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RCMP Resourcing

Key Messages

SUMA is calling on the next Federal Government to:

Provide significant investment increases to incentivize recruitment and improve the retention of RCMP members;

Maintain contract policing with the RCMP to provide police services to municipalities, up to and after the expiration of the current contract in 2032;

Increase engagement with municipalities regarding policing services and other public safety measures under the Federal purview.

Background

There has been an ongoing shortage of RCMP officers across Saskatchewan for many years now. This is in part due to an overall shortage in recruitment and retention in policing agencies across the country.

SUMA continues to sit on the RCMP-Contract Management Committee and receives updates on what the RCMP is doing to address the shortages. Work is being done to attempt to make the career path more attractive, from allowing cadets to choose their posting to providing more “perks” such as a wellness program.

The RCMP falls under the Federal Government’s jurisdiction, meaning RCMP recruitment and retention are under federal purview. However, each province or territory under a Provincial Police Service Agreement (PPSA), such as Saskatchewan, provides funding to be allotted officers. Recently, the Government of Saskatchewan has committed to funding for the full complement of officers. If more RCMP officers are allotted to Saskatchewan, the province will pay for them.

SUMA is calling on the next Federal Government to make a strong push toward filling Saskatchewan’s provincially-sponsored RCMP positions to ensure our municipalities that rely on the RCMP for police services are adequately resourced. We would also like to see our eight cities who are contracted directly with Public Safety Canada under a Municipal Police Service Agreement (MPSA) have a full complement of officers.

SUMA is aware of issues that may arise for municipalities in Saskatchewan regarding the future of contract policing beyond 2032. Public Safety Canada’s 2024 report [Contract Policing Assessment: “What We Heard”](#), which included consultation with more than 100

municipalities and municipal associations, found that jurisdictions are generally satisfied with the front-line policing services provided by the RCMP. SUMA, representing our member municipalities with an MPSA, was included in these consultations and found them very valuable. We are calling on Public Safety Canada to continue with engagement strategies that allow for municipal consultation at the federal level.

Given the reliance on contract policing, many jurisdictions expressed concern that Canada is considering withdrawing from contract policing and requested clarity on a formal position. Municipalities will require sufficient notice should a decision be made to exit the program. Transitions are complex, take time, and require careful consideration and planning.

As over 90% of Saskatchewan's municipalities utilize RCMP police services, SUMA is asking for certainty around contract policing subsequent to the current contract expiring in 2032 to ensure municipalities have adequate time to prepare if there is a change in RCMP services. Additionally, we encourage the next Federal Government to renew contract policing for municipalities after the current contract expires in 2032.

Funding for Municipal Emergency Services

Key Messages

SUMA is calling on the next Federal Government to:

Reinvest in municipal emergency services to ensure municipal fire departments and other emergency responders have access to the training and equipment required to respond to emergencies as safely and effectively as possible.

Background

For 58 years, provincial and municipal officials and first responders could access collaborative emergency management training through the Canadian Emergency Management College. The federal government closed the college in 2012 for annual savings of \$1 million per year (or three cents per Canadian).

The loss of the Emergency Management College removed central leadership. We now have a splintered approach through provincial, territorial, and municipal governments, and through community colleges, universities and private sector organizations. Expertise is being lost, training levels are falling, and interoperability is being sacrificed for short-term savings.

There was also a time when the federal, provincial, and municipal governments shared the costs for emergency equipment under the Joint Emergency Preparedness Program. These costs were downloaded entirely to municipalities when the program was dissolved in 2007.

According to the Saskatchewan Association of Fire Chiefs and the Saskatchewan Volunteer Fire Fighters Association, costs for equipment have skyrocketed, in some cases doubling in the last five years. At the same time, national standards for firefighting equipment have become increasingly restrictive, calling for a substantial modernization of fire trucks.

Municipalities do not have the fiscal capacity to undertake these purchases on their own, and the federal and provincial governments have a clear interest in the ongoing public safety provided by strong fire services for municipalities.

Maintaining an interoperable emergency response system is critical to maximizing the effectiveness of our mutual aid agreements and facilitating large-scale deployment of public and private resources.

SUMA is calling for a new program to be put into place as soon as possible to once again share costs for fire training and equipment among all levels of government.

Non-Market Housing Support

Key Messages

SUMA is calling on the next Federal Government to:

Substantially increase investment into non-market housing, which is an early and critical component of addressing homelessness challenges that many communities across the country continue to face.

Background

Communities of all sizes across Canada are experiencing increasing numbers of individuals experiencing homelessness. There are a wide range of factors that contribute to an individual becoming homeless, and those individuals come from all walks of life. Often, individuals experiencing homelessness develop higher rates of mental health issues and/or addiction, and conversely, mental health issues and/or addiction can contribute to homelessness, creating a cyclical relationship. Permanent, safe, and secure housing is crucial to recovery from homelessness, including but not limited to those with mental health and/or addiction issues.

Regardless of political affiliation, we can all agree that healthy citizens and healthy and safe communities are a shared goal of society. When people have access to safe, secure shelter and the preventative services they require, it allows them to fully contribute to society.

It is well documented that the cost to provinces and municipalities is exponentially higher to house the homeless in shelters, hospitals, or jails than it is to provide non-market housing. People experiencing homelessness often have limited access to the services they require due to barriers like lack of stable address, transportation, and financial instability.

From a resource perspective, it is far less expensive to intervene in primary care programs and services than it is to deal with the increased load on social services, healthcare, policing, and corrections. Best estimates place the return on investment for primary health care at \$9 in savings on emergency care for every \$1 spent on primary care.

The economic impact of homelessness in Saskatchewan is substantial, affecting multiple sectors including healthcare, law enforcement, and local economies. Addressing homelessness through preventive measures and affordable and non-market housing investments could significantly reduce these costs and improve economic and social outcomes across the province.

Future programs and investment must recognize and prioritize providing stable housing as a first step in addressing homelessness. There has been some good work to date that can and should be recognized as a starting point. For example, implementing the Calls for Justice made by the National Inquiry into Missing and Murdered Indigenous Women and Girls, and the Truth and Reconciliation Commission's Calls to Action as they relate to access to safe, affordable and adequate housing for First Nations, Inuit, and Métis women, girls, Two-Spirit, and gender-diverse people.

Canada Health Act and Coordinated Mental Health and Addictions Support

Key Messages

SUMA is calling on the next Federal Government to:

Amend the *Canada Health Act* to provide greater focus and Federal leadership on mental health and addictions, with a focus on early intervention and access to services;

Lead comprehensive changes to licensing for health care practitioners—and particularly doctors—to allow them to work across Canada without seeking additional provincial licenses.

Background

Health is one of the areas of responsibility delegated almost completely to provinces and territories to govern as they see fit. There are, however, times when a national strategic approach may be beneficial to achieving specific goals.

Access to mental health and addictions support varies widely from province to province, while the need for those services is only growing. We have already seen a significant mental health and addictions crisis explode during COVID-19, and we continue to lose lives and spend far more money than necessary to deal with the issue in a piecemeal, response-focused fashion rather than in coordinated and proactive approaches.

We also routinely see these challenges downloaded onto municipalities, who are on the frontlines of any increases in mental health issues, addictions, and homelessness.

While municipalities have neither the responsibility nor the funding to tackle these issues, they are left with few alternatives than to intervene when these problems arise in their hometowns.

SUMA is calling on the federal government to provide leadership on a mental health and addictions strategy for Canada, with a focus on early intervention and access to services. It is essential that people be able to access mental health services before they enter into the realm of addictions.

Specifically, we echo calls from the Canadian Mental Health Association and would like to see the *Canada Health Act* (CHA) address mental health care needs. The *Canada Health Act* presently focuses on physical health and does not cover many mental health services.

Furthermore, doctor licensing in Canada is restrictive to improving health care; all 13 provinces and territories have separate licensing requirements and fees. If doctor

licensing was harmonized across the country, it could result in doctor mobility and improved access to care.