

HALIFAX, THURSDAY, APRIL 6, 2023

COMMITTEE OF THE WHOLE ON SUPPLY

10:59 A.M.

CHAIR Kent Smith

THE CHAIR: Order, please. The Committee of the Whole on Supply will come to order.

The honourable Government House Leader.

HON. KIM MASLAND: Mr. Chair, would you please call Resolution E36.

THE CHAIR: Resolution E36. This is a continuation of where we were yesterday. We have 49 minutes left of NDP time.

The honourable member for Cape Breton Centre-Whitney Pier.

KENDRA COOMBES: I want to thank the minister and the department for coming back here. Let's go into questions quickly.

My understanding is that the minister is responsible for the renovating of the transitional care facility in Bedford that was purchased by the Province. Does the minister know what the cost of the renovation of that facility will be?

COLTON LEBLANC: I appreciate the question from the member opposite. Our government was very happy to announce the first of its kind in Atlantic Canada, a transition to community facility. It's going to really be able to increase the capacity in our health care system. The one that the member is referencing in Bedford is the first of two.

Specific to her question, the cost for the design, the equipment, the renovations, and technology is in the ballpark of \$15 million.

KENDRA COOMBES: \$15 million? Okay. Thank you for that clarification.

What is the current estimated cost of the Cape Breton redevelopment, as well as the Bayers Lake Community Outpatient Centre?

COLTON LEBLANC: I'm a man of many hats. This one's the Minister responsible for Healthcare Redevelopment.

A point of clarification from the member: Are you looking for the entire cost or just for this year?

KENDRA COOMBES: At this point, the current estimated cost, so that would probably be total.

COLTON LEBLANC: For the Cape Breton redevelopment project, it's approximately \$900 million, and for the Bayers Lake Community Outpatient Centre, it's \$152 million for construction costs.

KENDRA COOMBES: Because I don't want to waste too much time for you to have to find these answers, can the minister table a breakdown list of the costs expected for the completion of each redevelopment project that their department is responsible for by the end of this sitting?

COLTON LEBLANC: What we can endeavour to provide for the member is the actual spent up to date for this fiscal, or up to this fiscal. The concern is, if we were to provide additional information or additional details, that can impact procurement and impact taxpayers' dollars when we're trying to make the best decisions and drive the best value for taxpayers' dollars when we go through an open procurement.

KENDRA COOMBES: I appreciate the information that you can table and I appreciate your reasoning for not the estimated.

It's my understanding from talking to the Minister of Public Works last evening that this minister is responsible for the new Nova Scotia Community College student housing builds. Is that correct?

COLTON LEBLANC: On the record, no.

KENDRA COOMBES: Okay. I guess I'm going to have to wait for that answer at some point.

Actually, I believe we are done with my questioning. With the time that I have left with the NDP, we concede our time to the Liberal caucus.

THE CHAIR: The honourable member for Kings South.

HON. KEITH IRVING: Welcome, Minister and your staff. I appreciate your being here to answer a few questions.

I'd like to begin first of all by understanding what projects you are actually responsible for. There are 28 projects listed in the capital plan under health care. Are you responsible for all 28 of those projects, or is there a concise list of the projects that you are responsible for?

HON. COLTON LEBLANC: I forgot to start off by introducing some of the staff with me today. I have Dave Benoit, the CEO of Build Nova Scotia, as well as Shawn McNutt, our financial guy - our financial guru keeping the numbers in check for us. As well, we have staff in the gallery and staff throughout the department and Build Nova Scotia as well.

I certainly appreciate the opportunity to engage in work alongside such dedicated professionals and subject matter experts on leading these files.

To answer the member's question, essentially everything in the Cape Breton redevelopment project, so those projects there; the More, Faster build plan, so the Halifax Infirmary expansion planned there as well; Bayers Lake Community Outpatient Centre; and then the transition community facilities.

KEITH IRVING: I think there were a couple other facilities that were announced - a heart centre and a mental health and addictions centre. Are those also your responsibility? Those were part of the announcement in December.

COLTON LEBLANC: On December 15th, we announced our reimagined plan, the new vision on delivering health care infrastructure specifically here in the Central Zone - the More, Faster plan. It focused on tackling what's most needed right now - the urgent needs in front of us. That's addressing the capacity. We're faced with challenges of population growth, but also that builds opportunity. Recognizing that the previous plan was projecting population decline, and how we ended up getting there - we ended up recognizing that we needed a new emergency department for the Halifax Infirmary, 36 additional patient beds, and then the additional operating room capacity of four.

We're really focused on Wave 1 of this plan. The other elements of the announcement on December 15th that the member's citing are to come. Those are still in discussion and the planning phase, and will fall under the build profile at a later time.

KEITH IRVING: Let's focus on the Halifax Infirmary P3 project. I'm wondering if the minister could tell us, in his view, what the advantages of a P3 project are.

COLTON LEBLANC: What I'd say is that the reality is that every project is different. If it's a hospital renovation or if it's building a whole new project, like we're endeavouring right now, they're assessed and the decision to move forward with a P3 model would be dependent on the different outcomes of that analysis.

I'd say you have to take into consideration the needs, the factors of construction, the complexity of the project, the risk associated with that project, and I'd certainly say the magnitude of the project. When we're talking about a generational investment that's going to transform delivery of health care, modernize health care, and increase that capacity for the next 30 to 50 years, typically projects of that magnitude would fall under a P3 model.

It was a previous government - the member's government - that initiated that P3 model. I want to remind the member that this procurement we're currently in is the same procurement that they initiated back in 2018.

KEITH IRVING: As an architect with some experience in the construction industry, I have always heard that the most important element of a P3 is transferring risk from the client to the contractor. That is what makes it attractive to governments.

But I am failing to see in this project now - it might have been true in 2014 - I'm failing to see that transfer of risk happening with one bidder withdrawing and another bidder very concerned about taking on any construction risk, given the context of high inflation, the lack of labour, and the large size of the project.

I guess my question here, Minister: Do you feel that you are negotiating a project that is actually transferring the risk? With a P3-negotiated project, you are paying a premium to transfer that risk. Can you explain to me what risks you feel are being transferred to the contractor from government?

COLTON LEBLANC: Some of the risk factors that the member cited - including inflation, labour, the size of the project - those are all elements I spoke on at length late last year, as there were a number of questions regarding the former plan in that procurement phase.

As I noted, on December 15th we announced our new plan, which is actually helping to mitigate those risks. The reality is that there were upward of 1,700 skilled trades workers required for the former plan all at once, downtown core - potential disruptions of

the delivery of care. One big project over an eight- to ten-year construction, flicking on the lights, facing the realities of supply chain issues.

[11:15 a.m.]

What we're doing with this approach is a waved approach, where we're focusing on the most urgent needs right now: increasing the capacity of acute care beds, more OR capacity, the much-needed ED. Part of that risk is mitigated in the approach that we're embarking on.

I want to reassure the member that this is a collaborative project with the proponent. Again, we're not - I say "we" - I get to speak and answer the questions, but the subject-matter experts, the professionals in the department and in Build Nova Scotia, they're not in the dark. This is not the first time that they're building a health care facility. We're focused as a government. They're focused as dedicated subject-matter experts on meeting today's needs and tomorrow's needs with the standards that we have to follow. We have internal professionals checking numbers. Again, we're not going into the dark on this.

To dive in a little bit further on the P3, I'd certainly cite Bayers Lake Community Outpatient Centre as an example. There's approximately 14 per cent cost savings on Bayers Lake, and beyond just the cost savings, it's about the value after 30 years. That value - there's going to be the responsibility for 30 years of maintenance, for example, and at the end of the 30 years we have that asset, which I'd argue would be at a higher value with that approach.

KEITH IRVING: I think there's a huge difference between Bayers Lake Community Outpatient Centre and the Halifax Infirmary project, where Bayers Lake is in essence an office building - much simpler than the HI facility in terms of the activities that are taking place there. The other important distinction was that it was a competitive process.

I'm wondering if, when you lost the second bidder, whether you considered dropping the P3 process and returning to a more traditional build. Did staff present you with that option?

COLTON LEBLANC: I want to clarify for the record that what's being constructed in Bayers Lake is not an office space. It's much more than that. The member's colleague would certainly know that, in her advocacy for what she believes should be changed to the scope of that project.

The Bayers Lake Community Outpatient Centre is part of the New Generation plan. The visitation metrics are being projected for that community outpatient centre as 280,000 patients. We're not talking office workers. We're talking patients. We're talking health care.

The community outpatient centre is going to add much-needed capacity when we're talking about specimen collection and diagnostic imaging. It's expected that the COC is going to provide an additional 79,000 appointments for patients annually for diagnostic imaging. The COC is going to provide 45,000 appointments for patients annually as well. There are other services including primary care, patient assessment, and examinations for patients on the provincial Need a Family Practice Registry. With respect to diagnostic imaging, there's general radiography; ultrasound; bone densitometry; post-surgery and post-treatment follow-up; eye care centre; as I noted, the specimen collection; and there's going to be an orthopaedic assessment centre and a hemodialysis satellite centre that's going to be 24 dialysis stations.

Ultimately, we know that a lot of folks live with access to care in the peninsula, but offering that model and that option of not having to come to the downtown core - I understand that about 40 per cent of those who visit the Halifax Infirmary every day are travelling from outside the HRM. The COC is a prime location close to both Highway No. 102 and Highway No. 103.

I had the opportunity to visit that site. Progress is being made there. It's quite an impressive facility. It's going to be state of the art, with dedicated teams and professionals looking to advance this project. It's going to truly make an impact not only for folks in the HRM but those on the periphery as well.

Regarding the new approach that our government announced on December 15th, it wasn't so much a discussion regarding the model, whether it be P3, as the member has been questioning. However, it was regarding the size of the project. Again, we're still in the same procurement that was launched a number of years ago. It's the same process. The decision point was to modify the approach, the delivery approach, essentially delivering more and faster. By more, I can repeat - it's the new ED, more OR capacity, more acute care beds. Then the faster approach is looking at the challenges that have been discussed at length - the labour challenges, the supply chain issues, inflation - those types of risks. The construction industry has been supportive of this approach, saying a project of this magnitude to mobilize that many skilled trades workers was not going to be feasible, with a high degree of probability of delays.

This approach is much more digestible, if that's the right word. I've been using "digestible" for the construction industry - that term - for some time now. It's going to deliver that wave quicker, and we'll be able to offer those services in those facilities to Nova Scotians much faster.

KEITH IRVING: I was probably in error using the term office building, so I won't get into a debate with you. Yes, there are certainly diagnostic imaging and going in for tests, et cetera. But it's not the same - I think you would agree that the Halifax Infirmary project is a more complex project with respect to OR rooms and ventilation requirements, et cetera. But let's not debate that.

So we've got one bidder, which I think is a significant change of risk to the taxpayer. My question is: Have you talked to the Auditor General about this procurement, which now has only one bidder?

COLTON LEBLANC: This is not a blank-cheque approach. The approach that we've been following through is not, Here's our budget. What can you build us? It's the same thing, like if I were to go to a contractor and say, I want to spend a couple hundred thousand bucks on a house. What can you build me? We - and I mean staff, the subject-matter experts who are cost estimators - are evaluating the proponent's design, the proponent's work, on this.

Again, we're mitigating risk by also advancing this project, balancing the needs, but due diligence is taken seriously every single day on this, whether it be the internal professionals we have at Build Nova Scotia and at the Department of Public Works, or if it's external professionals who we engage with on this project and other projects, I imagine. The people who are working on these files are taxpayers as well and want to make sure that the investments we're making are in the best interests of Nova Scotia taxpayers.

[11:30 a.m.]

We as a government have been elected to fix health care. Part of that health care is modern infrastructure, state-of-the-art infrastructure, to meet the needs of our growing population - the population that we are very proud and glad to help our province grow and build on its diversity.

At the same time - again, I'm not saying this is a blank cheque by any means. We're diligent with our calculations, with our numbers. With respect to the Auditor General, the AG is certainly very well aware of this project. This project has been subject to previous audits.

KEITH IRVING: The Auditor General was involved with the initial decision with respect to going toward a P3 project, but there's been a substantial, significant change in having one bidder. This is the most complex project - building type, size - and we have only one bidder. I mean, anyone who works in the construction industry is fully aware of how you pay through the teeth even for a change order in the normal construction process. As soon as you do not have a competitive process to determine the number, the advantage goes significantly to the contractor.

I worry that we've got a situation here in which the messaging - and I appreciate the minister saying that there's no blank cheque - but the messaging in the public realm is from the Premier: he will pay whatever it takes.

I would encourage and recommend that you and your staff have a conversation with the Auditor General on this significant change in how this project is being costed. I will leave that with you.

I do want to compliment, and I do agree that breaking it into smaller pieces was a very wise decision. That de-risks the project, as the minister has indicated, and I do think that is a wise decision.

Minister, do we have a sense of the schedule for this project? Are you working with a series of Gantt charts that have identified critical dates, drop-dead dates, for decisions to be made? Do you have a start date? Do you have an estimated completion time for this project?

COLTON LEBLANC: I just want to quickly respond to the member's question. I appreciate his support on the delivery approach of this. It's certainly being able to deliver more and more faster.

My priority as the minister responsible for this project is advancing this project. If the Auditor General wants to audit this, her office can do that.

Regarding the numbers a bit - this project is a collaborative project with the proponent. It's a little bit different from typical - ongoing discussion, I'd say daily, to understand their concerns. There's open dialogue. It's not wait three or four months and get something and try to hash it out. It's ongoing. It allows the professionals within the department to tackle that.

With respect to the schedule - again, Summer 2023, we're expecting early works to start on this project. Financial close for this project is expected in Spring 2024. It's estimated that this wave will be a five-year build and we'll be able to open this facility and have patients access care. Compared to the old project, it would be an eight- to ten-year build. We'll be able to access with a few years shaved off that timeline.

KEITH IRVING: So just to be clear here, you're going to do a bit of sitework or something starting this Summer, but any finalization of the cost and the build for the project is not until 2024? I missed something you said there.

Just to clarify, when do we have a final price, and when does that contract to build our \$2 billion building get signed and construction of that portion get started?

COLTON LEBLANC: We know that there is a different type of work that can be undertaken now and shave off time later on. That type of work, the early works, the cost of that will be put against the total price of the cost of the project. Despite it not being a clinical feature, the new parkade - that was a very important element for the entire campus at the Halifax Infirmary. There's work to be done there. The new administrative building

on top of the ED at the HI, because understanding that the current one would have to be displaced.

That type of work, including the work they'll be undertaking this Summer, which will include blasting, demolition, utility tunnels, different studies - whether it be geotechnical studies, vibration studies - MRI machines are very sensitive. I'll give that example.

All those types of activities will enable - once the project's financially closed - again, which would be next Spring - we can hit the ground running. We're not wasting any time. Understanding that we have work that's ongoing, but we have a window of opportunity that we can maximize right now and get to work right now.

KEITH IRVING: When will the final cost of this project be known?

COLTON LEBLANC: Financial close in Spring 2024. Spring 2024, a financial close.

KEITH IRVING: So we are going to start spending money on this project a year, or certainly nine months, before we know the cost of the project.

Minister, I know you do not want to reveal any numbers on the project, but perhaps you could share with us how changes in the construction industry have affected your budget envelope with respect - or your negotiations. The Minister of Public Works confirmed what we've been hearing with respect to inflation over the last 12 months, that construction costs have increased in the order of 30 per cent.

Is it fair for the minister to agree that any number that was being considered a year ago is now 30 per cent higher?

COLTON LEBLANC: It's not that I don't want to reveal - I can't reveal those project costs. I want to ensure and maintain that integrity of the process. There's a difference between "can't" and "won't." I just want to clarify that. Again, I do want to maintain the integrity of the process and the value for Nova Scotians of this project.

It's very certain that the construction industry has been impacted by a number of factors that we've previously spoken about, whether it be inflation, cost of building supplies, the labour shortage, different commodities. This project itself is certainly not immune to that. If it's my colleague the Minister of Public Works talking about road work or if it's a Nova Scotian building a deck over the last number of years, nobody's immune to that.

The new approach, the More, Faster approach that was announced December 15th allows us more engagement with local contractors. It does help mitigate some of the larger

construction build risk that would have been experienced with the old plan. By this waved approach, we're mitigating some of those risks. It certainly won't eliminate those risks, and here we are, April - what's the date today - the 5th or 6th? April 6, 2023. This project here is going to be a five-year build. I don't have a crystal ball. I don't know what it's going to look like, or what inflation's going to look like, how labour challenges are going to look, despite government efforts with More Opportunity for Skilled Trades, for example.

[11:45 a.m.]

But these types of investments, even the investments in Cape Breton - this is just Wave 1, by the way. These are going to be generational investments and opportunities for Nova Scotians that they know that they're going to be able to find a job in trades for years to come. This is Wave 1. Subsequent waves on delivering health care infrastructure in the province - there will be more opportunities for them, more opportunities for local contractors to be engaged in these projects and be part of the solution of improving health care and investing in building our health care infrastructure in our province.

KEITH IRVING: We have another year of inflation ahead of us with respect to this contract not being signed until 2024. I guess my concern that I'm raising is that the delays in moving this project forward are costing the taxpayer significantly more money.

I'll leave that as a comment.

What I'd like to go to now is the Capital Plan estimates for this past fiscal year. Again, a little bit difficult to dissect the amount of capital that you - that the minister was responsible - forgive me, Mr. Chair - the minister was responsible in this last fiscal year. I believe the Department of Health and Wellness had an estimate of capital purchases of \$435 million, and then under the Department of Public Works building and infrastructure, \$56 million.

Can you tell me what portion of that capital spend was your responsibility in 2022-23?

COLTON LEBLANC: Just seeking clarification - you're looking for the budget from last year for the capital plan, or what exactly?

KEITH IRVING: What I'm looking for is the portion of the capital plan that you are responsible for. Let's just say it's all buried in the one number of \$435 million in the Department of Health and Wellness. I'm assuming perhaps you're not responsible for all of that, because you have a subset of projects. The underspend in Health and Wellness was \$268 million in capital - is that primarily the delays in getting this project off the ground?

I'm looking at three numbers in the Department of Health and Wellness: \$435 million was budgeted, \$168 million was spent, and next year, spending \$253 million.

Can you confirm that that is, for the most part, projects that are under your responsibility? Can the minister tell me that?

THE CHAIR: Before I recognize the minister, I just want to make it official that the NDP time that was gifted to the Liberals has elapsed. We are now into the regularly scheduled Liberal hour.

The honourable Minister responsible for Healthcare Redevelopment.

COLTON LEBLANC: I could tell there was a change in the air when that happened.

I'm no financial guru or financial expert by any means. I guess the forecast is based, of course, on what we expect to happen during the year. There were some new projects announced in the year, including the TCF that was previously discussed. I'd certainly like to see and know more of the numbers that the member's talking about, because - as he's trying to get to, there are some within my purview, some within the Department of Health and Wellness. Frankly, there are multiple other organizations between Build Nova Scotia, the Department of Public Works, the Nova Scotia Health Authority, Department of Health and Wellness - partners involved in these projects. If the member has any specific more numbers or if there were a page in the Budget Estimates that we could certainly get into . . . (interruption).

Thanks to the member for clarity. In that forecast, as I previously noted, there's the new project. There's overspend and there's underspend. For the new projects that we additional funding reflected in that in the figure of \$167 million.

I believe the member, a couple of questions ago, was asking specifically within my purview. There was an underspend of \$265 million for the QEII redevelopment. That was based on our change in approach. That money is still, of course, of use. Then in Cape Breton, there was about \$92 million in underspending because of, I'd say, procurement challenges and labour challenges that we've worked to mitigate.

KEITH IRVING: Of the estimate for 2023, which is lower than 2022, it is bigger than what you spent last year at \$168 million. What are your budget estimates on capital spend for this upcoming year? You seem to be focusing on the two big projects. Maybe those are the only ones that are really spending significant construction dollars, as opposed to the other projects, that presumably are still in design. Am I correct there? Can you give us what you intend to spend on capital this year on the Bayers Lake Community Outpatient Centre and the Cape Breton Regional Hospital, and if there's an associated completion date, that you think they're going to be completed this year - I think I've heard Bayers Lake may be, but I may be wrong on that.

If you could just clarify your anticipated spend on capital for this upcoming year.

[12:00 p.m.]

COLTON LEBLANC: Regarding Bayers Lake Community Outpatient Centre, it's expected that this fiscal year we'll be spending \$27 million in capital. The expected substantial completion date is August of this year, and then aiming for Fall/Winter for opening that facility.

Regarding Cape Breton, \$100 million - I'm looking at the member - \$100 million in capital, and that includes all of the projects on the Island under the redevelopment.

With respect to the QEII, approximately \$130 million. That will include the early works and the continuation of the procurement process.

KEITH IRVING: As I understand it, until a project is actually finalized and priced out and costs become known, they do not appear in the four-year fiscal outlook. Can you confirm that your department has not provided numbers to be included in the four-year fiscal outlook for these major builds that are under way?

COLTON LEBLANC: Yes, we do provide information to be included in the four-year fiscal plan. That's based on expectations at the moment for what the next four years are going to look like for these projects. That four-year plan, of course, is revised annually, so if things were to change along with the project, good or bad, then that would be reflected in the four-year fiscal plan in the year subsequent.

KEITH IRVING: Let's be clear. If we could clarify: Is it fair to say at this point the \$130 million for site work has been provided to the Department of Finance and Treasury Board to put into the Estimates and the fiscal four-year forecast, but the main build, the \$2 billion, has not been provided or does not appear in any way in the fiscal plan?

COLTON LEBLANC: Yes, the \$130 million for site work is included in the Estimate. It isn't part of the fiscal plan. As I noted, we do provide information to the Department of Finance and Treasury Board, and how they include it in out-years, I respectfully say that would be a question for them to answer.

But yes, the \$130 million is included in this year's Estimates.

KEITH IRVING: I mean, it appears clear from the projected net debt from the budget book, Page 74, the Estimate for 2023, in terms of tangible capital assets are over a billion dollars. Then in the 2024-25, it shrinks to \$935 million, and then in 2025-26, \$649 million, and down to \$554 million. So there seems to be a declining number there, which in fact should be going up with respect to these major builds, but you're saying you don't have that information for us here today - that your main project is or is not in the fiscal plan beyond the site work.

COLTON LEBLANC: The numbers that we do provide to the Department of Finance and Treasury Board with respect to this project can't be finalized until the procurement closes. That's ongoing.

Again - I'm stealing a line from the Minister of Public Works here - we are the builders. We work with our client departments. In my case, we work with the Department of Health and Wellness, NSHA - the other minister works with a number of other departments.

We are the builders. At the end of the day, we don't do the fiscal plan. Again, with respect, that's with the Department of Finance and Treasury Board. With respect to the TCAs, that line item would fall within the client department, so it would be within Health and Wellness. It would be their asset upon completion.

KEITH IRVING: It seems clear by the numbers that your major build is not in the fiscal plan. Perhaps I could ask the minister to confirm that by talking to your colleagues and getting back to me. Would you be willing to do that?

COLTON LEBLANC: We do provide them Estimates and how the Department of Finance and Treasury Board incorporates that into the fiscal plan - again, that would be for them. Throughout this process, we will continue to provide them with revised Estimates. Solid figures, again, we'll only be able to nail down once the procurement closes. At that time, we will continue to provide them with those numbers and how they're included in the fiscal plan would be, again, for Finance and Treasury Board.

KEITH IRVING: So, minister, I take that as a no, that you're not able to talk to your colleagues at the Department of Finance and Treasury Board to know whether your project is actually in the fiscal plan.

COLTON LEBLANC: Again, I'll repeat for the member. We provide those estimates to Finance and Treasury Board. We'll continue to provide those numbers. We're following the process that has long existed - when the member was in government. Staff are regularly in communication and provide timely and regular updates, and again, how Finance and Treasury Board takes that data and the estimates that we provide them, that staff provide them - that's their decision, which I respect.

Again, we're following the process that has long stood in government.

KEITH IRVING: You have clarified that that's a no, which - well, I'll leave my editorial comments.

My last question should be easy. It's a yes or no.

[12:15 p.m.]

Your government has passed legislation that requires any new build or major retrofit in government buildings, including schools and hospitals, that enters the planning stage - not the idea stage, the planning stage - after 2022 to be net-zero energy performance and climate resilient. A significant number of new hospital infrastructure builds were announced by this government. Will these builds be held to these requirements?

COLTON LEBLANC: Of course we take the impacts of climate change and action on behalf of government to tackle climate change and striving for net zero very seriously. When we're looking at new builds, of course we take into consideration - part of the design phase is accessibility, environmental standards, inclusivity standards for all Nova Scotians. Of course we're looking at how we can best build these buildings with the approaches that are required and the standards that are needed to meet the needs.

KEITH IRVING: I think I'm going to ask for a supplementary, Madam Chair.

That was not a yes or no. I think the legislation is very clear: net zero. Will this government be building all new buildings heading into the planning stage and the ones that you are responsible for after December 2022 to be net zero?

COLTON LEBLANC: The new builds that we announced in December 2022, we're targeting sustainable energy efficiency and with a LEED silver rating with an energy target. I'm leaning on the subject-matter experts in the department regarding that - to be net-zero ready.

KEITH IRVING: That's not how the legislation reads. It reads to be net-zero energy performance.

Anyway, I will leave that. This was the government's bill, which got support from all of the House. I just want to remind you and your staff of that very public legislative commitment to Nova Scotians with respect to future builds.

I want to thank the minister for responding to my questions, and the staff. The minister and his staff have a big responsibility here with respect to the size of this generational project. I believe it must be particularly challenging, as I've indicated earlier, in being an untendered project, to ensure that taxpayers' money is being prudently and fiscally responsibly spent.

I wish you success in achieving that. I think you have a challenge.

I'll leave it at that and turn it over to my colleague for Clayton Park West.

THE CHAIR: The honourable member for Clayton Park West.

RAFAH DICOSTANZO: I have just a couple of questions about the Bayers Lake Community Outpatient Centre in my constituency. I remember - I believe it's going to be almost six years. It was announced in late April 2017. I was newly nominated. I didn't know what it was. I was asked to go join Premier McNeil and many MLAs for this announcement.

Since then, I've heard many things, and I'm so excited that this project that we brought forward back in 2017, which the Opposition at the time said was in the wrong place, it was bad, it was whatever - now it is the only project on time and on budget. We are so excited. You have no idea the need that there is in this area of Halifax West, where the growth has boomed beyond our expectation. It is all wonderful. The whole point was to bring services to where people live, and this has become the ideal place. In fact, this government has announced another place after that.

I have a couple of questions. I believe my colleague from the NDP asked for the exact price and time, so it's on budget and on time. I've heard a couple of different timings. August as the opening - I have a doctor I spoke to, and they feel that it may be November that they've been asked to start working. So I've got a couple of dates. If you can confirm the amount of money - the budget - and the time of opening?

COLTON LEBLANC: This is a really good project. About 40 per cent of the residents living in rural communities are accessing care at the QEII site. This is a prime location near Highways No. 102 and No. 103. A number of different services are going to be provided there once complete.

As I previously noted, the budget for that project is in the ballpark of \$152 million. It is on budget. To clarify the member's concerns regarding opening dates, substantial completion is expected in August of this year. Substantial completion doesn't mean opening up the facility. Once it's completed in August, that facility will be transferred over to the Nova Scotia Health Authority, and then they'll have to do whatever is required there to get it ready for patients to be welcomed. The first patients are expected to be welcomed in November of this year - or I should say Fall of this year.

So you've heard it from the horse's mouth, if you want to call me a horse.

RAFAH DICOSTANZO: That's exactly what they said: it's approximately early November to be ready for that. That's very exciting. I'm very happy about that.

I also wanted to ask a question - something I've been advocating for. You've heard me many times. I want to understand, physically, if the building - what's the difference when you build an urgent care and when you build a walk-in clinic or a family practice? I went up to Bayers Lake and toured it while it was still in studs. It was 16 or 17 rooms for a walk-in clinic or a family practice. What is the difference, physically, if this has to change

into urgent care? What does it mean financially, and is it fit? What's the difference between the two?

COLTON LEBLANC: I also had the opportunity to take a tour of that site back in January, I believe it was, and to see firsthand the amazing work that's being done there, to see the underground parkade for dialysis patients who are chronically ill and have to go through frequent and long treatment of hemodialysis many times a week. Just having that extra care, that they don't have to weather the elements or go outside, that's a bonus for those patients there as well.

It's moving along very well. Even the rehab centre, just a lot of the natural light there - it's overlooking the landscape there. It's going to be a beautiful location. If any patient has to have care there, rather than being boxed into a basement office with cement walls, compared to an open-concept, bright, natural-light facility - going to be much more of a pleasant experience for them, and contribute to their overall mental well-being and also improve their physical well-being on their path and their journey to recovery.

With respect to urgent care, to what's being offered here - I'll just go again through what will be offered here. The COC - the collaborative outpatient centre - projects 280,000 patient visits a year - a significant patient volume there. It's going to add much-needed capacity to a service that already has a high demand, or two services, both being specimen collection and diagnostic imaging.

For specimen collection, the COC is expecting to be able to provide an additional 79,000 appointments for patients annually. For diagnostic imaging, the COC will provide an additional 45,000 appointments for patients annually.

Other services the facility will provide are primary care - patient assessment and examination of patients on the Need a Family Practice Registry; diagnostic imaging - general radiography, so X-ray; ultrasound and bone densitometry; post-surgery, post-treatment follow-up; eye care - biometrics and corneal topography and fundus photography, and a bunch of other medical terms; the specimen collection, as I noted; the orthopaedic assessment centre and rehab - so an RN, physiotherapy patient assessments for both pre-op and post-op, and managing the rehabilitation of those patients; as well as the hemodialysis satellite centre that I noted, with 24 stations.

Again, as I noted to the member's colleague, we are the builders in this case. We work very closely with our clients and work very closely with the Department of Health and Wellness and the Nova Scotia Health Authority on what they want to be offered. When that decision to provide a service, to build a facility - it's not just about the space. It's also factoring in the staffing needs for that.

[12:30 p.m.]

Respectfully, if there is anything beyond what is currently being built and soon to open - I know the member is very excited - I'd direct the member to go back to the Department of Health and Wellness for further clarification.

RAFAH DICOSTANZO: I'm very happy that you listed all these - diagnostic ultrasound, orthopaedic as well. All of these are perfect for minor emergencies that we may need. Everything is there, and that is the point, that we have all these services. We are really just about staffing. I just wanted to make sure that I am correct that this is about staffing and not about the building not being set up for urgent care. That is what is important to me.

I see more than I actually expected, whether it's ultrasound, whether it's specimen collection - all of these things are very important to get diagnosis for urgent care. Am I correct?

COLTON LEBLANC: I want to clarify something. I don't want my words to be twisted today or at a future date. I know how this game works sometimes.

It's not just about staffing. There's much more to a facility than just staffing. It's much more than just space, as well. Again, the genesis of the vision of the services and the facility to be provided or be constructed - as the member very well knows, many years ago, by her government; I give credit there - there was no plan at that time to build - there is no ED. There is no emergency room there. It's not being built for overnight capacity. There are no patient rooms, acute care rooms, long-term care rooms, or anything like that.

Every building - whether we're talking about the COC or building part of Wave 1 of the More, Faster plan - every building has a different type of classification to meet the needs of what's being provided. It's not just space. It's not just staffing. It's not just the services. It's the entire picture. It's not just one corner of the picture to be taken into consideration here.

As the builders, I'm not in a position to say what services are or are not or should be included in the type of facility that the member is talking about. But again, I direct her to speak with my colleagues at the Department of Health and Wellness.

RAFAH DICOSTANZO: I thank the minister. I just never seem to get a straight answer as to what urgent care is. All I want is the same services, whether I call it urgent care or a walk-in clinic, as long as people in the middle of the night or the evening - as long as we get 24-hour care, that will elevate a lot of the simple things that people go to the Halifax Infirmary, lining up for 12 or 13 hours - just because they're not urgent, or not as complicated, I should say. That is the right place to give those services to the people.

As you said, it has amazing access from highways and it will support the increase in population. We know that when this was decided on - if it was announced in 2017, it was probably in the works two or three years prior to that. At that time, we didn't have this influx in population. Things have changed, and we need to move with the change.

I will say that and leave it with you. I understand that you can't answer me on that. I am happy that you listed all these services, but to me, it definitely has everything we need. We just need the staff, and we need the money to staff it.

The other thing I wanted to ask about is this community transition that you've announced. What is it? When is it supposed to open? What services will be offered? If you can enlighten us on this new announcement as well.

COLTON LEBLANC: A number of the elements that the member spoke about - population growth, the need for more care, access to services, wait times in our ERs - that is part of the crux of our More, Faster plan. That is one element of why we not only changed our approach of delivering on the QEII New Generation plan but also delivering more and faster.

If you look at - and I put my former clinical hat on, as a paramedic, and it's still relevant to this day - why are folks tied up in waiting in hospital, particularly in the ER? We'll take that example. Whether you're on a stretcher in the hallway, whether you're a patient in the waiting room, part of it is that we have folks in acute care beds on a floor above who do not need acute care beds. They need care, but do not need hospital care. That's one of the key elements of providing care, but in a different fashion and a different type of facility.

That's why we're really excited to have been able to announce two transition community facilities. The one in Bedford is very well known, of course, with that ongoing work. The transition community facility at - those types of facilities, I don't want it to be misinterpreted that as an absolute in-between from hospital and long-term care facilities. It's not expected that everybody going from hospital to the TCF is going to go into long-term care. It's going to be an opportunity or facility where patients will be able to be rehabilitated. Some will be able to transition back to home, back to community, whether it be an assisted-living facility or back with their loved ones or back independently. There will be others who will live in long-term care facilities.

What this means is that it improves flow. We need - part of the More, Faster plan was beds, beds, beds. We have the addition of acute care beds, but we also have the addition of TCF beds, while ensuring that Nova Scotians who need care are getting the care, but at the right place at the right time, albeit not in a hospital.

It's a different idea, a different concept for Nova Scotia and for Atlantic Canada. It's not the first in Canada, but it's a different approach. We have to look at things

differently when we're talking about the delivery of health care. It's about modernizing and transforming. The Minister of Health and Wellness talks at great length of ensuring that clinicians practise to their full scope of practice, but we also have to look at facilities and how they're going to be providing care and just make sure that it's the right care at the right place and the right time.

RAFAH DICOSTANZO: I'm very happy that this is coming and that it's in Bayers Lake. I just wanted to know the location. Is it going to be a 10-storey? What are you expecting to build there, and what's the cost of this?

COLTON LEBLANC: The land purchase at Bayers Lake has been finalized. Right now we're continuing the design development phase of this particular TCF while we continue the work on the broad breadth of the other infrastructure projects on the peninsula or in the HRM.

With respect to the entire budget, that will be determined as we continue to move forward with the design development phase, but we're going to certainly be maximizing the land that we have to ensure that Nova Scotians have the best benefit of the care that they can receive at this facility.

RAFAH DICOSTANZO: Sorry, Minister. What I'm looking for is the location. Is it attached to the "Bayers Lake outpatient centre"?

I also keep hearing you saying "COC" and I call it "BLOC", so I just want to make sure - is there a new name for the "Bayers Lake outpatient centre"? I hear you say "COC" and I call it "BLOC" - if we can clarify that as well. And where is this new transition? Is it going to be very close to the "Bayers Lake outpatient centre"? Where is that piece of land?

COLTON LEBLANC: My mind is full of abbreviations and acronyms. My apologies if I use BLCOC or COC, but Bayers Lake Community Outpatient Centre or COC - all the same. We only have one COC that we're talking about. So we're happily on the same page there.

With respect to the location, it'll be on land adjacent to the COC - the BLCOC - not attached to the existing building.

RAFAH DICOSTANZO: That ends my questions. I'll give it to my colleague for Bedford South.

THE CHAIR: The honourable member for Bedford South.

BRAEDON CLARK: Thank you, Madam Chair, and I thank the minister and the staff for their time today.

[12:45 p.m.]

Just two very quick questions, and then we'll pass it on to the Minister of Public Works to provide closing remarks. (Interruption) Promise.

The minister mentioned earlier, when discussing with the member for - actually, Cape Breton Centre-Whitney Pier, I think - around the transitional care facility in Bedford, which is in my constituency. I believe the minister said \$15 million was the cost of renovations there - one-five, I believe - if he could just confirm that.

Also, we've seen different numbers float around in media and elsewhere. What was the cost to government of actually purchasing the building, excluding the renovation costs?

COLTON LEBLANC: The asset in Bedford had a total cost of \$34.4 million. The \$15 million I cited earlier includes not only the renovations but also the design, the equipment, and the technology - all for that facility there. It's part of our bigger umbrella.

BRAEDON CLARK: Just another quick question about the VG. Obviously we all agree that it's a facility that's well past its useful life and we need to get patients out of there as quickly as possible.

I'm just wondering if the minister can tell us when we might expect to see patients moved out of the VG site?

COLTON LEBLANC: I certainly appreciate the long-standing need to move things along with the Victoria General Hospital. I've been there a number of times in my past career, and there are some difficult situations that patients have to experience. Water - access to a shower, for example. So I understand - not only for patients but also for staff, who have to work in difficult conditions.

So I understand. It's not necessarily under my purview, but there are improvements under way to mitigate some of those challenges for staff and for patients while we continue to work on what was announced on December 15th. Essentially, again, addressing the most urgent needs, the acute needs, of the health care system when it comes to infrastructure: ER and OR capacity and more beds. Beds, whether it be at the Halifax Infirmary site or, as we've been discussing here, a different model of care through TCF. So a lot of effort to move forward and continue that Wave 1 approach, recognizing and tackling the urgent needs that we face today. But we certainly understand that there are improvements ongoing within the Department of Public Works and the Department of Health and Wellness to address some of the concerns that exist today.

THE CHAIR: Order. The honourable Minister of Public Works.

HON. KIM MASLAND: Thank you, Madam Chair, and thank you to all the members of the committee. I appreciate your thoughtful questions. I hope that our time that we had together last evening and of course with the minister here today has provided you with insight into the great work that happens at the Department of Public Works.

Of course, Public Works would achieve nothing without the hard work and dedication of our staff. Many of these exceptional people have worked overtime during this Budget legislative session. I feel that we all owe them a debt of gratitude, and I want to personally thank each and every one of them for their profound professionalism.

My appreciation extends beyond the walls of my department to our Crown corporations. I know that staff have been working equally hard at Build Nova Scotia and the Joint Regional Transportation Agency.

In my opening remarks I said that I am proud of the work we do to build and renovate our health care infrastructure, to provide a safe and efficient transportation system, and to construct and maintain government buildings. This is the work of thousands of the most committed public servants in government, and they do it every day on behalf of Nova Scotians. It truly is a privilege to be the minister of this department.

THE CHAIR: Shall Resolution E36 stand?

The resolution stands.

The honourable Government House Leader.

HON. KIM MASLAND: Madam Chair, would you please call Resolution E4.

Resolution E4 - Resolved, that a sum not exceeding \$1,299,913,000 be granted to the Lieutenant Governor to defray expenses in respect of the Department of Community Services, pursuant to the Estimate.

THE CHAIR: With that, I will call a short recess.

[12:52 p.m. The committee recessed.]

[12:59 p.m. The committee reconvened.]

THE CHAIR: Order, please. Now reconvening the Committee of the Whole on Supply. We are now contemplating the Minister of Community Services' Estimate.

The honourable Minister of Community Services to offer her opening remarks and introduce any of her staff who she may have here.

[1:00 p.m.]

HON. KARLA MACFARLANE: I am so honoured to rise here today and be able to present the 2023-24 budget for the Department of Community Services, the Office of L'nu Affairs, and the Nova Scotia Advisory Council on the Status of Women.

Here with me is the incredible Deputy Minister Tracey Taweel for Community Services and Status of Women, and to my left is the wonderful Dale MacLennan, executive director of Finance for the Department of Community Services.

Mr. Chair, above we have a number of colleagues who are assisting me here today. We have Ian from the Office of L'nu Affairs. I'm pleased to also introduce Shelly, Tracy, Lisa, Joy, Leanne, and Michelle. We have our office back at DCS watching and are in tune as well.

I would like to just add context to the work and programs that I'm about to outline. I will first provide background about the department and the people we are privileged to serve.

The Department of Community Services is committed to supporting the long-term independence, self-reliance, and security of the people we serve. These include children and youth in care, families caring for children with disabilities, people trying to connect to employment, and those struggling to find suitable affordable housing. All Nova Scotians deserve to live a dignified life. My department provides a lift for people who need it the most.

I cannot overstate that collaboration and partnership are essential in delivering services to clients. I want to personally thank the many stakeholders, volunteers, community organizations, non-profits, and service providers who work tirelessly in communities across the province. We could not do any of this without them. Their work is often difficult, yet their commitment, kindness, and tenacity have been unwavering.

Through COVID-19, Hurricane Fiona, and this year's polar vortex, our team and service providers worked quickly together to ensure that Nova Scotians were taken care of in the most extreme circumstances. Day by day, we support Nova Scotia's most vulnerable people to provide shelter, build skills, connect to employment, and connect to our beautiful communities.

At times, however, people's challenges can be overwhelming. Sometimes these challenges are economic - a lack of access to food, shelter, and transportation. Rising inflation, lack of affordable housing, and increasing food prices have compounded these challenges for people who are struggling. Other times, it can be a need for services or family supports - for example, to help parents raise their children and keep them safe and healthy or a need for services and support after fleeing domestic violence.

Poverty and life challenges impact people in different ways, and our role is to provide effective supports and assistance so that all Nova Scotians can live happy and fulfilling lives.

These services will provide and play a significant role in contributing to better futures and improving the overall health and well-being of people living in communities throughout this province.

The budget for Community Services is increasing by \$82.3 million to more than \$1.299 billion in support of Nova Scotians who need it the most. This investment will support our province's children and ensure that they and their families are better positioned to achieve success. It will allow those experiencing homelessness to get the wraparound supports they need, and it will provide more opportunities for those living with disabilities, including children, to access supports and services they need and the opportunity to live in their own communities.

We know our clients need many different types of support. Their challenges may include uncertain physical and mental health, issues relating to addiction, lack of affordable housing, and community and family breakdowns. We work with our service providers to ensure that all Nova Scotians can access the services they need.

There is no question that a strong health care system is foundational to supporting Nova Scotia's most vulnerable citizens. This year's budget is focused on my government's plan to fix health care, and we are picking up momentum. We will do whatever it takes and invest what it takes to fix health care and deliver the care that Nova Scotian families need and deserve.

It is important to remember that investments in health care will benefit all Nova Scotians, including our most vulnerable. We want real results for real people: access to doctors, more nurses at the bedside, shorter wait times, ambulances available when people need them, more beds and long-term care spaces, and ERs that work. We are making progress, but it will take time. Ultimately, Budget 2023 helps move our province forward, and investments made in health care will support all Nova Scotians. Healthier people are the foundation of a strong economy, and a strong economy, in turn, helps everyone.

We know that investments in families are fundamental to breaking the cycle of poverty that often repeats generation after generation. Evidence shows that working with children and families early can help them better manage challenges and can dramatically improve their outcomes. We want to position children well to overcome the challenges in their lives. We want them to be happy, to be productive, and to positively contribute to the world. This year's budget contains an increased investment of \$19.3 million to build on programs and create a number of new supports to help young people build bright futures and find success.

Like all Nova Scotians, our government is concerned about the ongoing impact inflation is having on the cost of living in our province. The inflationary pressures we're seeing across the country and around the world have been making life harder, and I know many families are struggling. We want to provide more financial support to low-income families receiving the Nova Scotia Child Benefit. With an investment of \$8 million, our government is increasing the amount that families with incomes below \$34,000 receive under the Nova Scotia Child Benefit.

As you know, this benefit is a tax-free payment to families to help with the cost of raising children under 18 years of age. This investment will grow to \$10.7 million. There will be a \$250 increase for the first child and each subsequent child for families earning between \$0 and \$26,000; a \$250 increase for the first child and \$125 for each subsequent child for those earning between \$26,000 and \$34,000. This investment will give these families even more support at a vital time in their children's lives.

As you may know, each year in Nova Scotia approximately 120 youth transition out of care on their 19th birthday. In some cases, young people transitioning out of the care system face poverty and housing challenges before they have a chance to understand the steps required to successfully transition into adulthood. We need to better support these young people as they take their first tentative steps to independence and building their futures.

This year's budget will increase support for youth leaving care and will allow them to access the help they need as they continue to grow and develop. Through a \$3.9 million investment, my department is providing annual financial supports for youth who are leaving care. Financial assistance will span six years, decreasing each year as youth become more independent. This financial support will allow these young people to support themselves as they transition into adulthood.

We are also creating 15 new youth outreach worker positions. This is a community-based program for vulnerable youth between the ages of 12 and 24. Youth outreach workers provide day-to-day living supports such as finding and maintaining a suitable place to live, teaching skills required to live independently, and providing opportunities to build supportive and safe connections and attachments in the community. In addition, we are establishing a new Youth Outreach Program, which will offer intensive clinical supports for youth with complex needs. Many young people across the province benefit from guidance, support, and caring from their family members as they transition from youth to independent adulthood. These supports will provide young people with a better foundation to achieve a healthy future.

We want to help young people build connections to communities, build self-confidence, and develop a career path. In addition to creating some financial security, we know that work is important for young people because it builds their self-esteem and self-confidence, it develops their ability to manage personal and social relationships, and it creates important learning opportunities to develop new skills. Within our employment support services division, we work to ensure that vulnerable young people have access to skills upgrading, training, education, and job opportunities.

To strengthen our commitment to young people and help them build their skills and find meaningful work, the Province is investing an additional \$6.2 million to improve and expand employment support programs. Specifically, we are expanding digital Skills2SucSEED to include youth living in low-income households who may be experiencing barriers to employment. Digital Skills2SucSEED is helping young people learn digital literacy, wellness, and employment skills in a fun way. Expanding the eligibility will allow even more young people to partake in this innovative learning experience.

We are expanding the Career Rising program to include low-income youth who are not otherwise attached to DCS but are identified through key community partners like SchoolsPlus and Youth Outreach programs. We will also create three new delivery sites. These locations are still being determined, but will be based where there is the greatest need.

The goal of the Career Rising program is to support high school students to gain work experience, develop their career goals, and go on to post-secondary education. Career Rising is delivered at five sites across the province, including North Sydney, Glace Bay, Sydney, New Glasgow, Truro, Bridgewater, and Kentville.

We are enhancing the Youth Development Initiative by expanding criteria to include all young people from low-income households. The Youth Development Initiative funds career-focused community-based projects and wage subsidies for Nova Scotia youth between the ages of 12 to 20 who are attached to DCS programming and enrolled in or returning to school.

These programs help our young people get the life skills, education, and work experience they need to succeed.

As you know, last year the Province expanded the African Nova Scotia Youth Development Initiative Program for African Nova Scotian youth. Projects were designed by the communities that delivered them in partnership with the Association of Black Social Workers. Participants learned about their African Nova Scotian communities as a way to gain a new appreciation for their own history and resilience.

This year, we are going to replicate this model to serve the following groups: youth living in poverty, Indigenous youth, newcomer youth, and youth living with a disability or mental health challenge.

We are improving and enhancing the EDGE (Pilot) Program. EDGE is a peer-support and life skills program available to Nova Scotians who are 18 to 26 and receiving either income assistance. Additionally, the program has expanded to include integrated mental health supports. It also reaches youth transitioning out of care and youth at risk of attachment to income assistance. It was designed in partnership with young adults to meet their unique needs.

EDGE currently operates out of six sites: Fairview, north end Halifax, Kentville, Bridgewater, New Glasgow, and Sydney. This year's budget establishes ongoing funding to continue services at all EDGE program sites and to increase participants. In addition, we will be developing virtual delivery methods for EDGE to improve program reach and increase mental health supports.

[1:15 p.m.]

These investments all demonstrate my department's commitment to helping young people develop increased resiliency, build connections to communities, enhance their self-confidence, create a career path, and live full and prosperous lives.

Evidence also clearly shows that prevention and early intervention programs are key to helping families at risk. At DCS we often support families and children when there is a crisis. However, as you are likely aware, we are committed to moving to a system that focuses more on prevention and early intervention. The main pillars of prevention and early intervention include parenting education and family support, home-based visitation, youth programs and services, sexual violence prevention and support, family violence prevention, and community mobilization.

Last year, government invested an additional \$2.3 million so that more children and families across Nova Scotia can access prevention and early intervention programs. In 2023-24, we will build on that investment with \$7.8 million in new funding to continue expanding our programming in more communities across the province, and we will introduce new services and supports.

I am pleased to detail another positive change my department has implemented to better support child and family well-being. When a decision is made to bring a child into the temporary care of the minister, staff at Community Services are committed to supporting the reunification of the child with their parent or guardian. For some families, this includes helping to ensure that parents or guardians have the financial resources to maintain a safe and healthy home for their children to live.

Many families rely on the Canada child benefit as a substantial part of their household income. Eligibility for the Canada child benefit is determined by the Canada Revenue Agency through federal legislation. When a child must be brought into the temporary care of the minister, all provinces in Canada make application to the Canada

Revenue Agency to receive the Children's special allowances. This allowance is a federal payment to help provinces and child welfare agencies offset the cost of caring for a child in care.

This application results in Canada child benefit payments to the family being discontinued. We know that the loss of this money can have a considerable negative impact on some families at a very difficult time in their lives. Indeed, the loss of this payment may have a direct impact on a family's ability to establish or maintain a stable and safe home for their child. As such, our department conducted a review into this practice and the unintended impacts. As a result, we have implemented financial stability payments for all families whose children are in temporary care in custody. We are providing \$500 monthly per child to the family, aligning with what most have been receiving via the Canada child benefit. We are providing \$700 monthly per child if the family had been receiving the child disability benefit. These payments will continue for 90 days after the family is reunified, to give time for the Canada child benefit to begin again.

I'm proud to say that Nova Scotia is the first province in Canada to undertake this type of initiative. We are always looking to support the reunification of families, and I think this is an important step forward.

Human trafficking and sexual exploitation are serious health, social, and public safety concerns. It takes the combined work and energy of government, community service and support organizations, and victims and their families to create real change. Support for youth in care who have been or are at risk of being sexually exploited remains a priority this year. This funding, now at \$1.8 million annually, ensures that these youth have safe and caring places to live and access to innovative programming that adddresses individual needs such as health, education, and social and emotional development.

Community Services is also working with the IWK Health Centre to further grow the skills and abilities of caregivers and staff who serve this segment of youth. I thank our partners for their commitment to help end this complex, pervasive issue that has a devastating impact on people and communities. Working together, our focus is to improve supports for victims, increase public awareness, and prevent sexual violence from occurring.

Government has worked closely with the YWCA in Halifax to develop Nova Scotia Transition and Advocacy for Youth. This community-based program, known as NSTAY, helps young people who are being sexually exploited or trafficked and their families. Through this program, Nova Scotians can access supports and services available in communities across the province. We are also part of the YWCA Halifax-led Trafficking and Exploitation Services System, or TESS, an interagency partnership. The network includes 140 professionals and community leaders working with youth who experience sexual exploitation.

In addition, the Jane Paul Indigenous Women's Resource Centre provides important services in the Sydney area. I would also like to mention the Nova Scotia Native Women's Association and their work with the Mi'kmaw communities. Through the association's work, trafficking awareness materials are available in the Mi'kmaw language. The online training course supporting survivors of sexual violence is also a key resource to provide information to Nova Scotians. Through Sexual Violence Prevention Innovation grants, organizations and groups across the province receive funding to develop innovative ideas to create with their peers and be part of communities that are healthier, safer, and more resilient.

The department also continues to work together with Mi'kmaw Family and Children's Services to better meet the needs of Mi'kmaw children and their families. Working in partnership, support is provided to on-reserve child and family wellness services through staffing, training, technology, and placement services.

Mr. Chair, every child deserves to have a safe, loving, nurturing home. Foster parents provide this for our most vulnerable children. They are some of the most dedicated volunteers in our province. I can't thank them enough for their commitment and all that they do. Currently, there are about 650 foster caregivers who open their hearts and homes to our most vulnerable children. This total includes full-time caregivers as well as individuals who offer part-time respite relief.

We want to improve support to our foster families and to the children in their care. To that end, we have introduced a new approach called Mockingbird Family to foster care in Nova Scotia. This is a world-renowned approach adopted internationally, including in the United Kingdom, Australia, and the United States. We think it will be a great fit for our province.

The Mockingbird Family concept features constellations, with a hub or central home having six to ten satellite homes connected to it. The hub home is a familiar and comfortable place where children and youth can gather for fun or social events, as well as a location for peer support and respite care if the child, youth, and/or foster caregiver needs a break. Satellite homes are foster homes that offer full-time care to children or youth in care.

This approach creates an extended family-like model with a sense of community and support between satellite homes that feed into the central hub home, as though with a grandparent or auntie's house. I'm sure we can all relate to that. Families will have a network of peers who understand the unique challenges that come with caring for children, youth, and their families.

Children and young people will have a community of caring adults and peers who know them and ensure they have support and a place where they feel like they belong.

In 2022, the department implemented the first two constellations in the province one in Halifax and one in Cape Breton. Staff will continue to gather feedback and learnings from these two constellations before expanding the program across Nova Scotia starting in November 2023.

This is all part of a three-year \$34 million investment to support the redesign of foster care in our province to provide more supports that families and children need to flourish. It's an exciting time for foster care in Nova Scotia. I know the new supports will help foster caregivers and children grow and thrive. To that end, we always need more foster families. I'd like to use every opportunity to encourage people who are interested in possibly becoming a foster care parent to reach out to the department to learn more.

Homelessness: Having a place to live provides security, stability, and a sense of belonging. The causes of homelessness are complicated and varied. They may include uncertain physical and mental health challenges related to addiction, community and family breakdown, and lack of affordable housing. Addressing homelessness has high potential to reduce pressures on the health care system, hospital beds, emergency rooms, and on the justice system as well.

Homelessness and a lack of affordable housing is a problem too significant and too complex for one level of government, one private-sector organization, or one non-profit group to fix on its own. Rather, it will take a focused and sustained commitment to make real change - change that seeks to address the root causes of homelessness. That calls upon all of us to take up this challenge together, and we are seeing progress. This year, the budget to provide supports to those experiencing homelessness will be increased by \$8.2 million, bringing the total investment in homelessness to \$18 million.

We know that sometimes our clients need help paying their rent. To that end, we have invested in changes to the rent supplement program to provide more funding to income assistance clients. This increased funding came into effect on March 1, 2023, and will support over 3,000 clients. We are focused on creating safe places for people to stay and be supported while we collectively work with our colleagues across government to increase the affordable housing stock in this province. As you are likely aware, the Winter weather brings challenges to those who don't have a safe, warm place to sleep. My department has worked hard to ensure people have a roof over their heads during the colder Winter months. In the last few months, we have announced new temporary Winter shelters in Amherst, Dartmouth, and Lower Sackville for those experiencing homelessness. This has added 60 new emergency shelter beds across the province. This is in addition to the new emergency shelter on North Park Street in Halifax.

We also invested in ensuring that when bad weather hits, our shelters can keep the lights and heat on and stay focused on supporting the people they serve. We recently made a \$1 million investment through the generator program at the Department of Communities, Culture, Tourism and Heritage to purchase generators for all provincially funded shelters.

For many years, the sector had been asking for this support. We are pleased to have provided them with this peace of mind.

The North Park shelter, operated by 902 ManUp, is working closely with the Halifax Infirmary emergency department by providing five beds so that patients who are experiencing homelessness may be discharged to the shelter. This effort has also provided relief to the health care system as it means there are fewer people seeking shelter in emergency departments, and hospital beds can be freed up for new patients. Over the past year, we provided eight communities outside HRM with \$95,000 each to fund housing support services, diversion support, and emergency hotel rooms when shelters are at capacity or for people better served within a hotel environment. We've also committed the first annual funding for Open Arms, Viola's Place Society, Pictou County Roots for Youth society, and the Truro Housing Outreach Society to stabilize and professionalize staff operations.

We acknowledge the incredible support provided by housing support workers to individuals and families across the province who are seeking housing. Housing support workers make referrals to various income and social agencies and provide ongoing support for individuals and families to maintain their housing.

Mr. Chair, we are increasing funding so that 22 more housing support workers can be hired by various service providers across the province to meet the growing demand for their services. This year, we are partnering with the Nova Scotia Provincial Housing Agency to better support homeless individuals to transition into public housing units. We know that some supports are needed to make this a successful partnership and have provided \$325,000 for five housing support workers dedicated to supporting this pilot initiative.

Shelters are important, but they are not the long-term solution. We believe supportive housing is the path to help more Nova Scotians. Over the past several years, the department has, as a whole, been moving away from a crisis-driven system to one that is preventive and responsive. This change is reflected in our work to help those experiencing homelessness. Many of these Nova Scotians have challenges that make it difficult to live in housing without additional supports. This could mean various models of support treatment for addiction, harm-reduction services, mental health care, or primary health care, for example. It is our goal and part of our departmental mandate to provide more permanent supportive housing across this province.

We are currently implementing the province's first supportive-housing approach. The goal is to expand the number of units province-wide along a continuum of supports. To do this, we're working with the Department of Municipal Affairs and Housing, the Department of Health and Wellness, the Office of Addictions and Mental Health, and the Department of Justice. There are currently 521 supportive housing units funded by the Department of Community Services across the province. The majority of these - over 61

per cent - are new within the last year. In the coming months, we hope to have more units operational.

[1:30 p.m.]

Recently opened supportive housing includes The Overlook in Dartmouth, a property transformed into a permanent home for 60 people who are chronically unhoused. The Diamond Bailey House opened this month, and it is welcoming the first of their guests. Funding was just announced for a new property in Cape Breton for the Cape Breton Community Housing Association to support six men experiencing chronic homelessness.

Our colleagues at the Department of Municipal Affairs and Housing have also been partnering with us to allow for more supportive housing units. The Community Housing Acquisition Program, better known as CHAP, supports the purchase of existing properties by community partners to preserve affordable housing and expand the supply of non-market housing. Five buildings have been purchased to date through CHAP and transitioned to supportive housing, and the Department of Community Services funds the operations of these properties.

In addition, both the Department of Community Services and the Department of Justice have announced supportive housing for people of all genders leaving Correctional Services. We know that people exiting Correctional Services have an increased risk of experiencing homelessness, and we want to ensure that they are supported as they transition back to community. For example, DCS announced \$559,000 annually to the Elizabeth Fry Society of Cape Breton to run its Axis Point Program in Sydney, which will provide transitional supportive housing for six women at a time. In Halifax, the John Howard Society of Nova Scotia opened Tamarack House, a transitional supportive housing for 10 men exiting Correctional Services.

Community Services is also funding projects that address specific cultural needs. We have provided \$350,000 to the North End Community Health Centre to provide supportive housing for men from the African Nova Scotian community.

We know that young people experiencing homelessness lack many of the social supports necessary for the transition from childhood to adulthood. In situations like these, they do not have a stable or consistent place to live or a source of income, nor do they have adequate access to the support of networks necessary to support a safe transition into adulthood.

To that end, my department is working to increase our supports for young people. The Province continues to invest in the Portal Youth Outreach Association to support three transitional houses in Windsor, Kentville, and Middleton for young people experiencing homelessness in the Annapolis Valley. Young people can stay in these houses from three months to three years - depending on their needs and their capacity to transition to

permanent housing. I am pleased that these young people are now receiving wraparound supports, including school and career planning, guidance, peer support, and mental health supports.

I would like to mention a recent unusual weather event and the incredible, unprecedented response by DCS staff, service providers, community organizations, and individuals across this province. As the polar vortex swept through Nova Scotia in early February, our staff, service providers, and other partners worked hard to prepare. Plans were developed to ensure that vulnerable Nova Scotians had access to a safe, warm place to stay. Safety checks were done regularly during the extreme cold in the spirit of neighbour helping neighbour.

A lot was learned from the response to this weather event, and professional relationships have grown even stronger since then. I can't say enough about everyone involved in this effort. I personally want to thank them all for their hard work and dedication to the people we serve.

I believe it's fair to say that each of us here today shares the same goal. We want a province with no limitations, a place where Nova Scotians can work, live, and contribute to their communities without barriers - not only to contribute but to actively participate in the opportunities our communities and province have to offer.

People living with disabilities have historically faced barriers to employment, living close to home, or participating in community events. My department has been working diligently on innovative solutions to supporting people with disabilities in our province, and I am delighted to provide you with some of that detail. This year, the budget investment in the Disability Support Program is significant: \$42.6 million more in programs to further improve services and supports for Nova Scotians living with disabilities. This represents an 8 per cent increase from last year.

It is recognized globally that institutionalized residential settings for people living with disabilities represent an outdated model of care. These facilities limited participant choice, independence, community inclusion, privacy, and quality of life. In recognition of the positive impact that community living can have on participants and communities alike, government has made the commitment to phasing out these institutions over time. We know that living in a community allows people to be part of a neighbourhood, to feel valued for their contributions, and to have the ability to pursue the lives they choose. This budget contains a continued investment to phase out large facilities, create community placement capacity, and restrict new admissions.

The happiness and safety of each of our participants is paramount in everything that we do. I want to assure you that as we plan these moves, we work hand in hand with each person and in collaboration with their families to honour the strengths, needs, and capacities of each individual. Like all of us, participants who are moving out of these large

settings want to be included in picking where they will be living and who will be supporting them. We will also maintain existing programming and supports as participants transition into the community.

We know that children with disabilities are more likely to achieve success when they receive services at a younger age and when their families are supported to care for them at home, and so, over the past year, we increased funding and programming for families that care for children with disabilities. There are several key changes being made to improve the programs and better support families. Funding is being scaled up by approximately 25 per cent for each family. All families will see an increase in their monthly funding of between \$100 and \$200. The increase is relative to a family's level of need.

To align with this change, the Direct Family Support for Children policy maximums have been raised by \$200 to ensure that all families benefit from this change. An inclusion benefit of \$115 a month is being introduced to the DFSC program with no requirement to submit receipts. The intent of this benefit is to provide families with additional funding to support their children. All families will receive their inclusion benefit.

We are also increasing Summer respite funding. In the past, children under 12 were able to receive \$500 and children over 12 were able to receive \$1,000 per year. All families can now access up to \$2,000 per year in Summer respite funding, regardless of the child or youth's age. Summer respite funding is available in addition to the monthly respite funding.

We are also making changes to allow families to use funding in ways that best suit their needs, introducing the ability to roll over respite funding. Families can now plan with their care coordinator to bank unused respite funds between months within the fiscal year. Through work that has happened over the past year, more than 650 families will benefit from this additional funding and new programming.

We are also making other important investments to help those living with disabilities. We continue to remove the cap on the Independent Living Support Program. By opening this program to address the wait-list, more people will receive supports they need to live with the maximum level of independence and autonomy. I am pleased to report that in 2022-23, 178 more people enrolled in the Independent Living Support Program.

We also recognize that there can be a gap for those with combined health and disability support needs. In this budget, we continue to fund moving young adults out of long-term care and into community placements, allowing young people to move to an apartment or a home and live independently with people in a similar age range. Nova Scotians living with disabilities will have more options as they move into a community to pursue their interests, develop life skills, access employment, and connect with friends and

neighbours. Our department is focused on people with disabilities making their own choices, building a sense of independence and confidence, and identifying the supports they need to feel fulfilled, as are our partners.

Mr. Chair, as you may be aware, the Department of Community Services is pleased to be working with the Disability Rights Coalition of Nova Scotia to collaboratively develop a remedy for submission to the Nova Scotia Human Rights Commission Board of Inquiry. Last Fall, we engaged two independent experts. Eddie Bartnik from Australia and Dr. Tim Stainton from British Columbia were engaged to review the disability support system in Nova Scotia and make recommendations for changes. Their work will guide the Human Rights Commissioner in making his ruling around the system changes needed to transform our Disability Support Program. Make no mistake: this is an extraordinary undertaking that will require hard work and a significant funding commitment.

The past several years have shone a spotlight on the deep divide that exists in our society, here in Nova Scotia and across the world, in terms of racial inequity. Since June 2020, the Department of Community Services has been focused on advancing work on an anti-Black racism strategy. Several initiatives have been put in place, and this important work will continue in the years ahead.

To lead this work, the Department of Community Services has established the division of Inclusion, Diversity and Community Relations. The division's work includes providing support to African Nova Scotian staff and strengthening relationships through regular meetings and conversations with senior leadership and within teams, building stronger relationships with African Nova Scotian communities, and providing ongoing support to the department's management teams.

We know that many Nova Scotians from diverse backgrounds have seen or experienced discrimination, and that it can make them less likely to seek out care and support when they need it most. It's so important that all Nova Scotians see themselves represented in our social services professions. It makes our whole system much stronger, and it's better for the people we serve.

To that end, we are also partnering with the Department of Advanced Education, the Department of Health and Wellness, the Dalhousie School of Social Work, and community organizations to establish an Africentric Bachelor of Social Work cohort program. The Africentric BSW pilot cohort program will provide support to 35 aspiring social workers who will begin their studies in September. Participants will learn from Dalhousie faculty members of African Nova Scotian and African ancestry using curriculum developed by an Africentric Bachelor of Social Work community-based advisory committee.

I'd like to move on to the Status of Women. I will now move to the important work being led through the Status of Women office and the Advisory Council on the Status of Women Act. The Status of Women office continues to work across government and with community partners to provide supports for women and ensure they have access to every opportunity to pursue economic security, be leaders, and live lives free from the threat of violence.

We know that the representation of women at all levels of leadership improves outcomes for women and promotes gender equality and diversity. This is critical to the growth and competitiveness of the overall economy. While more women are taking on leadership roles across all sectors of society, they still face systemic barriers in their journeys. To empower more women to take on leadership roles to ensure that women's voices are heard in their communities, we continue to offer and promote our Campaign School for Women. The online program is free and helps to build capacity and confidence among women to pursue elected office.

[1:45 p.m.]

I am pleased to say that we have an active advisory council made up of individuals who represent the interests of women and who are interested in advising government around issues related to gender equity in Nova Scotia. For the 2023-24 fiscal year, I have asked the advisory council for recommendations on the creation and implementation of a plan that will give guidance regarding gender-based economic and social equity for women and girls in our province. The council will pursue this by holding a series of community conversations throughout the year. We are fortunate to have such an active council working hand in hand with the public servants in the Status of Women office, and in fact all departments, to provide us with advice around this important issue.

We know many Nova Scotians are affected by gender-based violence and that it can happen in any relationship. We know that last year, 79 per cent of the victims of the 2,482 reported instances of domestic violence were women. The Nova Scotia Advisory Council on the Status of Women office provides annual operating funding to nine transition houses, nine women's centres, and Alice House - as well as the Nova Scotia Native Women's Association, the Jane Paul Indigenous Women's Resource Centre, and of course the Naomi Society. These organizations provide critical support services to women experiencing gender-based violence and their children and help them to rebuild their lives and break the cycle of abuse.

On March 8th, International Women's Day, we announced an additional \$8 million for those organizations to ensure that they are able to continue to provide the best to women in need.

Last November, the Nova Scotia Advisory Council on the Status of Women office hosted the 40th annual provincial and territorial meeting of ministers responsible for the Status of Women, along with Indigenous leaders in Pictou County, to discuss key issues impacting the advancement of gender equality in Canada. During the meeting, together

with the Government of Canada and the other provinces and territories, we announced our support and endorsement of Canada's first national action plan to end gender-based violence. The national plan aligns with our provincial plan, Standing Together. It is a sign of our commitment to work together to end violence against women, girls, and their families. It also supports those who become victims and survivors of violence.

We are currently engaged in a comprehensive consultation with people and organizations in the gender-based violence sector, led by the Impact Organizations of Nova Scotia, also known as IONS, to develop our plan. We will be building on the solid foundation we laid through Standing Together.

Standing Together funded over 80 projects and initiatives led by community and government to test new ideas, build relationships, and explore what it takes to prevent domestic violence and better support survivors. We learned that investment and prevention at all levels must be prioritized and primary prevention must be top priority. Engaging and supporting men and boys is absolutely critical to preventing violence against women and children, and a pillar of the National Action Plan to End Gender-Based Violence.

We continue to work with partners across the province to develop and expand programs that support healthy masculinity, normalize seeking help, and support everyone's mental and physical well-being. Part of that, I'm excited to say, is that we are expanding GuysWork to more classrooms throughout our province and to other Atlantic Provinces. GuysWork is a transformational school-based program that helps young men and boys navigate the intense pressures and expectations around masculinity that shape their identities as men. It helps to normalize help-seeking, and also supports and strengthens our efforts to engage young men as allies in reducing gender-based violence.

We continue to support the 211 Men's, Women's, and All Genders Helplines. These helplines have been successful in providing compassionate navigation of information resources and counselling supports, with over 15,000 made to the helplines since they began in September 2020. These lines are available seven days a week, 24 hours a day, and have seen an increase of 230 per cent between December 2021 and December 2022, with 99 per cent of callers saying they would reach out again for help.

Our government remains committed to eliminating violence against Indigenous women and girls. We are working with care to ensure that our actions and responses are aligned with the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice. The principles that guided Nova Scotia's approach throughout the National Inquiry into Missing and Murdered Indigenous Women and Girls - honouring relationships, keeping families at the centre, and collaboration - continue to inform our work and actions taken to date. This work is being led and guided by Indigenous women and is grounded in collaborative, respectful relationships.

The Nova Scotia Native Women's Association has been identified by the Mi'kmaq as the lead, and we are working closely with them as well as the Mi'kmaw Native Friendship Centre, the Mi'kmaw Legal Support Network, and other Indigenous partners to take meaningful action.

One of the ways we're moving forward in partnership is through our support of the Resilience Centre in Millbrook First Nation. A first of its kind in Canada, the Resilience Centre is a symbol of commitment and action in responding to the Missing and Murdered Indigenous Women and Girls Calls for Justice and to advancing reconciliation. The Resilience Centre will be run by the Nova Scotia Native Women's Association and will provide Indigenous women, girls, 2SLGBTQIA+ people in our province with a safe space to go to receive the trauma-informed and culturally appropriate healing and wellness programs they need to live happier, healthier lives.

Mr. Chair, it is my honour to serve as Minister of L'nu Affairs. The province has a long-standing constructive relationship with the Mi'kmaq of Nova Scotia. Since becoming minister, I've had the opportunity to visit Mi'kmaw communities on many occasions. The welcome from leadership has been warm as we continue to share, listen, and learn from one another. It is also an honour to meet elders and connect with community members. By working together on our mutual interests, we will continue to strengthen communities. Together we will build a province that is more equitable and inclusive. This collective future will be based on shared respect and understanding, building relationships, and a common interest in a strong future for Nova Scotia.

Through out well-established trilateral processes, we work collaboratively with the Assembly of Nova Scotia Mi'kmaw Chiefs and with Canada. This includes the made-in-Nova Scotia process, the Mi'kmaq-Nova Scotia-Canada Tripartite Forum, Chiefs and Cabinet meetings, and working with Mi'kmaw leaders and organizations throughout the province. It's an innovative, unique approach that has supported positive working relationships and achieved progress in several priority areas. Through initiatives led by treaty education at the Office of L'nu Affairs in collaboration with our Mi'kmaw partners, all Nova Scotians are learning about who the Mi'kmaq are - historically and today - and the importance of understanding our treaty relationship and shared history. We also established a path of reconciliation and gained new knowledge of what it means to be treaty people.

Our recent language legislation is also a shining example of the important, meaningful work we're doing together. The Mi'kmaw Language Act received Royal Assent on April 22, 2022, and was proclaimed by the province and affirmed by the Mi'kmaq during a ceremony in Potlotek First Nation in July. This Act, which recognizes Mi'kmaq as the original and first language of this land, took effect on October 1, 2022, Treaty Day.

I am proud to say that this legislation, the first of its kind in Canada, was jointly developed with our Mi'kmaw partners and has had support from all provincial parties. Working together to protect Mi'kmaw language responds to the Calls for Justice of the National Inquiry into Missing and Murdered Indigenous Women and Girls. It also aligns with the Calls to Action from the Truth and Reconciliation Commission of Canada.

We are committed to working closely with Mi'kmaw leadership and educational and other organizations to develop a strategy to revitalize and recognize the Mi'kmaw language. This work is under way now and will continue in the coming months to develop an action plan for Nova Scotia.

These are a few examples of the collaborative work being done in Nova Scotia. It's an exciting time for our province, and while there is much to do, there is also much to celebrate.

Our government is focused on making significant and impactful investments today that will have long-term positive results felt by this generation and the next. We know that there is a lot more to be done. By continuing to listen to our clients, advocates, partners, and staff, we will ensure that the changes we make will be effective for the people we serve.

In closing, I truly want to extend my personal gratitude and thanks to the staff of Community Services, the Nova Scotia Advisory Council on the Status of Women, and the Office of L'nu Affairs for their dedicated support and ongoing commitment to our collective work. They have been incredibly kind to me, supporting me all the way, even through my many questions and unknown territory of their departments. They are truly some of the best people I have ever met. I just want them to know how grateful I am for all the work and dedication not just to me but to the province. Many of them have been there for decades and are very dedicated and committed to making life better for Nova Scotians. I don't think we give them enough credit. I just want to extend my thoughts.

I am ready for questions, Mr. Chair, but I am going to ask that questions for Community Services be asked first. Then we can move to questions for the Status of Women and the Office of L'nu Affairs. This will allow my teams to transition and ensure that appropriate officials are on hand so that we can give the best possible answers to my colleagues' questions.

Once again, thank you so very much.

THE CHAIR: Thank you, minister. As is customary in this House, the caucuses between Liberals and NDP will take turns asking questions for a period of one hour each. We will begin with the Liberal caucus.

The honourable member for Hammonds Plains-Lucasville.

HON. BEN JESSOME: I want to start by congratulating the minister on getting through that informative speech. I do appreciate that there's a lot that goes on at the department. Respectfully, I do approach this back-and-forth as humbly as I can, and recognize that for any one person or one group of people, be it the minister of any stripe and anybody who's here today or before or after us, the subject matter is incredibly heavy and a lot of Nova Scotians depend on the work that everyone does, led by the minister. I need to start by saying that.

[2:00 p.m.]

I'd like to start with some positive feedback. Perhaps we'll start there. The work being done to support Nova Scotians, particularly Nova Scotian children with disabilities, and the reinforcements to the Independent Living Support Program, are extremely meaningful. I know that based on conversations I've had with constituents and folks who were for a time having trouble accessing that type of programming - in context, perhaps living at home with mom and dad and family and ready to move out and start to become independent - the sequence of events that's taken place perhaps just prior to - but I know that the minister's government has done a lot of the heavy lifting on this file with respect to how funds get out the door and how people are able to access those funds in such a way that they can get themselves into a situation where they're living more independently. I think that the steps that have been taken on that particular file are really important. Kudos to the folks working on that here and at home.

There was a lot to unpack there, certainly, so I wanted to try to start with some feedback to the remarks that the minister just made. With respect to the overall increase to the budget of - I think I've got the numbers right here; I'm happy to be corrected - an \$82.3 million increase. The minister did allude to, separately throughout her remarks, new funding. Can the minister provide any sort of a breakdown with respect to how much of that increase will result in new programs for new clients, and how much of that raise is going to be not by the cost of inflation?

To clarify, through the Chair, I'm just trying to find out if there's a distinction between inflationary costs and new funding. I understand that there is more money going into the budget. How much of that is designed to deal with inflationary pressures, and how much of it is new program funding?

KARLA MACFARLANE: I thank the member for that important question. It's a great question, actually. It's hard to really get down into the nitty-gritty of exact dollar amounts, because when you look at the overall increase that we have put into this budget - an increase of \$82.3 million - that is definitely - it's new money. It's making programs enhanced and creating new programs that are definitely helping with inflation. Having these new programs that we're projecting out to make sure that we are being preventive and early intervention, we know that certainly it's going to be able to improve lives during challenging times in Nova Scotia. So I would say it's about half.

Then if you wanted to look at half is the new or enhanced funding, then we would look at half of it would be utilization pressures, meaning additional supports that would not only support our staff and programs but also our partners in organizations and the clients whom we serve.

All in all, with an increase of \$82.3 million, I feel confident in saying that it's half and half. I mean, maybe it's a little give or take a little bit less on each side, or a little bit more, but again, at the end of the day, it's all going back to ensure that we're creating programs and new initiatives, being innovative. Making sure that we're getting out there to help our clients, and listening to organizations and addressing what their ideas and solutions are to making things better - not just within the workplace that they all work in, but our clients that we serve as well.

BEN JESSOME: Through the Chair, thank you, minister, for that response. I do appreciate that it's perhaps not perfect, but half sounds like something that we can work with. I appreciate your candour on that.

Can the minister clarify the number of income assistance recipients in Nova Scotia?

KARLA MACFARLANE: To the member, the number is just a little over 23,000.

BEN JESSOME: We've been trying to focus on income assistance and the lack of an increase of funding for that group of people - literally our most vulnerable people. I have to state that we are disappointed that there were no increases with respect to that basic source of income for these people who, again, are our most vulnerable.

I'm wondering - considering that no increase was made and that the rates of income assistance are not attached to inflation, has the minister done any sort of assessment of what it would cost to increase income assistance rates to the rate of inflation?

KARLA MACFARLANE: I believe that we're all hypersensitive to the fact that many Nova Scotians are struggling right now with inflation - what is happening globally and with forces really out of our control. But this government has taken steps that certainly have tried to reduce the struggle for our most vulnerable Nova Scotians. Just before Christmas, we made a one-time investment in providing those on income assistance with \$250 to help fight those inflationary costs and to help them. We gave foster families \$1,000 as well, and a time before that, we increased the heating rebate. We've increased the Seniors Care Grant program.

I know that there are Nova Scotians who are our clients, who are on income assistance - the 23,000 I mentioned earlier. We know that they're struggling with different needs. It's not a cookie-cutter approach. That is why I'm so grateful for the amazing caseworkers and social workers we have, who work with individuals and who have to find resources through the Department of Community Services. We know that the most

important thing to always recommend or help an individual who is in need is to ensure that their caseworker is really aware of what their special needs are. Although they get a payment once a month, we know that if there are special needs - if they need help with transportation to get to a medical appointment, or perhaps they are working a few hours a week and need transportation.

We've also, in this budget - something that hasn't been done for over a decade - we've increased dental, so that there's more coverage for individuals when they go to the dentist. We know oral health care is extremely important. That was really important for us, to increase that.

We will keep looking at ways that we can assist. There are always discussions. As we have often heard the Premier say in here, nothing's off the table. We're looking at trying to make proper investments that will touch everyone. It's not always easy to do. It's very difficult to strike a balance. But I think that we've recognized those challenges and we're trying to cover as many bases as we can.

Do we need to do better? Yes, we do, and we will. We will keep having those important discussions and ensure that we're listening.

BEN JESSOME: I do appreciate that there are different ways to skin a cat. Maybe that's not a very polite way to put that, but it seemed like a half-decent metaphor.

The fundamental situation is that when people's basic needs are met, they have the flexibility to do all sorts of things. They have the confidence that their household is taken care of, that their kids are fed, that they're not going to have to worry about keeping the lights on or how they're going to pay for medications. In every community - at least that I've read about - that has had an attempt at providing a basic income that helps meet at least - certainly helps to meet those needs in such a way that they have that confidence to go out into the workforce and find a new job or go back to school or perhaps get out of an abusive relationship, because they don't have to rely on a spouse for income.

In every one of those instances, quality of life is improved. Health outcomes have improved. It just seems like a reasonable ask to factor what it would cost to serve those 23,000 clients, not with an astronomical - or perhaps it is. My point is, has the minister asked the question of her department to find out what that number is? I think that is very important, in terms of figuring out how big a bite we need to take of the elephant.

Can the minister please weigh in on whether or not she has specifically asked her department to come up with that figure?

KARLA MACFARLANE: To my colleague, I want to let them know that we certainly look at percentage increases. We're always playing with numbers. I think what we have to be aware of, though, is that a percentage increase does not have the same impact

as creating programs and providing people with the skill sets and providing them with the confidence, as well as providing them with someone who lets them know that they're worthy and lets them know that, look, you need some help - we all do, in making sure that we can go and live independently and live a dignified life.

[2:15 p.m.]

I believe that it's through many of our programs where we're making our investments. Again, I think that if I may explain, perhaps, to the member that we see better support and better outcomes when we actually put our investments in wraparound supports. For example, let's just focus on our youth for a moment, who are growing up in a system where their parents grew up on income assistance. We want to ensure that we can do everything we can to make sure that their children don't have to go on income assistance. One of the ways we're doing that is through some of the incredible programs that we're setting up through our employment supports. We continue to provide targeted supports.

Within the Employment Support Services program, we know that young people need a wide range of different supports because their needs are different. It could be mental health, it could be finding employment, it could be social - they vary. We want to be able to put those investments in those wraparound supports. Since we have done that in the last two years, in the introduction of these preventative programs, there has been a major drop in the new intakes to the Employment Support and Income Assistance program, particularly with our 19- to 24-year-olds.

I personally - but I think a lot of people are the same as me - want to get in there early. You want to be preventive. This is a significant impact that clearly demonstrates that these employment supports and service programs actually work. They connect people to employment. When you connect someone to employment, they're not only starting to feel valued and have a sense of purpose, they're meeting people. They're feeling worthy. Their social life is improving. Their mental health improves.

This government has been known to definitely make more investments in programming that actually putting toward - not that we haven't looked at - but we'd rather put it into programming at this moment, because we're seeing such success with these programs.

For example, there is a young family I know that - it's a son and mother. The mother is around my age and grew up on income assistance. She ended up being on income assistance with her son as a single mom - a really great mom. We were able to get her son in one of these programs that allowed him to start working while he was in high school. He did exceptionally well working at Sobeys, and ended up doing so well that Sobeys took him on and helped pay for his education. The next thing, he is working a full-time job in his

early 20s and is doing extremely well. He is so motivated now that even his mother has said, Oh my goodness, if he can do it, I can.

She's early 50s, and she decided that - since her early 30s, since she hasn't worked since then, she decided to go take our CCA course. So you're not just generating this wonderful young man to get out there and realize his potential. It's having a domino effect. His value in himself became so much more, and his mom could see how well he was doing and was so excited about his potential that she decided to go back to school.

We can never underestimate the impact of our programs. Again, we want to strengthen our commitment to our young people in Nova Scotia. I mean, this is why this government has made a \$6.2 million investment in this budget to not only - we have a number of programs, such as expand Digital Skills2SucSEED, expand the Career Rising program, enhance the Youth Development Initiative, as well as formalize and enhance the EDGE program.

It was actually the EDGE program that this young gentleman that I speak about, that he took. It's incredible. The EDGE program actually exists in the north end, as well as Bridgewater, New Glasgow, and Sydney.

We have made further investments into the four programs that I just mentioned. I think it's important for all of us MLAs to know about these programs, because it is part of our job to help individuals who come to us, who may be on income assistance or may find themselves having to go on income assistance. We don't want to just be the MLAs who sit there and say, Oh, here's this resource and here's this resource to go get financial help. We want to work with them and help them understand what their potential can be. I know myself, the things I have learned through this department are unbelievable. The programs that are there for our youth, to help them believe in themselves, give them confidence and different skill sets - again, we all know that when you are uplifted and you can help someone - if you're that springboard that helps someone to jump up and start realizing their potential, something that maybe they've never been fostered in, or maybe there's been a lack of attention and love in their household - let's be that person who can help them.

It truly is - with this incredible investment, we are seeing such progress. We will continue to make those investments. But if the member would ever want to learn more about these four different programs for youth and young adults, I'd be happy to share them. I for one have witnessed the positive role that they have played in so many lives.

Again, I want to reaffirm that as a government, we really do look at so many things and there are so many discussions. We know people are struggling, but we have to get to our youth. We have to keep investing in them. It's not to say that we're ignoring anyone else - not at all. Our budget, I think, clearly proves that we're trying to help everyone and we're trying to balance the best way we can. I do believe that looking at raising the percentage in IA, an increase to that - I think right now it's much more worthy to take that

money and invest it in our youth. Honestly, the impact that we are witnessing is so much greater. I hope that answers.

BEN JESSOME: Thank you to the minister. I would agree with her comments with respect to empowering people to help themselves and surrounding individuals who are vulnerable or otherwise, frankly, with opportunities for skill development and self-improvement and advanced education. No question, helping people to help themselves is the best-case scenario.

But without a doubt, when someone's basic needs are met, they have the ability, they have the confidence to do those things. Whether we have programs all around people - if they're still wondering how they're going to feed their kids when they get home, I don't know how they have the opportunity to invest time and energy into the programs that the minister refers to. When we talk about increasing that basic rate, it's a tool for Nova Scotians to be able to do these programs that the minister is lifting up.

I will say that, as a member of the Legislature and as an interested community member in general, I'm happy to translate those, or talk about those programs, to people in my community and make them aware of it, but it still doesn't address the baseline scenario where people have to make decisions around food, medications, heat, rent, and all those things. We know - again, based on the homework that I've done - we know that we don't want to just increase those basic amounts. We want to condition people to get out there and help themselves. But we know that when people have those basic needs met, they are not less likely to seek employment. They are not less likely to go for the next level of education.

I'm not trying to put words in the minister's mouth, because she did not say this, but to make the point, I think that generally there's an assumption out there that if we give people more money, they will be less likely to be productive members of society. I don't believe that, and I think that if we create a baseline for people, they'll have the confidence and the ability to go out there and do the things like participate in the types of programs that the minister is referring to around self-improvement.

It doesn't sound like - either the minister has a number for the cost of an inflation increase, so I will ask her: Will she ask her department to provide those numbers for the benefit of the House?

KARLA MACFARLANE: Absolutely - for the member, we'll get those numbers and different scenarios, for sure.

BEN JESSOME: I'd like to move to a - we received some feedback at the Community Services Committee this year with respect to an interaction with the Department of Communities, Culture, Tourism and Heritage related to the - let me get it right - the Building Vibrant Communities fund. It was a grant program that their shop

administered that organizations could access up to \$50,000 through applications to this grant program.

[2:30 p.m.]

At that meeting, the deputy minister of CCTH indicated that that program was no longer a part of the work of their department. This was the only program at CCTH that dealt with poverty reduction. The deputy minister at that time indicated that it would be something that would be handled at the Department of Community Services, perhaps making sense under the mandate of the Department of Community Services.

I'm wondering - that grant program was referred to the minister's department. I'm wondering if she can weigh in on how that particular program is being administered. Or is it off the table altogether?

KARLA MACFARLANE: Although I was not at that meeting, I certainly understand that it was brought up. It was really regarding the Building Vibrant Communities fund that was actually established under the member's own government when they were in. I understand that the member is probably fully aware that it was focused - or partially focused - around poverty reduction. But we have to remember that that was actually based on a timeline. The grant expired. It had an end date to it.

What I want to say on that is that it's not like we have not picked up the pieces in a different way. We continue to strengthen our relationships, making sure that the Department of Community Services continues to make those investments and partnerships right across this province, most recently in this budget and with our recent investments in family resource centres and community organizations, and of course investing in our food banks and different organizations that are poverty-focused and reducing poverty.

Again, that Building Vibrant Communities fund, which was implemented by the Liberals, did have a sunset date of closing. But we have never abandoned the same objective that it held. We have made more investments in this budget in connecting with our family resource centres and making sure they have the necessary funds, that they have the goals and fulfill their mandate, too, to help reduce poverty, and of course with our investments in our food banks and community organizations.

I just want to reassure the member that it may be two different things - it's the same way I look at government here, all sides. I think at the end of the day, we pretty much all want the same things. We just are different in how we navigate how to get there. I just want to reassure the member that we did not reduce any type of - or take away anything. The grant has expired. It had an expiry date. But we certainly picked up the pieces in other ways, and actually have increased funding.

BEN JESSOME: So that program wraps up. Perhaps there is some information on the success or lack thereof of that particular program? I would ask that the minister comment and provide some information with respect to the success or not of the program.

In the interest of the perspective of helping people to help themselves, like we've been discussing, is there an alternative scenario or an application-based program whereby community groups like the ones that were covered under this program - be it not-for-profit, charities, post-secondary, Mi'kmaw band councils, municipalities, towns, social enterprises, or businesses - how are organizations like that expected to take the ideas that they're running with on the ground in the interest of poverty reduction under this new regime? Is there an application?

Sorry, that was not meant to be so heavy. Is there an application-based program like Building Vibrant Communities, if we're empowering organizations and communities to help themselves?

KARLA MACFARLANE: Again, I can't really speak to the success or failure of the program that he speaks of. It ended before my time. I'm certain that no doubt it had some benefits, but again, I can't comment on that.

What I can comment on is my mandate letter and what my mission and direction are to be. It certainly is about reducing poverty in Nova Scotia, and we're certainly working towards that.

We don't currently have a similar program that he speaks of. We have no application-based form or a program that an organization actually applies for and receives. The Department of Community Services works with over 350 different organizations and service providers in this province, and we have very good communication and partnership with all of them. We really work hard to learn about their organizations, to really understand what their needs are, because even though we consider ourselves - we're a growing province, but let's face it, we're still pretty small - but we understand that the needs are different geographically. We continue to work with all of these organizations and speak to them on a regular basis to understand what their needs are.

Our affordability announcement and agencies that were funded in this budget and in the past and everything - I just want to give an example of some of the ones that we continue to work with. I'm very proud of the investments that we continue to make in family resource centres. They, again, have proven time and time over just how valuable and necessary they are to families that are struggling for different needs. We continue to make those investments with them.

We're also very proud, though, that just recently: \$10,000 to BRIDGES in Truro, and Family Service of Eastern Nova Scotia, \$20,000. New Directions in Amherst, \$10,000. New Start Counselling in Central, \$30,000. Portal Youth Outreach Association in the

Valley, \$40,000. Upper Hammonds Plains Community Development Association - which I know the member would be familiar with - \$20,000. Whitney Pier Youth Club, \$35,000. New Leaf, New Glasgow, \$10,000. Souls Harbour Rescue Mission, \$8,000. Nova Scotia/Nunavut Command of the Royal Canadian Legion, \$25,000. I know we're all familiar with this - the Nova Scotia Mobile Food Market Society, \$25,000. The Mi'kmaw Native Friendship Centre, \$20,000. Glace Bay Universal Negro Improvement Association, \$3,000. Upper Big Tracadie Seniors Action Club, \$3,000. The Nova Scotia Youth Project Society, \$10,000. John Howard Society of Nova Scotia, \$10,000.

[2:45 p.m.]

Again, I work with 350 different service providers. I'll never get to all of them, but I'll certainly try. Yes, the main goal, the common denominator with many of these organizations within our province, is to help people. That's what our department does. We're a caring department. We want to find solutions. We have to be creative, especially given the challenging time.

We are always open. Anyone who wants to come to us and discuss a solution or an idea or a thought or just give us a comment on something, we are always accessible and willing to discuss that. We know that in order to fight poverty, it's never going to be one government, one organization, one level of government. It's going to take all of us. That's why it's so important for me and our department to work across - not just within our own party and the different departments in government - but to work with municipal governments, to work with the federal government. We continue to try to build those relationships and to better understand.

Please understand that there was no other reason for this program that the member speaks about - again, I can't comment on whether it was a success or a failure. I'm sure probably it was. But again, my mandate is directing toward probably doing the same thing, but we're just doing it, maybe, in different ways.

We will continue working with these over 350 different service providers and listening to them and better understanding their initiatives and where we can help. Where we believe there will be a positive impact on the children and their families and helping them during these challenging times, we will continue doing that.

BEN JESSOME: I do appreciate the intention to build positive relationships with all of the stakeholders that we've talked about. I don't question the motivation to do that.

The minister made the remark - something to the effect of, we can't be in every place at once and it can't possibly get everywhere at the same time. It's difficult. We haven't figured out cloning yet. I appreciate that we can't be in multiple places at once.

To me, it doesn't seem unreasonable to have an intentional entry point for organizations like this to reach out to the department when they have ideas, assuming that no one person can be on top of every entity in every community at all times. It leads into my next question with respect to - the minister listed off several organizations that did receive funding.

What I'd like the minister to speak to is, are those one-time funds? Are those operational funds? How did these organizations make that expression of interest? There are obviously intentional amounts that are being directed at each organization, so I'm trying to understand how they went about making that ask. It's not every day that someone appreciates that they perhaps can go to the minister's office and ask for cash - not cash, but you know what I mean.

KARLA MACFARLANE: I thank the member for his concern and authentic sincerity in wanting to understand the process. It can be very complex. As mentioned earlier, there is no formal application. Again, working with over 350 service providers - as the member mentioned, we haven't cloned yet. I wish we had.

That's why I'm so grateful and dependent on - DCS has 1,600 employees. We know that those individuals who are representing the department on the front lines, who are in daily or weekly conversation with the various organizations across this province - I truly rely on them to retain information and to be able to come back to me and brief me and help me understand why a certain organization needs this or that.

Again, our investments are varied with different organizations. We know that these organizations provide different services. We often look and depend, as I said, on the staff who are on the front lines, on the ground level. We want to ensure that we are investing in the most appropriate programs that will be most efficient and effective and have that positive impact to the service that they are providing. Whether it's a food bank or whether it's a church organization that provides free meals or counselling or whatever - there's a lot of time and effort that goes into understanding these organizations to determine what their need is.

Now, absolutely, some of those that I've listed off - and there are a lot more to list off - some of them would be ongoing funding. Some of them would be ongoing funding because they have proved that they are having an impact. They're very successful, and we've been able to gauge or measure that impact. Then others are new. They're new, they're one time - maybe they only needed funding one time, because they have other means of supporting themselves.

It's about communication. It's about understanding that we will certainly listen to someone and hear what they have to say and look at the data they have and what they think their program or idea - what it will accomplish. If that's part of my mandate, and part of the mission of DCS, we will certainly look at that and try to work with them, and perhaps they

may become an organization that continues receiving ongoing funding. But again, we look at a jurisdictional scan, and the volume of clients is based on basically the geographical reach as well. We want to make sure that we are able to reach the most people we can with that funding that we provide to an organization.

But again, we have amazing partnerships with all of them, right across this province, and we know that we want to continue that relationship. We're certainly open to hearing from new organizations that pop up that have the same mandate and mission as we have. That is helping people.

BEN JESSOME: How do I say this? With respect to the minister's mandate, the philosophies and the efforts and the intention behind it, I think we can all get behind. We're there. But part of our mandate on the Opposition side of the House - and I know the member would have some experience in that department - is to provide that scrutiny around the efficacy of what government's doing.

We have seen several instances during the PC government's time in office, where legislative changes have been made to consolidate decision-making into ministerial offices. I'm not saying that that's the case here, but the challenge for me is that I'm not clear on what the process is for a member on this side of the House to understand how which organizations can apply, how organizations are assessed in terms of their eligibility. If we're to be extensions of the solution, and I can't put my finger on something to say, Okay, organization here, you may be eligible for this program, because it's not - I think I need some explanation. Perhaps I won't get it today, but I need some explanation about how to understand whether these programs are working well or not working well.

I'm not even going to get to my question right now.

THE CHAIR: Order. The time allotted for the Liberal caucus has elapsed. It is now time for the NDP, with 10 minutes.

The honourable member for Halifax Needham.

SUZY HANSEN: My colleague is busy in another section right now, so I'm going to ask a few questions before they get to this point.

Can you provide a demographic breakdown of individuals supported through both income assistance and disability support programs?

KARLA MACFARLANE: To the member's question, it is very detailed. I will make sure that we get you that information on both those - ESIA as well as disability.

SUZY HANSEN: I want to say thank you to the minister for that. As well, sorry I just jumped into questioning. I also want to thank the department for being here, and all the

hard work that they do each and every day. I truly appreciate the fact that - we know that this job is not easy, and we do appreciate the work that you guys do here with us. I just wanted to say that.

As well, I thank the minister for her efforts, especially in Estimates. It's not an easy task to do. You understand that better than most.

My next question is - and this is a specific question that we received through our offices. When a relationship breaks down, sometimes couples need to still live together for a variety of reasons. But notably, because of the cost of housing. However, our offices have heard concerns from people in this situation who have had difficulty receiving income assistance due to this living situation.

[3:00 p.m.]

The really troubling implication of this is that it prevents people from moving towards living independently. Without this assistance, they can't move out and get back on their feet.

Is this a situation that the department is aware of, and will the minister clarify or amend policies that may be contributing to this?

KARLA MACFARLANE: I thank the member for this important question. I feel that it's important. It's rarely ever brought up to me, but I have thought about it myself.

What I would say is that at this point, we know that every situation is different and unique. We want to ensure that we're supporting them the best way they can. What I would recommend is that if the member is aware of a situation like this - because again, it's rarely brought up to me, but I have thought about it myself - I would say to make sure that their caseworker is fully aware of what their needs are, making sure that they are in discussions with them. We will look at every possible way that we can help assist.

That's all I really have to say on that right now.

SUZY HANSEN: I'm glad you said that, especially when in this sitting the minister did say that no one goes - you always go through - every applicant is approved or goes through this process. You figure out whatever that looks like for each person.

We do have a number of folks who are in this situation because of the housing crisis. They just don't have anywhere to live, so they have to make hard choices like living with someone they may not care for, but they have to have an option, right? I will definitely get back to the minister with that information. It is happening, and it's happening frequently.

My next question to the minister is on homelessness. Can you provide an update on plans for the Dartmouth DoubleTree by Hilton?

KARLA MACFARLANE: We certainly have forged a wonderful partnership with the DoubleTree. As the member would know, we have been using that location to help assist us in temporary shelter for those who find themselves homeless. At the end of the day, we work really hard with our clients to ensure that they can find permanent housing. We know that the end goal is always to ensure that someone finds a place where they can call home, that they have a sense of belonging, and they feel like they're part of community.

The DoubleTree continues to be a strong partner with us. I know there are a lot of rumours circling right now about the DoubleTree. What I can confirm with the member is that we are working really closely with them, and everyone will know more details hopefully as early as next week. We're just happy that we're able to have a great partner.

THE CHAIR: The honourable member for Dartmouth South.

CLAUDIA CHENDER: I think we'll probably return to this next day, but I just want to pick up on the idea that there are a lot of rumours circulating, and that's because no information has been provided.

As the MLA for the area, I know that residents in the downtown community are rightly very curious about what the plans for that building are. I'm wondering if the minister can commit to holding some communication or town hall sessions once the plans are announced, ideally very soon.

KARLA MACFARLANE: I want to thank the member for the question, realizing that's an important topic and issue for her and those whom she represents in her constituency.

These conversations and talks are sincere in hoping that we can help find another solution to addressing those who find themselves homeless or needing shelter. What I want to assure the member is that I didn't mean anything about - rumours are rumours. I've heard some things that sound correct and then I've heard some things that are really off the wall.

I do want to assure her that this is a project that we hope by next week we will be able to release. There will no doubt be conversations and making sure that community members understand fully what the commitments and details are within that plan.

As I have been in contact with the member through text, I promise that when I know more and understand more and make it public, we'll be in conversation.

THE CHAIR: Order. The time allotted for considerations of Supply today has elapsed.

The honourable Government House Leader.

KIM MASLAND: Madam Chair, I move that the committee do now rise and report progress and beg leave to sit again on a future date.

THE CHAIR: The motion is carried. The committee will now rise and report its business to the House with a short recess.

[The committee adjourned at 3:08 p.m.]