Legislative Assembly of Alberta

The 31st Legislature
First Session

Standing Committee on Public Accounts

Mental Health and Addiction

Tuesday, May 14, 2024
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* substitution for Garth Rowswell

Also in Attendance

Eremenko, Janet, Calgary-Currie (NDP)

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Standing Committee on Public Accounts

Participants

Ministry of Mental Health and Addiction
- Peiling Chan, Acting Senior Financial Officer
- Coreen Everington, Assistant Deputy Minister, Policy and Programs
- Chad Mitchell, Assistant Deputy Minister, System Overview and Strategic Services
- Evan Romanow, Deputy Minister

8 a.m. Tuesday, May 14, 2024

[Mr. Sabir in the chair]

The Chair: Good morning, everyone. I would like to call this meeting of the Public Accounts Committee to order and welcome everyone in attendance.

My name is Irfan Sabir, MLA for Calgary-Bhullar-McCall and chair of the committee. As we begin this morning, I would invite members, guests, and LAO staff at the table to introduce themselves.

Mr. McDougall: Myles McDougall, Calgary-Fish Creek.

Ms Armstrong-Homeniuk: Jackie Armstrong-Homeniuk, Fort Saskatchewan-Vegreville.

Mr. Lunty: Morning, everyone. Brandon Lunty, MLA for Leduc-Beaumont.

Ms de Jonge: Good morning. Chantelle de Jonge, Chestermere-Strathmore.

Mr. Long: Martin Long, MLA for West Yellowhead.

Mr. Romanow: Good morning. Evan Romanow, Deputy Minister of Mental Health and Addiction and joined by colleagues.

Mr. Mitchell: Chad Mitchell, ADM, system overview and strategic services.

Ms Everington: Good morning. Coreen Everington, ADM, policy and programs with the ministry.

Ms Chan: Good morning. Peiling Chan, acting SFO.

Mr. Wylie: Good morning. Doug Wylie, Auditor General.

Mr. Leonty: Eric Leonty, Assistant Auditor General.

Member Eremenko: Good morning. Janet Eremenko, MLA for Calgary-Currie. I'm just here as an observer today.

Mr. Haji: Sharif Haji, MLA for Edmonton-Decore.

Ms Renaud: Marie Renaud, St. Albert.

Mr. Schmidt: Marlin Schmidt, Edmonton-Gold Bar.

Ms Robert: Good morning. Nancy Robert, clerk of *Journals* and committees.

Mr. Huffman: Warren Huffman, committee clerk.

The Chair: We will now go to those joining us online. Please introduce yourself as I call your name. MLA Jackie Lovely.

Ms Lovely: Good morning, everyone. Jackie Lovely, MLA for the Camrose constituency.

The Chair: Thank you.

I would note for the record the following substitution: MLA Long for Member Rowswell as deputy chair.

A few housekeeping items. Please note that microphones are operated by *Hansard* staff. Committee proceedings are live streamed on the Internet and broadcast on Alberta Assembly TV. The audio- and videostream and transcripts of meetings can be accessed via the Legislative Assembly website. Those participating by videoconference are encouraged to please turn on your camera while speaking and mute your microphone when not speaking. Members participating virtually who wish to be placed on a speakers list are asked to e-mail or send a message to the committee clerk, and members in the room are asked to please signal to the chair. Please set your cellphone and other devices to silent for the duration of the meeting, and comments should flow through the chair at all times.

Approval of agenda. Hon. members, are there any changes or additions to the agenda?

Seeing none, can a member please move that the Standing Committee on Public Accounts approve the proposed agenda as distributed for its Tuesday, May 14, 2024, meeting? Anyone? MLA Sharif Haji. Any discussion on the motion?

Seeing none, all in favour? Any opposed? On the phone? Thank you. The motion is carried.

Approval of minutes. We have minutes from the Tuesday, May 7, 2024, meeting of the committee. Do members have any errors or omissions to note?

Seeing none, can a member move that the Standing Committee on Public Accounts approve the minutes as distributed of its meeting held on Tuesday, May 7, 2024? MLA Renaud. Any discussion on the motion?

Seeing none, all in favour? On the phone? Any opposed? Thank you. The motion is carried.

We have the Ministry of Mental Health and Addiction – and I would like to welcome our guests here – who are here to address the ministry's annual report 2022-23, the Auditor General's outstanding recommendations, if any. I now invite officials from the ministry to provide opening remarks not exceeding 10 minutes.

Mr. Romanow: Great. Thank you, Chair. Thank you, members, and good morning. I am pleased to be here to speak to the important work undertaken and accomplishments achieved by the Mental Health and Addiction ministry in fiscal year 2022-23. I'd like to begin by introducing others joining here for the discussion today. At the table with me are Chad Mitchell, assistant deputy minister of system overview and strategic services; Coreen Everington, assistant deputy minister of policy and programs; and Peiling Chan, acting senior financial officer.

In October 2022 the new Ministry of Mental Health and Addiction was established. Previously we were a division within Alberta Health which was only created back in June 2022 and, prior to that, the staff complement under Alberta Health's health service delivery division within the Ministry of Health. Mental Health and Addiction's annual report for 2022-2023 was our first annual report as a stand-alone ministry. It provides an audited account of investments made in mental health and addiction services across the province, both as a division within Alberta Health and as a stand-alone ministry. Again, within that same fiscal year it was part of two ministries.

Significant priority was placed on our goal and mandate to build a comprehensive recovery-oriented system of care for those struggling with mental health and addiction challenges. To that end, focus has really been on establishing a system of care at the root. The new ministry was focused on strengthening and expanding a full continuum of services and supports from prevention, intervention, treatment, and recovery to address the complex mental health and addiction issues affecting so many Albertans and their families.

The ministry achieved significant milestones while we continued to work closely with valued service delivery partners such as Alberta Health Services and various community service organizations. The strides we made in 2022-23 paved the way to support more Albertans facing mental health or addiction challenges of their broader pursuit of recovery and brought us to where we are today as we continue to refocus our health care system and, most recently, to establish recovery Alberta.

For 2022-2023 Mental Health and Addiction's total operating expense was $196 million. In 2022-23 approximately $181 million in operating and capital grants was provided to support community service delivery through various grant programs, including $97 million in treatment and recovery services, $35 million in children and youth mental health services, $32 million for initiatives to reduce harm, and $17 million for prevention and early intervention services. Total operating expenses were $17.6 million higher than the original budget, which was off-set by additional funding the ministry received to further government's response to the addiction crisis by building more detox and police and health outreach team capacity, amongst others. However, with several new programs in flight and due to some slower than anticipated hiring of staff by community organizations as well as scaling up of initiatives, the year-end did result in a small net surplus of $3.9 million.

Mental health and addiction-related issues continue to be at the forefront of Albertans' and every Canadian's mind. We know communities across the country and around the world are facing these complex issues, which have only increased in recent years due to social isolation, job loss, and other factors compounded by the most recent economic and affordability concerns facing many Albertans. Addiction and mental health issues continue to be a top priority for the ministry and across government.

There is no one solution to addressing these complex health and social issues, but the ministry has undertaken and our purpose in the budget in 2022-23 was, really, to further develop and implement a broader recovery-oriented system, referred to as the Alberta recovery model, so that more Albertans have access to the programs and services they need when and where they need them. We are focused on delivering a safe, high-quality continuum of mental health and addiction care and relying on outcomes-based data to inform the government of Alberta's investments.

Alberta's continuum of care includes prevention and early intervention to ensure options are available to support Albertans regardless of their unique needs. In 2022-23 more than $17 million in both operating and capital was invested in prevention and early intervention supports and services for Albertans to get help as soon as they need it and before issues become acute. Prevention and early intervention initiatives included but were not limited to more than $3.6 million to increase 211 Alberta's capacity to support Albertans of all ages in accessing addiction and mental health support services in their communities and, importantly, improve connections between service organizations.

8:10

In October 2022 an additional $28 million in capital and operating funding was invested to support the creation of assessment and triage sites jointly operated by police and health professionals. These sites as well as outreach teams were for individuals facing complex mental health and addiction and other social challenges so that they can be stabilized and connected to wraparound supports.

Ensuring children and youth had access to addiction and mental supports and services was also a key area of focus in that year. The ministry spent approximately $35 million on youth mental health and addiction initiatives. This included supports for youth mental health hubs to help youth access services and supports to improve their mental wellness. We also partnered with Kids Help Phone to support youth with 24/7 virtual access to confidential counselling and crisis services. In July 2022 we committed $42 million over three years to increase mental wellness and clinical supports in schools under the children and youth health services initiative, and this included supports for new mental health classroom teams for students with more complex needs. Funding was also provided to expand the integrated school support program to provide wraparound supports at elementary schools and access to mental health professionals in partnership with public safety.

To address the increase in the number of opioid-related deaths amongst youth in recent years, we were taking action to strengthen addiction treatment for youth. In 2022-23 we expanded the virtual opioid dependency program to specifically support youth receiving intervention services. Youth in group care had access to a dedicated team providing them with rapid assessments and ongoing care that is helping more youth access this life-saving treatment. And VODP, similarly, that year was scaled up more broadly across the province to help thousands of Albertans each day. Investment in youth mental health also included $6 million to provide specialized support for youth with complex needs through the youth community support program and personalized community of care.

I am also pleased to report that in 2022-23 we reached an important milestone in our goal to expand access to addiction treatment services. More than 10,000 new publicly funded addiction treatment spaces were added across the province since 2019, and that represents more than a 50 per cent increase. These spaces include medical detox treatment and recovery beds that are available at no cost to Albertans seeking treatment each year. More than $97 million in all was spent in this area.

Harm reduction services such as supervised consumption services, the naloxone kit program, outreach services are also a very important part of the continuum of care under the Alberta recovery model and a critical opportunity to reach people and connect them to supports where they are at. The ministry spent $32 million in both operating and capital grant funding on initiatives to reduce harm. More than 193,000 free naloxone kits were provided through the community-based naloxone program, which resulted in more than 20,700 opioid overdose reversals reported in 2022. The ministry also invested approximately $19 million to support the continued operation of seven supervised drug consumption sites in Calgary, Red Deer, Lethbridge, Edmonton, and Grande Prairie.

Mental Health and Addiction also made significant capital investments in supporting treatment through building new recovery communities, with over $50 million in capital allocated. Building new recovery communities is a significant undertaking and an important component of the continuum, providing long-term, holistic treatment to people experiencing addiction. Construction of the Red Deer community was substantially completed by March 2023, and the facility accepted its first client soon thereafter in May. Other recovery communities in Lethbridge, Gunn, Calgary, and on the Blood Tribe land were in various stages of development in that year. Partnerships with First Nations, including through recovery communities, are so vital to support Indigenous peoples in Alberta so that they can access culturally safe, land-based, and trauma-informed addiction treatment closer to home.

For a team of less than 50 staff in 2022 I am very proud of the significant work and the accomplishments in this fiscal year to expand mental health and addiction services and supports to Albertans, work that continues despite ongoing transitions of our ministry in recent years.

The Chair: Thank you, DM.

I will now turn it over to the Auditor General if you have any comments.

Mr. Wylie: Well, thank you, Chair. I'm just glad to be back with you. I had one of those nasty bugs that are floating around. It got the better of me last week, but I'm glad to be back with you this morning.

I must admit, I'm going to be turning time back to the committee, Chair. We have no outstanding recommendations relating to this committee, so I'm going to turn the time back to the committee.

The Chair: Thank you. Thank you for being here.

We'll now proceed to questions from the committee members. We will begin with the Official Opposition, and you have 15 minutes.

Mr. Haji: Thank you, Mr. Chair, and thanks to the department team for the wonderful overview of a new ministry and in a short period of time. We do acknowledge that the ministry was newly created, and maybe the department staff are still working on a full-fledged performance evaluation framework that reports on various performance metrics. But what I am wondering now is if the department can provide to the committee the results for 2022-2023 that were not available in the annual report, and I'm using examples like: how many individuals served; if there is a performance measurement framework in the development process. Is there any other information that speaks to numbers at the output and outcome levels that you could provide?

Mr. Romanow: I think it's important to highlight – and, through the chair, as the member rightly noted, it was a time of transition for the ministry. But also, very importantly, $1 billion towards mental health and addiction services continued to be funded through the Ministry of Health to Alberta Health Services. So I do want to absolutely duly highlight that there are a ton of indicators otherwise reported through the Ministry of Health through Alberta Health Services that speak to the broader space.

I think what is really important to highlight: for the roughly $200 million that the ministry – and it literally was a division within Health – moved over, there were additional investments to support new initiatives. The reporting was very squarely focused on those investments on behalf of government for those programs and those initiatives. But the broader spending for the broader health care space, that over a billion dollars to support a number of programs, which would include areas like psychiatric or facility-based supports, other community-based supports, other areas that weighed into emergency departments, or more outreach through Alberta Health Services: all of those would continue to be reported on, the strong performance in those areas, but reported through the Ministry of Health and Alberta Health Services.

I do just want to highlight why the annual report and the performance metrics were really focused in those particular areas. I'd be happy to drill into specific areas that relate to specific programs, but just as a broader context I hope that's helpful to set the stage.

Mr. Haji: Yeah. A follow-up question on that. I do understand that the financial statement provided in terms of investment and expenses, that is within the jurisdiction of the ministry as a newly created ministry, but what I was more interested in is about those investments that we make. Our veterans expect to see outcomes and outputs of those investments, whether it's of value, what we are investing in. My interest is more about the number of populations served, if the ministry has developed or is monitoring mechanisms that measure outcomes over a period of time. I get the financial aspect of it but the people side of your indicators.

Mr. Romanow: Thank you for the question. I think you're entirely right. And to be very honest, a lot of the focus that has been in play, I can tell you, currently in flight, obviously, a different fiscal year, has been trying to look at measurement that is more than just: how many people go through the turnstile? How many naloxone kits handed out in a year? How many, you know, individuals might be served? We actually do want to measure outcomes a little bit more. We'll be able to speak a little bit more – and it was very early days, literally, with platforms still being built and starting to roll out.

For example, platforms like My Recovery Plan in this fiscal year did just start being brought into effect. This was a pretty significant initiative. My Recovery Plan was a digital tool. It was intended and focused to assess, plan, and monitor the recovery capital of individuals who were accessing treatments and supports.

Mr. Haji: Yeah. We'll come to specific programs . . .

Mr. Romanow: Sure.

Mr. Haji: . . . but my question is: what about overall?

Page 13 of the annual report reads that the department "expanded the Integrated School Support Program across the province, and increased youth and young adult residential treatment services." Just to understand what the term "increased reach" means, what was the target number of youth and young adults, and how does the ministry know that Albertans are getting services worth the $42 million that you have included in your opening statement of investment in schools?

8:20

Mr. Romanow: Yeah. Thank you. Happy to drill into some specifics. Absolutely, in this year – and the investments that were made were starting out in this year. But there are already some early numbers that were seen in that fiscal year; for example, the youth mental health hubs, which were supported as part of the overall allocations to support community organizations in that year. More than 9,300 visits to eight community-based youth hubs were provided.

I can go through, starting out with the investments in schools, which you referenced. Looking at the mental health classrooms, two schools in Sturgeon county, Gibbons school, and Sturgeon composite high school: the programs established there to support more outreach. Similarly with the integrated school support program, those programs started to take flight: two schools in Calgary, Radisson Park school and St. Martha school initiated, and a significant evaluation program.

I think this is key to highlight. We made an investment of $2.3 million over three years partnering with the University of Calgary. Precisely to the member's question: how can we actually measure and monitor outcomes? In this fiscal year these programs actually only started to roll, but that investment for ongoing tracking of performance outcomes, working with school boards, all of that starting in that year has taken flight to measure outcomes.

Mr. Haji: That was where I was going with another question. So you have an evaluation in place that is still early so that could be reported in the years to come.

Thank you.

Mr. Romanow: Yes. Entirely.

Mr. Haji: Access to a full spectrum of care for youth and young adults – that includes prevention, health promotions on substance use, physical and sexual health care, youth and family peer support, among others – is so important both online and in person in communities across the province. How does the department know that Alberta is making success in this? I get that you have pointed out that there is an evaluation going on on this group program, but outside of overall provision, a spectrum of programs that are focused on youth and young adults: how are you going to measure on that?

Mr. Romanow: Yeah. Absolutely. As mentioned, that was the significant priority for government with these investments.

There was a strong recognition, I think even within this fiscal year, that there needed to be greater focus and attention in this area before the Ministry of Mental Health and Addiction was created. It was but a line or two in the overall health business plan. It didn't have that direct line of sight or that lean in or that focus. Furthermore, exactly to the member's question: it was more measurement of how many people are going through the turnstile rather than measuring some of those outcomes. That is where significant investments in that year have been made to be able to focus on some more of those, that University of Calgary evaluation framework.

I believe the question was related to child and youth services. That was where there was a dedicated, robust focus on outcome measurement, that did start that year. Again, starting to see in this fiscal year, for example, that there is starting to be more evaluation of those elements. That was an area where there needed to be much more focus instead of just broader programs. I referenced a couple. The number of youth served: we actually want to measure more of those outcomes. That involves linking data sets, looking at connections with Education and others.

Mr. Haji: Okay. Yeah. Thank you. Well, the scope of the questions is mainly within 2022-2023, and I get that that evaluation is to be done in future, so I don't want to go into it. Mainly my question is more in terms of the groundwork that you have done during the reporting period that was not mentioned in the report from a performance measurement perspective.

As part of the provincial – and you included this in your opening remarks – naloxone program between April 2022 and February 2023 you mentioned that 193,000 kits were distributed, if I'm not mistaken, but in the report it says: 178,000. Just some numbers to be reconciled on that. But the question is not that; the question is that over 16,400 opioid overdose reversals were reported. Does the department track overdose reversals? Did the department have any metrics to measure if this was a success based on the number of naloxone distributions? And why does the department not track year-to-year reversals to gauge in terms of understanding what we are making in progress?

Mr. Romanow: Yeah, absolutely, a very good question. There's a strong desire to actually understand where those kits are going, the impacts that they're having. Are they supporting the same people? Where are those people? What are their broader health outcomes? The challenge is that there's also a very strong push, actually, just to make these broadly available, barrier free in ways that, you know, are not a challenge for individuals to access through pharmacies, through community providers, through various outreach teams.

The numbers that are reported are self-reported by individuals. It is hard to identify. It is not reported with a personal health number or other identifying information. There is an interest, absolutely, to make sure that the privacy of individuals is maintained. But, again, it is self-reported. There is an additional interest that started to actually, again, try to link data sets and try to work with individuals so we can track and measure outcomes, but with that specific program there is a strong push just to make sure that the naloxone is available.

Mr. Haji: Does the department track naloxone distribution versus reversals to see in terms of whether the trend is going up with the number of naloxone distributions you're making versus reversals that are being made?

Mr. Romanow: A little bit hard to say. I can invite my colleague Coreen to add a little bit more. It is hard because oftentimes the distribution of kits would be done in advance, so there would be lagging indicators of where we would see reversals. A significant trend, an unfortunate trend that closely tells what we're seeing with overdoses is with EMS responses. I know those are very actively monitored; that's why it's made publicly available on the Alberta substance use surveillance website to be able to track. That direct link with naloxone kits specifically: we certainly hear and work closely with community organizations, with police, with EMS, understanding some of those trends, but I think it would be hard to say directly with the distribution of kits itself.

Mr. Haji: Thank you. Tracking substance use data helps the government to better understand the addiction challenges in Alberta and make evidence-based programs and services that support individuals experiencing addictions. What measures did the department use to reduce substance-related hospitalization and mortality?

Mr. Romanow: The member is right with the question. The Alberta substance use surveillance system is a key tool, and it's one where there's an interest to continue expanding, to the points discussed earlier, the outcomes rather than just number of individuals touched or connected but to actually measure the outcomes. It does track elements, including, unfortunately, opioid deaths or EMS responses but also significant indicators like the number of individuals who are supported through opioid dependency programs or the virtual opioid dependency program, where there are also positive health interactions with individuals.

We did see and can certainly speak to some more of the numbers that are presented and still are there, publicly available, pointing to the mortality rates and others, but it really does speak to the number of individuals who are also positively sorted. One significant piece to highlight, for example, of the outcomes that is positive: uptake for the opioid dependency program increased significantly since 2018. I think it's important to highlight that 7,500 unique individuals participated in the program in 2023. For example, there is very clear tracking of individuals in those types of programs and that type of outcome.

Mr. Haji: Yeah. I hate to interrupt, but I'm just very cautious of the time. Well, thanks for pointing that out in terms of speaking to surveillance and mortality, speaking to the Alberta substance use surveillance system. The reports in 2023 have surpassed the yearly total of 2022, which the annual report covers on both sides. It covers fiscal year, but it doesn't cover calendar year, so it's kind of like if – I just wanted to point out that. But there were more deaths in 2023 than 2022, and mortality is the first measure that epidemiologists track in public health measures, so why does the department not track these metrics and report them in the annual report as a measure for performance of the department?

8:30

Mr. Romanow: Quite simply because there's a very robust, one of the strongest, public reporting system, that has real-time information on a weekly, monthly, quarterly basis.

The Chair: Thank you.

We will now proceed to questions from the government caucus and MLA McDougall.

Mr. McDougall: Thank you very much. I want to start off by thanking the department for being here today and for all the work that you do. Mental health and addiction, of course, are extremely important issues, and the government does reflect this, recognizes this fact, and we see that in the 2022-23 report. Under outcome 3 on page 18 of the report, key objective 3.3 focuses on "expanding access to a

range of in-person and virtual recovery-oriented addiction and mental health services." This government

> is committed to ensuring a continuum of recovery-oriented supports and services are available to support the improved outcomes for Albertans with or at risk of mental health and addiction concerns and those in pursuit of recovery.

Page 18 mentions investments made by Mental Health and Addiction aimed at increasing connections "for individuals to recovery-oriented housing, training and employment; addiction and mental health treatment; and other community resources." Can you expand on some of these investments and how they support Alberta's recovery-oriented system of care?

Mr. Romanow: Great. Thanks for the question from the member. Absolutely within the broader $200 million that was allocated that year towards the full spectrum of recovery-oriented and a full continuum of supports – the member is right with the question – there were a number of investments made to support that full continuum of care. At a high level these include connections for individuals to pre- and posttreatment types of programs within the treatment pathway, to training and employment, treatment for addiction and mental health concerns in more acute settings such as through schools, through mental health professionals or others, significant investments for harm reduction or access to community resources, and some of the specific types of programs I spoke about at a higher level at the onset: $97 million for treatment or recovery services or $35 million for child and youth mental health services.

Some of the more specific areas, I think, that tie in with the member's questions: for example, one initiative, $124 million, was announced over two years to support direct new investments of outreach supports in Edmonton and Calgary, more of an urban crisis response, opioid crisis response. We were seeing strong need for connections with a lot of the recovery-oriented supports across the broader system. But what we are seeing is not that direct pathway into a lot of those programs, so this new $124 million investment went to be able to support a number of initiatives. It included $28 million for supporting police and health professionals for creating new assessment triage sites both in Edmonton and Calgary to be able to support initiatives which directly were able to bring individuals into the system and have strong pathways out to community organizations. That's what we are seeing.

We have a lot of fantastic programs out there in the system, but it really is that pathway in between. That was a challenge. Work started in Edmonton, is where it began, Calgary soon on the footsteps, establishing multidisciplinary clinical teams, connections in, for example, the police arrest processing sites where detainees would receive medical supports, access to the virtual opioid dependency program, access to various other treatment and supports and services. At the same time, there was a strong investment in both communities for expanding harm reduction and outreach teams at $8 million in both Edmonton and Calgary to support initiatives in those communities, again, pathways into other services.

Another example, a bit of a drill down, is $12.5 million dollars that was to expand therapeutic living units, which are just incredibly positive facilities and supports within the correctional centres. These started out in Red Deer Remand Centre and in the Lethbridge Correctional Centre. That was programming to support within the correctional health system types of supports.

Perhaps one final piece, and as part of that broader bucket of investment, $8 million was allocated to expand medical detox in Edmonton and specifically an allocation for the George Spady Society. Their older building absolutely was bursting at the seams, and expanding capacity investments were made in that year so that they could expand their types of support.

Those are types of the initiatives that the member asked about and some more details to elaborate.

Mr. McDougall: Thank you. I don't know if some of the things or all of the things that you just mentioned, is that – I noticed that there's a $107 million allocated on page 18, the $107 million for grant funding to AHS. What is included in the grant funding? The type of things you just mentioned, or is that a separate packet of programs?

Mr. Romanow: Thanks for the question. Perhaps to clarify a little bit more – and it builds off the question earlier – the $107 million in grant funding to AHS was directly from the Ministry of Mental Health and Addiction. That is separate from over a billion dollars provided by the Ministry of Health to Alberta Health Services. Where that funding went towards is on some of the treatment programs which flow through AHS. AHS contracts with more than 25 community organizations to deliver medical detox, residential treatment and recovery beds, and providing that free-of-charge access to more than 10,000 Albertans with those additional new spaces. That's the type of investment those grant dollars made.

AHS also provides services to help children and youth improve their mental wellness and pursue long-term recovery. For example, in partnership with community agencies in Edmonton and Calgary, AHS provides clinical mental health and addiction services to youth receiving child intervention services who require a bit more intensive treatment.

A really important initiative that's part of that funding, that $107 million that the member referenced, is the Indigenous wellness core within Alberta Health Services, which leads the Indigenous continuum of addiction and mental wellness grant program. This program is establishing new community-based addiction and mental health programs which are First Nation and Métis led across the province. In 2022-23 twenty-four Indigenous community-led projects were selected to receive annual funding for system navigation supports, strengthening programs which are already in place, really to keep those going, and providing new culturally safe programming for adults living with addiction or mental illness.

Finally, and going back to the questions earlier on naloxone, the 193,000 free naloxone kits are distributed through that grant, distributed by Alberta Health Services. Again, they're the mechanism to be able to promote those more broadly in communities.

Those are some of the types of examples which fall under that broader allocation to Alberta Health Services.

Mr. McDougall: Thank you. On page 22 of the report:

> AHS in partnership with the Alberta Children's Hospital Foundation opened the Summit: Marian & Jim Sinneave Centre for Youth Resilience.

I am glad to see that

> the government of Alberta will provide $10 million . . . for the Summit to deliver a range of treatment and intervention services to children and youth experiencing mental health challenges.

I see that

> this new centre for child and adolescent mental health will provide high care for up to about 8,000 children, youth, and their families.

How is this ongoing investment from the government of Alberta supporting the centre in providing these critical supports?

Mr. Romanow: Thank you to the member for the question. I'll invite my colleague Coreen Everington, who's really been leading on the child and youth initiatives, to explain a little bit more in detail on the types of supports.

Ms Everington: Thank you, Chair. The Summit provides young people 18 years and younger with new and enhanced mental health services, including no-cost therapy sessions, day hospital services, and services to manage acute and escalating mental health symptoms, all in that one new facility. These services augment and integrate with existing services provided by Alberta Health Services and other community-based partner organizations. In addition to providing this really much-needed care for children, adolescents, and their families, the services and programs at the Summit are also designed to help reduce pressure on the overall health care system by meeting the needs of this distinct population and others, including providing a step-up support.

The Tallman Family Treatment Services serves escalating clients to avoid in-patient admission, like into hospital. The step-down support, the Ptarmigan day hospital, assists in reducing length of stay in hospital and eases the transition from acute care back into the community. Rehabilitation, the child and adolescent day treatment program, focuses on long-term support that maximizes a client's functionality.

8:40

Mr. McDougall: Thank you.

I'd like to cede the rest of my time to MLA de Jonge.

Ms de Jonge: Thank you, through the chair, and thank you to all the department officials for being here this morning. I'll jump right in just for the sake of time. I see on page 21 of the report that $12 million was allocated in '22-23 to establish therapeutic living units and transitional services in provincial correction facilities. I understand these units are an adaptation of the recovery community model and they provide transitional assistance to link people with other services and prepare them for continued treatment. Through the chair, can the department please further elaborate on the therapeutic living unit model? How does this differ from the typical recovery community, and what benefits did Albertans see from that $12 million in funding in '22-23?

Mr. Romanow: Thank you, Chair. I'll also invite Coreen Everington to answer that. She's been leading on the therapeutic living unit piece.

Ms Everington: Thank you. Therapeutic living units and transitional services have been established, to your question, in correctional facilities across the province so that people who are serving their sentences can access addiction treatment and pursue recovery while they're in those facilities. Therapeutic living unit services are modelled on those offered at recovery communities, a fair comparison there, in that they help people serving sentences access recovery-oriented treatment and programs while they're still incarcerated. That $12.5 million in operating to expand therapeutic living units and transitional services to all provincial correctional centres started with Red Deer Remand Centre and the Lethbridge Correctional Centre.

Addiction can be isolating, and it makes it difficult for people to be involved in their communities. This is why recovery communities offer holistic rehabilitation, helping people relearn and re-establish physical and emotional health, repair relationships, and learn new skills in a therapeutic setting for up to a one-year period. Those transitional living units provide direct access to those recovery communities once their sentence has been completed, and they can leave that unit where they've been receiving treatment, usually for up to four months. Then they can receive direct transportation to a recovery community.

Recovery communities are one outcome of research toward more effective methods of addiction treatment. Recovery communities are a form of therapeutic communities and are used in more than 65 countries around the world.

Ms de Jonge: Thank you. I see there's a 5.9 per cent increase in operational funding for therapeutic living units. How did that increase in funding assist with the efforts you've spoken about in '22-23?

Ms Everington: Sure. Thank you. This increase enabled planning for the $12.5 million in operating funds to expand this program and enable therapeutic living units and transitional services to be available in all provincial correctional services, like I said before, starting with the Red Deer Remand Centre and Lethbridge Correctional Centre in that fiscal year, and really to provide that intensive addiction treatment in an adapted recovery community like setting while transitional supports provide those shorter term transition-focused supports for those held in remand facilities. That increase really enabled some further planning to be able to expand those services.

Ms de Jonge: Thank you. Page 20 notes that starting in 2022-23 funding was allocated for a recovery-oriented workforce development, building capacity in evidence-based addiction treatment and service delivery and creating a framework to monitor and evaluate the recovery-oriented system of care. Has the framework for monitoring and evaluating the treatment system been developed and implemented? Then I also see, underneath that, that that will include the recovery training institute, which would be situated at the future site of the Gunn recovery community. I'm hoping that the department can provide an update on the status of the recovery community in Gunn and the training institute that will be part of that.

Mr. Romanow: Sure. Thank you, Chair and to the member for the question. A couple pieces in that. As mentioned in discussion earlier, really a lot of that monitoring and evaluating program was starting to much more formally be established in a strong and dedicated way to really, again, ensure that Albertans who are living with mental illness or the deadly disease of addiction are able to access high-quality supports. I'll invite just on the first piece, on the compliance and monitoring . . .

The Chair: Thank you.

Now we will move back to the Official Opposition for 10 minutes of questions.

Mr. Haji: Thank you, Mr. Chair. In Alberta approximately 70 per cent of opioid-related deaths take place in private residences, often among those who are using while alone. In response, the ministry invested $3.3 million in advertising campaigns to ensure that Albertans know to contact 211 for support and use the digital overdose response system, also known as DORS. It has been about three years since DORS was launched. Has the department tracked the use and the efficiency of this app? Does the department believe that the app is working? If yes, why is it not in the performance metrics?

Mr. Romanow: Thank you for the question. Just a clarifying piece that Alberta 211 dollars and those dollars referenced are not related with DORS at all. It is absolutely a referral to different programs like DORS, but those dollars are not for DORS, just to clarify on that piece. But, yes, to the question the member had, in June 2022 we launched the digital overdose response system, DORS, exactly for that point: 70 per cent of individuals who are dying of overdoses oftentimes are alone in their house rather than in public spaces, so wanting to make sure that there is a platform and a tool for people who do use substances alone.

As of March 31, 2023, the DORS platform had more than 1,500 registered users and hundreds of sessions initiated. Specifically to the point, 165 sessions were reported and escalated to STARS and to EMS. It's the same platform that workers in the public service who work alone out in communities use. The dispatching is through

STARS and to EMS, and it's a very strong platform, again, that has those very direct pathways. Those could be, you know, 165 direct responses to individuals who otherwise might have had a more problematic or adverse outcome.

Mr. Haji: That's where I'm most interested, in terms of the use. Like, the report doesn't mention the 165, and thank you for providing that to the committee. But in the report it says the registrants as well as the downloads, which doesn't tell us how the app engages in terms of response and the utilization of the app. That's what I was interested to find. The 165 is during the reporting time 2022-2023, or since it was launched?

Mr. Romanow: Yes. That period since DORS was launched in June 2022 to March 31st: that was that number.

Mr. Haji: So about three years, 165 responses.

Mr. Romanow: No. That was just in that first portion of the year, June to March of that fiscal year. So March ending in that – oh, apologies. Yes, that was the number of the responses up until that period of time.

Mr. Haji: Since it was launched? I just want to confirm that.

Mr. Romanow: Yes.

Mr. Haji: Okay. Then the $3.3 million investment was the campaign on the utilization of 211. Is that correct?

Mr. Romanow: Not connected to DORS, but 211 investments. That's not just a campaign. What that is is the broader platform for 211, which includes all of their public reporting. It includes, for example, 10 per cent of all individuals who call through 211. It's the check back to confirm quality assurance for the connections that are made every year. It's the offering of services, I believe, over . . .

Mr. Haji: Do we track the return on that investment in terms of the use of 211?

Mr. Romanow: Yes, to the member's question. That's precisely it, that quality assurance, the 10 per cent of callbacks they make, the public reporting. And the follow-up, really importantly: it's not just a referral, hand out a pamphlet, and give someone a phone number. It is that tracking to make sure they get to organizations . . .

8:50

Mr. Haji: Will you be able to table that?

Mr. Romanow: This information is actually publicly reported.

Mr. Haji: It's not in the annual report. Will you be able to provide even a link to the committee, where we can find the information?

Mr. Romanow: Alberta 211: it's quite an easy platform. Part of the tool – just speaking to that and the investments government makes, it really is a tool for community organizations. You could look in any given community: what are the calls coming in?

Mr. Haji: In my past I have worked with 211. I do have an understanding, but I'm talking about in terms of addiction and mental health investment and in terms of the use of that for 211. Does the department get a report in terms of how much work is happening around this area?

Mr. Romanow: We do. Certainly, the reporting that is in the report: in 2022 211 answered more than 100,000 phone, text, and chat requests.

Mr. Haji: Is that in the annual report?

Mr. Romanow: That is in the annual report.

Then more than 200,000 Albertans accessed the 211 website.

Mr. Haji: Thank you.

Mr. Chair, I would like to cede the remainder of the time to my colleague.

Mr. Schmidt: Thank you very much. Page 5 refers to the construction of the Red Deer recovery community. According to the website this recovery centre is operated by Edgewood Health Network, or EHN Canada. Can the deputy minister clarify: is EHN Canada a for-profit or not-for-profit service provider?

Mr. Romanow: Thank you for the question. The procurement process that was made went out . . .

Mr. Schmidt: No. Is EHN Canada a for-profit or not-for-profit service provider? Simple question.

Mr. Romanow: To the question: yes, it is. It's the same funding . . .

Mr. Schmidt: "Yes, it is," what?

Mr. Romanow: Yes. It is a for-profit corporation.

Mr. Schmidt: Thank you very much.

Now, who owns the recovery community? Is it the government of Alberta, or is it EHN Canada?

Mr. Romanow: The government of Alberta owns the facility. Just like all health services in our public health system, they are free of charge to Albertans, and it doesn't matter the service provider. For example, in Lethbridge it's a nonprofit, but the owners of the assets are the government of Alberta, the people of Alberta.

Mr. Schmidt: Okay.

What is the financial benefit? EHN Canada, as far as I know, is a privately held company. They don't have to provide any profit reporting to the public. What is the financial benefit to the company for the services that are provided through the Red Deer recovery community? How much money are they making off this project?

Mr. Romanow: The very important piece with this – I can assure members around this table that there was a strong interest to make sure the cost-effectiveness and quality . . .

Mr. Schmidt: Yes. All I'm looking for is: what is their profit margin?

Mr. Romanow: That is something on the corporate side. I'm not sure of those details.

What I can assure – with the investments for programming, what we did is look at the costs that AHS currently provides services at, and actually it was 20 to 30 per cent lower than the overall costing that went towards there. There was a strong interest to make sure of cost-effectiveness for Albertans and high-quality programming.

Mr. Schmidt: Thank you.

How did you evaluate cost-effectiveness, then? You said that it's 20 to 30 per cent lower than what AHS provided, but how do we know that we're actually getting better service from EHN Canada than we would be from Alberta Health Services? What is your metric of success here?

Mr. Romanow: There are multiple areas. The member is entirely right. We need to look at small but really important things like

occupancy rates, making sure we actually have every single bed that is full. It sounds small, but that's something that is not consistent across the program of services that are offered currently by AHS. Looking at occupancy, looking at connections, using personal health numbers, are individuals actually able to go back into the workforce? Are they reaccessing emergency supports or adverse outcomes?

Mr. Schmidt: Those are the things you're looking at. Tell me why EHN is better than Alberta Health Services in achieving those metrics. Give me some numbers to back up the investment that we're making in a for-profit delivery of health care here.

Mr. Romanow: That's precisely why there is a robust platform that is in place. In that fiscal year that the member is asking questions to, that did start up. I should add an important clarifying point in this fiscal year. The first patient in Red Deer was accepted in May, so just following this fiscal year. I do want to clarify that it was the establishment, the building of the actual recovery community, the physical infrastructure, the standing up of the programs, and the broader program evaluation that would have fallen in the following fiscal year and ongoing.

Mr. Schmidt: What did you use to determine that EHN should be providing this service as opposed to AHS? I still haven't heard what made the – what was the determining factor? Other than lower cost how do we know that EHN is going to treat people better than AHS could?

Mr. Romanow: There's an interest. Again, very important to reinforce that all of these are publicly available supports. There are certainly nonprofit and various types of providers in community. There's a strong interest to look at the quality of care. EHN offers services across the country, high-quality supports that are delivered broadly.

Mr. Schmidt: What does that mean? What does high quality mean? Tell me. It's clear that the deputy minister is avoiding the answer. Why is EHN getting the contract and not AHS?

Mr. Romanow: To be clear, that program . . .

The Chair: Well, we will move to the government caucus for 10 minutes of questioning. Who is starting? Okay.

Ms Armstrong-Homeniuk: Thank you, Chair. Through you to the department, first of all, thank you for coming in today and providing such robust information. You do a really good job, and I thank you again.

I have a question for you. The government is committed to developing and building recovery communities to provide long-term, residential addiction and holistic treatment to Albertans experiencing addiction. To support this work, the report states on page 20, "In October 2022, the government committed $65 million to develop two recovery communities in Edmonton and Calgary respectively, in addition to the four recovery communities previously announced." Can you please provide this committee with an update on the status of the two recovery committees announced on October 22 as well as the four previously announced recovery communities?

Mr. Romanow: Thank you, Chair and to the member for the question. I think it's important to highlight on this question about the recovery communities – it does tie in with the last question – that this was absolutely the construction and stand-up phase during this fiscal year. Programs were not operational; therefore, the measurement of the individual outcomes was not actually measuring individuals who had gone through the programs in this fiscal year but, specifically, was the investments of supports that went towards recovery communities. They were being established.

Construction in the Lethbridge recovery community continued through '22-23, and it had a total capital investment of $19 million. It was a smaller facility, so slightly less costly than the others, and that facility was opened in September 2023. Then, as mentioned, the recovery community in Red Deer had just come online, with a program opening just following that fiscal year. Planning and construction work on the remaining recovery community centres is continuing and, certainly, was in early planning stages.

The goal is for 11 of these communities, one in the Edmonton area in partnership with Enoch Cree Nation and then later this year, importantly, to highlight two additional recovery communities, one in Gunn and one in Calgary, bringing an additional 150 beds, coming online. Again, this is all outside of that fiscal year, which were announced collectively and starting to take root overall.

Just back to reinforce that in October 2022 $124 million over two years was announced to support broader mental health and addiction supports, with $50 million to construct those two facilities in Edmonton and Calgary. That's reflected to the member's question in the budget.

Ms Armstrong-Homeniuk: Thank you.

Chair, through you again to Mr. Romanow here, I see that, on page 20, the first recovery community in Red Deer opened its doors in spring of 2023 "with a total $24 million capital investment and a $4.8 million annual operating budget." Can you elaborate on what services are provided by this recovery community and how it works to support central Albertans who are pursuing recovery?

Mr. Romanow: Thank you for the question. I think what's really important – even the rationale for where recovery communities were identified: it was where there were gaps across the province. The Red Deer recovery community is the first of its kind of community in Alberta. In December 2022 we identified an operator. This ties in with the previous question. There was a strong interest to look at plug-and-play organizations that would be able to come in, would be able to fill gaps, leverage expertise in delivering services in the case in Red Deer, from an out-of-province provider.

The one in Lethbridge is from a Calgary-based nonprofit provider and had completed the work in March 2023, completed the renovations and start-up work, again, clients coming in soon thereafter. For Red Deer specifically the total capital investment for that site was $24 million, and the annual operating budget was $4.8 million. At its full capacity it would be supporting 75 treatment beds, or an estimated 300 clients, per year.

9:00

What's really important in the types of supports and programs provided, to the question: individuals would have access to detox, various behavioural therapies, which includes counsellors, medical professionals and physicians, recovery coaches, Indigenous supports. But, really importantly, it's a group-based, peer-modelled approach for recovery but within an in-patient treatment setting. Very importantly, individuals can stay up to a year. Generally around three to four months is the length of stay for individuals, and it really is individualized.

This is a completely different model in Alberta. It's something that's not offered in AHS or other facilities. There was a degree of uniqueness. Really, in going out to seek an operator, it was to look at individuals who had offered these types of facilities before, where it was more plug and play into communities where there were not supports, and that's the broader build-out across the province and in communities where there's just a complete gap in services.

Ms Armstrong-Homeniuk: Thank you and also, again, Chair, through you.

An individual's financial situation should never be a barrier to recovery, which is why I want to highlight that in 2020 our government eliminated the $40-per-day user fee for residential addiction recovery programs, as mentioned on page 20. I see that from 2021 to 2022 the number of Albertans who received publicly funded treatment and were discharged increased from 7,990 to 10,890. Can you please speak to the work that was undertaken in 2022-2023 to further eliminate barriers to recovery and ensure that every Albertan struggling with addiction has the opportunity to access treatment?

Mr. Romanow: Thank you for the question, through the chair, Member. Absolutely. I think the broader investments government-wide are to reduce barriers to care and access. Significant building and investment for new services really was taking place this year, getting a whole lot of new supports and really transitioning towards a recovery-oriented system of care, a goal to increase the co-ordination and integration in service delivery, importantly, by partnering with a various number of ministries and community partners to ensure that Albertans have the right types of supports.

An initial focus, to the question, was adding more capacity, a significant piece, where there just was pressure on even access to services, including a goal of 4,000 more publicly funded addiction treatment spaces in the system. However, in that year, in '22-23, more than 10,000 additional publicly funded spaces were available. Importantly, publicly funded treatment is completely free for Albertans, so all you require is a health care card. Government also committed a total of more than $200 million by March 31, 2023, to create long-term addiction treatment spaces, again including recovery communities.

Some additional ways to reduce some of the barriers: I spoke about the financial side but actual connections between services and pathways into significant funding; $28 million invested this year, creating some of those joint multidisciplinary teams with police and health professionals to have those pathways rather than going into a criminal justice system, pathways into supportive environments to access mental health supports or access treatment and really to be able to stabilize and support individuals and additional investments, again, to reduce barriers in the form of wait-lists. Again, a building year but investments, for example, with George Spady Society: $8 million to build a new detox centre and to start that process to identify a site in future years was mentioned.

Some of the additional work for the transitional services and therapeutic living units in correctional facilities across the province: again, $12.5 million to expand access there. All of these different programs, again, are really to build, invest, build capacity so that not only is cost not a barrier – and government took away the $40-a-day fee to access treatment supports – but to considerably invest in building out and expanding supports and services.

One really important area to speak to, especially on the opioid side, because it's just probably the shining example of a low-barrier program, is the virtual opioid dependency program, which offers access to opioid agonist therapy for individuals, who must regularly interact with a pharmacist and an addiction team. What it offers is direct connections virtually to pharmacists, physicians, nurses, counsellors for OAT, but it doesn't require those in-person appointments, which is such a significant barrier. Thousands of people each day, significant increases in that year, to access programs: that is reducing barriers every single day to access services.

The Chair: Thank you.

We will now proceed to questions from the Official Opposition. MLA Schmidt.

Mr. Schmidt: Thank you very much. Just to summarize what we learned from the deputy minister in the last block of questions that I had, we have for-profit providers who are making unknown amounts of money. The government isn't tracking it. They have no track record of producing results here in Alberta because they are an out-of-service provider, and we have no method of assessing whether or not they're actually meeting the goals that we want them to see.

I'm just curious: of the nine future recovery communities that are slated, how many of those contracts were awarded in the '22-23 year? Of those, how many were awarded to additional for-profit organizations, and what were they?

Mr. Romanow: Thank you, Chair and to the member for the question. Just a clarifying point: the statements were within this fiscal year. Building the investments of the communities, the performance tracking of programs that actually were not operational, respectfully, was in a different time frame. So there are concerns with those statements. There is a strong interest to monitor the effectiveness for Albertans.

Mr. Schmidt: I would appreciate it if the deputy minister could just answer my questions. Of the nine future community recovery communities, how many contracts were awarded in 2022-23? Of those, how many were for-profit providers?

Mr. Romanow: It was only awarding through a competitive process to Red Deer and Lethbridge within that fiscal year.

Mr. Schmidt: Thank you very much.

On March 9, 2023, the ministry published a fact sheet that listed investments in 10,000 additional treatment spaces. Can the ministry clarify which organizations on that list were for-profit and which were not-for-profit organizations?

Mr. Romanow: Thank you for the question. Just one moment. We're just confirming, but it is my belief that all of those current programs listed on that fact sheet with those 10,000 additional spaces across the province – it's my belief that they're all community organizations, nonprofit organizations.

Mr. Schmidt: They're all nonprofit. Okay. Thank you very much.

Now, an independent assessment of those additional spaces on this list found that almost half of those spaces only offer treatment access to 12-step programs, which are explicitly religious in nature. Can the ministry confirm whether or not that assessment is true?

Mr. Romanow: I'm sorry. I'm just not sure which assessment that is or where that's reported.

Mr. Schmidt: Independent addiction specialists have evaluated that list. They reported on it publicly. It's their estimate that 47 per cent of those spaces offer only 12-step programs as treatment. Can the ministry tell me whether or not that evaluation is true?

Mr. Romanow: I can't speak to the evaluation I haven't seen. However, what I can reinforce is they're . . .

Mr. Lunty: Point of order.

The Chair: A point of order.

Mr. Lunty: Thank you, Mr. Chair. I believe this is a point of order, 23(b). The member opposite is asking a line of questioning which is outside the scope of the committee. To the member opposite's own admission, this is a report that is not part of the

annual report under question. Therefore, I think this is a point of order under 23(b).

Thank you, Mr. Chair.

Mr. Schmidt: Thank you, Mr. Chair. I do believe that this is relevant for the committee. I'm only referring to it because I have a question that the ministry can clarify, whether or not these spaces that they're funding are religious in nature. I'm relying on an independent assessment. I have no idea if this is true. The deputy minister probably does. I think it's completely relevant to the annual report, and I believe the deputy minister should be given an opportunity to answer the question.

9:10

The Chair: Well, I think I would suggest that the member makes sure that your question relates to the report that is under discussion, that is '22-23. So far as questions relate to that report, they are in order. I would urge you to rephrase your questions so that they relate to the report.

Mr. Schmidt: How many of the additional 10,000 spaces that were funded and listed on this March 9, 2023, fact sheet are explicitly religious in nature?

Mr. Romanow: Thank you for the question. There are a couple areas absolutely expanding capacity, absolutely working within a rigid licensing and compliance and monitoring regime to ensure quality of services. But with this, with respect to the types of programs specifically, we absolutely do not report on the specifics of those programs we make available. There are various sites that refer to those types of supports and services. There's a broad base that's available. Some are faith based. Some deal with First Nations and culturally specific needs. Some deal with women or families.

Mr. Schmidt: Sorry. Did the deputy minister just say that you don't report on the type of treatment that's offered at these spaces?

Mr. Romanow: No, I didn't.

Mr. Schmidt: All I'm saying is: how many of these spaces are offering only 12-step programs as recovery options? You should know this.

Mr. Romanow: The statement that was simply made is – the question was related to: how many are listed as faith based? That is not something that is explicitly posted or tracked. The information is presented to Albertans.

Mr. Schmidt: How many are only offering 12-step programs, which are explicitly faith-based recovery programs?

Mr. Romanow: Twelve-step principles and variations of that – I would perhaps ask for clarification. There are two pieces. Twelve-step is different than faith based. There are different program dynamics.

Mr. Schmidt: Well, we can argue that point. But for the sake of the committee just tell me how many of these spaces are 12-step-based programs.

Mr. Romanow: We would be able to explore a little bit more on those details. What is important, though, is that individuals, Albertans have the opportunity to choose which program is right for them that's publicly available. The individual reporting of which . . .

Mr. Lunty: Point of order, Mr. Chair.

The Chair: A point of order has been raised.

Mr. Lunty: Thank you, Mr. Chair. I was hoping not to have to intervene again. This is point of order 23(c). The member opposite has needlessly repeated the same question, that the deputy minister has been answering. I would also like to perhaps cite point of order 23(b) as the 12-step program referenced is not in the 2022-23 annual report. It's not a performance metric in this report under consideration. So I would submit that this is a point of order on 23(b) and 23(c).

Thank you, Mr. Chair.

Mr. Schmidt: Mr. Chair, it's been a long-standing practice of this committee to allow members to ask questions many times until they get an answer. In my opinion, the deputy minister has not answered my question. I intend to continue to ask him until I get the answer that I'm looking for. I believe that this is not a point of order.

The Chair: I think I would not find this a point of order because, as I understand, the question is simply about: what's the nature of the spaces that the ministry is making available? So far that question relates to the services offered during 2022-2023. That should be a fair question. But I would urge members to direct questions through the chair.

Mr. Schmidt: We're all waiting. How many of these spaces that the ministry is funding are 12-step programs?

Mr. Romanow: It is not a specific criteria for allocation of funding or determination of which programs that there's utilization of any aspect of 12 step. In some cases that's a part of a program. Others in the same facility: they might not use it. The uniqueness of the programming of operators is a choice for individual Albertans and operators to make. That is not a specific criteria that funding is made or based on. Therefore, in the way I understand the member asking the question, it's not something that is, you know, presently reported. The principle is expanding capacity, free and barrier-free supports, and the opportunity for choice for Albertans, wherever they are across the province, to access those supports. They can choose the program that is right for them.

Mr. Schmidt: Thank you.

It's clear the deputy minister isn't interested in answering this question, so I'm going to cede my time to Member Renaud.

Ms Renaud: Thank you. The deputy minister has mentioned recovery coaches a number of times, and I think I'm pretty sure I saw it in the annual report. But one of the things that has happened is that the UCP government has not sort of gone forward with the college of counselling therapists, which would have included addiction counsellors. I'm wondering if the deputy minister has any concerns about relying on recovery coaches, knowing that there will not be sort of a college supervising, managing, providing oversight to addiction counsellors.

Mr. Romanow: Thank you for that question. I think there's a strong view, and recently the government reconfirmed some of the premise that the member asked the question on. There is absolutely a space . . .

Ms Renaud: Well, no. They were left out of the group that was transferred to the psychologists, the College of Alberta Psychologists. That did not include addiction counsellors.

Mr. Romanow: As I understand the question, there's a strong view for a space with professional designations which include counsellors,

with recovery coaches being separate from that, people with lived experience . . .

Ms Renaud: Which college would the recovery coaches fall under?

Mr. Romanow: Recovery coaches, people with lived experience: these are individuals who work in peer support settings . . .

Ms Renaud: Like, is there a college that they'll work with to have a set of ethics, oversight, or is it just that they're going to be people with lived experience?

Mr. Romanow: Within this fiscal year there was reference to some programs and supports to organizations, the use of recovery coaches, people with lived experience who have gone through training . . .

Ms Renaud: Okay. Let's move on to the My Recovery Plan on pages 10 and 11. The online platform operated by the B.C.-based Last Door Recovery Society seems to be at the core, no pun intended, of this government's plan for changes to the service delivery area. A couple of questions here. How was the Last Door society selected, and what procurement process was followed?

Mr. Romanow: Thank you for the question. Specifically on the procurement of My Recovery Plan and Last Door as the operator, this was a unique platform that was used by an operator based out of British Columbia, and they were identified for that specific program. It was through a sole-source contract directly with that organization.

Ms Renaud: A sole-source contract. What was the value of that sole-source contract?

Mr. Romanow: I'll just invite my colleagues to confirm that specific detail.

The value was in the range of $800,000. We'll confirm that specifically, but it was less than a million dollars overall, over multiyears, and within this fiscal year it was $312,000.

Ms Renaud: So it was $312,000 to maintain the program or to operate the program?

Mr. Romanow: With the standing up within this fiscal year, there was the scale-up, establishing the program and the rights to be able to access it, and, what's really important, the rollout across service providers, including within Alberta Health Services.

Ms Renaud: What would be the annual cost to maintain this program and operate it, not for a set-up year?

Mr. Romanow: Perhaps I may be able to just confirm that. What's important, I think, within this fiscal year is that a lot of the building, the ongoing operating, continued as it was scaled up to expand. But I'll come back in just a second if that's all right with the member, please.

Ms Renaud: We're going to run out, so we'll come back to it.

Mr. Romanow: Thank you.

The Chair: Thank you.

Now we will move back to the government caucus for 10 minutes.

Mr. Lunty: Thank you, Mr. Chair. Thank you, of course, to the department officials for joining us this morning. I appreciate the information and discussion.

9:20

I'd like to kind of circle back to an area you already talked about a little bit, and that's supporting mental health for children and youth, specifically on pages 22 to 24 of the report. This is, of course, a particularly important priority because, you know, as noted on page 22, "Research indicates the onset of 75 per cent of mental health problems occur by age 24." On page 23 of the annual report it outlines a three-year investment of $10 million annually to CASA Mental Health "to support new and expanded clinical mental health services and supports for school-aged children and youth, including the introduction of mental health classrooms." The report mentions that these services are first being established in select schools in the Edmonton zone, with more to follow across the province. A total of 20 mental health classrooms is projected to be operating by February 2025. Through the chair, can the department please provide some more information about CASA Mental Health classrooms and the types of services and supports that they provide to Alberta's children and youth?

Mr. Romanow: Thank you, Chair. I'll again invite the assistant deputy minister, Coreen Everington, who has led on this program, to speak in detail to the member's question.

Ms Everington: Thank you, Chair. Thank you to the member. Ten million dollars is being provided annually each year for three years to CASA Mental Health to support those new clinical mental health services and supports for school-aged children and youth. This does include mental health classroom teams and education and training for professionals working with those children and youth.

CASA classrooms address the need for services closer to students by bridging their mental health and school needs together. These are students in grades 4 to 12 who have not responded as expected to previous therapy and continue to have symptoms that impact their home, social, and school life. They are also under the care of a physician, a nurse practitioner, or a psychiatrist and are willing to participate in individual and group therapy with their families.

Students may come from various schools and attend a classroom within a particular school. There are no division boundaries for the classroom. Students receive individual and group therapy, psychiatric care, medication, and schooling according to their individual needs, which are provided by a team of mental health professionals, a specialized teacher, and then support staff in that classroom. Students remain in the program for approximately half the school year, so about a semester, followed by another half year of transition support so that they can step down into a regular classroom.

Caregivers and home-school staff receive mental health education, connections to community supports and resources to better support their child or teen. Mental Health and Addiction announced on May 10 additional funding and supports for CASA classrooms and children and youth mental health. You may wish to look at that information for more on that current status. I will say that as of March 31, 2023, 16 out of the 18 seats were filled in those two schools, with a 76 per cent attendance rate.

Mr. Lunty: Through the chair, thank you for that information.

Can the department share how they might make decisions on which schools these classrooms are being established in?

Mr. Romanow: Thank you, Chair, for the question. I'll start off, and then Coreen is able to add some more specific details. It was actually, I distinctly remember, this year that there was a pretty extensive crossministry group with children's services, with Education – police were part of that from a public safety component – the Ministry of

Justice, and a number of community service organizations basically doing some heat mapping, looking at where, from a whole bunch of different types of indicators, there were the greatest needs in communities and in schools across the province, really looking at where we had pressure points and, very importantly, where we had gaps in services and a different factor. It was a robust process that really looked at, again, where we had the greatest needs in the province and where we could go about filling them.

Coreen, do you want to just elaborate a little bit more, please?

Ms Everington: Sure. In order to make those decisions about where CASA classrooms would live, essentially, we looked at health administrative data, just trying to understand where some of the greatest demand for services was, where there might be gaps in service delivery. We also used education data to help understand some of the education-related needs around maybe gaps in assessments, gaps in access to mental health services, or where they might have schools with a higher risk population for mental health concerns.

Mr. Lunty: Thank you.

Through the chair, I'd like to switch gears a little bit. On page 20 it mentions that the

> Enoch Cree Nation was selected to be the location of the Edmonton region recovery community site to provide culturally appropriate, accessible services in greater collaboration with First Nations, recognizing First Nations have been disproportionately impacted by the addiction crisis, especially with higher rates of unintentional opioid overdose deaths compared to non-First Nations Albertans.

This partnership reflects the government's commitment to working with Indigenous communities to increase access to land-based and trauma-informed addiction treatment services that meet the needs of all Albertans. Through the chair to the department, can the department please provide some insight into the discussions that occurred in the collaborative process between the government and the Enoch Cree First Nation that led to this partnership?

Mr. Romanow: Thank you, Chair and to the member for the question. Absolutely, as the question articulates, it is a unique process, a unique articulation of needs and ways of filling them and responding and very directly the government of Alberta going into a space. There is a significant gap in funding and resourcing available on-reserve for treatment and other mental health and addiction-related supports. So it is a unique partnership, beginning very robustly with the Blood Tribe prior to that, the largest reserve, one of the largest in the country, but Enoch specifically, recognizing a lot of the needs, presentations of concerns not only with Enoch Cree Nation but that are seen and felt in the Edmonton community.

There's a strong identification by leadership with Enoch Cree, with the chief, with the council, and incredible leadership within the community really wanting to say, "We want to be part of supporting our people on our reserve," having those cultural connections. It really was identifying some of the vision and the early establishment of recovery communities in Red Deer and Lethbridge, with leadership from Enoch Cree coming forward and working with government, signalling a strong interest to be able to play a partner to establish their recovery community.

Discussions with Enoch Cree Nation began in fall 2023, so it was the earlier stages of discussion. It was the Enoch health manager and CEO as well as very strong leadership from the chief and council that brought desire and passion and commitment to the government and really began that planning process to articulate the approach to go forward. Enoch planned community engagement at their annual general meeting in December 2023 via a referendum and through a band council resolution, and then there was the signing of an MOU between Alberta's government and Enoch Cree Nation on April 24, 2023, so earlier discussions just within this fiscal year.

Mr. Lunty: Great. Through the chair, thank you so much.

I'd wrap up here with a last question. On page 21 of the report, under outcome 3, it mentions that in '22-23 "the Government of Alberta invested $187 million to tackle issues of addiction, homelessness, and public safety, specifically focusing on Edmonton and Calgary." I see that this included expanding "recovery outreach teams in the two cities and developing integrated health and police services that can better connect Albertans with overdose prevention supports and other essential health services." Through the chair, can the department please share a breakdown of what programs and efforts were supported by this funding and speak to the department's overall urban strategy in '22-23?

Mr. Romanow: Thank you to the member for the question. I spoke at a higher level about some of the multidisciplinary teams between police and community service organizations that were part of that more broadly, but a really important additional component of that urban strategy was being able to support different types of outreach programs.

For example, within this fiscal year $789 million was invested to implement HealthIM, which is a digital tool. It was launched in July 2022. HealthIM enables police officers responding to incidents they may be facing, mental health crisis situations, really giving them tools and a platform to de-escalate, providing techniques as well as information.

The Chair: Thank you.

We will move back to the Official Opposition for 10 minutes.

9:30

Ms Renaud: Thank you. We understand that MRP, or My Recovery Plan, is a health record software system. I wonder if the deputy minister could tell me if any other tools were looked at, any other vendors approached or talked to about a similar product.

Mr. Romanow: Sure. I'll begin just by answering the first part of the last question, just the cost. The operating within that fiscal year was $311,000. Of course, in additional years as there was scale-up, those costs will have increased, but within that fiscal year, just to clarify, that was the amount.

There was an assessment and an exploration of different platforms where there was a strong interest. Why ultimately there was a decision to go with Last Door for the tool that they had: it's based on the evidence and research by Dr. Best, who has assessed, and strong rigour in looking at measuring recovery capital. The tool on the platform . . .

Ms Renaud: I'm going to move on. I read that in the report.

Could you tell me who owns and controls the data from the MRP pertaining to individual users and service providers?

Mr. Romanow: Very importantly, the information requirements: that is robust in Alberta. Under the Health Information Act this is all strictly maintained, and Last Door as an operator and the MRP platform very rigorously have to follow within that. The information must remain literally on servers based in Alberta. The information and the privacy is protected through that platform.

Ms Renaud: And both organizations and individuals give their consent at some point through registering for this product? Yes?

Mr. Romanow: Correct.

Ms Renaud: Okay. The ministry states that the data collected through MRP will support the reduction of barriers. It says a few other things, but I'd like for you to sort of – what kind of metrics or goals do you have going in? What kind of barriers are you looking to identify and remove?

Mr. Romanow: Thank you for the question. Absolutely, MRP is based on identifying those barriers and coming up with actual tactics to deal with elements like physical and mental health; safe housing and healthy environments; vocational skills and educational development; employment and resolution of legal issues; peer support; safe and meaningful family, social, and leisure connections; and, importantly, in identifying all of those strengths and needs to build capacity. It's precisely why that tool and that platform works to go in a very individualized way.

Ms Renaud: Will that information be distilled in any way to be shared with Albertans?

Mr. Romanow: It's shared with the individual but only in an aggregate form. It's something that's pointed to in the business planning and reporting process by the ministry only at an aggregate level. But the tool is for the individual client or resident within a facility.

Ms Renaud: So next year when we come here, how are we going to – will you build a framework so that we can say, you know: how did you do? In terms of barriers . . .

Mr. Romanow: Correct. Yes. It is in the annual report, and that is the plan, absolutely: again, at an aggregate level, protecting privacy, but, yes, to make sure we're measuring those outcomes.

Ms Renaud: I have a couple of questions on the virtual opioid dependency program on pages 18, 20, and 21. The ministry notes an increase in referrals between '21-22 and '22-23 of just under 3,000. Does this number reflect the number of people who utilize the resource provided through the VODP, or is it just the number of referrals?

Mr. Romanow: For the question, uptake for the overall opioid dependency treatment program has increased, and 7,885 unique individuals benefited, so had direct utilization of the program. This isn't simply a referral and no uptake. It is utilization, again, by almost 8,000 individuals.

Ms Renaud: Do we have an estimate of how long they're in the program or duration?

Mr. Romanow: Sure. I'll invite my colleague Coreen to answer.

Ms Everington: Thank you for the question. Through the chair, it really does vary. Alberta Health Services will be tracking this data in terms of how long people are actually engaged, but there's no limit, so it really will depend. Some people remain in the program for a lifetime. Yeah.

Ms Renaud: Of the 950 individuals who were referred to the VODP from police services, how many then accessed resources?

Mr. Romanow: The reporting of individuals who were referred over: it is actual participation in that program, so all of them would have actually been benefited. Again, we're not measuring how many pamphlets or phone numbers were handed out; it's the actual strong connection in because that's the material connection point.

Ms Renaud: How is, then, the ministry tracking how this program is impacting arrested individuals over time, looking at recidivism and those things?

Mr. Romanow: Very importantly, that was the premise why there was an interest in and need in the first place to focus there. We saw, in looking at rates of overdose deaths, that over 50 per cent were individuals who had left the criminal justice or correctional facilities, and there was a strong need to try to break that cycle and provide those supports right on-site. Very importantly, to track the outcomes is using personal health numbers. It's a critical and key tool, so we actually have the health system speaking with the justice system.

Ms Renaud: So next year in PAC we'll be able to ask these questions, and you'll have, like, a year's worth of data that we'll be able to see. Of the people that are being referred or sent to the program from the police services, then we'll be able to see sort of the breadth of access.

Mr. Romanow: Precisely. The broader outcomes through ASUSS and trying to measure those and, very importantly, linking data sets: that's absolutely the vision and the approach to be able to, you know, again, instead of just measuring people served, actually measure the number of people actually supported in recovery and stabilization.

Ms Renaud: Does the ministry monitor the impact of this tool in comparison to in-person services? Is there any data collected or any evidence collected?

Mr. Romanow: There's a whole host of in-person – perhaps there could be some clarity which ones specifically. Very specifically, again, the reporting in this year was for those specific programs separate from the $1 billion and the broader types of facility-based programs that AHS operates or separate from other community organizations. There's an interest to track and measure outcomes with the programs that fall within the scope of the ministry in future years, and absolutely there's a vision to look more comprehensively at the system of care and, very importantly, make sure that individual programs are actually leading to those outcomes the member is speaking to.

Ms Renaud: Okay. I'm going to switch gears a little bit and ask about the mental health review panels and addiction patient advocate. On pages 10 and 11 it discusses the role of adjudicative review panels, et cetera. I'm wondering if you could share a breakdown – and certainly you can table that if you don't have it – of the 66 appointments. How many of those 66 appointments are from the two big cities, how many are from mid-sized cities, and how many are from rural and remote Alberta? And then of those 66, how many have lived experience to contribute? You can table that so we can move on if you don't have that answer. That's okay.

Mr. Romanow: Sure, Member. I'll just speak. There were 3,503 applications for mental health review panel hearings.

Ms Renaud: No. I'm asking about the makeup of the panels, not the number of reviews.

Mr. Romanow: Of the individual panel members.

Ms Renaud: Yes. Correct. The appointments, 66 appointments.

Mr. Romanow: Sure.

Ms Renaud: I'm just looking for, I guess, a geographic breakdown. I think it's important to – this is a huge problem right across the

province, so that expertise is important from right across the province. If you don't have that breakdown, that's fine; you could just table it. It's not a big deal.

Mr. Romanow: Sure. We can just provide an answer, if that's all right, because there absolutely is a strong interest not only with the types of individuals but, yes, a strong interest for that geographic breakdown. I'll invite ADM Coreen Everington, who's the lead, to speak in more detail, please.

Ms Everington: To your question, each panel consists of three members: a lawyer, a psychiatrist, and a public member. It's the same makeup regardless of where they are within the geography of the province.

Ms Renaud: Yes. That's not my question. My question is the makeup of all of these people, whether it's psychologists or lawyers or whatever they are: where are they from geographically? Are they all from the big cities, or are they spread out?

Ms Everington: They're from those geographic areas, so they represent that area.

Ms Renaud: Okay. So each panelist stays in their area and only does – okay; great – hearings in those areas.

Ms Everington: I mean, they can share sometimes if they need to cover, but for the most part they hear hearings within their area.

9:40

Ms Renaud: Okay. So they're in Edmonton, Calgary . . .

The Chair: Thank you.

Now we will move back to the government caucus for 10 minutes, and I believe MLA Lovely will start.

Ms Lovely: Thank you so much, Mr. Chair. I firmly believe that nobody should have to face mental health challenges alone, and I'm glad that our government is committed to supporting affordable counselling options across the province. I see on page 21 that MHA is providing funding of $6.8 million over two years, 2022-23 and '23-24, for Counselling Alberta to expand mental health services to ensure every Albertan has access to affordable counselling services. Counselling Alberta is a new division of the Calgary Counselling Centre that enables expanded virtual services throughout Alberta, including rural areas, which is important to me, and expanded in-person access in urban communities. My question, through the chair, is: how has this funding helped ensure that rural Albertans have access to timely and accessible counselling services in '22-23?

Mr. Romanow: Thank you for the question. Chair, to answer, it is a real novel and innovative approach that Counselling Alberta is building from the Calgary Counselling Centre. Really, it's coming out of the pandemic. We were seeing they were delivering incredibly strong counselling supports within Calgary specifically in virtual ways, incredibly strong measuring of outcomes. Their CEO is a remarkable leader measuring the outcomes.

Offering the virtual care includes counsellor-client interactions through video, audio, or chat, and what it importantly does and was able to offer, to the member's question, was anywhere across the province, not just in Calgary, of course, using virtual settings to reduce those barriers to access counselling services anywhere individuals are, for those living in rural and remote areas, and to access where traditional counselling services or in-person services are not available. Now, importantly, Calgary Counselling also works with a network of facility and in-person based counselling supports and they do those referrals, so it's not virtual or nothing. It's very much that warm pathway into supports that are available.

But we saw last year, for example, with the wildfires, where Albertans were being tremendously displaced for the summer season, Calgary Counselling and the Counselling Alberta platform was provided. Again, it's affordable, where cost is not a barrier. They'll reduce fees. They have a small incentive for people to actually show up for the meetings, but cost is absolutely not a barrier, location is not a barrier, and it is that direct connection in with other community organizations for counselling supports as well. It's a perfect package, to the member's question, to make sure that there are no barriers, geographic or other, to access critical counselling supports across Alberta.

Ms Lovely: Thank you so much for the answer.

Through the chair, the report states that

> based on the most recent reporting, between April and September 2022, Counselling Alberta served 197 new unique clients and offered 416 counselling sessions. Importantly, there was no wait list for counselling services during the reporting period.

Is there any more recent data that the department has tracked in this regard, and what other metrics are being used to evaluate the success of this investment?

Mr. Romanow: Thank you for the question. Absolutely, the reporting that the member mentioned is still lower; it was the initial year for that program. Since then and the scaling up of those supports, including connections with partners in Edmonton, Fort McMurray, Grande Prairie, Lethbridge, Medicine Hat, and Red Deer with facility-based counselling supports – but through the virtual platform most recently more than 11,400 counselling sessions were offered both virtually and in person to almost 2,200 unique clients.

It really has scaled up tremendously, building from that first year in '22-23 when investments were made. The program does report that nearly 50 per cent of Counselling Alberta clients experienced improvements or stabilization in their mental health conditions. There's, again, a robust measurement platform, which is why Calgary Counselling Centre was identified to scale up their programs across the province. Work is under way to develop a digital tool that will allow agencies to provide information in a similarly standardized and systematic way so we can keep measuring those types of outcomes.

Ms Lovely: Fantastic. Through the chair, 211 is a critical component of Alberta's recovery-oriented system of care where everyone struggling with addiction or mental health challenges can be connected to appropriate supports. Page 22 mentions that "in November 2022, Alberta's government announced increased funding for Alberta 211, from $7.5 million over three years to more than $15 million." How does this funding ensure that 211 could meet existing demand, enhance community service listings in rural areas, improve the response to underserved populations, better connect callers to culturally and locally relevant supports, and develop and implement specialized navigation supports for children, youth, and our families?

Mr. Romanow: Great. Thank you for the question. Absolutely, 211 functions as a backbone and referral support and really making sure there's that seamless connection to other service providers, including the Alberta Supports contact centre and income support contact centre, Kids Help Phone, Caregivers Alberta, Alberta One Line, and others, newly including 988, but the main thing and the important opportunity is to make sure you just call, text, or go online to one simple source, to 211. You don't need to remember different numbers based on which community you're in. That happens in a seamless way. But to the question of making sure

capacity is in place, that is why investments were made in year 2022-23.

Two-one-one answered in that year more than 100,000 phone, text, and chat requests from Albertans, and more than 200,000 Albertans accessed the 211 website. It was because of those increased demands and certainly this time frame coming out of the pandemic where individuals were relying on virtual supports much more. That is why there were strong investments that were made to make sure that that virtual platform was robust, in place, and, very importantly, measuring the outcomes and the connections that are actually made to make sure that we're seeing the results that Albertans would expect with connections to the services in addition to the referral to those services. That is why investments were made in that year and have continued in a robust way since.

Ms Lovely: Thank you so much.

Through the chair, our government is committed to ending all forms of gender-based violence. I see that in December 2022 an additional $3 million in funding for 211 was announced to improve wraparound supports for gender-based violence survivors such as counselling, health care, and legal services. What initiatives did this additional funding support?

Mr. Romanow: Thank you for the question. That funding and that specific initiative did go through the United Way of the Alberta Capital Region, and it was intended and directed to increase 211 Alberta's capacity to offer more robust services, resources, and supports for individuals experiencing gender-based violence. Through the year 211 did engage with organizations serving people impacted by gender-based violence to gain knowledge of leading best practices in gender-based violence navigation and, most importantly, to provide support to enhance staff training processes and tools directly to benefit Albertans.

During that year what those investments went towards was new training materials, which were developed and delivered to 211 Alberta staff and other interested antiviolence sector staff in different types of organizations, and those updated resources and materials built awareness of the system of wraparound supports and really, again, connected with 211 that network of networks that are in place and those direct connections in different communities across the province. Those would include shelters and housing providers, mental health care, health and primary care, legal supports. Services are available to all Albertans, including, very importantly, women; young women and girls; Indigenous women and girls; women living in northern Alberta, rural and remote communities; LGBTQ2S-plus; women living with disabilities; and others.

Importantly, the number of those various segments and others of the Alberta population: in this most recent year of reporting Alberta responded to more than 1,476 gender-based violence related calls, chats, and texts and almost 13,000 referrals to other supports were provided, so significant uptake. It was because of the investments made to support those supports in the community.

Ms Lovely: Thank you for the answer.

Through the chair, 211 is an invaluable resource for Albertans. Can the department expand on some of the communications efforts to ensure that all Albertans were aware of the services available to them through 211?

9:50

Mr. Romanow: Thank you. Just with a few moments left, there was a robust campaign that was led. It included radio, television, and online video ads to promote 211 resources.

The Chair: Thank you, Deputy.

We will now move to the Official Opposition for a three-minute block.

Ms Renaud: Thank you. How many complaints were received by the mental health and addiction patient advocate in the fiscal year we are reviewing? How many of those were investigated, and what were the outcomes?

Next question is: what consultation and actions were – no. Actually, forget that. I'm going to move on.

Did the ministry monitor the outcomes of the service provider I'm talking about; that is, the Calgary Counselling Centre and Counselling Alberta division of the centre? What are the outcomes, and how did the ministry specifically select this provider?

The ministry reports that between April and September of 2022 Counselling Alberta served 197 new unique people, offering 416 counselling sessions. Looks like the cost of counselling over the six months reported appears to have cost over $4,000 per session. What was the total number of counselling sessions delivered via this investment at year-end, and does the ministry consider this good value for money?

Next, did the ministry monitor – oh, actually, that's it. I'll pass it on to my colleague.

Mr. Haji: Yeah. Out of the 10,000 spaces 7,700 are detox. These are short term, like, less than two weeks, and are usually an interim stage before going into long-term treatment. So the question here is: when detox spaces far outweigh treatment, how does the department address the bottleneck? What were the wait times in 2022-2023 for detox and treatment?

And that's it.

Ms Renaud: I've got one more. Just under My Recovery Plan what consultations and actions were undertaken to ensure this online platform is accessible to people with disabilities?

And that's it. Thank you.

The Chair: Thank you.

We will now move to government caucus for three minutes. MLA Long.

Mr. Long: Thank you, Chair. HealthIM is a digital platform that provides police officers with evidence-based on-site tools and information they need to respond to mental health crises safely and effectively by better assessing the needs of someone experiencing a mental health crisis. The platform was launched in July 2022 with EPS. I see on page 22 that "the total committed funding for HealthIM is approximately $2.4 million over three years." My question is: how has this funding contributed to improved responses to individuals with mental health concerns while ensuring police and emergency resources are used effectively? Also, how many police services are currently using HealthIM, and what is the status of implementation by police services across the province?

That is all I have.

The Chair: Thank you. Anybody else?

Seeing none, I guess I would like to thank the officials from the Ministry of Mental Health and Addiction and also the office of the Auditor General for their participation in responding to the committee members' questions. We ask that any outstanding questions be responded to in writing within 30 days and forwarded to the committee clerk.

Other business. I wish to note for the record that a written response from the Ministry of Environment and Protected Areas regarding questions from the committee meeting on April 9, 2024, has been

received and made available on the committee's internal website. It has been the practice of the Standing Committee on Public Accounts in previous Legislatures to post these responses on the public website of the committee. Is this a practice the committee wishes to continue for the 31st Legislature? Okay. That's what we will then direct the committee clerk to do.

Are there any other items under other business?

Seeing none, the next meeting of the committee is on Tuesday, May 21, with officials from the Ministry of Public Safety and Emergency Services.

At this point I will call for a motion to adjourn. Would a member move that the Tuesday, May 14, 2024, meeting of the Standing Committee on Public Accounts be adjourned?

Mr. McDougall: I'll move that.

The Chair: Member McDougall moved. All in favour? Anyone opposed? On the phone?

Thank you. This meeting is adjourned.

[The committee adjourned at 9:55 a.m.]

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