutting-edge therapies, drugs, and interventions that medical science can offer?

In that spirit, Nova Scotia sent its largest-ever delegation to the world's largest life sciences conference, Biotech, in Boston last June. The delegation included the honourable Michelle Thompson, Minister of Health and Wellness, and I. Had it not been for the wildfires, it would have included our Premier. We presented a joint, strong, and compelling case to companies, and we invited them to follow up by coming here in September for an event called BioPort Atlantic.

Several firms took us up on that offer, and those for whom the dates didn't work followed up and connected in other ways. We have already seen those companies, in some cases, establish offices and programs here, and we most recently saw announcements about the Lighthouse project, which will be working on the issue of childhood obesity here. All this resulted from that strong presentation at Boston.

Our government is also focused on ensuring we are encouraging and supporting environmental sustainability. Our department will continue to focus on innovation, sustainability, and growing opportunities in key sectors, including clean technology and oceans. The world is realizing Nova Scotia's potential in the blue economy, and COVE is helping us leverage this potential to drive our world-class ocean tech sector. COVE is focused on collaboration, problem-solving, and sustainable growth, and this important work is helping to propel Canada's ocean economy.

We were pleased last Fall when, in a proposition that was greatly strengthened by the work of COVE, Halifax was chosen as the site for Canada's contribution to DIANA, which is a defence innovation accelerator, as part of our commitment to NATO. While details on what that will look like - we certainly know that it will only strengthen Nova Scotia's position in this industry.

I am focused on attracting and growing innovative, sustainable, and green businesses across our province: businesses already here, businesses looking to relocate here, and the start-ups of tomorrow.

Nova Scotia has many comparative advantages to leverage, including a highly skilled workforce, 10 universities, our strong community college network, quality of life, an innovation ecosystem, and commitments to the environment and sustainability. These advantages enable us to attract new companies, additional skilled workers, and more people to our province, and people drive economies.

Our investments in innovation are about building a stronger, more diverse, and sustainable economy for Nova Scotia's future. It's why Invest Nova Scotia's Early Stage Commercialization Fund has a stream for low-carbon technologies. The latest call for proposals closed in February, and the selected projects will be announced soon.

Another 27 projects are expected to be completed under the Innovation Rebate Program. This is a favourite program of mine, without question. Most projects have

sustainability outcomes, and the bulk of the projects take place in our rural communities. Our IRP supports companies like Lewis Moulding & Wood Specialties Ltd. of Weymouth to drive productivity, increase capacity, and adopt cleaner, more sustainable approaches. With the help of the program, Lewis Mouldings installed a new high-tech production line to automate the filling and repairing of wood defects and increase production speeds. They also purchased a new boiler that uses fibre fuel, eliminating their use of propane to dry and finish their products.

[9:30 p.m.]

We invest in organizations that provide programming, mentorship, and other services for entrepreneurs. Over the last year, we have signed multi-year funding agreements with Volta, IGNITE, Propel ICT, Futurpreneur, Creative Destruction Lab Atlantic, and the Emera ideaHUB. This long-term funding reinforces our shared priorities in supporting founders and their teams in creating jobs and strengthening the economic landscape of our province.

One of these innovators, Dr. Karen Cross - she is Innovator in Residence at the Nova Scotia Health Innovation Hub - is the CEO and co-founder of MIMOSA Diagnostics Incorporated, a health technology company aimed at revolutionizing skin imaging and wound care.

I had the pleasure of meeting Dr. Cross at Volta's grand opening in its new space in the former convention centre in the Fall. She shared her perspective as a start-up founder on the importance of the Volta start-up hub:

I relocated to Halifax from Toronto in 2021. Since then, I have been welcomed into the thriving innovation ecosystem here in Nova Scotia. Being part of Volta not only provided us with access to experienced advisors, but also surrounded us with a community of like-minded individuals striving for success. It's been a valuable part of our start-up journey.

We are bringing more people and more businesses to Nova Scotia and building a globally competitive and skilled workforce in a world where talent is the number one need and often the number one challenge raised by businesses of all shapes, sizes, and sectors. We're creating new jobs with higher wages. The technology sector is rapidly growing in our province, with many graduates, new Nova Scotians, and seasoned experts advancing their careers here. Our economy is gaining momentum. A prosperous and sustainable economy allows us to pay for things like critical infrastructure, housing, health care, and education.

Growing our skilled workforce, our population, and our economy is making a difference on Nova Scotia's finances. The investments my department is making are part

of government's plan for a sustainable, prosperous economic future for Nova Scotia. Our government is targeting high productivity innovative sectors, such as information technology, and increasing their percentage within our economy. We have a clear vision for the future of our province, and importantly, a shared vision. Together we will build an economy that all Nova Scotians can benefit from. With that, I am happy to take questions.

THE CHAIR: According to the practice that has been developed in this Legislature, the opposition caucuses take turns asking questions for approximately one hour each. During a caucus's turn, the members within a caucus may take turns examining the minister on the Estimate resolution. Only the minister may answer questions. Caucuses are also expected to share time fairly with the Independent member. To begin the examination, I now recognize the official Opposition.

The honourable member for Northside-Westmount.

FRED TILLEY: Thank you, Minister, for your remarks - well-thought-out, well-written, and well-delivered, so congratulations. Thank you to the staff for being here at this hour to help the minister with her questions. Thank you to my colleagues across the floor for being here, and also the NDP.

We're going to start out slow and work our way into things. I'm going to throw a little question out here. We all know we're in a crisis when it comes to affordability in Nova Scotia. What is your department doing to make life more affordable this year for Nova Scotians?

THE CHAIR: The honourable Minister for Economic Development.

HON. SUSAN CORKUM-GREEK: We are living through an extraordinary time with historic inflation. Any Nova Scotian heading to the grocery store cannot help but notice that the size of the basket for the money spent is much smaller. While this is a pinch on the pockets of many Nova Scotians, we know it is much more serious for many. What I would see as one of our primary roles within the Department of Economic Development in terms of this affordability crisis, as you have named it, is to help our businesses. We know high inflation is a fact in Nova Scotia but also in Canada and globally.

Programs and supports that can help our businesses to become more competitive, and therefore more efficient, hopefully do have the twofold impact of keeping pricing as reasonable as possible and equally providing for well-paying jobs within those companies and industries. Even though it does seem counterintuitive to think of those businesses that would take the leap and invest in their companies at a time when commodity prices are increasing and when there are supply constraints and demands on all inputs, including the impacts of carbon pricing, historically we see, time and time again, companies that take decisive steps in a time of rising inflation and other difficult market headwinds are more successful and end up with higher returns and finding new markets for growth.

This is one of the areas where the Innovation Rebate Program is so key. It really is a popular program. Again, despite all these headwinds, we have businesses rapidly maxing out budgeted allotments and seeing the value of investing in better processes, new technology, and processes that reduce their waste streams, increase their capacity, and make them more competitive, both for the consumer at home and for markets abroad.

Realizing that not all businesses can make the size of investments that are permitted under IRP - which is a \$350,000 investment, up to \$15 million - we have other programs to help small and medium-sized businesses access expertise in looking at these same issues of efficiencies and higher productivity. The Productivity and Innovation Voucher Program is another one of those programs. We see this as a key area where we can assist in addressing the affordability issues but through a lens of business development.

[9:45 p.m.]

THE CHAIR: The honourable member for Northside-Westmount.

FRED TILLEY: You mentioned things you can do for businesses to help them scale, but what can your department do for the people of Nova Scotia - the consumers - to help them or to help businesses transfer some of those savings on to consumers so they are feeling less of the pinch, as you called it, of the affordability crisis? What programs can your department put in place to make life more affordable for average, everyday Nova Scotians?

SUSAN CORKUM-GREEK: There are several departments across government that are doing important work in this area. The greatest area where the Department of Economic Development can assist is growing the economy - and with it, the incomes of Nova Scotians - to deal with these pressures.

We know these pressures are real, particularly in the small business community. In 2022, for instance, we saw a lot of pent-up demand. In industries like tourism and hospitality, we saw an extraordinary year in 2022 that was not replicated in 2023, a year that had other unique challenges, including fires and weather events. In a world where people are less inclined to book early, those kinds of factors can quickly change plans. We had seen that surge. We had seen all the people - or many people - who said, "I haven't been able to go anywhere since before the pandemic," and they were out there.

In 2023, with the increased costs of inputs and the increased costs of energy - the carbon tax - we have seen that many small businesses are still in recovery mode. We continue to work with them. We continue to have mechanisms such as the Small Business Loan Guarantee, which offers loans to small businesses. We do continue to assist businesses in growing and increasing their productivity as best they can and in growing their fortunes to become more competitive. Through the tax revenues that are generated through growth in our economy, we support Nova Scotians.

FRED TILLEY: One of the things you indicated that would be good for your department to do is to help grow the economy, to help improve consumer spending and those types of things, and the small business loan for businesses, et cetera.

The Opposition has indicated that we would put a two-point cut on the HST. I'd like your opinion as to how you think that would work in helping to grow our economy - a 2 per cent cut in the HST. Would that be good for the economy?

SUSAN CORKUM GREEK: I have given quite a lot of thought to the Opposition's position on reducing the HST as a mechanism that would have an immediate - the price of a cost of a good, 13 per cent tax versus 15.

As a member of Treasury Board, in addition to my ministerial responsibilities, I am familiar with the give and take of any of these decisions. We have made a significant decision in indexing tax brackets as one way to ensure more money stays in the pockets of Nova Scotians - stays in their paycheque. In a few years, that is going to amount to \$152 million to \$160 million circulating within the economy. It is a question of the levers that are available and the choices that a government may make. We have chosen indexing of tax brackets and some of our tax rebate programs.

This is why I have been thinking of this proposal: I think back to the years of the Dexter government and the Minister of Finance at that time, Graham Steele. I was still a newspaper reporter in those days. The Finance Minister did a tour of Nova Scotia, and his primary objective - of course, Chambers of Commerce, business organizations, and community organizations are usually welcome to host the provincial Finance Minister. There was no shortage of opportunities for Minister Steele to speak, and one of his stops was in Lunenburg. I still remember it because it was an effective speech or talk he gave that day and an effective tour, because at that point we had a 13 per cent tax. He spoke to his audience that day in Lunenburg - primarily a business audience - and he said, "If it came to cutting, to being unable to sustain the services, or to raising the harmonized tax to 15 per cent, what would you pick?" He made it a this or that.

As a member of the media, I watched a business audience - and certainly no one likes the idea of additional taxes, least of all, as a tendency, business audiences - and the answer was that they'd take the 2 per cent up to 15 per cent.

By the time that minister had completed his tour of Nova Scotia, he had created a consensus that led to the 15 per cent tax rate that has been with us ever since. I do think back to that. It was an effective analogy for that politician at that time, but I think the rationale still holds: We must look at what we might have to cut or be unable to proceed with when we make an adjustment to a major source of government revenue.

FRED TILLEY: Comparing 2013 and 2024: two completely different times, two completely different eras, two completely different economies, two completely different

governments - you get where I'm going with that. Right now, we have a government that's swimming in cash - an extra billion dollars in tax revenue this year. There would be nothing to cut. We believe you have the money to do that. Looking at the last couple of budgets: projected deficits followed up with some nice surpluses instead. Let's be clear - I don't think you'd have to cut anything.

What do you think a 2 per cent cut in the HST, giving Nova Scotia the lowest sales tax in the Atlantic provinces, would do for tourism, for small businesses, and for the economy at large? Being the lowest sales tax within the Atlantic region, do you think that would give us an advantage?

SUSAN CORKUM-GREEK: I'd like to begin by agreeing. Would that be a sign of the apocalypse if we agree in this place? 2013 was a different era. Nova Scotia was still deep in the challenge of out-migration, among other things. You are right that we are growing now, and we have seen benefits of that growth.

Are we swimming in cash? Having spent many hours, particularly since the start of this calendar year, in Treasury Board meetings and making decisions among priorities, I have yet to see a single thing come to the Treasury Board table that didn't have good in it, yet there are many things we are not able to proceed with. There were things, frankly, that I might have liked to undertake under the banner of the Department of Economic Development this year - good ideas that I have had to park.

Yes, we've been fortunate to have ended our first two fiscal years in government with surpluses. We were anticipating and had warned the public - or I should say signalled clearly during the election campaign to the public - that we were willing to and believed we would have to run deficits, particularly to deal with the investments needed to stabilize and transform health care.

So I must disagree. I have no sense of any swimming in cash, but we have seen fears of a recession become more of a soft landing in our economy. We continue to endure headwinds. The banks are not changing; they are not adjusting the interest rates. We are still - as a nation and in many ways as a world - trying to figure out when we will turn what has been a significant corner. I am of a fiscal philosophy that being cautious will always manage to serve us well. In Lunenburg, cheapness is a bona fide - being cautious and not getting ahead of yourself too much in spending.

In terms of the impact of a proposed reduction in the HST on an industry like tourism, as you mentioned: Tourists don't make decisions based solely on something like sales tax. We saw that in the provisions in and around American tourists coming and how they used to be able to file to get some of their tax monies back.

I think there's good evidence for the fact that, particularly in tourism and hospitality, consumers make their decisions based on the product and based on the

experiences available. As an MLA who represents one of the many visitor destinations within Nova Scotia, I continue to believe in the strength of our product to pull us through and don't believe that a reduction in the HST would be the salvation of that industry, in and of itself.

[10:00 p.m.]

I will say that tax policy questions really are best directed to the Department of Finance and Treasury Board. These are really my own thoughts.

FRED TILLEY: I'm not talking policy. I'm talking about what you feel, as Minister of Economic Development, a 2 per cent cut or \$500 million would mean for the business community, which you represent as Minister of Economic Development, and what that would mean for their ability to grow their businesses, to have greater sales, to find new markets, to hire more employees, and to pay a better wage - all those things you talked about earlier in your opening remarks.

Do you believe a \$500 million influx into the economy of Nova Scotia would be a good thing or a bad thing?

SUSAN CORKUM-GREEK: While tax cuts generally are something people like the idea of and might reasonably welcome, when we look at the impact of a 2 per cent reduction in the HST - \$500 million - there are many ways we can support businesses in a more economical way. For instance, some of the programs I've already referenced, like IRP or the Export Development Program, are incubators and accelerators. It costs \$10,000 to support a startup at the Emera ideaHUB. You have both the promise of a business that grows, employs, and creates wealth - and from it, taxes - and knowing so many of these start-ups are focused on ideas that address some pretty big problems and challenges in our world.

At the same time, to remove a block as large as \$500 million from our budget as revenue would have material impacts - that is a big figure - on our ability to serve students or to serve patients in our health care system. It must be looked at in the fulsome context - any time there is more discretionary income in a household, one hopes that triggers additional economic activity - additional spending.

At this moment, with the inflationary pressures people are feeling, it's going to take something substantive to remove the fingers and get the blood back in the knuckles. In the meantime, I feel confident that Nova Scotians are with us on many of the investments we are making in areas like health care, schools, and our new universal lunch program. While I would never say it would be unwelcome, I think the scale of a \$500 million - we can help businesses in many ways at a substantially lower investment.

FRED TILLEY: I'm going to switch. I think every Nova Scotian would welcome a 2 per cent reduction in the tax they would have to pay. It would be much more of a significant savings for them than indexing tax brackets. I don't think it's an "or." I think it's an "and." Indexing the tax brackets and giving a nice 2 per cent reduction in HST would go a long way in giving a little boost to the economy.

My question at this point is: What are you hearing from small businesses about this potential cut or this idea of a 2 per cent cut in the HST? Is it a favourable response that you are getting from small businesses?

SUSAN CORKUM-GREEK: The plain honest answer is that I have not had any interactions on that proposal. It may be that it is new and still being socialized. We are in regular contact with groups like CFIB and so forth. It simply hasn't come up yet. I trust that every Nova Scotian is going to appreciate the bump in their paycheque next January that will result from indexing. We hope other factors within the economy are also easing by that time, but some of that is for economists and fortune tellers to be able to figure out.

FRED TILLEY: Do you have any idea of what that bump will be in the average Nova Scotian paycheque from the indexing of tax brackets?

SUSAN GREEK-CORKUM: I would have to defer to the Department of Finance and Treasury Board, but I do know they have information in terms of what that would look like.

FRED TILLEY: When we talk about young Nova Scotians, can you give us an idea of what your department is doing to help them build a future for themselves in this province?

SUSAN GREEK-CORKUM: We are at a point - I know many of the people in this room, and not to be ageist, but some of us are at the age of having grown children or young adults in our lives.

What an extraordinary moment in time to have an economy and a population growing. To have such high demand is something that's not a plus-plus for many employers. It's a tight labour market, and they are having to sharpen their pencils and provide better wages or related incentives to get people in the positions they need.

There are more opportunities for people, particularly for young people, to stay and work in this province more than ever before. I look to a company like Cognizant, which was mentioned before, but the same is true for many of our ICT businesses. They are keen to hire the new graduates coming out of our universities and community college programs.

Our payroll rebate agreements further incent and place an additional premium on hiring these new graduates. I will always say, living as we do in a democratic country where

people - not just young people but particularly young people - think, "Follow your dreams if your dream takes you elsewhere." Perhaps for the first generation in a long time, they don't have to leave this province to pursue careers and opportunities in numerous professions or areas of expertise.

[10:15 p.m.]

We have several programs through the department that support and work with young entrepreneurs and our various incubators and accelerators for start-ups. We also support Futurpreneur, which is a program that works with young people to mentor them in business endeavours and is specifically aimed at the 18-to-35-year-old.

Not every person is an entrepreneur or wishes to own a business. We have programs like MOST that are financially incenting Nova Scotians to consider the trades or, if they have completed and have their certificates in hand, to stay in this province looking for work, as opposed to perhaps the mass exoduses that we have seen in the past, where young people headed out to Fort McMurray because they could make much better money in a short span of time.

On Friday, for International Women's Day, our department will be at a breakfast. We have a young woman who is a current participant in the Junior Achievement Program who will be joining us. There are several ways our department and our colleagues in other departments - particularly the Department of Labour, Skills and Immigration with workforce development - are working to connect Nova Scotians to the opportunities that are all around them in the economy and to put on their radar that very real ability that, should they have an idea that they wish to pursue as a business and as an entrepreneur, there are supports for them there as well.

FRED TILLEY: You mentioned a couple of opportunities for students and young people and an organization - I think Cognizant is the name. Just out of curiosity: What would the starting wages be for a young person coming out of school and working at these thousand jobs - what kind of salary would it be? Is it enough that a young person can start their career and afford rent, homes, and those types of things?

SUSAN CORKUM-GREEK: With a company like Cognizant, their median income as part of their agreement is \$80,000, although they are moving more towards \$90,000. For somebody coming in and just starting, it would be in the vicinity of \$65,000 or higher. When we look broadly at where incomes sit in Nova Scotia and what I think of as this troubling chasm between lower income and the progress we're making in the higher incomes, I would say they're in the upper middle range for those ICT Fintech positions.

FRED TILLEY: When we're moving towards growing a sector like that to attract young people, that's good news. I'm assuming that company is based here in Halifax. What can you tell me about the rest of Nova Scotia - so rural Nova Scotia? What are you doing

for young people in attracting these types of jobs? If you get a company to set up on the South Shore or Cape Breton where the housing market is hot - but not as hot as it is in Halifax - what are we doing for more rural young people?

SUSAN CORKUM GREEK: As an MLA who represents a rural area of the province, on the South Shore in particular, we are told we have one of the oldest and most aging populations.

I've often remarked that the establishment of HB Studios Multimedia Ltd. in Lunenburg, now getting close to 20 years ago - at first their premises that they had - they work on computers, and the blinds were closed all day long. In small towns we like to talk. When you see these young people going in and out of this place, with all the blinds closed, you can imagine there were all kinds of stories of what must be going on in there. The thing we all noticed was they were young people who were going in and out of there. To this day, within the businesses in the Town of Lunenburg and environs, the gaming industry is a young industry. In terms of having a robust community with multi-generational residents, that is a valuable and happy thing.

One of our most successful tools in terms of offering opportunities in rural areas but including to the specifics of your question, opportunities for young people in rural areas, has to do with the investments that are made possible through the Innovation Rebate Program. Canada falls far behind most of the G8 nations in terms of productivity, and we have a province that falls on the wrong end of the scale within Canada, so that Innovation Rebate Program helps to de-risk investments in technology and in new processes to move businesses along and make them more efficient, competitive, and often greener.

The impact of this is to provide more sustainable jobs that tend to have better wages. The added attraction is that we often see people - this is a well-documented fact - coming out of programs at NSCC, looking at potential employers, and saying they don't want to work on that old equipment because they are training in the NSCC. This is to the credit of the NSCC for keeping abreast of new processes, equipment, machinery, and so forth. It becomes a compelling recruitment tool when a company invests in that new robotic piece of machinery to cut steel. I've seen this, again in my neck of the woods, at ABCO Industries. It's young individuals, both men and women - I'll bet they are 30 and under but they are certainly under 40 - who are the people who are attracted and are filling those jobs.

I think of the investment that's being made by Michelin, particularly at the plant in Bridgewater, where they are spending \$300 million so they will be building the tires of tomorrow for EVs, and a workforce that is multi-generational. In addition to the tight labour market we have right now, we have a generation of people who are hovering on the cusp or retirement, some of whom have delayed retirement because they understand their employers may be hard-pressed to replace them in the short term.

[10:30 p.m.]

We have organizations like IGNITE, which has facilities in Yarmouth and New Glasgow, that are working with entrepreneurs in terms of some innovation spaces. We do have innovation spaces outside our urban areas and even things like the reactivation of gypsum mining at Little Narrows, which is still in an early stage. We're providing opportunities for young people to connect to jobs with a good income and a good living and to be able to stay in this province - or to come to this province, which is the other piece.

I remember being at Meta Materials Inc. more than a year ago when they opened their new facility in Dartmouth, and their staff - again, they skew to what I increasingly think of as the younger side of the scale. I talked with people that day and asked how long they had been with the company and where they had come from. I met people from all parts of the world and certainly all parts of Canada.

I remember one young woman in particular who told me she was from Calgary. I said, "There must be companies in Calgary working in nanotechnology" - which is the basis of the developments at Meta. She said, "Yes, there absolutely are, but this place was the most exciting place." That was an example of a young woman who told me she came here on the strength of her job opportunity, with her partner, and did end up buying a home outside of Halifax. She was quite forthcoming with the details - she was a fairly new homeowner of a property near Hubbards, and based on her experience in Calgary, a 20-minute commute suited her just fine.

There are those opportunities, but I would acknowledge that, in terms of creating compelling opportunities for young people, it can be more challenging when you get out to the most rural of our rural areas.

FRED TILLEY: That was a great segue to bringing people here to Nova Scotia. The government has stated that the goal is doubling Nova Scotia's population by 2060. What is your department's plan to invest to sustain this rapid population growth from an economic development standpoint?

SUSAN CORKUM-GREEK: We have a couple of rules in this regard. One is that economic development is a player in achieving the goal of a population increase . . .

THE CHAIR: Order. The time allotted for the Liberal caucus has now expired. It is now time for the NDP.

The honourable member for Halifax Citadel-Sable Island.

LISA LACHANCE: Maybe with the few minutes I have tonight, we'll continue talking about Cognizant and the payroll rebate. How was this developed? Did they come to you looking for a payroll rebate, or were you out seeking companies to support?

HON. SUSAN CORKUM-GREEK: I did want to double-check my facts. In the case of the Cognizant opportunity, we were alerted to the opportunity by someone who is a native Nova Scotian and who has worked in this sector with other firms here. He alerted us to the opportunity, but it was a competitive situation. Those first agreements, in particular - Cognizant continues to have a location in Ontario and were already established there. There was a certain sense that, among the field of competition, to continue an expansion at that site. Other provinces were also keenly interested. I want to emphasize that it was a competitive situation, but they saw value, not simply in the rebate but in Nova Scotia's talent pool, which is more and more an important factor.

[10:45 p.m.]

LISA LACHANCE: Payroll rebates as an economic development tool: We've used them a lot over the years in Nova Scotia, and I feel like they have had a mixed record. Most companies have completed whatever five-year deal we have, and that sort of thing. As Nova Scotia taxpayers we've put hundreds of millions of dollars into companies that, soon after the rebate ended, pulled out of the province. I am wondering: Has the model for negotiating a payroll rebate changed in the last couple of years, especially given the changing economic situation we are in?

SUSAN GREEK-CORKUM: One of the critical things I want to pick up on, because you asked about a model change, is that there has been a model change and, even in the time we've been in government, a tweaking of the model. In the earliest usages of the payroll rebates, they were used in some cases for what we would term a call centre. Many things still get called a call centre, but a lot of what we are now seeing - what we are supporting with payroll rebates - are business centres. They sometimes get called innovation centres, but the employer is looking to hire a much higher level of skill, with higher salaries that usually exceed \$70,000 and more often, particularly in ICT, are in the \$90,000 to \$106,000 range. In the colloquial Nova Scotian way, they are good jobs, certainly in terms of the remuneration.

The other thing that is important to point out is that the payroll agreements - these are rebates, so no money. Now moving on to a more distant past - we have seen the incenting of businesses to come to Nova Scotia wherein extraordinary investments were made upfront and where, in some cases, the company stayed X number of years and it felt like they disappeared in the night sometimes despite these investments.

With payroll rebates, they cannot seek the rebate until the employment is created. There are thresholds that they must meet. In some cases, as we saw during the pandemic, the disruptions of the pandemic created what may have been considered reasonable barriers to accelerating their growth in the way it is first predicted, so there's a mechanism for reasonable considerations. Generally, if they do not meet those targets, they are not able to collect the rebates.

In all cases, the payroll taxes that would be remitted to the province well exceed these investments. We increasingly use the negotiation period to incent things in any way that aligns with our goals: the hiring of immigrants or the hiring of new graduates. We try in . . .

THE CHAIR: Order. That concludes the subcommittee's consideration on Estimates for today. The subcommittee will resume consideration when the House again resolves into the Subcommittee of the Whole on Supply.

Please return to your seats in the Chamber. The Subcommittee of the Whole on Supply must rise and report before the House concludes its business for the day.

[The committee adjourned at 10:47 p.m.]