



Legislative Assembly of Alberta

The 28th Legislature
Third Session

Standing Committee
on
Families and Communities

Thursday, December 18, 2014
1 p.m.

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Standing Committee on Families and Communities

Olesen, Cathy, Sherwood Park (PC), Chair
Vacant, Deputy Chair

Barnes, Drew, Cypress-Medicine Hat (W)*
Cusanelli, Christine, Calgary-Currie (PC)
Eggen, David, Edmonton-Calder (ND)
Fenske, Jacquie, Fort Saskatchewan-Vegreville (PC)
Fox, Rodney M., Lacombe-Ponoka (PC)
Fritz, Yvonne, Calgary-Cross (PC)
Jablonski, Mary Anne, Red Deer-North (PC)
Leskiw, Genia, Bonnyville-Cold Lake (PC)
McAllister, Bruce, Chestermere-Rocky View (PC)
Pedersen, Blake, Medicine Hat (PC)
Quest, Dave, Strathcona-Sherwood Park (PC)
Rodney, Dave, Calgary-Lougheed (PC)
Sandhu, Peter, Edmonton-Manning (PC)
Swann, Dr. David, Calgary-Mountain View (AL)
Weadick, Greg, Lethbridge-West (PC)

* substitution for Blake Pedersen

Support Staff

W.J. David McNeil	Clerk
Robert H. Reynolds, QC	Law Clerk/Director of Interparliamentary Relations
Shannon Dean	Senior Parliamentary Counsel/ Director of House Services
Philip Massolin	Manager of Research Services
Stephanie LeBlanc	Legal Research Officer
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Corinne Dacyshyn	Committee Clerk
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Rhonda Sorensen	Manager of Corporate Communications and Broadcast Services
Jeanette Dotimas	Communications Consultant
Tracey Sales	Communications Consultant
Janet Schweigel	Managing Editor of <i>Alberta Hansard</i>

1 p.m. Thursday, December 18, 2014

[Ms Olesen in the chair]

The Chair: Good afternoon, everyone. Welcome to the Standing Committee on Families and Communities. I'd like to start by thanking everyone for coming together today on short notice during such a busy time of year.

As we get started, I'll ask that members and those joining the committee at the table introduce themselves for the record. Why don't we start at the table, and then we'll go to the phones.

Mr. Eggen: Well, good afternoon. My name is David Eggen, and I'm the MLA for Edmonton-Calder, with the Alberta New Democrats.

The Chair: Thank you.

Cathy Olesen, chair of the committee.

Mrs. Leskiw: Genia Leskiw, MLA for Bonnyville-Cold Lake, God's country, northeastern Alberta.

Ms Fenske: Jacquie Fenske, MLA for Fort Saskatchewan-Vegreville, the heart of Alberta in Alberta's Industrial Heartland.

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

Ms Robert: Good afternoon. Nancy Robert, research officer.

Ms Sorensen: Rhonda Sorensen, manager of corporate communications and broadcast services.

Ms Rempel: Jody Rempel, committee clerk.

The Chair: We will go to the phones. If you'd introduce yourselves.

Mrs. Jablonski: I'm Mary Anne Jablonski from the centre of paradise.

Mrs. Fritz: Yvonne Fritz, Calgary-Cross.

The Chair: Greg, are you there?

Mr. Weadick: You bet. Greg Weadick, Lethbridge-West.

The Chair: Anybody else?

We also had someone join us.

Mr. Reynolds: Rob Reynolds, Law Clerk, director of interparliamentary relations. Merry Christmas.

The Chair: Thank you.

I was just going to announce Drew Barnes. Thank you for joining us.

Mr. Barnes: Thank you.

The Chair: For the record pursuant to Standing Order 56(2.1) to (2.4) Mr. Barnes is officially substituting for Mr. Pedersen as deputy chair.

[Mr. Rodney joined the audio conference]

The Chair: Before we turn to the business at hand, a few operational items. The microphone consoles are operated by *Hansard* staff. Please keep cellphones and BlackBerrys off the table. Audio of 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.

[Dr. Swann joined the audio conference]

The Chair: At this time I would ask for approval of the agenda as presented. Could I have a motion? Jacquie Fenske. Those in favour? That is carried. Thank you.

Approval of the meeting minutes. Are there any errors or omissions to note? You've had a chance to look at the minutes? Would someone be prepared to move the minutes?

Mrs. Leskiw: I so move.

The Chair: Thank you. MLA Leskiw. Those in favour? Those opposed? That is carried.

I'm assuming that people on the phone would object if there were objections.

Some Hon. Members: That's right. Correct.

The Chair: Our next item of discussion is Government Motion 15, the scope of the review. Government Motion 15 was agreed to by the Assembly on December 9, and a copy was included with the briefing materials for this meeting. At the direction of the Assembly the committee is undertaking a comprehensive review of the legislative changes brought about by the Mental Health Amendment Act, 2007.

This review is required by legislation, as stated in section 54 of the Mental Health Act.

Within 5 years after the coming into force of section 8 of the Mental Health Amendment Act, 2007, a committee of the Legislative Assembly must begin a comprehensive review of the amendments made by that Act and must submit to the Assembly, within one year after beginning the review, a report that includes any amendments recommended by the committee.

Copies of both the current act and the 2007 amending act are available to committee members for reference on our internal website. Committee members may be interested to know that in 2007, before being passed by the Assembly, the Mental Health Amendment Act was known as Bill 31. This bill was reviewed by the Standing Committee on Community Services, which was an all-party committee with a similar function and mandate to this one. Copies of this committee's report are available online and through the Legislature Library.

At this point I'd like to turn the floor over to Mr. Reynolds to give us a little more information on the task we've just been given, and he will discuss the scope of the review.

Thank you.

Mr. Reynolds: Well, thank you, Chair. This will be a very short presentation. Basically, as you will note, the Mental Health Amendment Act, 2007, included the provision that brings this before the committee today. As you indicated, section 54 of what is now the Mental Health Act says:

Within 5 years after the coming into force of section 8 of the Mental Health Amendment Act, 2007, a committee of the Legislative Assembly must begin a comprehensive review of the amendments made by that Act and must submit to the Assembly, within one year after beginning the review, a report that includes any amendments recommended by the committee.

I just want to say that where it says, "Amendments made by that Act," that act is the 2007 act, if you will, which deals with community treatment orders. So the scope of the review is what is

in the 2007 act, that I believe was proclaimed into force January 1, 2010.

Barring any questions, that's all I've got for you, Madam Chair.

The Chair: Thank you very much.

Do we have any questions at this time? MLA Eggen.

Mr. Eggen: Thank you, Chair, and thank you for that presentation. This is my first meeting with this committee.

The Chair: Welcome.

Mr. Eggen: Thank you. It seems really great so far.

I'm just curious to know what parameters we have to work with in terms of working on this community orders issue. Is that kind of where we're focused in on, Rob?

Mr. Reynolds: May I, Madam Chair?

The Chair: Yes, please.

Mr. Reynolds: Thank you. Thank you, Mr. Eggen. What I was trying to draw a distinction between was the 2007 act and the rest of the Mental Health Act. I believe the review is restricted to the 2007 act, which is why I referenced community treatment orders. Generally speaking, that's what the amendments in 2007 dealt with.

With respect to how the review is to be conducted or what is to be covered in that, that would be up to the committee. What section 54 does say is that it can be a "comprehensive review" of the 2007 act.

Mr. Eggen: Okay. So whatever might be going into a community treatment order or the conditions of the state of treatment in the province that might necessitate a community treatment order would be all within the scope of what we can review, I guess.

The Chair: Sounds like it.

Mr. Eggen: Yeah. You know, it's sort of one point in time or one sort of option that's available, but it's part of the whole continuum of mental health care that I'm interested in reviewing.

The Chair: Absolutely. That would totally be within the scope.

Mr. Eggen: Yeah. Good. Thank you very much.

The Chair: Any questions online?

Dr. Swann: I guess it was a couple of years ago, after the last election, we convened and talked, and the various parties agreed that a comprehensive review of mental health was in order. There was a strong sense that childhood as a particular priority should be included. I think it was brought up that 1 in 2 mental illnesses in later life originate in childhood, so about 50 per cent.

1:10

There was a widely held view that if we don't do better in identifying risk in early childhood and in school kids and intervene more effectively, we're going to be dealing, obviously, with a lot more problems down the line. I would hope that we might think that if we are only going to focus on community treatment orders and even one other area, it would be to try to ensure that we get some sense of where children's mental health services are in the province. Perhaps we can't do the whole thing in a year, but certainly we could limit ourselves to early intervention in childhood issues in addition to community treatment orders. I guess

that's what I'm putting on the table, that I hope we could at least, in addition to community treatment orders and how they're working or not working, also include children's mental health.

The Chair: I think, Dr. Swann, you make a very good point. However, at this point we've been directed by the Legislature to review these amendments, so that would be our first priority. Once that's done, then we can look at other options and other areas of study that would be determined by the board. But this would be our first order of business, as directed by the Legislature.

Dr. Swann: So that's pretty limited to community treatment orders, then?

The Chair: Yeah.

Dr. Swann: Well, I guess what I'm arguing is that that won't take long. I would like to put on the table the recommendation that this committee not lose track of our commitment back in 2012, when we said that we wanted to review mental health more broadly, and then we didn't get a chance to do more than just talk about children as the most pressing issue for us to deal with.

Thank you.

The Chair: Thank you. We will record that in the minutes so that it will be on record that that is a priority.

Any other comments? MLA Eggen.

Mr. Eggen: Yeah. Further to that, Dr. Swann has a good point here. I'm approaching this new to the committee but with some understanding of the GAP-MAP study that was done recently in regard to mental health. Certainly, I had sort of painted a picture here earlier – right? – that community treatment orders are just one, I would say, probably extreme point in the continuum of mental health care. I think that however we decide to form this, I can say that of the best practices of previous committees that I've been to, perhaps the most effective ones that I was in were the pension meetings, where we brought in lots of different expertise and then community people as well that helped illustrate the pension issue very clearly to us. Certainly, we have a focal point here with community treatment orders, but that shouldn't preclude the possibility of having people make presentations on the wider state of mental health care here in the province.

The Chair: You're correct, but that would be our next step. This would be the first order of business. We also at a previous meeting – I believe it was MLA Fenske had asked that the mental health GAP analysis be forwarded to committee members, and I think that was about two chairs ago. Once this order of business is done, we can get back to addressing the desire to move forward with new topics.

Mr. Eggen: Yeah. Again, I'm suggesting that it's really one and the same. If you're dealing with community treatment orders, then of course what goes into a community treatment order are the individuals that are fed into having to have a community treatment order. That gives you the broader perspective you need to deal with the issue properly, right?

The Chair: You're right. Actually, you're jumping ahead on the agenda. What we will talk about are the next steps, the technical briefings and who the stakeholders will be, that sort of thing.

Mr. Eggen: Yeah. I'm just kind of laying it out.

The Chair: You bet. Thanks for doing that.

Any other questions online?

Mrs. Fritz: I just have one question, Madam Chair. My question is about the timing, knowing that this had begun, you know, way back in 2007 with the Mental Health Amendment Act, 2007, and that now we are in 2014. Then we're going to either approve or disapprove of these amendments here by voting and then on to the second step that you're discussing. If you would just give some thought to that before we even discuss that next step about the community treatment orders and the limitation of their use and what they would encompass because, for me, I found that seven years was a very long time to have had the stakeholders. It may have been an extensive list; I don't know. I saw that it included ministries as well as organizations and the public at large, but I wondered why it took this long for this to get through to the Assembly and then to us.

The Chair: Well, it was proclaimed in 2010, and in the legislation it said: within five years. There has been a report, and it's being developed right now from the department. We'll be able to see the impact and the success and/or requirements or potential amendments. It's kind of an update. They had to collect data to do an assessment of how it's been working, and I would defer to Mr. Reynolds here.

Mrs. Fritz: Before I hear from Mr. Reynolds, just to comment on that, I see that as part of the problem. I think this has been pushed out to almost the end of the five-year mark, and then we're going to step in here and look at the community treatment orders, et cetera. So, yes, I'd be interested in Mr. Reynolds's comments.

Mr. Reynolds: Well, thank you, Madam Chair. I was just wondering if perhaps I wasn't clear that the legislation has been in place, as the chair said, for five years. It's seven years since it was enacted, but it's been in place for five years, and the task is just, as I interpret the legislation, to review how it's been operating over the past five years.

The Chair: That would be correct, and that is why we will be having stakeholders give comments on how it has been working: what the implications have been, what the success rate has been, that sort of thing. That's where we will get the analysis of how it has been working.

Mrs. Fritz: Well, I appreciate knowing that, because the way it was written, I did not interpret that at all from what we received from the committee. I appreciate knowing that the report will review what the practice has been for the five-year period.

The Chair: Thank you.

Mrs. Fritz: Okay. Thank you.

The Chair: Anything further on the lines?

If I could ask people who are on the phone: if you have a cellphone at your table, we're hearing the little party that happens when it buzzes, so if you could take it off the table, that would be appreciated.

Now we'll move on to our next item. This is how we can discuss options on how to begin a review and to give our support staff direction so we can get this review moving along.

The technical briefing. Even though we're not reviewing the entire Mental Health Act, the subject we have before us is still very complex, and I think it would help us all to get a handle on things if we received a technical briefing from Alberta Health as

the ministry responsible for the act. So we would have staff come in and give us an update. Technical briefings are not the same as stakeholder presentations. That would be the next step. Does everyone agree that we would get a technical briefing from the department who has been working with this legislation? Does that sound like something that everyone would be able to support? Okay. Great. Thank you.

Also, from here we're going to look at who else the committee members would like to hear from, like the Mental Health Patient Advocate. There are different people, different stakeholders. Pretty soon we'll be handing it over to Dr. Phil, who will have some ideas, and I would ask that committee members also submit who they would like to hear from.

We've also been joined. If you would read your name into the record.

Mr. Quest: Sure, Madam Chair. Dave Quest, MLA, Strathcona-Sherwood Park. Sorry that I'm late.

The Chair: Thank you.

Would someone be prepared to move a motion that we invite staff from the ministry to make the technical briefing.

Ms Fenske: So moved.

The Chair: Thank you. MLA Fenske. Those in favour? Are there any opposed? That is carried.

Now we'll talk about research support. Although we're just getting started on the review, there may be some information that we as a committee already know. We would like to request Dr. Massolin, if he would like to, to make a few comments on this point.

1:20

Dr. Massolin: Yes. Thank you, Madam Chair. What I would like to do first of all is just to indicate to the committee that research services from the LAO is available to the committee throughout its review to provide research services.

In the past, as we did in 2007, when this act was referred to the Community Services Committee, we provided stakeholder lists, crossjurisdictional comparisons, other research reports, including one, I think, on Kendra's Law, which is a community treatment order law in New York state. We also, of course, helped the committee prepare its final report for the Legislature. We offer those research services, and at this stage – I mean, I think that on the agenda it indicates that the consultation process is a little bit later on – we can certainly help the committee in terms of preparing a stakeholders list.

Another thing the committee may want to consider is to task us with crossjurisdictional comparison in terms of comparing other jurisdictions in Canada and perhaps even in the United States in terms of community treatment orders, in terms of the way that their legislation deals with community treatment orders, which jurisdictions have them, obviously, as well. I'll leave that with you.

Thank you, Madam Chair.

The Chair: Thank you.

Are there any objections to that offer? A good place to start? Okay. Thank you. That would be appreciated.

Also, I've been hearing from my colleagues that the committee would also like to consider other groups and individuals that may wish to hear about this topic. It is something that affects many Albertans, and I think the committee should start by hearing from a broad range of groups through written submissions.

Does anyone have any thoughts or ideas on what they'd like to pass on at this time?

Ms Fenske: If I might suggest that in the past we've often asked for names and such to come in to the chair and for the chair and the vice-chair to sit down, or else you have a committee. I'm not sure if you still have that. Instead of adding those today, if we could ask for those to be submitted to you, and then you sit down with the group that you meet with and vet through those.

The Chair: That's a good idea, but I wonder if it wouldn't be prudent to have suggestions from Dr. Massolin to come out first, and then we can add to it with our suggestions.

Ms Fenske: Actually, that would be more efficient, definitely.

The Chair: Okay. How is that sitting?

Mr. Rodney: That sounds really good to me. I was going to suggest exactly the same thing, a master list to which we can add.

The Chair: Perfect. Thank you.

Mr. Eggen: I trust that there's a subcommittee that deals with this as well.

The Chair: We haven't struck one yet.

Mr. Eggen: No? It's a good idea. You should do that.

The Chair: Yeah. It would be. We should.

Mr. Eggen: Yeah. It helps.

The Chair: Do you want to be on it?

Mr. Eggen: Absolutely.

The Chair: Okay. Perfect.

Mr. Eggen: Yeah. And, you know, just to ensure that we keep the list open for a while – right? – that we have in the fullness of time built a list so that we don't miss anybody. Again, I'm thinking of best practice from the pension thing I was on before. You miss people, and you pay for it later.

The Chair: Thank you.

Mrs. Leskiw: I was going to agree with him because there are a lot of people out there, from the other parties also, that may have names and people that are interested in this particular topic, and we should be open to the suggestions that are being brought forth, to be able to add to it.

The Chair: Thank you.

I think that if you would move a motion, if I would ask you that a working group be struck that includes you, myself, and the vice-chair.

Mr. Eggen: Yes. If we could . . .

The Chair: Oh, I'm getting feedback here. We can't do that?

Dr. Massolin: Well, you can, but I would imagine that you would want representation from all the caucuses.

Mr. Eggen: Yeah. You put in one from each.

The Chair: There's one, two, three, oh, and then another one, too. Yes, we need the other party.

Mr. Eggen: Yeah.

Dr. Swann, are you on the call still?

Dr. Swann: Absolutely. Yeah, I'm available.

Mr. Eggen: Do you want to join the subcommittee?

Dr. Swann: Yes. Absolutely.

The Chair: Then we've got all parties covered.

Mr. Eggen: Well, the Wildrose.

The Chair: The vice-chair is Wildrose.

Mr. Eggen: Oh, good. Yeah. Okay. Perfect.

The Chair: Except that he's standing in, so he's not officially a committee member. I may have misspoken. Maybe we should hold off on this till everything settles out with things.

Mr. Eggen: Sure. That's fine.

The Chair: Thank you.

Mr. Eggen: Let's just agree that we will strike a committee, and it helps to facilitate the direction of our inquiry.

The Chair: I would suspect we're going to get MLA Barnes on as our vice-chair, and once that's official, then we can move ahead. Thank you.

Mr. Eggen: Yeah. Exactly. Sounds good. All right.

The Chair: How about another motion? What about moving that the Standing Committee on Families and Communities direct research services to prepare a stakeholders list as part of the committee's review of legislative changes brought about by the Mental Health Amendment Act, 2007, to be used to solicit submissions from interested groups and individuals.

MLA Eggen, would you be prepared to move that?

Mr. Eggen: Yes. Just exactly how you said it.

The Chair: Thank you.

People on the phone, do you have comments or questions?

Dr. Swann: No. That sounds like a great protocol to follow.

Mr. Rodney: Sounds fine.

The Chair: Good.

Mr. Quest: Just a question, and I may have missed this. Have you decided how many written submissions versus how many in-person presentations or submissions?

The Chair: We haven't gotten there yet.

Mr. Quest: So the subcommittee will decide that?

The Chair: I would think this committee would decide that.

Mr. Quest: That's what I would suggest.

Mr. Rodney: In fact, hon. Quest . . .

Mr. Quest: Sorry, Dave. Go ahead.

Mr. Rodney: I think you folks know I have a lot of trouble agreeing with Dave Quest, but I definitely agree with exactly what Dave Quest just said. That's exactly what I was thinking.

The Chair: You bet.

Mr. Quest: Okay. That the whole committee will decide on the number of written and in-person presentations?

The Chair: We're kind of doing this one step at a time. We've authorized a presentation from the department. That's been the first thing, a technical briefing. Then Dr. Massolin has agreed to produce a stakeholder list, which will be distributed to everyone, which we will all be able to add to. Those are the first steps.

Mr. Quest: All right. At some point somebody has to decide, actually, how to reduce the list, if you like, because you're going to get a big, big list.

The Chair: That will be a part of the process.

Mr. Quest: I don't mean reduce it. I mean deciding how many written and how many in person.

The Chair: Well, that will come back here.

Mr. Quest: Okay. As long as it comes back to the committee. I'm done, Dave.

The Chair: Go ahead.

Mr. Rodney: Okay. If you're done, I simply wanted to – many folks around the table have a lot of experience at this sort of thing. I know that I've been at many of these tables. My experience is that when gentlemen like Dr. Phil and their crews give us their initial list, it is quite exhaustive, and that's very, very helpful. I also have had experience where some folks have some local suggestions. For instance, I've gotten one from not just my constituency; it serves the entire city of Calgary and beyond. It may or may not be on that list. Finally, my experience is that often there are so many groups that we could hear from, we have those groups get together and produce something that is under an umbrella organization.

Madam Chair, without getting too far ahead, I think that the plan for Dr. Phil and his group to come forward with a list to which we can add, that we all vet together as hon. Quest has suggested, is a very efficient and very effective way of doing it and not wasting anybody's time but getting the most fruitful results for best practices because that's what we want for all Albertans and especially our kids on such an important topic.

The Chair: Yes. Very well said. Agreed.
Any further questions?

We have a motion on the floor. Do I need to read it out, or are we good with it? Moved by MLA David Eggen that the Standing Committee on Families and Communities direct research services to prepare a stakeholders list as part of the committee's review of legislative changes brought about by the Mental Health Amendment Act, 2007, to be used to solicit submissions from interested groups and individuals. It's putting them to work.

Mr. Quest: Phil and company make the list. Got it.

The Chair: One step at a time. We're putting them to work. We'll get the list, and then we can add our own suggestions.

Mr. Reynolds: He's making the list and checking it twice.

Dr. Swann: Perfect.

Mrs. Jablonski: Agreed.

Dr. Massolin: Just to clarify, these are soliciting written submissions . . .

The Chair: At this time.

Dr. Massolin: . . . at this time. Thank you.

The Chair: Thank you.

Mr. Quest: Then those will come back for oral submissions to the committee if that's what the committee decides, if they're doing oral submissions at all.

The Chair: Right. It'll come back here for discussion. Thank you.

Mr. Quest: Right. Agreed.

The Chair: All righty. So everyone has agreed with that motion. Okay. Thank you.

Is there any other business that committee members would like to share at this time? I see none.

Some Hon. Members: Merry Christmas, everyone.

The Chair: Merry Christmas.

The next meeting will be called after we canvass everyone for their availability.

I would invite a motion for adjournment. I think MLA Dave Quest was going to move that.

Mr. Quest: That's just what I was thinking.

The Chair: Thank you.

Thank you. Merry Christmas to all and to all a good night.

[The committee adjourned at 1:30 p.m.]

