



Legislative Assembly of Alberta

The 28th Legislature
First Session

Standing Committee
on
Families and Communities

Tuesday, December 4, 2012
6:18 p.m.

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Standing Committee on Families and Communities

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6:18 p.m.

Tuesday, December 4, 2012

[Ms Pastoor in the chair]

The Chair: Good evening, everyone. This meeting of the Standing Committee on Families and Communities is now called to order.

My name is Bridget Pastoor, committee chair and MLA for Lethbridge-East. I'd like to welcome everyone in attendance this evening. For the record at our meeting this evening Mr. Bilous is the official substitute for Ms Notley, and Mr. Cao is the substitute for Ms DeLong.

We'll start by going around the table to introduce ourselves. I'd like to start on my right with the deputy chair.

Mrs. Forsyth: Hi, everybody. I'm Heather Forsyth, Calgary-Fish Creek.

Ms Kubinec: Maureen Kubinec, Barrhead-Morinville-Westlock.

Mrs. Fritz: Yvonne Fritz, Calgary-Cross.

Mrs. Jablonski: Good evening, everyone. Mary Anne Jablonski, Red Deer-North.

Mr. Wilson: Jeff Wilson, Calgary-Shaw.

Mr. Pedersen: Blake Pedersen, Medicine Hat.

Mr. Jeneroux: Matt Jeneroux, Edmonton-South West.

Ms Jansen: Sandra Jansen, Calgary-North West.

Mr. Fraser: Rick Fraser, Calgary-South East.

Mr. McAllister: Bruce McAllister, Chestermere-Rocky View.

Mr. Fox: Rod Fox, from the wonderful Lacombe-Ponoka.

Mr. Luan: Jason Luan, Calgary-Hawkwood.

Ms L. Johnson: Linda Johnson, Calgary-Glenmore.

Mr. Bilous: Good evening. Deron Bilous, Edmonton-Beverly-Clareview.

Mr. Lemke: Good evening. Ken Lemke, Stony Plain.

Mrs. Sarich: Good evening. Janice Sarich, Edmonton-Decore.

Mrs. Leskiw: Hi. Genia Leskiw, from the beautiful constituency of Bonnyville-Cold Lake.

Mr. Cao: Wayne Cao, Calgary-Fort.

Dr. Massolin: Good evening. Philip Massolin, manager of research services.

Ms Rempel: Jody Rempel, committee clerk, Legislative Assembly Office.

The Chair: Thank you very much.

I understand that Shayne Saskiw is on the telephone via teleconference. I don't believe there is anyone else – is there? – just Shayne.

Mr. Saskiw: Yes.

The Chair: Okay. Thanks, Shayne.

I'd like to remind you that the microphones are operated by the *Hansard* staff and the audio of the committee proceedings is streamed live on the Internet and recorded by *Alberta Hansard*. Audio access and meeting transcripts are obtained via the Legislative Assembly website. Please try to keep your cellphones off the table; they tend to squeal when they get too close to your mike.

The deputy chair this evening will be taking the speaking order, so try to catch her eye.

You have the agenda before you. Could I have a member move the agenda?

Mrs. Leskiw: I so move.

The Chair: Thank you. It was moved by Genia Leskiw that the agenda for the December 4, 2012, meeting of the Standing Committee on Families and Communities be approved as distributed. All in favour? Thank you. That was passed.

You also have the minutes in your packages. Are there any changes? Janice.

Mrs. Sarich: Yes. Thank you, Madam Chair. I reviewed the minutes, and under item 1, call to order, under the committee members present I'd like to note that my name was not correctly spelled. It should read Mrs. Janice Sarich rather than Janet Sarich.

The Chair: Oh. Thank you for that correction.

Mrs. Forsyth.

Mrs. Forsyth: Under the same as Janice brought in, it's Kerry Towle, not Karen.

The Chair: Okay. Thank you again.

Are there any other corrections to the minutes?

Would a member please move those? Mary Ann Jablonski?

Mrs. Jablonski: Well, you know, I wasn't here, so I can't move the minutes. Sorry.

The Chair: Oh, I'm sorry. I didn't know you weren't.

Yvonne Fritz – thank you – has moved that the minutes of the September 19, 2012, Standing Committee on Families and Communities meeting be approved as amended.

The main focus of our meeting this evening is to focus on what subject this committee would like to look at going forward. At the working group meeting back in November all of the party representatives came to a consensus on the top three subject areas which should be looked at by this committee. Those issues in order were mental health and addictions; long-term care, which included continuing care; and primary care.

We should proceed today by exploring the number one issue, which is mental health and addictions, and see where everyone would like to go with it. It is an exceedingly broad topic, so we need to narrow the focus to something manageable that the committee can do some good and meaningful work on. Ideally we will come to some kind of a consensus today on what particular aspect of mental health and addictions we will focus on going forward.

Today we'll give everyone an opportunity to add to the conversation and, hopefully, begin to move us in a direction. Then the working group can take all of the opinions, suggestions, and directions expressed here today and solidify the ideas into something that could be discussed. To add to that, we could come forward with persons that would like to present to our committee or persons that we would like to ask to present to our committee.

At this point I'd also like to welcome Steve Young to the committee.

6:25

With that, I would open the floor to anyone to start us off, but perhaps if you wouldn't mind, I'm just going to quote from another committee. I think it might even help us focus on how we ultimately may want to see what our motion would look like. It's fairly lengthy, so bear with me. This was for economic development. It was moved that

in the interest of encouraging economic development in the province, the Standing Committee on Alberta's Economic Future undertake a study of the BRIK, bitumen royalty in kind, program and that the scope of the study shall include the following:

- risks and rewards and the effectiveness of the BRIK program;
- barriers to increased bitumen upgrading;
- economic costs and benefits of increased bitumen upgrading in Alberta as compared to other jurisdictions;
- amount of bitumen that can be safely and profitably upgraded in Alberta over the next 20 years given the limitations of infrastructure and water supply [and labour availability];
- environmental advantages and disadvantages . . .
- possible regulatory measures that could be introduced to encourage bitumen upgrading capacity in Alberta; and
- economic trade-off of increased investment in bitumen upgrading in Alberta compared to investment in other sectors . . .

Now, this is how they have focused their particular subject. But what they've also added is:

. . . but shall seek to avoid the study of incentives to encourage increased bitumen upgrading in Alberta and those issues within the mandate of the Royalty Review Panel and the Standing Committee on Resource Stewardship in order to avoid a duplication of efforts.

So it's fairly clear and fairly focused.

This evening that's what I'm anticipating, that we will be able to at least get the subject matter of what we would like to focus on. Then the working committee can work on the actual parameters, and we can come back after that. Is that clear? Does that make sense?

Mrs. Leskiw: Are we starting the conversation on needs?

The Chair: Yes.

Mrs. Leskiw: Okay. I'm going to look at mental health from a rural perspective. We desperately need in rural Alberta – again, I guess I'm going to speak to northeastern Alberta – facilities for mental health just like some of the facilities that we have in the big urban centres. We need to have some of these centres, not in every community – I know that's not possible – but at least regionally, so that people who are experiencing difficulties have a place to go. The 10 beds or so that we have in St. Paul just aren't enough to accommodate our entire region.

Mental health professionals. We need to do a survey of what is needed. How many do we have out in the rural areas? What is actually needed out there? Take an inventory of the needs assessment of mental health.

We seem to have help for people who are already over the brink. When they can't go any further, there seems to be help, but we don't seem to help people that are in that in-between stage where if they'd got the help, they would not have reached the point of no return. That in-between stage: we don't seem to have

it. Whether it is mental health for children in schools, whether it's our seniors, or whether it's just the general population, our life is so busy now, and things are going at such a fast pace that there's nowhere for these people to turn to get help dealing with the mental state of an individual. I would like to see directions in that, especially in rural areas.

The Chair: Thank you very much.

We have Jeff.

Mr. Wilson: Thank you, Madam Chair. I applaud the working group for coming up with these three areas. I know that in the first meeting we did have some contention around how this was going to work, and I think that you've done a masterful job of it.

I would really like to take a look at how mental health and addictions relate to homelessness, particularly in the larger urban centres. If I look at the Calgary Homeless Foundation, that's employed a housing-first model, which has its merits and its successes, I think that there's going to be a consistent failure when you add in mental health and addictions to people if you're trying to give them the housing-first model. I believe that there are a lot of people who operate in the major urban centres, both in Edmonton and Calgary, that would be able to provide a great deal of insight as to how this government, this operation, should craft policy moving forward. I think that we need to look at it through that lens if we're ever going to fix homelessness in the major urban centres.

Thank you.

The Chair: Thank you very much, Jeff.

Deron.

Mr. Bilous: Oh, great. Sorry. I just wanted to be on the list. Thank you. I'm just going to speak on behalf of the New Democrat caucus. As you all know, Rachel Notley is normally the member from our caucus for this committee.

What we'd like to see is to start with a survey of the current resources, so asking for a detailed report from Alberta Health and FCSS and Education on resources dedicated to mental health treatment along with a detailed breakdown of how the money is spent: community versus institutional, how many beds, the location, the number of addiction treatment beds, review of mental health staff, the numbers, costs, et cetera. We're also requesting a cross-jurisdictional comparison to be prepared and to have a report on the provision of mental health services and addiction services, especially in indigenous communities and immigrant communities, and to know about the treatment availability for children's mental health and then, finally, a look at private versus public funding dealing with mental health.

That's quite a lot, but that's what we're putting forward.

The Chair: Thank you, Deron.

Janice Sarich.

Mrs. Sarich: Thank you, Madam Chair. Maybe for the committee's benefit, in the fall of last year the province of Alberta decided to cultivate a new direction for addiction and mental health in terms of a framework and an action plan, and there are five key areas focused on in that strategy. Just very briefly, it's looking at building healthy and resilient communities; fostering a development for healthy children, youth, and families by improving access to a full continuum of services, keeping in mind that this strategy is to enhance a more integrated approach; also, to enhance community-based services, something that perhaps has

already been expressed by some of the colleagues on our committee; also, to address the complex needs of those that are suffering from mental illness and addictions and to have a more integrated and co-ordinated effort to service them; and to enhance the greater level of assurance in the system in general.

Having said that, that the government was moving in a new strategic direction, I'm wondering if it would be germane for the committee to have a presentation to understand what the strategy is, what it encompasses, and a progress report on the establishment of this new direction from last year to where we are today.

Then, after that presentation, maybe it would be helpful to ascertain what would be the directions that we would like to have that focus on and to answer some of the questions. I'm not sure what the update would include, but certainly if colleagues on our committee have questions, perhaps this could help facilitate some of those questions of inquiry and really hone in on something that would be of specific interest. Even in the homelessness this follows under the framework of the poverty reduction strategy, which is linked up to the Ministry of Human Services, even to answer questions in that particular area.

I'm just wondering if that is a little bit helpful for the focus and direction.

The Chair: Thank you very much. What you've brought up is quite a broad umbrella, but I think it's a good idea that we could have that umbrella at least explained. Thank you for that.

Shayne.

Mrs. Forsyth: He left the conference call.

The Chair: Oh, he left. I'm sorry.

Mrs. Forsyth: So the speakers list is Jason and then Steve Young and then Sandra.

Mr. Luan: Well, thank you, Madam Chair. I have two thoughts I want to share. One is carrying on from what has been already mentioned, you know, before we got to the onset of mental health issues and others: what are we doing? I want to relate that to a program that has existed in Alberta for over 40-some years called family and community support services. It's on the prevention side. It touches on family. It talks about community-based services. Lots of things have already been encompassed in that.

6:35

I'd like to see the department give us the current state that the program is operating in. I believe it touches over 200 municipalities across the whole province. We want to have a good understanding of that. We also want to have an understanding of what the proposed action moving forward is, particularly about the prevention part. So that is my one recommendation.

The other recommendation I'm thinking of is that currently there is a huge initiative under the Human Services department going to a framework for social policy. Again, when I hear different issues about homelessness, mental health, family, community – you name it – there is a long list of all of those. So it would be very helpful, I think, for our committee to have, again, a current state of understanding: what are the overarching voices that we've heard from Albertans so far and how does that inform us to move forward?

The Chair: Thank you.

Steve Young.

Mr. Young: Thank you, Madam Chair. I just would like to understand what, clearly, our outcome is that we're trying to

achieve. Once we've clearly articulated our outcome or vision in terms of even a general sense, then we can work backwards and determine what our outputs, our activities, and our inputs are in terms of where we can focus our efforts.

Across the continuum of mental health there is the prevention, there is the intervention, there is crisis management, and then there's the whole support end of things. I think that we should frame our speakers or the information that we receive across that spectrum of how we deal with the mental health issues in this province. Of course, we need to have the vision to have that.

Then we can have some discussions around some of the risk factors associated to mental health, some of the protective factors, and there is a whole assortment of causal and associated factors and stuff like that. But it seems to me that we need to have at least a macrounderstanding across that spectrum on where we want to go. Otherwise, we could be looking at simply the crisis, dealing with that crisis point where somebody with mental illness needs that support or somebody is dealing effectively with their mental illness and they just need the ongoing support, which is very different than a crisis situation.

Then on the prevention side it is identifying the people who are likely to need that support, so let's get ahead of the curve and not wait until they require the crisis intervention.

I guess, to sum up, what is our vision? What are we going to try to achieve on this committee? Is it to identify across that spectrum how we could support or where the initiatives or where the gaps are for the province? I just throw that out, but I do request that we have sort of a vision discussion around mental health because it's such a big topic.

The Chair: Thank you.

Ms Jansen: I think to follow up on what Steve said and, really, to pick up on something that Jeff said, which I thought was quite interesting, you know, using homelessness as an example, the Calgary Homeless Foundation is into year 4 of its 10-year plan to end homelessness, and it's an excellent program.

One of the things I talked with Vibrant Communities about was using an example like some of the programs – and we have some excellent programs in this province centred around mental health, centred around addictions, centred around homelessness. When I was talking to the folks at Vibrant Communities, they talked about programs that don't just – say, a food bank feeds a hungry person. It doesn't teach a person how to get their own food in the first place and how to become self-sufficient. One of the things that they're looking at is the kinds of programs that work to end homelessness.

You know, as part of our mandate I think we should pinpoint the programs that work and work well so that we know in the future that we want to give them our support. I think that it shouldn't be all that hard to find those programs. There are a lot of great people working all over this province on addictions programs and the fight to end homelessness and poverty. I think that by pinpointing them and looking at what they're doing right, we can do the committee and the province a great favour in making sure that we know that we give them our support heading into the future.

The Chair: Thank you.

Janice Sarich.

Mrs. Sarich: Thank you, Madam Chair. I really appreciate some of the really great comments that have been put forward thus far. I'm just wondering, going back to Steve Young's point, when you look ahead of the process itself, what is it that we're trying to

drive at? More fundamental is: what is the starting point? The question that I would propose to the committee is: what is our level of understanding or our body of knowledge when we're looking at, you know, from a provincial lens, Alberta's addictions and mental health issue as it stands? What are the current strategies and action plans?

As I mentioned earlier, the province had struck a new direction that would take us from 2011 to 2016. I'm going to affirm again that if we're looking at it from the lens of, you know, creating a body of knowledge around what currently exists from a public policy perspective, and if one of the goals of the committee is to eventually make a recommendation to influence or add to public policy that would help Albertans, then we have to determine what the starting point is. If we're not schooled in or don't have enough information about what currently is provided in that public policy area, then we should be looking at having information and presentations to help us to understand where we are today, what we would like to garner from that, and add to the public policy discussions or conversations or recommendations as a final outcome in this very important area. So I would suggest that we explore what the starting point would be.

I really appreciate the comment of drilling down to communities across the province and to things that would be unique to Calgary. I could say the same for the large metro centre of Edmonton. There are lots of agencies and organizations doing a lot of great work on the ground, and they, too, would be coming into the conversation and linking up in the public policy discussion about what could be better for those people. If we cast that provincial lens, then maybe the starting point is to understand what the public policy position from the province is, what great work has been done since last year. Where are they going, and how does that integrate into the communities right across the province? Then as a committee we would be looking at how to leverage our public policy conversations or recommendations from that point.

The Chair: Thank you.

Shayne, did you want to make a comment?

Mr. Saskiw: No. I'm fine.

The Chair: Thank you.

Bruce McAllister.

Mr. McAllister: Thank you, Madam Chair. Great discussion. There are so many ways that we could go to try and make a difference. I was listening to one of the members opposite talking about the FCSS and wondering if it might make sense at some point to have somebody from the FCSSAA present to us and perhaps let us know exactly where they view the holes are in the province. They would have a great idea, probably regionally, about what separates us and where we might improve, different to the north and to the south and to the centre, and that might give us a better mandate going forward. As Sandra mentioned, there are so many agencies already well on their way that we can learn from. It may be just taking that resource that already exists and learning from them and seeing, to Mr. Young's point, how to proceed.

Thank you.

The Chair: Maureen.

Ms Kubinec: Thank you. I'm really kind of in the same vein as Steve Young in that I think we have to have an end goal of what we want to achieve. I'm going to refer to our Standing Committee

on Resource Stewardship, where we're looking at hydroelectricity. We narrowed it down to hydroelectricity, and from there we started to work backwards, if you will – and it's been a very, very effective committee – to see where we needed to go. Maybe it's as simple as saying that we know that a high, high percentage of homeless people have mental illness.

6:45

Mrs. Forsyth: And addictions.

Ms Kubinec: And addictions, yes. So that would be the end goal. Then say, "What do we have?" and "What do we need?" and use resources like FCSS and other agencies to sort of almost work backwards. I'm kind of on the same page as Steve there, to identify the end goal. Maybe it's as simple as: homelessness and addictions. Make that statement and start to work backwards.

The Chair: Thank you for that.

Yvonne.

Mrs. Fritz: Thank you. I'm just going to make a comment based on what Maureen has brought forward. If we are going to move forward and identify issues, which I think is the way to go – right now we've had a great discussion about all of the broad policy and programs and budget and absolutely everything under the umbrella of mental health – the two I'd like to put on the table relate to anorexia and bulimia and also suicide. I'm not identifying any particular age groups or gender or whatnot, but I'd like to put those two issues on the table.

I agree with Steve Young as well. I think that as you start, wherever the starting point is going to be – I don't know if it's a working committee that decides that or how we do that as a committee as we move forward – the gaps are huge in some of the areas. We've identified some of those areas, and with those gaps it's going to be the community members that can come forward and let us know how we can assist them as we shape the future. I think that's what you're referring to about outcomes.

Those are the two that I would put on the table, then, to have a look at besides homelessness and others that were identified.

Mrs. Forsyth: Okay. If I may, Madam Chair, we've got Rick Fraser, Wayne Cao, and Linda Johnson.

Mr. Fraser: Thank you. To agree with Steve for maybe once today – I'm just kidding – I think it's important that when we look at mental health and addictions, we know they're there. We know that there's nobody at this table that doesn't want to support. We clearly want to make sure that we're taking care of people, but is the issue, again, because we feel that somewhere the strategy that's been taking place has fallen down? What are the statistics when we look at rural communities? Are certain issues around those two topics on the rise? Is there something that we need to, you know, pinpoint in terms of that focus? Actually, in some ways maybe there's a way to tie primary care into that in terms of access to primary care and to physicians in certain areas, particularly when we think that in a rural community, you know, there's not that access to a physician.

So I do agree with Steve. What is the issue that we want to tackle? Then consider the population growth and the availability of everything that's online and the difference between, when we think about what the rates are, what's being reported from a primary care network, what's being reported from psychologists and mental health and addictions agencies. Like Steve said, it's a pretty broad subject, so I guess: what do we want to pinpoint, what is it we want to tackle, and what are the real statistics so that

we know which direction we need to go? Then try to tie in, because I think it is part of it, whether it's primary care, whether it's paramedics and those agencies on the street, policing as part of that in terms of that identification and tracking and all those sorts of things. I know that's a mouthful.

Mrs. Forsyth: Okay. We have Wayne Cao, Linda Johnson, and then Ken Lemke.

Mr. Cao: Thank you. I represent Alana DeLong here. I'm probably quite new in the discussion, so I may venture some thoughts here. First of all, I was wondering whether the committee is looking at existing problems where somebody already has some work on it or getting into something brand new, something visionary that we want to get to. That's kind of a perspective I see.

What I'm seeing here is something where there's already some work being done out there with social problems. May I suggest an idea? You mentioned FCSS, and you people mentioned mental health and other issues. The United Way has always come out with studies, a vision of something our society has problems with such as youth poverty, mental health in young ones. Quite a number of organizations have brought up the issue. My perspective would be to somehow tap into that and ask them to come and tell us, and then we balance and choose the one where we feel, "Hey, this is the one" rather than us sitting here deciding: "Hey, this is the one. Choose this one." I personally don't have that in-depth knowledge of a particular issue in balance with the others. There are so many.

Thank you.

Mrs. Forsyth: Linda and then Ken.

Ms L. Johnson: Thank you. I think the aspect of mental health I'd like to have on the table and considered by the committee is the delivery of mental health support in mainstream Alberta. I'm thinking more of our postpartum moms, our teens, our seniors who are isolated. I've been arguing with myself. I did deal with postpartum depression after one of my children. It's not an easy thing to admit. We probably all know someone in our world.

The other part of mental health is not the homeless and addiction. It's mainstream individuals, Albertans. Minister Horne recently spoke and said that 40 per cent of doctors' visits, so to GPs, are about mental health issues. That's a huge part of our population that we mustn't forget as we pursue this project.

I think also that in terms of resources we need to keep in mind some of our expertise that we already have in Alberta. Dennis Anderson, former MLA for Calgary Currie, has received a lot of recognition for his work in the mental health field. You know, the Canadian Mental Health Association may be able to give us a perspective on mainstream mental health issues, that can't be forgotten as our committee moves forward.

Thank you.

The Chair: Thank you.

Ken, and I believe I'll cut it off after you.

Mr. Lemke: Thank you. It's hard to disagree with anything that anybody has said because we're all saying virtually the same thing.

Mr. McAllister: Refreshing, isn't it?

Mr. Lemke: Yes, it is, quite frankly.

The issue is that we need to start somewhere. If we're talking about homelessness or mental health, then we're talking about a

whole range of agencies, from the police, maybe health services, social services. It seems to me that a place to start, you know – and with all due respect to the whip, I'm not sure that we can come up with an outcome without knowing what the issues are. Certainly, what we don't want to do is study something that's already been studied by somebody else. I kind of agree with Wayne and Janice. Well, everyone has said virtually the same thing. We need to get some experts in and find out where the holes are and then choose one of them. Maybe it's suicide. I know that's a huge issue, and nobody likes to talk about it.

Ms L. Johnson: We're a leader in that, too.

Mr. Lemke: Where I think we should start is to get some experts in and find out what's going on right now, what the various departments are doing, and whether or not there are holes that we can work on, or pick a subject like suicide or something like that, something very specific.

The Chair: Thanks for that, Ken.

As I've listened this evening, I heard something about body of knowledge. I'm wondering if that wouldn't be a good place to start because every single one of us has actually spoken about mental health but from a different aspect. We all have our own little groups that we know in our own little neighbourhoods, but I'm not sure that all of us have a good, strong picture of what we have in our province. I'm just wondering if bringing in people that are experts in what is actually available out there would be helpful for all of us to know what's out there before we start picking and choosing.

The other thing – and this is way out in left field – is that I'm just wondering if there is an appetite, once we get all of that knowledge, to see where there is redundancy and overlaps, where we could tighten up some of these programs, which would free up some money but also perhaps focus some of these programs a little more. It's just a left field idea.

6:55

Mrs. Leskiw: I hate to be a stick-in-the-mud here, but I look around, and a good portion of the members around this table are from urban areas. You have the luxury of having a lot of different types of facilities, professionals within your community and, if not within your own, across the city or whatever. But when I look at my area, I don't need a professional to tell me what's in the province. I can tell you that we don't have them in my backyard.

When my sexual assault victims have to travel 150 miles and get victimized again, out of no cause of theirs to have to go, when we don't have homeless shelters, when we have all these oil companies, oil field workers, seasonal workers coming into our area, when they do require help, we have nowhere to put them. When we have addictions and just everything that people in the city take for granted that you have an overabundance of or maybe not enough of, we would like to be in a position to have just a little bit of it, never mind an overabundance.

I apologize if I'm getting – I'm here to fight for my people, and I would like to see some of these things that people in Edmonton and Calgary and Red Deer and Lethbridge have available to them. My people have to come to Edmonton.

The Chair: I'm sorry. We're going to run out of time.

Bruce and Janice.

Mr. McAllister: Madam Chair, thank you. I'll be very quick and would love to respond to what you had to say, and boy, do I appreciate someone that passionately advocates for their commu-

nity. I'm in one of those unique urban-rural splits, so I see some of that, too, in some of the areas.

The FCSS, to your point earlier, to my knowledge, represents all but 5,000 Albertans. The number is about 5,100. I mean, it's pretty good coverage. Obviously, facilities are lacking, but they would, presenting to us, have a good idea as to exactly what you speak of and how we might make a dent at improving on it, I would believe.

The Chair: Thank you.
Janice.

Mrs. Sarich: Well, thank you very much, Madam Chair. Maybe just to help along a little bit, to build some capacity on your suggestion on the body of knowledge, there is one organization, for example. Their acronym is CASA, and they're Child, Adolescent and Family Mental Health. It's a community-based provider of mental health services for infants, children, adolescents in families within not only the capital region, but it includes central and northern Alberta. That would be just one example of building capacity for us to understand. Maybe they have a very good model that would be helpful to understand: what are some of the difficulties or challenges in expanding services to remote parts of the province or even into areas that have, I would say, reasonable proximity to the capital region or Calgary or the major centres?

I'm wondering. To expedite your interest in looking at potential presenters – and some great ideas have been expressed this evening – maybe we would respond by providing you a list of some of the stakeholders that we would have an awareness of, and then you could take that into a working dialogue and come back to the committee with some recommendations.

The Chair: Right. I think that's a great idea, and I thank you very much for that.

I guess that when I was speaking about the body of knowledge, to begin with, I thought that I would like to have perhaps someone come from the ministries and explain the names of the different organizations. All of these organizations will be named, but I'm not sure that we know where they all fit in. You know, I guess that at this point they all report to Dave Hancock. Perhaps if we could take that knowledge base first, would that help at all so that we all know what's available and what's not available – and, clearly, rural is one of the things – and then try to hone in on a subject, i.e. homelessness? Then at least we know all the organizations in the province, what they do, how they're funded, and what are best practices in terms of homelessness. I know that Lethbridge has an excellent homeless shelter with great wraparound services. Is that a best business practice? I'm not sure because I don't know what some of the others are. So that was my thinking on that.

We are going to run out of time here. Steve, did you want to say something?

Mr. Young: If I may, one of the biggest things about any strategy – and we need to have a strategy here – is deciding what not to do. We run the risk of having this huge – and this is a huge issue. We've covered the gamut from homelessness to addictions. I mean, this is a body of knowledge that we are only going to scratch the surface of and never actually make a decision on anything. It'll be informative. We'll know more.

What we need to do is talk about scope, and I don't care if it's about advancing or doing a gap analysis of mental health services in rural Alberta or how we do gap analysis and mental health services for seniors. I think it's all good, but I think we're going to be just – there are lots of terms I could use, but wasting our time is

probably the most appropriate one if we don't scope. We need to have a proper, manageable scope; otherwise, this is a four-year project, and we're never going to decide on anything because we don't what we're asking. We're going to know lots, but it's about deciding on the scope and the question we want to find out about.

I'll leave that with you.

Mrs. Forsyth: Madam Chair, I'm afraid that we have a couple more speakers. Rod and then Yvonne, and then I think we really have to cut it off.

The Chair: Yeah. Okay.

Mr. Fox: Thank you, Madam Chair. I wanted to reiterate what my colleague Bruce McAllister was talking about with FCSS. This is a program that's rolled out to virtually all Albertans, and in it they provide a lot of the supports that communities are looking for when it comes to postpartum depression or where to go to get some of the services that we're looking for when we're talking about mental illness. So I would really love to have somebody from FCSS come in from the various regions of the province so that we can hear where the holes in their programs are and we can develop a strategy around filling it.

Thank you.

The Chair: Yvonne.

Mrs. Fritz: Thank you, Madam Chair. You have lots of good advice here. I do support what Steve is saying about a gap analysis. I think it'll take into consideration, as Genia had mentioned on behalf of her community, a lack of resources compared to other areas of the province, what was mentioned here about postpartum depression, what I said about suicide prevention, and what others have put on the table.

I'm hoping that you'll just take this away from the committee today and then come back to us with options and how you'll proceed. That would include the whole body of knowledge that you want to proceed on. You're going to narrow the scope to the gap.

The Chair: Is that acceptable to the rest of the committee?

Just one more thing before I wrap it up. Dr. Swann, I owe you a huge apology. He had received substantial feedback from people that have ideas on health care, and he'd asked if he could circulate it at this meeting. I'm sorry that I didn't get back to you, but what I'd like to ask you to do is if, when we get further on to a scope, to a gap, to whatever we focused on, you could give those letters to us then if they pertain to that particular subject. Would that be acceptable?

Dr. Swann: Thank you, Madam Chair. I apologize for being late. Something happened to my brain at 6 o'clock. I ran out of the Legislature, and I forgot all about this meeting.

I did a mental health public forum in Calgary. I got a lot of feedback from people who are using the system or are having trouble with the system. I'd like to at least share it with the members here. Perhaps we could include that in our deliberations coming out of this meeting when we decide the scope of the committee.

7:05

The Chair: Thank you very much, and I do apologize.

Okay. The next thing is a date for our next meeting. Again my question is going to be one that I asked before. I know that we are going into Christmas, et cetera, et cetera. Is it a good use of our time to come up here and have a four-hour meeting instead of a

one-hour meeting squished in between a whole bunch of other stuff? You know, we'll be out of the House. I, for one, when I come up here, like to have something really concrete to do and have a space of time to do it in rather than an hour and have wasted my whole day, but that's me.

Dr. Swann: I'd like to suggest that we waive that decision until we see what scope of the meeting is going to be suggested and that we then come forward with a proposal that would have to do with timing and themes.

The Chair: Okay, but to help me bring that forward, how many people would be interested in coming up here for a four-hour meeting?

Mrs. Forsyth: Well, let's keep in mind that we have the option for a telephone conference call. I mean, I'm one that uses the conference calls all the time. You don't physically have to be up here for four hours. You can go on a conference call. I drive all the time. The highways are always precarious for us, back and forth in the winter. People have the option that they can go on a conference call.

The Chair: Okay.

Mrs. Leskiw: A couple of things. It depends on when your meeting is because I know my December calendar is full right till Christmas. The other thing is that depending on what our spring session is like, if we don't have any evening sittings in the spring, then maybe what we could do once we see the agenda for the spring session is, say, book Tuesday night or Wednesday night or whatever the case happens to be, and have a 6 to 9 meeting or whatever. That's another option available to us.

The Chair: Right.

I'd like to move this along. I know that most people take vacations in January – that's when the cruise ships go and all that kind of good stuff – and I know that December at this point is pretty full as well, so the first week in February almost looks like the first time that we would have a full house, so to speak, so I'll just keep that in mind if that's okay with everyone as well. Okay.

Is there anything else?

Ms Kubinec: Just a question on what our time frame is. We don't have one?

The Chair: I'm glad you said that because we have a time frame. All inquiries must be concluded in a substantive report presented to the Assembly no later than six months after the commencement of the inquiry. We're not quite at that level yet, so we have a bit of time. There's a bit of time there.

Thank you for that.

Dr. Swann: May I suggest that you put out some dates for January also because everybody is going to take holidays when they take holidays, and we can't expect everybody to be here for every meeting. Let's put out some dates in January as well and try and move things as quickly as possible.

The Chair: Good. Thank you for that. Yes. That's what we'll do.

If there's nothing else, could I have a motion for adjournment?

Mr. McAllister: So moved.

The Chair: Bruce McAllister. Thank you.

[The committee adjourned at 7:08 p.m.]

