



Legislative Assembly of Alberta

The 30th Legislature
Fourth Session

Standing Committee
on
Families and Communities

Ministry of Mental Health and Addiction
Consideration of Main Estimates

Tuesday, March 14, 2023
9 a.m.

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The 30th Legislature
Fourth Session**

Standing Committee on Families and Communities

Lovely, Jacqueline, Camrose (UC), Chair
Sigurdson, Lori, Edmonton-Riverview (NDP), Deputy Chair
Dach, Lorne, Edmonton-McClung (NDP),* Acting Deputy Chair
Armstrong-Homeniuk, Jackie, Fort Saskatchewan-Vegreville (UC)
Carson, Jonathon, Edmonton-West Henday (NDP)
Dang, Thomas, Edmonton-South (Ind)
Fir, Tanya, Calgary-Peigan (UC)
Gottfried, Richard, Calgary-Fish Creek (UC)
Long, Martin M., West Yellowhead (UC)
Sabir, Irfan, Calgary-Bhullar-McCall (NDP)
Smith, Mark W., Drayton Valley-Devon (UC)
Yao, Tany, Fort McMurray-Wood Buffalo (UC)
Yaseen, Muhammad, Calgary-North (UC)

* substitution for Lori Sigurdson

Also in Attendance

Shepherd, David, Edmonton-City Centre (NDP)

Support Staff

Shannon Dean, KC	Clerk
Teri Cherkewich	Law Clerk
Trafton Koenig	Senior Parliamentary Counsel
Philip Massolin	Clerk Assistant and Director of House Services
Nancy Robert	Clerk of <i>Journals</i> and Committees
Sarah Amato	Research Officer
Christina Williamson	Research Officer
Warren Huffman	Committee Clerk
Jody Rempel	Committee Clerk
Aaron Roth	Committee Clerk
Rhonda Sorensen	Manager of Corporate Communications
Christina Steenbergen	Supervisor of Communications Services
Shannon Parke	Communications Consultant
Troy Rhoades	Communications Consultant
Tracey Sales	Communications Consultant
Janet Schwegel	Director of Parliamentary Programs
Amanda LeBlanc	Deputy Editor of <i>Alberta Hansard</i>

Standing Committee on Families and Communities

Participants

Ministry of Mental Health and Addiction
Hon. Nicholas Milliken, Minister
Evan Romanow, Acting Deputy Minister

9 a.m.

Tuesday, March 14, 2023

[Ms Lovely in the chair]

**Ministry of Mental Health and Addiction
Consideration of Main Estimates**

The Chair: I'd like to call the meeting to order and welcome everyone in attendance. The committee has under consideration the estimates of the Ministry of Mental Health and Addiction for the fiscal year ending March 31, 2024.

I'd like to ask that we go around the table and have members introduce themselves for the record. Minister, please introduce your officials who are joining you at the table. I'm Jackie Lovely. I'm the MLA for the Camrose constituency and chair of this committee. We'll start to my right.

Mr. Yao: Tany Yao, Fort McMurray-Wood Buffalo.

Ms Fir: Tanya Fir, Calgary-Peigan.

Mr. Smith: Good morning. Mark Smith, MLA, Drayton Valley-Devon.

Mr. Yaseen: Muhammad Yaseen, MLA, Calgary-North.

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

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

Mr. Milliken: Nicholas Milliken, MLA, Calgary-Currie, Minister of Mental Health and Addiction. With me I have Shakeeb Siddiqui, to my left, the assistant deputy minister of financial services and senior financial officer. We've got Evan Romanow, just to my right, the acting deputy minister; and, of course, Coreen Everington, acting assistant deputy minister.

Ms Sigurdson: I'm Lori Sigurdson. I'm the MLA for Edmonton-Riverview.

Mr. Dach: Lorne Dach, MLA for Edmonton-McClung. Good morning.

The Chair: We have one member joining us online. Go ahead, Member Gotfried.

Mr. Gotfried: Richard Gotfried, MLA, Calgary-Fish Creek.

The Chair: Okay. A few housekeeping items to address before we turn to the business at hand. Please note that the 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. Members participating remotely are encouraged to turn your camera on while speaking and to mute your microphone when not speaking. Remote participants who wish to be placed on the speakers list are asked to e-mail or message the committee clerk, and members in the room should signal to the chair. Please set your cellphones and other devices to silent for the duration of the meeting.

All right. With regard to speaking rotation and time limits, hon. members, the standing orders set out the process for consideration of the main estimates. A total of three hours has been scheduled for consideration of the estimates for the Ministry of Mental Health and Addiction. Standing Order 59.01(6) establishes the speaking rotation and speaking times. In brief, the minister or member of

Executive Council acting on the minister's behalf will have 10 minutes to address the committee. At the conclusion of the minister's comments a 60-minute speaking block for the Official Opposition begins, followed by a 20-minute speaking block for independent members, if any, and then a 20-minute speaking block for the government caucus. Individuals may only speak for up to 10 minutes at a time, but speaking times may be combined between the member and the minister.

After this, speaking times will follow the same rotation of the Official Opposition, independent members, and the government caucus. The members and the minister may each speak once for a maximum of five minutes, or these times may be combined, making it a 10-minute block. If members have any questions regarding speaking times or the rotation, please send an e-mail or message to the committee clerk about the process.

With the concurrence of the committee I will call a five-minute break near the midpoint of the meeting; however, the three-hour clock will continue to run. Does anyone oppose having a break? Okay. Seeing none, we'll have one.

Ministry officials may be present and, at the direction of the minister, may address the committee. Ministry officials seated in the gallery, if called upon, have access to a microphone in the gallery area and are asked to please introduce themselves for the record prior to commenting. Pages are available to deliver notes or other materials between the gallery and the table. Attendees in the gallery may not approach the table. Space permitting, opposition caucus staff may sit at the table to assist their members; however, members have priority to sit at the table at all times.

If debate is exhausted prior to three hours, the ministry's estimates are deemed to have been considered for the time allotted in the schedule, and the committee will adjourn. Points of order will be dealt with as they arise, and individual speaking times will be paused; however, the speaking block time and the overall three-hour meeting clock will continue to run.

Any written material provided in response to questions raised during the main estimates should be tabled by the minister in the Assembly for the benefit of all members.

The vote on the estimates and the amendments will occur in Committee of Supply on March 16, 2023. Amendments must be in writing and approved by Parliamentary Counsel prior to the meeting at which they are to be moved. The original amendment is to be deposited with the committee clerk with 20 hard copies. An electronic version of the signed original should be provided to the committee clerk for distribution to committee members.

Finally, the committee should have the opportunity to hear both questions and answers without interruption during the estimates debate. Debate flows through the chair, please, at all times, including instances where speaking time is shared between a member and the minister.

I would now invite the Minister of Mental Health and Addiction to begin with your opening remarks. You have 10 minutes, Minister.

Mr. Milliken: Thank you, Chair, and good morning, everyone. I'm pleased to be here to present the Mental Health and Addiction estimates for 2023-24. For this new ministry, previously a division in Alberta Health, Budget 2023 provides a record investment in mental health and addiction treatment to support more Albertans in their pursuit of recovery. It provides the resources required to continue addressing the addiction crisis, support the mental wellness of Albertans, and further build recovery-oriented systems of care across the province.

Budget 2023 supports key mental health and addiction priorities by enhancing prevention initiatives and early intervention services

to support more co-ordinated access to addiction and mental health rehabilitation services; improving access to treatment and recovery, with more treatment spaces and more ways to access addiction, mental health, and recovery services, specifically in Edmonton and Calgary, where the addiction crisis is most acute; supporting services that reduce harm, including supervised consumption services and the provincial naloxone program; and expanding mental health and addiction recovery initiatives for children and youth.

Mental Health and Addiction's total expense is budgeted at \$275 million for 2023-24; \$257 million would be invested in the ministry's operating budget plus \$18 million in capital grant expense for 2023-24. This is record-level funding, an increase of 37 per cent year over year, and significantly more than the \$87 million that was provided for mental health and addiction in 2019. Funding through Budget 2023 will be prioritized for addiction and mental health care supports across the continuum of care, including prevention, intervention, treatment, and recovery. Specifically, this includes \$30 million for addiction prevention and intervention supports and services; \$132 million for treatment and recovery; \$30 million for services that reduce harm; and more than \$45 million for child and youth mental health and recovery initiatives.

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 and have been for years. With Mental Health and Addiction being its own new ministry, it gives me as minister a specific mandate to address these issues in a more meaningful way. By working closely with my crossministry colleagues to lead, establish, and expand recovery-oriented systems of care and make recovery the primary mental health and addiction policy within government, I know we can find solutions. There is no single solution, though, to fix this. But we know the Alberta model, to advance recovery-oriented systems of care, is an approach backed by solid evidence. Alberta Mental Health and Addiction is leading work in this area. We are focused on delivering safe, quality mental health and addiction care, driving recovery-focused policy, and relying on outcomes-based data to inform our investments.

As a new ministry we have had the opportunity this year to create our first business plan and contribute to the broader government of Alberta strategic plan, with both of these plans building on a number of our existing initiatives and policies. I want to be clear: the context of our ministry budget in front of the committee today is only what is directly supported and funded through the Mental Health and Addiction ministry budget. This ministry was created from what was previously a single program area within the overall Ministry of Health, which still includes the oversight and funding for Alberta Health Services and compensation for physicians and primary health in Budget 2023. There continues to be more than \$900 million in funding that the government of Alberta provides annually to support mental health and addiction-related needs and priorities through Alberta Health's budget for AHS services.

Over the next year our ministry is working with AHS to undertake an expenditure review to more clearly define mental health and addiction funding. When establishing a new ministry, conducting a comprehensive expenditure review is part of government's due diligence to ensure there is adequate system oversight and accountability in responding to the needs of Albertans; in our case, the need for mental health and addiction supports. This is an administrative process to better understand what budget allocations go towards addiction and mental health supports and services so that we can ensure public funding is achieving the best outcomes. To be clear, this process has nothing

to do with funding adjustments to any programs or services; it's actually quite the opposite.

9:10

Since Budget 2018-2019 funding towards mental health and addiction has increased nearly 200 per cent, going from approximately \$87 million to over \$275 million in this proposed budget. That is more than \$185 million more per year to better meet the needs of Albertans. We have been responsible for and targeted in how new investments are supporting alignment within recovery-oriented systems of care. This means that more person-centred services available across a full continuum of care are being provided consistently across the province. As we review the expenses and services delivered through Health and AHS, we are looking to ensure that we have a complete picture of all mental health and addiction system expenditures.

The objective for next year's budget, Budget 2024, is to have a consolidated budget for all related mental health and addiction services. This will allow the government to continue optimizing and aligning the broader system of mental health and addiction care under the oversight of my ministry. A consolidated budget will also create greater openness and transparency for Albertans regarding what services are available, who is being supported, and how we can continue enhancing the system so that it is co-ordinated, person centred, recovery oriented, and, most importantly, offering the best outcomes for Albertans.

On the topic of performance measures a key element for this new ministry and budget is the dedicated business plan and the section of the performance measurements and outcomes. Previously, under the Ministry of Health, only a few lines and sections were dedicated specifically to mental health and addiction. The new ministry structure lets us focus in on the resources, key initiatives, and actions through the budget to serve Albertans. It will also let us better measure how these actions are improving the lives of Albertans.

In the spirit of full transparency within our business plan and the strategic plan, there are some outcomes under construction because we are taking the proactive step to move beyond simple measurements of how many people receive a service or unit of care and instead look at how we are actually improving the lives of Albertans. This is bold and complex, but it is necessary. We are currently working with an expert advisory panel and leading researchers to develop our data collection methods and performance outcomes.

Now, before I highlight our capital plan projects, I would like to touch on an area of our budget that I think is an important priority: improving the mental wellness of children and youth. Budget 2023 includes more than \$45 million for youth mental health and addiction recovery support for children and youth, an increase of more than \$11.5 million, or 34 per cent. This includes \$10 million to CASA Mental Health to establish new clinical mental health services and supports for school-aged children and youth, \$4 million to the Calgary Police Youth Foundation's integrated school support program, \$3.6 million to continue supporting youth mental health hubs, and \$2.4 million to Kids Help Phone. This government is investing \$4.5 million over three years to expand the virtual opioid dependency program.

The government's Budget 2023 capital plan includes \$155 million over three years for addiction and mental health capital priorities. This includes \$75 million for three new recovery communities to be built in Grande Prairie, central zone, and north zone. The capital plan also supports all previously announced and ongoing mental health and addiction projects. There is also \$25 million over two years in capital expense grants for CASA Mental

Health to expand their services in Calgary, Fort McMurray, and central zone. In addition, \$8 million in 2023-24 in capital expense grants will support the work of the task forces in Edmonton and Calgary to continue addressing the addiction crisis.

To conclude, Budget 2023 gives Mental Health and Addiction the resources needed to continue our priority of building out recovery-oriented systems of care to better meet the needs of Albertans and encourage positive changes in their lives that benefit all of us. Thank you very much for giving me the opportunity to be here today, and I look forward to having the opportunity to answer all questions from all sides as best and as fulsomely as I possibly can. I think that I for one can genuinely say that I'm excited to be here and have the opportunity to discuss the work that we're doing in Mental Health and Addiction, and I look forward to the next few hours.

Thank you very much.

The Chair: Thank you so much, Minister.

For the hour that follows, members of the Official Opposition and the minister may speak. Hon. members, you will have – sorry. You will be able to see the timer for the speaking block both in the committee room and on Microsoft Teams.

Members, would you like to combine your time with the minister?

Ms Sigurdson: Yes. Very much so.

The Chair: Minister, what's your preference?

Mr. Milliken: Block.

The Chair: All right. We'll go with block.

Ms Sigurdson: Good morning. I want to begin by acknowledging that we are on Treaty 6 territory and to recognize the Métis people, who share a deep connection with this land.

Thank you so much for the opportunity to discuss the estimates of the new Ministry of Mental Health and Addiction. Having a public forum to discuss the direction and services of this ministry is very welcome, so thank you for that. I certainly agree with what the minister said in his opening remarks, that there is no single solution. There is a continuum of care – of course, that's very important; no panacea – we know, right from harm reduction services to recovery services. I think mental health and addiction issues are complex, and we really need to start where the person is at who's experiencing these challenges. So I'm glad to hear the minister also sees it that way.

In the estimates on line 1, the ministry support services, it talks about overseeing the development of ministerial policies that are aligned with the broader government-wide objectives and priorities. You know, it's all in the ministry support services there. You have talked somewhat about this, but I'd just like you to expand a bit about what is gained specifically from this separate Ministry of Mental Health and Addiction.

We know that most Albertans access mental health and addiction support through their family doctor. You briefly said in your opening remarks about, you know, Alberta Health, Alberta Health Services also providing some mental health and addiction supports. How does your ministry connect with that? What role does your ministry play to support primary health care? We know that that's a very – the first place most people go to is their family doc. Certainly, what we've proposed are family health teams. We'd have a mental health therapist co-located, which would make easy access for people in their communities all over Alberta. I'm just wanting to understand what the ministry is doing to support that or what

they're doing so that people have easy access to mental health and addiction support.

Perhaps this is because of what is in the Health budget or the Alberta Health Services: why is there nothing in the budget regarding overall mental health wellness and overall population mental health? I thought it was \$800 million, but you're saying that \$900 million is being spent in Alberta Health and Alberta Health Services on mental health. Just if you could elaborate sort of about what exactly is being offered.

I guess I just want to talk a little bit about the – you know, since the UCP has been government, they've commissioned several reports, created several advisory panels, and held conferences that they are using to inform their approach in mental health and addictions. Here's a little bit of a brief overview.

There is the supervised consumption services report, back in 2019. This report was widely panned by experts, academics, people working on the front lines, or drug users as a biased report that does not follow the science that informs best practices. The report did not even address the efficacy of supervised consumption services. Many Albertans have told me how appalled they are at the UCP's disregard for the basic science in this area. It's a well-known fact that supervised consumption services save lives. Certainly, just because you use drugs shouldn't mean you lose your life. Also, we know that even if people do go into treatment, they often relapse. Having supervised consumption services is valuing the life of Albertans and giving them a chance to live another day.

9:20

November 19: the Mental Health and Addictions Advisory Council was created. Minister Jeremy Nixon's father is the co-chair of that advisory council. They completed a report that was meant to guide the recovery-oriented system.

The legislative committee on safe supply: that's another report that was created regarding looking at safe supply. Just as with the supervised consumption services report, this committee did not respect the scientific evidence and the dominant understanding in the academic community, the views of those working on the front lines, and those with lived experience. Instead, they solicited and endorsed the opinions of academics who are outliers with a pseudoscience approach. Some also took a moralistic approach rather than a human rights one. This report was used to justify the government's recovery approach and not provide safe supply. So even though the minister is indicating that he knows there's no panacea, these reports indicate that it's a recovery-only model.

December 2022: Edmonton Public Safety and Community Response Task Force. December 2022: Calgary Public Safety and Community Response Task Force was created. February 2023: very recently the recovery expert advisory panel was developed. Also, several recovery conferences held annually since the UCP was elected trumpet the same pseudoscience and showcase the same outlier academics along with those who support the recovery-only model, and of course the UCP government funds these conferences.

I'm just wondering, especially about the last expert advisory panel, as you call it, in February 2023, if you checked with the Alberta Ethics Commissioner regarding the conflict of interest that puts Dr. Tanguay in. He's one of the members of that committee. He has a private, for-profit – the Newly Institute – business, and he could benefit, certainly, in his private business from the decisions he is influencing as a panel member. So I want to make sure that the minister has done his due diligence and made sure that this isn't a conflict of interest. It seems – on the face of it, to me, it is, but of course the Alberta Ethics Commissioner is the adjudicator in this area.

I'm just wondering: does the minister need this many different groups, especially as they all say pretty much the same thing? Should the resources of the government go to better use than supporting another committee? Do you think that people who use drugs should be part of shaping mental health and addiction strategy? Certainly, it's well known and respected that people with lived experience should be part of these committees, but I don't really see that with what the minister has created or the associate ministers before him or the UCP government in general.

The UCP panel was created in February of this year, and I'm just wondering: what new information is the minister looking for that he didn't get in the previous ones?

Also, I know the minister is responsible to the office of the Child and Youth Advocate to, you know, look at the reports that are submitted and listen to the concerns placed in the reports regarding this area. Of course, the advocate did an update on the report about the opioid crisis in Alberta amongst youth, and one of the recommendations from 2021 is that the government of Alberta, with leadership from the Ministry of Health, should establish a dedicated body . . .

Mr. Smith: Point of order.

The Chair: We've had a point of order called.

Mr. Smith: I speak to 23(b), speaks to matters other than under discussion. I've heard the hon. member across the way speak about people sitting on committees that may or may not have drug addictions. She's speaking to issues that really are outside of the budget estimates, and I've yet to hear, really, what budget line she's speaking to, where she's going with this. I think that we have a clear point of order.

The Chair: Member.

Ms Sigurdson: Yeah. It's the top section 1, ministry support services, sort of the direction, all of that. It's all in there. Also, it is a well-known fact that it's good to have people with lived experience making decisions about services that impact them. Nothing about Us without Us is an adage that we hear repeatedly, so it's just a well-known fact. We're talking about addiction services, so people with lived experience should be part of that. I feel like that's totally relevant.

The Chair: I'm just going to pause for a moment and seek counsel.

Well, after consultation, I'm going to recommend just a word of caution, please, and if we could just focus on the budget estimates as we move forward, that would be great. Thank you.

Ms Sigurdson: Okay. I'll go back to the recommendations that the office of the Child and Youth Advocate put forward to the minister. It talks about establishing a youth opioid- and substance-use strategy, which is something that this new advisory committee could create. It says, "A public body such as a panel, committee or commission is formed of diverse stakeholders, including young people." So I'm just going to ask – this is based on the office of the Child and Youth Advocate's recommendation in this area – if young people will be included in that panel. Is the minister going to accept that recommendation from the office of the child and youth committee?

Also, if I have time here, I'll just begin. In 2018 Bill 30, Mental Health Services Protection Act, was passed unanimously. We are now in 2023, and it still has not been proclaimed. This legislation would regulate counselling therapy.

Mr. Smith: Point of order.

The Chair: We've had another point of order called.

Mr. Smith: Madam Chair, we're now talking about Bill 30. How does it relate to the report? I would suggest that 23(b), speaks to matters other than the matter, question under discussion, is relevant here and that the member would be best to actually refer to the budget and to a budget line item.

The Chair: Okay.
Member.

Ms Sigurdson: Okay. Page 91 of the business plan for Mental Health and Addiction says, "The ministry is also responsible for establishing safe and high-quality addiction and mental health related legislation, standards and policies, which includes licensing service providers and ensuring compliance to protect Albertans." This is legislation that impacts services to people with mental health, so it's explicitly in the business plan.

The Chair: All right. Well, for this particular case I do not find it's a point of order.

Member, you have 19 seconds left.

Ms Sigurdson: Okay. I'm just wondering about this legislation. Is the minister proclaiming it? The government is going to proclaim it? What is the issue with it not being proclaimed thus far? It's been – you know, it means that, like, thousands of health professionals will be able to support people.

The Chair: Thank you so much, Member.
Now we'll go to the minister.

Mr. Milliken: Thank you very much for the opportunity to be here. I appreciate the thoughtful questions from the hon. member MLA Sigurdson. I also appreciate some of the opening remarks made regarding the complexity of the issues that we're facing. I know that the hon. member mentioned comments like, of course, treatment and recovery being important but also services that reduce harm as well. It's a whole continuum where you want to meet people where they're at and ensure that you can help orientate them towards fulfilling their ability to enter into treatment and to have long-term, lifelong recovery, hopefully, as well. So thank you very much for those comments.

I think initially I'll go through the questions. I think I've got them pretty much laid out pretty good. With regard to the initial one, talking about sort of what is gained by having a new ministry, that was – I mean, I still remember getting the call and noting that it was going to be a full ministry and questioning that, because it was a surprise to me. I'm very excited about the fact that, I mean, it does obviously allow for more decision-making authority and things of that nature. As we all know, we're working hard to build out the recovery-oriented systems of care that span sectors to support the well-being of Albertans and assist individuals with mental health and addiction challenges in their pursuit of recovery with this.

9:30

The new Ministry of Mental Health and Addiction is continuing to invest in mental health and addiction services and supports across the continuum of care, including the four pillars that we have: prevention, intervention, treatment, and, of course, recovery. Having a separate ministry definitely, I would say, demonstrates how important mental health and addiction issues are to Albertans. It just – if anything, it underscores how important this government

has made these issues and how much we are moving so, so far forward in making sure that we can support Albertans.

As noted in my opening remarks, if passed, this budget is going to provide \$275 million on this line item, which is a huge increase. It's in and around 200 per cent more than what it was back in 2019, when it was just, I think, \$87 million. I think last year it was \$200 million, so that's another 34 per cent just year over year. These are huge increases, and it really shows, courtesy of this government, just how important the work that we're doing in this space really, truly is, and just genuinely it's a – the record investments definitely reflect the importance of all the work that's being done in this space.

Going on, I believe that there was some indication with regard to – well, what I'd first say, too, is that with regard to how the work that we're doing interacts with primary care and family docs, for the most part that stuff is going to be sort of handled by Minister Copping. I know that this being the first estimates where this is a separate ministry, there are going to probably be some questions that inevitably end up overlapping with regard to Health itself, but I obviously don't want to, you know, speak on behalf of Minister Copping. I think that for the most part that would fall in the Health space. But, of course, the work that we're doing is transformative and fully systemic. This is a holistic approach where the investments that we are putting in place are transforming the system.

Looking at I think it was \$800 million versus \$900 million, it's good that you asked that question, actually. I really appreciate it, MLA Sigurdson. I have, over the course of the last while, to be fully honest, heard numbers from – I've heard the 800 number. I've heard the 900 number. I know that we are actively, of course, doing our due diligence to ensure that we get this right. As you know, with a new ministry – it was previously, basically, a line item in the Health budget, and now we're building that out. Of course, we are undertaking an expenditure review to ensure that we can make sure that we know where the dollars are and where they're going and how they're spent.

The Ministry of Mental Health and Addiction posted a request for proposal to seek to retain an external vendor to assist in identifying mental health and addiction spending within AHS. AHS financial reporting does not identify specific mental health and addiction-related expenditures, making it difficult to know how or what investments are being made into the system and where both important pieces of information are for system and provincial service planning.

As we establish the new ministry, conducting an expenditure review is part of our due diligence, as I noted in the opening remarks, and requires the use of an external vendor with the appropriate skills and capacity to complete the work, hopefully in the short amount of time allotted. This is, as noted in the opening remarks, an administrative process that the public service routinely undertakes to ensure that public funding is achieving the best outcomes for Albertans, and of course it has nothing to do with adjusting funding to any programs or services. I can also note that the procurement process is close to being completed and a vendor then selected.

Yeah. Then I really appreciated the comments that were made and the questions that were made. It was kind of bundling with regard to reports, panels, aspects of the system of care, how it saves lives. I think specifically the hon. member mentioned SCS, and of course that is an important part of the holistic continuum of care that we are building out with the recovery-oriented system of care, or the Alberta model, which I should also note is actually getting international attention. Lots of jurisdictions as well across North America are really looking at what we're doing and getting excited about the work that this government is leading the way on. But, yes, of course, I can wholeheartedly agree that SCS can save lives; it

does. Also, it's important to make sure that the rest of the holistic continuum of care is there for individuals who are seeking to get better, to get well, to receive the treatment, and enter into recovery.

I would also just make a quick comment that with regard to some of the previous – the hon. member was making mention of different budgets at different years. This REAP, the recovery expert advisory panel, relates to this specific budget. Talking with regard to – I know you mentioned the advisory panel. We are, of course, building this Alberta model, and it's anchored on, I would say, research and best practices from all around the world. We are actively and perpetually assessing the evidence to base our decisions on, and we will continue to listen to the experts in recovery as we build recovery-oriented systems of care across Alberta, many individuals even on just this specific panel. I think I answered a question.

If you saw the presser that we did after we announced the recovery expert advisory panel, one of the questions that I believe one of the journalists asked was whether there were individuals with lived experience. I think, just off the top of my head, at that one moment it was above 25 per cent of the individuals. I think it's actually higher. Many of the individuals on that panel and many of the individuals within the ministry itself – we know that there is value in having that lived experience, so of course we have managed to leverage those learnings from experts and from individuals in the ministry. I appreciate you bringing that up.

Also, I should just note that with regard to this panel, the panel is made up of 16 experts from diverse fields who have provided and will provide ongoing advice on research and innovation, policy and standards, development, as well as evaluation of outcomes reporting. I should note that it's chaired by Dr. Keith Humphreys, professor of psychiatry and behavioural science. This gives you an idea of just how impressive these individuals on this panel are. It's chaired by, as I noted, Dr. Keith Humphreys, professor of psychiatry and behavioural sciences at Stanford University. Dr. Humphreys is an internationally renowned expert. I should note that he also served as the drug policy adviser to U.S. Presidents Bush Jr. and Obama.

Moving on, I think I want to just quickly also mention about the – I know you mentioned about the OCYA. We are continuing to take steps that align with the OCYA's recommendations to help youth get the support they need. Our government has taken youth mental health – I think it was the second bullet on my mandate letter. It's extremely important, and we're obviously building out youth mental health supports and services across the whole continuum of care.

One thing with regard to the OCYA . . .

The Chair: Thank you so much, Minister.

Mr. Milliken: Well, thank you very much for the opportunity . . .

The Chair: Sorry, Minister; that's your time.

We'll head back over to the member.

Ms Sigurdson: Thank you, Minister. I appreciate your department and your ministry working on clarity regarding whether it's \$800 million, \$900 million. Of course, that's a lot of money, \$100 million, and we're not sure if it's more or less, so I think that's important that you do clarify that.

There were still outstanding questions that didn't get answered, like the conflict of interest with Dr. Tanguay, so I'd still like to hear from the minister regarding that in the next set.

The minister did talk about the most recent panel being made up of diverse experts; you can be made up of experts, but it's also important to have people with lived experience. He didn't address that. You know, I do question the diversity of the experts. I think

that people who are more supporting the recovery model only are actually being selected for that advisory panel as opposed to people who may be more advocates for harm reduction. So I don't think it's actually that diverse, and perhaps the minister wants to speak to that when next he gets the opportunity.

I just feel like I was a bit rushed on talking about Bill 30, the Mental Health Services Protection Act, so I want to go back to that. The minister didn't have a chance to answer that one either. Again, it was passed in 2018 unanimously by the Legislature, and we're now in 2023, and it's still not proclaimed. The legislation would regulate counselling therapy, addictions counselling, and child and youth counselling; these professions would be included in the Health Professions Act. The legislation is for the creation of a college of counselling therapy of Alberta, CCTA.

9:40

We are currently, certainly, in a mental health and addiction crisis in our province, a drug poisoning crisis, and many Albertans must wait long periods of time to receive help. This regulatory body would mean thousands more counsellors could be serving those needing support.

I know that, according to the business plan, the minister is responsible for legislation, so why has this legislation not been proclaimed? What is the holdup on that? Can the minister explain that? It's been, as I said, delayed for quite a period of time, and I know certainly that professionals working in that area are pretty frustrated, and they feel like they're not getting clear answers from this government.

Because government services for Albertans experiencing mental health challenges are delivered by many ministries, as we sort of already identified – the minister has talked about that – this new ministry could take the lead in developing a crossministry policy framework using gender-based analysis and an intersectional policy lens. And I'm just wondering if the minister has given this direction to his staff. Certainly, we know that people who are experiencing mental health and addiction issues are a diverse group of people: people in the LGBTQ community; people in the dominant culture; you know, a high percentage, sadly, of Indigenous population. How are programs and services being supported so that they understand the lived experience and what services best support this diverse group of people? Has the minister given this direction to the staff to do this type of policy analysis?

I'm going to move on to estimates, to section 2, addiction and mental health, you know, sort of the operating funding for this. Of course, this ministry will be funding a lot of community-based organizations, and usually these allocations have already been made by this point. It's challenging for those in the nonprofit sector when they do not have stable funding. They may have to make decisions that jeopardize the services they can provide such as laying off staff and cutting services. These agencies need to know if their funding will be renewed.

Having worked in the nonprofit sector myself earlier in my career, I can attest to how difficult it is for these agencies when they don't have long-term, stable funding. At least three years of stable funding is needed so that they can plan ahead. Certainly, community-based organizations often work on a shoestring budget. They often have very high staff turnover because often the sector doesn't pay well, and it's challenging to attract qualified staff due to these low wages and oftentimes the significant demands on people in this sector. So what's happening in that area? Is the minister funding any of these programs that are identified in section 2? And can you sort of say when specifically funding announcements will be made?

I want to look at 2.1, program support. In the fall, in October, the government announced their narcotic transition services regulations.

They developed these, and I'm just wondering: who did the government consult with during the narcotic transition services? Certainly, I spoke to several stakeholders in this area, and they indicated they were not consulted. In fact, many were shocked by the UCP's overreach in this area.

Certainly, in the community, these regulations infringe on the rights of health care providers to prescribe the most appropriate medication for their patients. It also infringes on the rights of patients to make treatment decisions in consultation with their health care providers. I've spoken to doctors, nurse practitioners, and staff in clinics who have grave concerns with the UCP government's overreach in this area. The regulatory colleges of the health professionals should be determining what is and is not appropriate care. The UCP government is not the expert on this; regulatory colleges are, and their members are the experts and should determine what is and is not appropriate.

An example of something that's of grave concern is the requirement of a witnessed dosing to treat severe opiate disorder at one of the very few licensed AHS clinics, that makes this life-saving care inaccessible unless someone lives very close to the clinic. It is unrealistic for most patients. Of course, we have a case before the courts right now, and Ophelia Black got a court injunction so that she can continue to administer at home. Obviously, the courts are already seeing that there's a concern with this program. Would the minister, you know, stop making it so difficult, putting up more barriers for people who use drugs to stay alive.

The Alberta Medical Association said that the regulations put limitations on patient-centred care and physician prescribing practices. They've also indicated insufficient timelines for transition, the risk of destabilizing patients, and the lack of providers and staffing. The AMA suggested ways to improve the regulations. They suggested increasing the transition period to one year and expanding provider capacity to nurse practitioners with experience in addiction medicine. Another suggestion was a case-by-case exemption system for clients who are stable and accessing take-home doses that would support their continued recovery. Of course, that's what the courts have agreed with, too, with the injunction that Ophelia Black received. Are you going to revise the regulations and implement the expert advice of the Alberta Medical Association?

The new regulations regarding psychedelic-assisted therapy restrict clinical oversight of treatments exclusively to psychiatrists. Psychiatry should play a role in assessing patients for these treatments, but other qualified health care providers, including anaesthesiologists, neurologists, family docs, and nurse practitioners with training in chronic pain or mental health, should also be included.

We already have a several months long wait time to see a psychiatrist, six to 18 months, and when a psychiatrist does see the patient, they only have a brief time with them. This service pales in comparison to the dedication of the regular health professional, who has a historical understanding of the patient, has already spent much time treating the patient, and has developed a therapeutic relationship with them. Will you be revising the regulations to include prescribing by other qualified health professionals? There are so many extremely tragic stories of people who are afraid of losing their lives because these services are becoming so restricted. Why is the minister continuing to put up barriers if he really wants to address the opiate crisis, the drug poisoning crisis? People have been able to do well on these programs.

You know, Albertans can see it through the case of Ophelia Black. It's in the public domain right now. You can read articles about it. It has been life changing for this young woman and . . .

The Chair: Thank you so much, Member. That's your time.

We're going over to the minister for response.

Mr. Milliken: Thank you very much for the thoughtful questions. I appreciate the opportunity to respond in kind with regard to some of the ones that you mentioned that maybe didn't get what you felt was enough of an answer on the previous one. I'll just quickly say that, to clarify, the counselling therapists – this is with regard to your Bill 30 stuff. The counselling therapists, addiction counsellors, child and youth care counsellors profession regulation is not ready to be proclaimed. An initial draft of the regulation was circulated to stakeholders in 2021 for review, but it is not ready for ministerial approval as further consultation is ongoing, particularly with Indigenous leaders. I think it was on June 6 of, I believe, '21 where the confederacy of Treaty Six chiefs stated, "The Development of the Alberta College of Counselling and Therapy... is a direct infringement on our Treaty Right to Health."

Of course, our government is committed to working nation to nation and ensuring that we are working together in prosperity with First Nations and Métis people in all of Alberta. Alberta Health and Alberta Mental Health and Addiction are consulting with First Nations and Métis leaders in Alberta on the proposed college to ensure that we're of course working in the spirit of reconciliation.

9:50

We acknowledge that this work has not moved forward as quickly as we would have liked. I think that's one of the impetus behind the questions here today. The team at Alberta Health that is responsible for consulting on this regulation is the same team that has been focused significantly on positioning and implementation of other regulatory work as well as being involved in health workforce priorities. That's one of the reasons, actually, why we've moved forward with such an expansive and well-thought-out budget as we have. I think we can talk about full-time equivalencies with regard to the growth that we're looking at in the ministry on that. It's simply just because I want to make sure that we have in this ministry – I mean, it's a new ministry, so there's an element of building it out as we go, and I want to just make sure that individuals in the ministry have the appropriate amount of bandwidth to ensure that they can do everything that we're asking them to do effectively and with, of course, the resources available to them that they need.

With regard to Dr. Tanguay I think I'll toss it over to my deputy minister, Evan Romanow.

Mr. Romanow: Great. Thank you. Just speaking in broad terms – I know it's a bit beyond the business plan and budget. Just with the experts who are engaged on the expert advisory panel, they are advising, certainly, not making decisions related to funding practices. It's advising on broader policy for the ministry and to the minister and certainly through the terms of reference. All of the panel members are well aware of that advisory role and the conflicts of interest which are associated with any aspects of that advice that they're providing and certainly know to be recusing if there are any areas that could be perceived or real conflicts.

Mr. Milliken: That's great.

Just to cross another one off the list really quick, I know that the hon. member had stated that in my previous answer I didn't discuss the idea of individuals with lived experience. I thought I did. I thought I did quite expansively. I kind of made reference to a press conference that I held after the panel was announced, talking about and answering questions to the media about how many of the individuals had lived experience as well as the fact that the ministry itself has been built out with many individuals with lived

experience to ensure that we take advantage of those learnings, those personal learnings in order to make sure that as we build out this ministry and as we build out this recovery-oriented system of care, we take into account all aspects and all viewpoints, making sure that it's as inclusive as possible.

I know that there was a question with regard to crossministerial work as well. I just wanted to say: take a look at my mandate letter. It discusses at length the way that this ministry is, if anything, intertwined or attached at the hip – that is how I kind of referred to it – with regard to many other ministries, whether that's Justice, whether that's public safety, so ministers Shandro, Ellis, Nixon, as well as others, including Minister Schulz. We're definitely making sure that all ministries are taking that collaborative approach to ensure that all viewpoints are taken into account.

I know you mentioned some of those viewpoints and how they might be taken into account with regard to the work from this ministry. Part of it was a question about Indigenous populations. I can say that Budget 2023 continues to provide funding to the AHS Indigenous wellness core for the Indigenous continuum of wellness grant program. In 2023-24 more than \$2.3 million will be available for this initiative. The continuum of wellness will establish new community-based addiction and mental health projects that will result in improved access to services for First Nations, Métis, and Inuit people. There's also the planning of the Blood Tribe recovery community, that's well under way, with an anticipated opening on that one – I think that would be considered in stream 2 in late 2025.

I just want to say that the work that we've been doing in this ministry and that I've been honoured to do – we've been working hand in hand as partners. I was lucky enough to be invited onto the Blood Tribe Nation to take a look at some of the best practices that they're doing and the work that they're doing to support individuals in that southern Alberta area.

I think in 2019, when we originally started work on the recovery-oriented system of care – and I want to, if anything, just say, you know, that for the work that was done in those early days, I have to give credit to Minister Luan, and then after Minister Luan, of course, it was Minister Ellis. I think the correct term to use with regard to southern Alberta at the time was that it was, for all intents and purposes, a bit of a treatment desert. That's why with regard to the first tranche of recovery communities to which – as you know, on the books at one stage or another there are six: Lethbridge being one, that should be opening in spring of this year; Red Deer having just completed construction, and it should be taking clients, I believe, this month; and then, of course, as noted, the Blood Tribe recovery community.

We really, really wanted to put an emphasis on making sure that we could build out that area just because it had been – and I'm not even trying to be partisan here. I think it's fair to say that, you know, it wasn't just the last government; it was the government before probably, too, where there was just a lack of enough funding in the treatment and recovery spaces. So it goes to the reasoning as to why we're now stuck having to do so much, but it's exciting because we're definitely making some huge inroads, as you'll probably also note through some of the StatsCan numbers we're seeing. Well, actually, even ASUS, right? The Alberta substance-use database that we have online, which you can go take a look – anybody. For anybody watching, anybody can go online and take a look at that and see the numbers and trends as to what is happening in the addiction space, the usage on health care aspects, whether it's hospitalizations and things of that nature, and just see the numbers. I'm excited about how overall the general trend is down with regard to usage, and I'm obviously cautiously optimistic that that will of course continue.

I'm going on to – yeah. The hon. member mentioned the 2SLGBTQ-plus community and the interplay between the work that the ministry is doing with regard to that community. I mean, all we have, all I have, anyways, with regard to this community is love. I think that – you know, I've even heard at the doors when I'm door-knocking. Individuals will talk to me and they'll say, like: "Hey, you know what?" One specific example was with regard to some SCS and how some individuals from different communities didn't see themselves represented there or felt like it was tough to potentially get direction towards, say, safe spaces for treatment, et cetera, or what they thought was. And we're building out a wholesome recovery-oriented system of care that is – if anything, there are efforts to be as inclusive as possible. I would invite the hon. member to go take a tour of Henwood. I would invite the hon. member to take a tour of Simon House in Calgary, things of that nature. The fact is that this ministry, as shown through the fiscal plan and through our newly published business plan, is tasked with supporting every Albertan, all Albertans.

Through the work, our work, in implementing a recovery-oriented system of care, we're able to support an individual's mental health and/or addiction concerns specific to that person's circumstances, needs, wants, and desired outcomes. By providing a continuum of supports that are easily accessible . . .

The Chair: Thank you so much, Minister.

Back over to the member.

Ms Sigurdson: Thank you, Madam Chair. Through you to the member, just some outstanding questions from mine. I'll just put on the record again: no comments on the narcotic transition services and the difficulties and barriers it's creating for people to access services, the limitations that I spoke about that the Alberta Medical Association identified, issues with psychedelics being prescribed only by psychiatrists. Really, these are life-saving services, and the minister has restricted them and really gone beyond what a government should do, because it's the regulatory colleges who should be making the rules on this. It's certainly the health care professionals, working directly with their patients, that should be making the best decisions for that particular person. It seems like there's an overreach by the government and that people are not getting the right services, and this, of course, can be life threatening for them.

I also wanted to just go back to, you know, all the panels and committees and things like that that have been created and just ask the minister again: so what info aren't you getting? You keep creating another panel. What's missing? Can you help us understand that?

10:00

Then in terms of the college of counselling therapists, CCTA, last year at estimates I got exactly the same answer that I got this year at estimates from the government, and it seems like nothing has been done. I'm just wondering when the minister is going to do something. These are thousands of professionals who can work in the sector. We know that we don't have enough therapists, people to support people; we are really in a crisis. You know, your literature has indicated that we are in a crisis. So why is there continuing to be the delay?

Certainly, the NDP critic for Indigenous Relations has spoken to leaders in the Indigenous community, and they have not indicated to them that they have concerns. Certainly, you know, I've spoken to people who are advocates for this college to go ahead, and they're very frustrated with the government regarding their lack of movement on this. I mean, 2021 is when the minister identified that

there was concern brought forward. Well, what's been done since that? I'm just wondering why the minister is continuing to drag his heels, why the government is continuing to drag their heels on this important creation of a college, the proclamation of this legislation. I just wanted to add those questions to be at the top when the minister does speak again.

I'm going to look at line 2.7, initiatives that reduce harm, which, I mean, I think must mean harm reduction services. I'm not sure why the ministry isn't using those terms, but it has about 30 and a half million dollars, and this, of course, is down from '21-22, which was \$35.5 million. So there's been a reduction in these services, yet we're in a drug poisoning crisis here in Alberta. From the beginning of 2020 until the last available statistics on the Alberta substance-use surveillance system, which is November 2022, 4,151 Albertans have died from drug poisoning. To give some context, 5,602 Albertans have died from COVID-19, and that's up until March 2, 2023. We do have the information up until then, but again it's only till November 2022 for people who died from a drug poisoning.

Also, other important information is that when comparing the prepandemic death rates to death rates now, we see they are significantly higher. In December 2019 11 Albertans died out of 100,000, contrasted with November '22, 31.9. So 11, 31.9 out of 100,000. Here in Edmonton, very sadly, we have extremely high rates at 50.5 over 100,000 as of November 2022. Of course, these are not just numbers; these numbers represent the loved ones of Albertans taken too soon. This is a public health crisis. Harm reduction prioritizes the reduction of immediate harms; in short, harm reduction saves lives. Whether we like it or not, there are people who are not able to access recovery, and they shouldn't have to risk death because of that. So I'm wondering why the minister has reduced funding in this area. We know we have an extremely toxic drug supply. We have a drug poisoning crisis. It makes no rational sense why these services would be cut.

Barriers created by the UCP include requiring Alberta health care at safe consumption services. This misguided policy meant Albertans who needed supports could not access it or were too afraid to due to this requirement. Certainly, a foundational principle when working with people who have experienced trauma is to start where the person is at; putting up barriers to accessing services often means they will not seek supports. When services can be accessed easily, drug users develop therapeutic relationships with staff, who then support them to access further supports like affordable housing.

We know that's another area that is in deep need in our province. Certainly, the UCP has not provided operational funding significantly both to the city of Edmonton and the city of Calgary. We know that for people who are in, you know, pretty vulnerable states, bricks and mortar, just a home, does not work. They need those wraparound services.

These kinds of services through harm reduction programs like the supervised consumption site do help people access affordable housing. They help people access health care, income support, counselling. This can really help people to stabilize and perhaps be in a position to seek recovery services. But due to the extremely vulnerable nature of drug users, often due to trauma, racism, colonization, previous abuse from those in authority positions and certainly poverty, it takes them a long time to trust staff. Jeopardizing this relationship by closing services further alienates these people from getting the supports they need. Due to the UCP's increased regulation more Albertans have been put at risk and have lost their lives.

Another barrier to those seeking support was the cancellation of the virtual overdose response back in 2020. This was an AHS-developed program that supported those using drugs to be contacted on the phone, usually when at home. It offered a 24-hour phone line staffed by operators who had experience with drug use and who could alert emergency services if a caller became unresponsive. Despite the pilot being ready to go with both the University of Alberta and the University of Calgary giving it ethics approval, the associate minister terminated the program. Albertans were not able to access the harm reduction service for a year.

In the spring of 2021 the government announced the digital overdose response system, DORS, I guess to replace the one that they cancelled. Similar, but it uses a mobile application that alerted emergency responders if an individual was unresponsive within a preset time. This new program costs \$325,000 and was awarded to a private company. Concerns regarding its effectiveness and security as well as lack of data publicly available continue to be issues. We know that 68 per cent of overdoses occur in private residences, so delaying the program for a year means lives were lost. When will this data for this program be available publicly?

Certainly, back in the summer of 2021 when we were – I think, you know, 2021 was a very difficult year for the drug poisoning crisis. We announced an emergency plan to address this crisis, which, of course, included expansion of supervised consumption services; drug checking or testing, because we know the toxic drug supply is killing people, too many; and provision of safe pharmaceutical alternatives to the toxic drug supply. Of course, the UCP ignored this plan and created this emergency plan to save lives. We know that creating low-barrier services to support Albertans during the drug poisoning crisis is essential. The UCP have done the opposite and have increased the barriers – and I've articulated that quite a bit up to this point – by closing supervised . . .

The Chair: Thank you so much, Member.

The remaining six minutes and 58 seconds will go to the minister.

Mr. Milliken: Oh; 6:53. That's it, hey? Okay. Thank you very much. I will try to be brief in my answers. With regard to NTS, obviously, these are extremely specialized and only intended for people with the most severe cases of opioid addiction. As noted, in October '22 we introduced the community protection and opioid stewardship programs standards to help people with severe opioid use disorder safely transition to evidence-based opioid agonist therapy, or OAT, and protect the community from the diversion of dangerous drugs. There's obviously evidence with regard to not unwitnessed takeaways potentially getting into a population that they weren't necessarily intended for.

What I should say, also noted in that same press avail that I referred to earlier, when Dr. Keith Humphreys, the chair of the latest panel, was answering questions, they talked a little bit about this NTS and how it's based on what is often called the gold standard of the Swiss model. Dr. Humphreys was actually part of the group that brought that about.

10:10

With regard to long-term stable funding for nonprofit funding sustainability it is the ministry policy and procedure to fund in three-year funding cycles. Additionally, funding announcements are ongoing. COVID funding, of course, was more specific in past years' budgets.

Yeah. I think that there was also a note with regard to psychedelics and assisted therapy and some of the work that we're doing. We're obviously leading the country, we're leading North

America with regard to some of these regulatory aspects. It's an emergent field, of course, in the treatment of mental health disorders. In October '21 we became the first province in Canada to introduce proper safeguards for psychedelic-assisted therapy. These safeguards came into place in January of this year, and because patients face an increased risk of mental and physical harm when under the influence of psychedelic drugs, treatment must include expert medical oversight.

I do just want to say that there's some amazing work that's being done in this field, and I think that there was actually a misstatement. I think the hon. member mentioned that only psychiatrists would be able to prescribe psychedelics in these situations. I don't think that that's true. I think that they just have to be the medical director overseeing and that medical professionals, like a doctor, can also do that, but there just has to be that slight oversight. I don't think that this applies to ketamine with regard to pain and things of that nature.

I do want to just comment quickly, too, with regard to your statements about how we're adding barriers. My genuine statement there is that we are, if anything, working at lightning speed to reduce barriers. We're leading the country in this respect. I mean, we initially came in with a mandate to bring up 4,000 new spaces. We've managed to more than double that to 10,000 spaces. More recovery communities; if passed, we'd be up to nine with this budget. We are the first province to get rid of user fees.

As you probably are aware – again, no intention to be partisan here – under the previous government an individual often who was accessing publicly funded treatment recovery spaces had to pay \$40 a day. That meant that in order for individuals under the last government to access publicly funded health care, they had to pull out their credit card, which is something that, obviously, we felt wasn't – you know, for somebody who's in the throes of addiction, the idea of coming up with \$40 a day: if they're going to do 60 days, that's like 2,400 bucks. That's like having to sell a car or something. This is a barrier that I thought, that we thought was unfair to individuals who were looking for treatment, so we led the way in the country with regard to getting rid of that.

We also expanded the virtual opioid dependency program. Basically, following the evidence of evidence-based opioid agonist therapy, we made it so that anybody looking to begin treatment can get treatment on demand, same day, and we also covered the cost. This is something that we've brought in with regard – we've got a special team with regard to youth. Obviously, these are coming into some of the arrest processing areas as well. We know that that's a population of individuals who is overrepresented in opioid deaths. I think that half of the opioid deaths in Alberta: the individuals were at one time or another within the last year in some sort of incarceration situation. So it's a population where, as we can help and make sure that they can get the treatment that they receive, we're making marginal gains with regard to – and it should be noted that with regard to things like Sublocade, we've obviously made it free.

The numbers and the evidence on that is that in and around – it can be upwards of 95 per cent of individuals on those medications can stabilize. Then individuals that can't: of course, we're making the needed treatment medicine available to them through the NTS programs and then, through that, making sure, of course, that we can ensure that the – these are some pretty heavy-duty drugs that are offered, so the idea of them getting out into the community, being diverted into the community is something that we really wanted to make sure doesn't happen, because, of course, community safety is such an important part of making sure that we can solve the surrounding issues with regard to the addiction crisis.

Okay. Working with regard to – I know that the hon. member talked about SCS and potentially looking at a funding reduction. There are a number of factors with regard to that. It should be noted, actually, that overall spending with regard to services that reduce harm – “harm” or “harm reduction” seem basically interchangeable, so I wouldn’t worry too much about the actual wording of it – has increased from \$22 million in 2018-2019 to \$30 million in Budget 2023, so that is a huge increase. It really represents or it shows just how important we see . . .

The Chair: Thank you so much, Minister.

We’ll head over to the government caucus side for questions. Please go ahead, Member.

Mr. Yao: Thank you very much, Chair, and thank you to Minister Milliken for joining us today as well as to your entire team. I want to thank you, all, for all your hard work as you endeavour through the realm of mental health and addiction.

It’s no secret that this government has put a huge emphasis on a recovery-oriented system of care and that indeed the minister has been working hard to develop the Alberta model, which acknowledges that helping those experiencing addiction goes beyond just health care related responses, that it requires a crossministry response. It’s good to see that the ministries are not working in silos, that they’re reaching into areas like public safety and housing.

To me, the base assumption of this approach, which is one that I personally share, is that every Albertan experiencing addiction, mental health issues can recover and experience wellness and, as well, deserves the opportunity to recover. There are many past recovery, and there are many people on the journey, and I believe it’s incredibly important that the government builds on an ecosystem of supports that will provide the opportunity to Albertans experiencing addiction to start down their paths.

I admit I’d love to target the opposition more with questions. I’d love for them to explain the science that they keep referring to. They use the term “science” a lot, but they don’t actually explain it. I’d love the health critic to explain his science someday.

Mr. Shepherd: Point of order, Madam Chair.

The Chair: We’ve had a point of order called.

Mr. Shepherd: Relevance under 23(b). The opinions of the opposition have nothing to do with the budget or business plan that is being considered here today.

The Chair: All right. And the government side?

Mr. Yao: Well, I’m certainly just reflecting on comments that they made during their preambles and questions to the minister.

The Chair: If we could just focus on the estimates moving forward. I think that’s why we’re all here.

Mr. Yao: Absolutely.

Well, to that end, I notice on page 159 of the estimates, which is page 3 of the Mental Health and Addiction estimates, that under line 2.6 they’ve allocated just over \$132 million towards treatment and recovery. It’s an increase of almost \$40 million from the last budget. I have to say that I’m very pleased to see this increase and how seriously the minister is taking funding treatment and recovery, especially comparing this to the budget in 2018-2019, when the then NDP government put only \$86.6 million towards addiction and mental health totals, something that can be found on page 167 of that year’s estimates.

Through the chair, can the minister please explain how this increase was decided and how this funding will be used to further develop the Alberta model in support of Albertans experiencing addiction?

Mr. Milliken: Thank you very much, MLA, for the question. The new Ministry of Mental Health and Addiction is continuing to invest in mental health and addiction services and supports across the whole continuum of care, including prevention, intervention, treatment, and recovery. The reality is that the field of mental health and addiction continues to grow and expand as we develop further understandings and work to manage the crisis at hand affecting people not only within Alberta but, of course, across the world.

The other reality is that this field and sector was chronically underfunded by the previous governments, including before we took office in 2019. I mentioned that in some of my other comments with regard to the needs that we have as we build out the recovery-oriented system of care. The spending increases that we’re seeing – \$275 million if passed – are great news. To juxtapose that with what was being spent prior to us, in the 2019 budget that was at \$87 million, so it’s an increase of well over 200 per cent and really showcases how much we see that this issue of addiction needs to be addressed. My ministry is working to address the needs of Albertans by remaining innovative and establishing never-before-seen initiatives to directly support individuals who now have more opportunities and pathways to enter and maintain recovery than ever before.

10:20

We’re using all available data through the Alberta substance-use online database system and other sources such as our recovery expert advisory team to support decision-making and apply learnings, and the response from our stakeholders is very positive with the direction this ministry is taking. I have had the opportunity to meet with stakeholders in this space across the province, and overwhelmingly I continually hear messages of thanks for taking this issue seriously, for the work that we are doing. Individuals have literally, unsolicited, DMed me on social media just to say, when they see some of the announcements that we’re making, just how good the work that we’re doing is. So I really appreciate the opportunity, the chance to answer your question.

You also mentioned with regard to evidence. I mean, I just need to say that our government did have – the hon. Member Sigurdson has also mentioned about evidence with regard to supposed safe supply. I just wanted to make note on the record that we did have a Select Special Committee to Examine Safe Supply and the evidence, good or bad, surrounding it. I think that people at home might be interested to note that the whole opposition slate of members decided to quit that, so I think it’s fair to say that they abdicated their responsibilities on that and that they quit doing the work that, I think anyways, they should have been doing on behalf of all Albertans.

I think I should take this opportunity very quickly, too, just in response to the question with regard to potential decreases in harm reduction from the hon. opposition member. There are a number of factors that go into why overall budget numbers go up or go down from year to year. In regard to services that reduce harm, in the budget in 2021-22 initial planning and start-up funding was provided in anticipation of two new SCS sites in Calgary. In ’21-22 we also have \$3.1 million for bulk supplies and needle distribution. However, that funding for ’22-23 and ongoing is with the public health division at Alberta Health. Just a few of the examples.

Also, a small part of the grant funding to operators allocated in ’22-23 was provided earlier, at the end of ’21-22. We are actively

supporting services that reduce harm. We see it as a very important part of the continuum of care for ROSC. We remain committed to continue funding for harm reduction services, including for free naloxone kits, supervised consumption services, used needle cleanup, and outreach supports. Each person's journey, of course, is different, which is why it is important to ensure that there are multiple choices and pathways available to assist everyone in their work towards recovery. As I said, I want to underscore that it's an important part of the continuum of care. There are all the other aspects as well that I think could be looked into. I think there was \$8 million to expand harm reduction and recovery outreach teams in both Calgary and Edmonton as well. I just wanted to take a quick opportunity to set the record straight on that one.

Mr. Yao: Thank you so much, Minister. I really appreciate those great answers. On the note of that safe supply committee, I just want to say thank you to the ministry for choosing me to be part of that. I thank them for that. That was a very educational – greatly educational – opportunity for us, and it is unfortunate that the NDP opposition chose not to participate in that, because they would have had the opportunity to listen to a lot of subject matter experts, from world leaders in opioid addictions and treatment from Portugal all the way to advisers who were nonpartisan and advised both Presidents Obama and Bush, as an example. So it was a really great experience.

As mentioned in my previous question, Madam Chair, through you, the funding dedicated to the ministry in this budget outstrips all previous funding put towards mental health and addiction. This is even after the continuous increases the United Conservative government has given this file since we were elected in 2019. Looking at page 157 of the estimates, where it shows a total of just over \$275 million dedicated to expenses and \$25,000 to capital investment, I would argue that this is a historic sum of money from this government investing into the wellness of Albertans and a marked increase from 2018-2019. To the minister: can you please explain how past years' budgets and programming led you to project that this would be a sufficient amount to support Albertans' mental health as well as various roads to recovery?

Mr. Milliken: Thank you, hon. member, for the question. It is no secret that mental health and addiction services have been significantly underfunded for years prior to us taking office in 2019. We know that there are still gaps to address and are actively working to address them. Earlier on in my comments I had mentioned that one of the areas of concern when we initially came in in 2019 was the southern portion of the province, that I think I referred to previously as essentially a treatment desert. We've been working actively with municipalities and stakeholders down there, including the Blood Tribe, where we will be building one of our first – well, I believe that that recovery community will come online by the end of 2025.

That's why we continue to build this recovery-oriented system of care, the Alberta model, the model here in Alberta. We are also building out new information systems to provide better data. Current data shows that we do not have an oversupply of addiction treatment spaces, and I think any Albertan can see that. There are still issues that we're dealing with in regard to ensuring that people have the opportunity to enter into treatment and pursue recovery. We can see that in downtowns and some of the urban areas, of course. Most individuals, honestly, most families have been touched by this crisis in one way, shape, or form. I know that from speaking to so many stakeholders, I've heard the lived experience of individuals, and from the stories that they tell, often it's not only individuals who are addicted, but those, obviously, end up

affecting, you know, families, communities as a whole. Of course, we're taking all those aspects into account in order to make sure that we can do the best for Albertans in this space.

There is still, of course, significant demand for services, not enough availability in some areas of the province, and longer than ideal wait times. This is why we continue to fund new treatment spaces across the province, far surpassing our initial goal or initial commitment of 4,000 new publicly funded spaces. We now have more than 10,000 new publicly funded spaces available for Albertans in need of support across the continuum of care. That means 10,000 Albertans per year getting the help they need. So we're making significant inroads, but there's still more work to be done, which is why we continue to build out the services.

Access to addiction treatment services should be no different than any other health care service. A spot should be ready and available the moment someone needs the service. To improve services for Albertans, we need to measure the improvements in the lives of Albertans from accessing recovery-oriented care. It's not just about how many people go through a turnstile. It's about how the services that we are providing and funding, in partnership with so many great providers, are actually affecting the individuals and helping to improve their lives. Those are some of the measurements that we really need to see. What that, in essence, will do is that it will further allow us, as we gain more information, to make better, marginally more beneficial decisions as we move forward.

I'm excited about what we're doing. I'm excited to have this budget passed. I think it's historic, and I think that was even mentioned by the Premier. The work that we're doing and the ability, especially with this, to build out three more recovery communities, one in the north zone as well – right? – I think is changing lives. We're seeing that in the data with respect to other jurisdictions, so I'm really excited to continue the process.

Mr. Yao: Absolutely, Minister. Thank you so much for those answers.

I also want to just note that, yeah, these investments are fantastic, and it's interesting to see the juxtaposition between Alberta and British Columbia, who are taking two very different approaches. I think everyone has to admit, regardless of where you are on the political spectrum, that, you know, our society is still trying to understand this realm of addictions. It's interesting to see how Canada is actually a leader and studying both sides of that coin, with two neighbouring provinces who are addressing it in very different ways.

I know this minister is committed to ensuring access to a continuum of care, which is very beneficial to these people. Further to that, it is actually stated on page 91 of the Mental Health and Addiction business plan, paragraph 4, that Alberta's continuum of care includes things such as prevention, early intervention treatment, and recovery supports. This indicates to me a further demonstration that this government is dedicated to ensuring that regardless of Albertans' unique needs, options are available to support them.

10:30

Madam Chair, through you, prevention, early intervention, treatment recovery supports: this all sounds fantastic. But these can also be quite abstract concepts for those of us who are not in the mental health and addiction space. Chair, through you, Minister, can you please explain to us what exactly Alberta's continuum of care is pertaining to in this file, and what do you mean when you're talking about concepts like those that I've previously mentioned?

Mr. Milliken: Thank you, MLA Yao, for the question. Alberta's continuum of care spans from prevention through early intervention to treatment and recovery supports, ensuring that regardless of an Albertan's unique needs, options are available to support them where they are. While early intervention supports target the earliest symptoms of a disorder, potentially prior to meeting diagnostic criteria, prevention supports aim to avoid symptoms entirely. Prevention can include training, awareness-building, and having proactive supports available through resources such as the 211 helpline and mental health supports in schools.

Early intervention can provide some of the pathways to help when individuals show signs of need. This can happen at a visit with a physician or counsellor or, for some people, when they may interact with police or hospital staff due to their symptoms. Once someone, of course, starts down the path to getting help, treatment can come in many forms depending on their personal needs and circumstances. It could include group treatment such as Alcoholics or Narcotics Anonymous or residential treatment – some of the recovery communities that we've been talking about – in-person care in hospital-based services.

Recovery supports can come into play at any point in a recovery-oriented system of care. The Alberta model is community based and focused on increasing access to a co-ordinated network of services. These services aim to increase connections for individuals to recovery-oriented housing, training and employment, treatment for addiction and mental health concerns, and to improve access to other community resources.

I hope that answers your question.

Mr. Yao: It does, Minister. Thank you so much.

With that, I'd like to just turn the page a little bit and focus a little bit more on our Indigenous peoples. As we mentioned earlier, to ensure a long-term, high-quality addiction and mental health support system, we need to focus on the different needs of Albertans, and this does include the Indigenous-led, culturally appropriate community supports for First Nations, Métis, and Inuit peoples of Alberta, that you did mention a little bit earlier. I'm wondering if you can elaborate on what funds from Budget '23-24 are being allocated to support the mental health of Indigenous peoples across the province.

Then my second question to that. Indigenous peoples are disproportionately affected by opioid-related overdoses in the province. I can attest to – one of the chiefs that spoke to the safe supply committee felt that by supporting these injection sites and legalizing safe supply and other things, these were all experiments on the First Nations people because the First Nations people have a prominently high percentage of people who are affected by these nasty drugs. It was a very interesting perspective to hear that from our First Nations. What is your ministry putting in place to support the key objectives in 3.3, to reduce the number of opioid-related deaths of Indigenous peoples in the province?

Mr. Milliken: Thank you very much for the question. For many Indigenous Albertans getting the help they need for their mental health or their pursuit of recovery in a way that honours and uses their cultural practices can be a significant key to their recovery. I hear this over and over as I talk to our partners in Indigenous communities and the importance of reconnecting with their culture and having that as part of their recovery journey.

I was honoured to attend an annual meeting for Oxford House, an organization in Calgary, and listening to one individual talk about reconnecting with his culture. Having the opportunity to take part in cultural dances was and has continued to be a significant portion of his recovery journey.

I just want to thank – all the opportunities that I've had to talk, whether it's the memorandum of understanding that we did, whether it's all the time that I've spent with regard to Blood Tribe and the work there. Buck Breaker, people like that: there are so many people that I could name that have been so helpful in informing us in ensuring that we can figure out ways to help make sure that recovery is available to everybody in the province.

Mental Health and Addiction has several initiatives under way to improve access to existing services and create new addiction and mental health supports and services for Indigenous people. We've provided \$4.9 million to begin work on the government's commitment.

The Chair: Thank you so much, Minister.

We'll take our five-minute break now.

[The committee adjourned from 10:36 a.m. to 10:42 a.m.]

The Chair: Now we move to five minutes of questions from the Official Opposition, followed by five minutes of response from the minister. As mentioned, members are asked to advise the chair at the beginning of the rotation if they wish to combine their time with the minister's time. Please remember that discussion flows through the chair at all times regardless of whether or not speaking time is combined.

Let's go to the Official Opposition.

Ms Sigurdson: Thank you, Madam Chair. Yeah. I'll continue, staying on line 2.7, harm reduction services. I appreciate the minister clarifying that, with psychedelics, the psychiatrist is the medical director overseeing, so there is a little bit of a broader width of prescribing, but it still is creating a bottleneck when it is exclusively a psychiatrist. That still continues to be an issue. As I shared earlier, certainly, other health professionals like neurologists, anaesthesiologists are also experts in this area, and I think that having a broader number of health professionals who can support people in this area would be a wise move. I just wanted to bring that back.

Also, on the narcotic transition services program the minister didn't talk about the recommendations from the Alberta Medical Association. Certainly, this is the profession that is most impacted by the changes to them, and there are some significant suggestions made by them. Is the minister ignoring those suggestions, or is he going to implement them? I just want to bring that back.

Certainly, you know, it's true that the government has created some lower barrier services that the minister clarified, but they have increased barriers in other areas, too. Of course, I'm pointing out some of the concerns that we have in the Official Opposition. One of the significant barriers that was created here in Edmonton is that the Edmonton downtown detox centre was moved out to Alberta Hospital. So especially for people, you know, living in the inner city, some pretty vulnerable folks, this created a significant barrier for them. You know, it is a concern that sometimes for the more vulnerable, services aren't being provided.

I guess I just want to also bring back about the panels. What further information are you not getting from the previous ones? How come we need more panels?

Just to go into more detail about some of the services that have been cut and shouldn't be – and I just want to say to the minister that since the 2021-22 budget harm reduction services have been reduced by \$5 million. Of course, this is all during the drug-poisoning crisis. Sadly, the UCP has done the opposite and increased the barriers – there's just no question about that – for these services: the closures of the Lethbridge site, a site here in Edmonton, and certainly not moving on the expansion of drug

checking or drug testing. This means that lives are being lost, because people would access services that saved their lives in these supervised consumption sites, but with all the changes, this has created more barriers. There's just no question, Minister, through the chair, that this has gone on.

You know, that doesn't mean that there aren't barriers that have been removed in other areas, but I'm talking specifically about this area. These decisions to close a supervised consumption service have meant that health supports were taken away from those who needed them most. It is also well known that staff at supervised consumption sites developed therapeutic relationships with drug users and, besides keeping them alive, offered them medical support, affordable housing, treatment options, and other services. Most significantly, staff provide compassion, which makes a positive difference to an extremely vulnerable population. The cuts to these services during a drug-poisoning crisis meant lives were lost. When will the minister expand – I mean, I think it is a significant expansion that's needed in supervised consumption services as some Albertans are just not ready to go to treatment.

We know that drug checking also saves lives and is done in lots of countries. We also know this service would save on average \$1,600 in medical fees due to drug poisonings. We know that EMS deployments would be reduced, emergency room visits would go down, and hospital beds would be freed, so it makes an economic argument for this type of service. We know our acute health care system is overwhelmed, the EMS is overwhelmed. Having drug-checking, drug-testing services would make a significant difference, and it would save lives also. I'm just wondering when the minister is going to put this in place.

The Chair: Thank you so much.

Now back to the minister.

Mr. Milliken: Thank you very much for the opportunity to respond to the questions. I just also want to take an opportunity to remind, with regard to when I'm having a discussion with the government members, to make sure that we do the block time. I know that it wasn't called out, but I still wanted to just make sure that you knew that I was making sure.

With regard to, initially, the psychedelic drug treatment conversation that we're having, these services – of course, as noted, it's an emerging field, to treat a psychiatric disorder using psychedelic drugs. Because patients face an increased risk of mental and physical harm when under the influence of psychedelic drugs, treatment must include expert medical oversight. With certain exceptions, the regulation requires that, just for clarity, because I know the hon. member was looking for it, clinics providing psychedelic drug treatment services must be licensed under MHSPA and appoint a psychiatrist to serve as medical director. Only a psychiatrist or a physician in consultation with a psychiatrist can prescribe psychedelic drugs used in treatment. An exception is made for ketamine when provided outside of the context of psychedelic-assisted psychotherapy. Patients undergoing psychedelic drug treatments that induce an altered state of consciousness must be monitored by qualified health professionals or other individuals approved by the medical director for the duration of the treatment session.

I do just want to state that there's some amazing emerging work that's being done in this field, so credit to the clinicians that are working on it. We're just taking the steps to ensure that things are done in a safe manner.

I know that there was a question with regard to the AMA, which I will send over to my deputy minister, Evan Romanow.

Mr. Romanow: Great. Thanks, Minister. Chair, just to elaborate on the points related to engagement on the narcotics transition services as well as on the psychedelics, specifically with narcotics transition services, the ministry and certainly my colleague Coreen Everington and I have been leading very regular and active discussions with the AMA right from when the regulation took effect. There was a five-month transition period that was formally built in there, because it was recognized that to access this specialized service, we needed to make sure we are having a person-centred approach with all of the treatment options that relate to transportation barriers, looking at some of the other social supports but, very importantly, having the right medical facility to provide that specialized addiction treatment service.

10:50

We did work with the AMA to identify some unique situations, and in fact many of them were not related to the barriers for expanding the supports and protections for Albertans because they related to pain, something that was very explicitly excluded. There was recognition that roughly 800,000 Albertans with chronic pain are not impacted at all by the narcotic transition services. This is with a very small segment of the population that does need more of those wraparound supports and access to the top addiction medicine specialists. So there were direct supports through the narcotic transition services with opioid dependency programs that operate in communities across the province. Very importantly, the virtual opioid dependency program does cover a lot of the supports.

Finally, all of the related colleges were involved in developing the NTS plan and the regulation with the ministry, so the colleges were actively involved throughout the planning process.

Sorry, Minister.

Mr. Milliken: No. No worries. Great answer.

With regard to – I know the hon. member had mentioned that it's her understanding that barriers are being created with regard to treatment or recovery, and I just want to re-emphasize that barriers are coming down. Again, under the previous government Albertans going to access publicly funded treatment actually had to pull out their credit card in many respects and pay \$40 a day. I went over that previously. I just wanted to make sure that people saw that.

I think that the hon. member talked about the downtown Edmonton treatment facility going out to Sherwood Park. As a person who grew up in Edmonton, you know, ensuring that we are working effectively to solve the issues facing that city is very much a priority for me. I would just note that ARC, as it's known, is doing phenomenal work. I was there last week, toured it, and then also was able to see how easily they can transfer from detox into treatment with regards to – Henwood; sorry. The work that they're doing, the inclusivity that they're doing, and the fact that there are, daily, cars going down to shelters, et cetera: it's just an example of amazing work and collaboration and showing that the system holistically ...

The Chair: Thank you so much, Minister.

Now we'll go over to the government side.

Mr. Long: Thank you, Chair. And just to confirm, are we doing block or back and forth?

Mr. Milliken: Block.

Mr. Long: Okay. Thank you. Yeah. I appreciate your time today, Minister, and the time of your department and your staff. Thank you for being here, and thank you for the work that you're doing. The reality is that mental health and addiction is something that I'm

finding myself more and more passionate about, and how we approach things – I find more of my constituents are bringing forward concerns and thoughts around the topic and, you know, just see the public wanting to see people get help, that they want to see their families reunited. They want to see people back at work and back at home.

I've had a number of heartfelt conversations with constituents over the last few years about the impact of different approaches to the mental health and addiction crisis and how inevitably – most people want to see people who are struggling with the disease of addiction recover from that. From that standpoint, I am often shaking my head that there's an argument to be had. I don't think there's an argument; there shouldn't be. We don't argue about treatment for other health care services. Minister, you made a comment earlier that access to addiction treatment services should be no different than accessing any other health care services. I appreciate that perspective because I do believe that that represents the vast majority of Albertans, including the constituents that I represent.

On that, I know that on page 95 of your business plan, key objective 3.4, it states that the government of Alberta strongly believes that their partners at public safety emergency services and local police services are critical for responding to the addiction crisis. This key objective states that the government of Alberta will further develop effective treatment referral pathways and supports for people with mental health and addiction issues within the criminal justice system to facilitate recovery. So one thing I was hoping, Minister, is that you could expand on what the Alberta government is doing in relation to developing effective treatment referral pathways for Albertans who are struggling with mental health and addiction in the criminal justice system.

It's, again, something that I find myself being immersed in, trying to learn more about not only the impacts of mental health and addiction issues but where it originates. It's actually my understanding that 75 per cent of mental health problems occur by the age of 24.

In 2020, with the pandemic, Statistics Canada reported that youth have experienced the greatest decline in mental health since the pandemic began. On page 95 of the business plan, key objective 3.4: Alberta kids deserve the best, and improving youth mental health is a top priority for this government. I was also hoping you could elaborate on what our government is doing for our children and youth in the province of Alberta pertaining to mental health and addiction concerns and, just to further expand that, how your ministry is actually co-ordinating efforts with other ministries on mental health and addiction concerns for our youth, in particular, you know, Indigenous Relations and Education – I'm assuming that your department is co-ordinating efforts substantially with those two ministries – and any other ministries that you might feel would be relevant to discuss, and what some of those conversations look like for a path forward. As a parent of young children I don't want to see our youth left behind, and I know that that's something that our government needs to be keenly aware of and keenly focused on moving forward.

With that, Minister, I will give my last three seconds over to you so you maybe can start answering early.

The Chair: Thank you so much, Member.
To you, Minister.

Mr. Milliken: Thank you for the added time. I appreciate it.

With regard to your first question Alberta provides some of the most comprehensive mental health and addiction supports in

Canada to make sure Albertans have the help that they need to stabilize and improve their mental health and well-being.

This includes phone and virtual resources such as the virtual opioid dependency program, often referred to as VODP, and supporting more than 200 organizations to meet the unique needs of communities. Individuals who would like to start treatment for an opioid addiction can contact the VODP by phone from anywhere in the province and receive a prescription for opioid agonist therapy the same day at no fee. Essentially, we're the first province who has achieved treatment on demand with regard to evidence-based opioid agonist therapy. As mentioned previously, individuals who enter into this kind of treatment: you can expect that somewhere in the neighbourhood of about 95 per cent can stabilize. VODP uses videoconferencing to provide addiction treatment to Albertans across the province, anywhere in the province, offering same-day access to addiction medicine, physicians, and evidence-based medications. Starting treatment is free, as noted, for all Albertans, and it is available seven days a week with no wait lists. In the coming year we plan to expand the VODP to meet demand across the province even better, which continues to grow as new treatment and recovery supports grow.

Starting this year, with work going into 2023-24, we are expanding Alberta's 211 capacity and building the funding to 211 to more than \$15 million over three years. Anyone who is struggling with their mental health can call 211 at any time to connect to local mental health programs and services. Often when I am meeting with media and stakeholders, et cetera, that can be sometimes one of the last things that I always mention to them: if you're experiencing any mental health issues, 211 is readily available to you. Recovery in mental health means achieving and maintaining remission and living a satisfying, hopeful, and contributing life even when a person may be experiencing ongoing symptoms of a mental health problem or illness.

11:00

I really, actually, appreciated your next question, MLA Long, because you really discussed some of the work that we're doing in the space of youth mental health. That, as previously noted I think as part of my mandate letter, was I think the number two bullet point on top of building out recovery-oriented system of care communities. It just showcases how important this aspect is.

But also what it does do, one thing that I've realized, having now been honoured to be the minister in this new ministry, is the fact that there was this missing middle of acute needs for youth and adolescent mental health that wasn't available under the – it was underfunded. Again, we come across this conversation over and over, about how previous governments underfunded these spaces. In Budget 2023-24 we have focused very much on that. I remember going before Treasury Board and going for it. I'm excited about all of the new services that we are building out, especially through some of our stakeholders.

Mental Health and Addiction is investing \$42 million over three years to expand and improve the accessibility of child and youth mental health and addiction services under the child and youth mental health initiative. This includes an additional \$14 million in 2023-24 for this initiative, including \$10 million in a capital grant to CASA Mental Health to establish new clinical mental health services and supports for school-aged children and youth, including mental health classrooms, other school-based and community supports as needed, education and training to build capacity of other professionals working with children and youth in the broader system as it changes; \$4 million to the Calgary Police Youth Foundation's ISSP, integrated school support program, to support prevention-based initiatives at schools across the province.

Alberta's government is also investing \$10.8 million over three years, \$3.6 million per year, to continue supporting youth mental health hubs across Alberta to help youth improve their mental health. Budget 2023 also provides \$2.4 million to Kids Help Phone, who I met with yesterday, for children and youth to access professional counselling and crisis services. Budget 2023 sees a continued investment of \$9 million over three years in operating funding for the Calgary centre for child and adolescent youth mental health.

The Chair: Thank you so much, Minister.

Back over to the Official Opposition.

Ms Sigurdson: Thank you, Madam Chair. I'd like to continue talking about what the government was just talking about, the injectable opioid agonist therapy, IOAT it's called for short. I mean, I guess the expansion of these services is welcome. Unfortunately, the government took a while to understand what was happening in this area and, in fact, was planning to cut these services. Back in March 2020 the UCP government announced that Albertans would no longer be able to access IOAT. This meant that patients with a severe form of opioid use disorder would not be able to access the treatment that was best for them, and due to the severity of this disorder many would likely return to using street opiates and all the dangers associated with this. When threatened with a court case, the UCP did reverse this decision. This is just another demonstration of the lack of understanding of the opiate crisis by the UCP and certainly some chaos for people who are very vulnerable in the system. It's understandable that people are feeling that they can't trust what the UCP is doing.

Back in March 2021 the UCP did confirm that funding would continue but no new patients would be accepted. This is a small program. It didn't have that many people. But it was, you know, life changing for people who needed this type of therapy. We know that it's extremely successful as it stabilizes patients so they can live meaningful lives. I understand now the program, of course, is called the opioid dependency program, ODP. I see on the business plan it's now receiving \$11.2 million, to the opioid agonist therapy and other opiate treatments. I'm just wondering now how many Albertans are being served by this program. You know, the government has changed their plan about this from closing it completely to now saying that no one new could take this program, and now they've increased funding. I'd just like to know how many people are actually able to access this program.

Then I want to move on to line 2.8, child and youth operational funding. I want to again refer to the office of the Child and Youth Advocate. In their report about the opioid crisis and the impact on Alberta's youth, they indicate on page 20 that

there is overwhelming support for harm reduction. It is widely understood to be an essential part of the continuum of care required to meet young people at [various] stages of substance use. Harm reduction aims to minimize the negative effects of substance use. It helps young people stay safe until they can access treatment and ensure that if, and when, a relapse happens after treatment, it is less likely to be fatal. Specifically, naloxone is widely recognized as an essential life-saving intervention. Supervised consumption sites . . . are seen as an important service but are currently designed for adults. We heard that often young people do not access [these sites] because they find them intimidating and adult focused. There is a need to create [supervised consumption services] that provide a range of supports that are flexible enough to accommodate the needs of young people, such as youth friendly spaces and mobile sites.

These are the recommendations of the office of the Child and Youth Advocate. I know that you received the advice from the advocate

regarding this area as the Minister of Mental Health and Addiction. I'm just wondering: out of this line item 2.8 what portion of it is going to create these harm reduction services, the supervised consumption services that the Child and Youth Advocate speaks of?

Also, in the report it talks about just the crisis, of course, specifically with the youth population. We know that in 2020 95 youth died in Alberta. We don't know about 2021, or maybe you do, Minister; maybe you can provide that number. How many youths died in that year? That's seen as, you know, sort of some of the peak of the tragic deaths in that area. And in 2022 – I mean, the year has passed now – how many young people were lost to this tragic overdose, drug poisoning crisis?

And can the minister please explain what harm reduction services are available? Certainly, your model talks a lot about recovery for them, but as the Child and Youth Advocate indicates so clearly . . .

The Chair: Thank you so much.

Over to the minister.

Mr. Milliken: Thank you very much for the opportunity to answer questions with regard to these issues. I think, just off the top, with regard to the IOAT program and ODP supports, these supports have been maintained by our government. With regard to NTS, that's available in six cities where we've identified levels of need. The hon. member continues to talk about harm reduction and services that reduce harm. Of course, this is part of the broad continuum of care that we're building out, and it has been focused for all Albertans.

The level, as noted by MLA Long, the amount of supports that we are focusing as a government towards children, youth, and adolescents is astronomical relative to what it previously was under the previous government.

I do also want to say that in the initial comments the hon. member mentioned things along the lines of their policies with regard to the addiction crisis. It can pretty much be summed up as, essentially, more supervised consumption. I know that she's talked about that. There are as many sites now as there were when we took office. We're also considering looking at another site in Strathcona, so I would encourage anybody watching who wants to get some information on that to contact their local MLA.

11:10

But, again, more consumption being one of their tenets, providing a taxpayer-funded supply of drugs, which we kind of discussed a little bit when they failed to show up for the select special committee on examining so-called safe supply, and then, of course, drug testing: I just want to make a comment here. Like, these are the systems that have been put in place up and down the west coast, and we are seeing the damage that is coming from these policies. There is no one silver bullet in order to deal with the addiction crisis. We talk so much about the opioid crisis, and I just want to mention, you know, the idea of putting more drugs into the community and seeing that diversion is not a goal that should be pursued. We saw that with the oxycodone crisis, how it built up the opioid crisis in the States and in Canada as well.

The end result of these kinds of policies is what you start to see in places like the Downtown Eastside of Vancouver, which I don't recommend everybody to go take a look. I went. I did a tour. I walked through it, and it breaks your heart, and it's situations like that that really underscore just how important it is for individuals to have the opportunity to enter into recovery. I talked to one individual in the Downtown Eastside of Vancouver, and his statement to me was clear. He said: listen, I came to the Downtown Eastside of Vancouver to be a drug addict. I think the

verbatim quote is: I came to Downtown Eastside to be a drug addict; I just didn't intend to stay this long. The idea that we are ensuring that individuals will have access to treatment and recovery allows us, on the holistic continuum of care, wherever they are, to meet them where they're at and to help them with regard to their pursuit of recovery.

I should note that SCS does support youth under the age of 24. In recent years we have seen an increase in the number of opioid-related deaths in youth in the province. This is, of course, unacceptable, and we are taking action to strengthen addiction treatment for youth. It just goes to show, with the level of supports that we are seeing, with \$275 million being allocated to the Mental Health and Addiction ministry should it pass at this budget, which I hope everybody will of course endorse, how important the need is because of course one death is too many.

We recently expanded, actually, the virtual opioid dependency program specifically to support youth in care. I have a quote here somewhere from the individual who's in charge of the OCYA, that's not right in front of me, just stating how good . . .

The Chair: Thank you so much, Minister.

We'll head back over to the government side.

Mr. Long: Thank you, and thank you, Minister. It's great to have the opportunity to go through this topic and have these conversations. I've heard a few things today that continue to bewilder me, to astound me. I've heard members opposite talk about a lack of understanding about the opioid crisis. I've heard them reference the science and that, apparently, we're just not following the science, yet – again, I've done a lot of homework on this issue myself – my understanding is that there's science that has been realized that addiction is a disease. And going back to your comment earlier about how access to addiction treatment services should be no different than accessing any other health care services, you know, when we have members opposite that are so adamant that treatment is wrong, it just astounds me that they're not trusting the science that has been developed around this disease. To your point earlier, Minister, about there not being one silver bullet, that there's an entire continuum of care around this topic, I appreciate that perspective. Again, it does astound me, some of the things that I have heard today from members opposite.

That said, I'd like to go back to a little bit of what we were talking about earlier. I know that you started to touch on some of the things that I was actually going to be asking this time, and I'd just like to again give you the opportunity to expand on some of that and, hopefully, hit a few points that I hadn't quite gotten into.

Over the last decade and a bit mental health has really come to the forefront of the social conscience. We see mental health campaigns like Bell Let's Talk every year now, and antibullying campaigns, mental health incorporated into curriculum. Parents are becoming more and more concerned about their kids' mental health and ensuring they have the supports they need. You know, going through middle school and high school can be an incredibly difficult time in a kid's life. I've often reflected on my own time in school, and I am so grateful that I could leave school behind when I left whereas kids, youth now in today's world, with social media, are not able to leave a lot of the aspects of school and some of the difficult conversations. They carry on online, and I, thankfully, didn't have to go through that. Again, the impacts of that on our kids are astronomical, especially as everyone, you know, is trying to figure out who they are and process the concepts of identity and self-expression and learning how they fit into the world. On top of that, kids still have school, extracurriculars, and figuring out how their importance of existence is relevant in this world.

You know, as you're a parent of young children, I'm sure you would agree that it should be of the utmost importance to this government and ministry that we're supporting children and youth through these challenging times. Minister, I see on page 159, under line 2.8, that you're allocating almost \$46 million to children and youth, just over an 11 and a half million dollar increase from last year. I was just curious if you can expand on how this figure was determined and outline some of the initiatives. I know that we started this a little earlier, but if you could expand on that.

Also, on page 94 of the business plan under key initiatives supporting outcome 2, it states that "\$14 million is being invested annually to expand access to mental health supports for children and youth in schools by developing an integrated school-based services model." Is this \$14 million found under line 2.8, and can you expand on this model for the committee?

It also says under the same section that you'll be partnering with CASA Mental Health. Again, I know that you sort of ran out of time earlier, but if you could please tell us a bit more about this organization and the decision to partner with them, I'd greatly appreciate a little bit more context to that.

Thank you, Minister. Again I'll gift you a few extra seconds if that's okay.

The Chair: Well, there's not really much time there, Martin.

Okay. Now over to the minister.

Mr. Milliken: Thank you very much for the extra time. I appreciate it. Obviously, improving the mental wellness of children and youth is a top priority of this government. It's represented very much so in this budget. Budget 2023 includes more than \$45 million for youth mental health and addiction recovery supports. This is an increase, as noted in your question, I believe, of more than \$11.5 million – I think that's a 34 per cent increase from '22-23 – that will support expansion of mental health services for youth and additional youth recovery services.

Alberta kids, of course, deserve the best, and we will continue to invest in their health and well-being moving forward. That's why we're investing in a number of programs and services to help young Albertans get the help they need regardless of where they live in the province.

In Budget 2023 we are also providing funding for AHS to deliver child and youth mental health services as part of the new centre for child and adolescent mental health, currently under – it's actually not currently under construction. This is The Summit. I was there to announce it on Friday, and they opened their doors yesterday. There were tears. It's amazing to see just how it's going to help with regard to, again, more of this missing middle that we've seen in child and youth mental health supports that we need.

11:20

I'll give it a plug. You can have walk-in services, where you walk in and your kids can immediately have an opportunity to receive counselling. The supports are everything from music to – it's amazing. The one thing that really hit me was when I was in the building and I was chatting with, I believe, the medical director. He said that there was a sign in the parking lot for parents where, when you drive in, if your kid can't get out of the car, they'll come meet you. And this is something – I even mentioned it to him – that I've seen talking to individuals and the stories that they have, parents talking about kids not being able to get out of the car to go to school, and then, having built out some of the services that we're already seeing the successes in, they're coming with these success stories of, like: my kid got out and went in and is now, like, fully involved in school again, et cetera. They're seeing huge positive changes,

and this is from the supports that we're doing. There's a lot of great work happening in this ministry. It's an honour to be a part of it.

This year we've maintained our commitment to increase access to mental wellness and clinical supports in schools under the child and youth health services initiative. This includes new mental health classroom teams for students with more complex needs as well as services focused on prevention and early intervention such as meal programs and after school care, mostly through, I believe, ISSP. These supports will be available in schools in the Calgary and Edmonton areas this school year, with more coming as part of our plans to scale up and expand these services across the province over the next two years. We've seen significant issues with regard to child and mental health issues over the course of the last few years, and this just represents some of the many supports that we are doing to try to make sure that we offer the services that are needed.

We are also investing more in specialized supports for youth struggling with mental illness through an expansion of CASA House and CASA's adolescent day program. I have had the opportunity to meet with individuals at CASA. I've seen the work that they do at CASA House. I've listened to the stories. I've listened to individuals who have gone through the system and heard about how it's saved them, and I've also talked to parents. One of the things that I think, as we build out this mental health for youth system, is that it's going to be one of the best things from this, the fact that as we create more opportunities for services, we create places to have people go when they're in need. Historically, with the underfunding in these spaces, those services haven't been there. When a kid gets cancer, the system envelops the whole family; the whole system comes to help. But with mental health – I've talked to the individuals – if your kid is 14 and has a psychotic break, it's the parents that ultimately have to figure out the system and manage the system. We're building out supports to make sure that that's not the case, that we're there to help them when they're needed.

And then I would also just – I'll do it at the next one. Yeah. I see that there's only 12 seconds. I would just say that these actions, which align with recent recommendations from the Child and Youth Advocate, will help youth struggling with addiction get the care they need and they deserve.

We will also . . . [Mr. Milliken's speaking time expired] Thanks.

The Chair: Thank you so much, Minister.

Back over to the Official Opposition.

Ms Sigurdson: Well, thank you very much, Madam Chair. I just want to, you know, make it clear in this room – and I think it was made clear previously – that certainly a continuum of care is needed to support people with mental health and addiction issues. There has been no indication from the Official Opposition that we don't support treatment. We absolutely do. But what's missing oftentimes with this government is what we've been focusing on, and that's kind of what an opposition does. We look at: how can we make government policies better? That's why we're talking about an emergency plan that is about expanding supervised consumption services, investing in drug checking, and safe pharmaceutical alternatives, because that's what's killing people. We know we have a very toxic drug supply. That's what we're saying. We certainly believe in treatment. There's no question about that. Anything that's said in this room that indicates that we don't is false.

Having said that, you know, I'm looking at the business plan, outcome 3, Albertans have access to high-quality, person-centred mental health and addiction programs and services. In this one, which seems kind of shocking, really, there's no metric to reduce the number of deaths due to the drug poisoning crisis. Shouldn't

that be the most important metric, that people's lives are saved? Why isn't the government measuring that? Also, in this recovery capital index that's being developed, I know you really don't have the specifics on that yet, but will the prevention of death be an outcome? Of course, that's very important, too. You know, I think another important measure is sort of looking at relapses, how many times we know people do relapse when they have had addiction issues. Is that also something that's looked at? How can we prevent that? How can we keep them alive if they do relapse? That's why harm reduction services are so important. These are important things for the government to look at. I mean, I think this is fundamental to what needs to change. We need to lower those numbers, absolutely.

I'd like to go back to 2.8 from the estimates, children and youth. Of course, as the minister spoke about just a moment ago, CASA has been awarded a significant amount of money, \$92 million, to expand services. You know, like the minister, I'm quite familiar with CASA myself. I'm a social worker and I used to work in child welfare, and I would work with CASA years ago now. It's been some time since I've been employed by child welfare, but certainly they do good work. It's important that, you know, Albertans have the access, and you're right, Minister. It's been a nightmare. The system is very difficult. Families are overwhelmed. They don't know how to navigate it.

But I'm concerned about CASA because it's not that big of an organization. Their operating dollars are only \$15 million annually, and with this operating investment you're giving them, it's going to increase by over \$22 million a year for three years in a row. I just want the minister to talk about how CASA has the – do they have the capacity to deliver these programs? That's a significant increase. It's, you know, far exceeding what they now operate with. How will the UCP support CASA to manage this and be accountable for these funds? Has the UCP done a capacity assessment to ensure it's possible for them to deliver the service? My understanding is that they've been reaching out to other organizations because it's beyond their capacity, you know, so I wonder what is happening in that sphere. Certainly, you want these services to be available, but is the government doing their due diligence to make sure that CASA has the supports they need to make that possible?

I guess I also just want to commend the minister to look at the report on the opioid crisis amongst youth from the office of the Child and Youth Advocate. Extensive work was done, several recommendations, and I just wonder: will the minister be implementing the recommendations from the review that they have given as the minister responsible for this area? They identify several barriers to youth wait lists. Youth need to acknowledge that . . .

The Chair: Thank you so much, Member.

We'll head over to the minister for a response.

Mr. Milliken: Thank you very much. I appreciate the opportunity to respond to the well-thought-out questions. A couple of things that I just want to make sure that I get for the hon. member. There was a question in the previous block where you asked about the ODP program usage and funding. Funding is obviously increased significantly; clients under this program more than doubled. Now I believe that there's over 7,000 clients being supported through this program. I just wanted to make sure I got that for you, and I appreciate that.

Also, I had mentioned that there was a quote from the individual in charge of the office of the Child and Youth Advocate. The statement was: "We're pleased the government is taking action to address the impact of the opioid crisis on young people. This supports our previous recommendation calling for a full spectrum

of services and supports for young people struggling with substance use.” I just think that it goes to underscore how we’re working with stakeholders to ensure that individuals in need get the services and supports that they desire. We are a government that believes that anybody who is facing any mental health crisis issues or addiction issues should be able to receive the treatment that they need and enter into a recovery individualized to them.

11:30

I also just think that – perhaps I might have actually misspoken earlier with regard to some of the SCS conversations that we were talking about. I just want to clarify about supervised consumption sites, that these are to support adults and young adults. There’s some discussion, I believe, around consumption sites for youth. People under 18 should not be supported with drug use. That’s our policy from our government, and we need to expand treatment options for youth in this regard. I just wanted to make sure that that got there on the record.

There were questions about not measuring deaths, and that’s just not the case. We are the most transparent jurisdiction in North America, I believe, actually, with regard to data surrounding the addictions crisis that we are facing, whether that’s opioid addiction, whether that’s alcohol. I think that’s something that should be mentioned. We’ve had a very big focus on the opioid crisis issues that are being faced around the province and obviously all jurisdictions in Canada and the great work that we’re doing to ensure that there’s treatment available. And we’re building that system out, the recovery-oriented system of care.

Also, you know, people don’t talk enough about the stresses that alcohol addiction has been putting on the system. We talked earlier a little bit about use of health capacity, et cetera. I believe that the instance of alcohol with regard to, say, hospitalizations, et cetera, is actually about three times as much as the opioid crisis. So it’s not just an opioid crisis; the issue is the illness of addiction, and that’s why we’ve put such an emphasis on this recovery-oriented system of care, to ensure that people can get the treatment that they deserve.

Then, just to mention it again, the Alberta substance-use – ASUS. You can find it – you can just google it, and it’s actually interactive. You can go ahead and you can find out basically as close as we can, pretty much, to real-time data as to the effects of the addiction issues that we’re facing. Of course, ASUS provides insights into addiction issues, helps us respond with better measures to support recovery, and ultimately contributes to our overall goal of saving lives and supporting Albertans in their pursuit of recovery.

With regard to CASA, like, what an amazing organization. We have to remember that we are the stewards; there’s only one taxpayer. We are the stewards of taxpayer funding, so we do actively have to, you know, take a look at super efficient organizations and make sure that we can leverage them. I know that the hon. member spoke very highly about CASA, and I would reiterate the same. They’re doing great work. With regard to calling communities and other – that’s part of their approach. They work with the community members that are already there.

The Chair: Thank you so much, Minister.

Back over to the government side.

Ms Armstrong-Homeniuk: Thank you, Chair. Through you to the minister, I want to share a personal story with you. This year my cousin lost his son, and I want to read you his obituary. I won’t mention his name just for protection for the family.

He was born in Edmonton. He was athletic; he played hockey and lacrosse and soccer. He needed to be bribed to leave the house, often with a root beer shake. He played his heart out once he made it to

the field. After he graduated high school, he worked with a framing company. A memorial service was held for him. In lieu of flowers, if you are so inclined, please bring new socks, underwear for donations to Edmontonians who are experiencing homelessness. Alternately, if you cannot attend, please make a donation in his honour to the Bissell Centre, the Salvation Army. The parents would like to extend their thanks and gratitude to the ambulance attendants and hospital staff who took care of him and comforted him in his time of need.

My cousin lost his son to homelessness and drug addiction, mental health. I just want to say that I commend you for what you’re doing. He’s someone who obviously had been suffering from this for a while, and I want to commend you, Minister, for all the work you’re doing and all the help you’re going to be doing for people going forward.

I’m sorry for the tears.

Minister, I want to reference page 159 of the estimates, looking at line item 2.7. There is a narrative coming out from the opposition with regard to harm reduction and the actions being taken by this government, that it is purely recovery based and has completely written off any form of harm reduction. I think something that this minister has made very clear on a number of occasions is his dedication to ensuring a continuum of support and care available to those experiencing addiction and that harm reduction measures such as safe consumption sites are included within the continuum. If I’m not mistaken, there is even a proposal to put a safe consumption site just on the other side of the river, which is, I’m sure, something the opposition support as safe consumption advocates.

Tracking back, looking at line item 2.7, initiatives that reduce harm, I see that just over \$30 million is dedicated to that line item, which is an increase from what was budgeted last year and from the 2022-23 forecast. Can the minister please tell the committee more about what falls under initiatives that reduce harm as well as how this money will be used?

Mr. Milliken: With the chair’s allowance – I don’t know. This is the first time I’ve done estimates, and with the opposition members’ allowance, would everybody be okay if I just answered this question right away instead of doing block time? Everybody, is that okay? Chair?

The Chair: It’s your choice, Minister.

Mr. Milliken: Is it?

The Chair: Sorry; let me just consult.

Sorry. At the beginning you said block time.

Ms Armstrong-Homeniuk: I’ll get it together.

The Chair: Okay.

Ms Armstrong-Homeniuk: Madam Chair, I see on page 159 of the estimates that line item 2.5, early intervention, has received a funding increase of about \$16.5 million from the last budget, totalling just under \$30 million. Now, looking through the ministry’s business plan, I don’t see any mention of early intervention and what the intent for this funding is. Through you, Chair, can the minister please explain to the committee what is meant by early intervention and what sort of programming these \$29,325,000 will be going towards?

Also, Chair, through you to the minister, I see on page 93 of your ministry business plan that your ministry is allocating nearly \$1.6 million to support a provincial rollout of HealthIM. Can you share

with the committee more details about this program and how this funding can be used?

Minister, I would like to again thank you for all the hard work you are doing. I know that it will save lives down the road. It's just unfortunate. I think every family has a story like mine, and nobody should have to lose their child. I send my heart out to my cousin for the loss of his child. I just hope no one else has to go through it. It's so painful that I couldn't even attend the funeral.

Thank you again, Minister.

I cede my time to my colleague MLA Yaseen.

Mr. Yaseen: Thank you.

Thank you, Madam Chair. I'm just wondering if back and forth would be okay with the minister.

The Chair: You have four seconds.

Mr. Yaseen: Okay.

The Chair: Go ahead, Minister.

Mr. Milliken: Jackie, thank you.

Like, obviously, this just goes to the importance of what we're all doing here. I really appreciated the way MLA Armstrong-Homeniuk was thanking me, but I think that it's probably a good opportunity for me to say that, like, this is not just me. I'm honoured to play a small part, but I think that it really goes to the work that's being done in the ministry, previous ministers Ellis and Luan, the amazing service providers, AHS and the work that they're doing in this space, the CASAs of the world.

11:40

You know, I also toured the DI in Calgary's downtown, and the work that those people are doing is life changing and life saving. I watched them save a life, and I noted – I'll just say it – that there was, like, a radius around what was happening for saving an individual's life, and then how the rest of the employees would interact with it, and genuinely it's something that I want to look at. I'm worried about how that can – you know, to be a 23-year-old working in an environment like that. I personally try to put myself into those shoes, and all I can do is just say thank you for the amazing work that individuals like that are doing. So thank you very much for sharing.

And you're right. Every single – everybody that I've talked to: they have some sort of an experience in this space that is heartbreaking. So I just want to thank you for sharing.

The Chair: Thank you so much, Minister.

We'll go back over to the Official Opposition.

Ms Sigurdson: Well, thank you very much, Madam Chair. I'd like to change course a little bit and ask the minister about the Mental Health Patient Advocate. This Mental Health Patient Advocate reports directly to the Minister of Mental Health and Addiction and is supposed to brief the minister on issues in this area: what are the systemic issues, what are the prevalent issues, and what's going on? Of course, this involves people who are being detained. You know, they're being held without their consent, sometimes because of significant issues. Of course, this is a human rights area. We must make sure that people are only detained if they are a threat to self or others, and we must be very respectful of the law in this area, that people have a human right to not be detained without their consent.

But here we have the report from, you know, the advocate that is so – I don't know – it's kind of shameful, really. It has no information in it at all. It's just: this is how many files we've had;

this is how many issues we've had. It's kind of disturbing to see the lack of content in this report. And not only that; it's a year late. There's no report that's been received for the last annual report, and I'd just like the minister to sort of explain why that is.

It says right on page 91 of the Mental Health and Addiction business plan that he's responsible for this area. You know, it's really quite abysmal what is being put here, and it's a far cry from what the office of the Child and Youth Advocate has produced, extensive reports that give very detailed, specific guidelines to the minister. So I'm hoping under his guidance that this report will have some substance to it in the near future.

Of course, you know, the thing about this area is that for most of the UCP mandate – it's just changed recently with the appointment of the new Health Advocate, which the Mental Health Patient Advocate is part of. Catherine Douglas has just recently been appointed, but previously it was Janice Harrington, who, we all know, was the CEO or ED of the UCP before being given this partisan appointment. I would say that her work is pretty shoddy, and it would be good for the minister to acknowledge that that was probably a mistake – obviously, she wasn't the best candidate for that position – and that we need to have better information being provided. This is a serious area of mental health, and it's important that the minister take it seriously. So I'm just wondering what plans he has to improve the reporting of the Mental Health Patient Advocate. And will he be using the Child and Youth Advocate's sort of methods of more detailed analysis and support?

We know that they have given very specific recommendations to the minister. One of the recommendations – this is recommendation 2 from the office of the Child and Youth Advocate. It says:

Child-serving ministries should have appropriate substance use intervention training to increase the capacity and knowledge among direct-service professionals to ensure young people get the right services at the right time. This should be part of the provincial youth strategy.

This is the youth strategy that I thought perhaps this new expert panel, that you created just at the beginning of February, could actually develop. That could be perhaps a good use of their time. I mean, if the minister is going to be wanting new information from them, this is something that, you know, their own office of the Child and Youth Advocate is suggesting should be part of that.

Certainly, I know, like, as an old child welfare worker that this is a huge area, where we didn't have access to many services for very vulnerable clients. I think as social workers in that ministry we didn't receive the support or training. I think that this would be a wonderful recommendation to implement for the minister. I just commend him to do that.

I just, you know, wonder what his direction will be about this Mental Health Patient Advocate. Has he met with the advocate, actually? I know that Catherine Douglas has been busy this last while. I'm hoping that it'll be more robust.

The Chair: Thank you so much, Member.

To the minister.

Mr. Milliken: Thank you very much. Also, just for your advocacy in this space. I really do appreciate it, your discussion about your background within social work. A neat little side story is that part of my team was actually – one individual was taught by you, just taught a course. So thank you very much for the work that you do in this space.

With regard to the Mental Health Patient Advocate, that reports to the Health minister, I think more work has to be done on this, so

thanks for bringing this up. I think more work has to be done on this with regard to the new – as we build out this new ministry, I think that it would be effective for there to be direct reporting to the Mental Health and Addiction minister.

With regard to Catherine Douglas you're very right. She's very busy. She does a lot of great work. I think she came in as an interim for a while and really showcased her capabilities, which then led to her receiving the full appointment. I did have the – I actually really wanted to, and I did. I took the opportunity to sit down with her and discuss her goals, discuss everything that's going on in the – I wanted to get a better idea, as I was coming in as the minister as well, as to what her role was. It was really appreciated that she managed to take the time to do that and, of course, help me get up to speed, et cetera. I really appreciate what she is doing on that front.

I think you kind of really talked about the importance – we've been discussing almost writ large with regard to the importance of youth mental health supports. It is fair to say – you mentioned also the office of the Child and Youth Advocate. Improving, of course, the mental health and wellness of children is one of our top priorities, obviously. You can see it in the mandate letter, as I've noted. Budget 2023, of course, includes \$45 million for youth mental health and addiction recovery supports. This is an increase of more than \$11.5 million, or 34 per cent, as I think I noted.

There is so much good work that's being done in this space. As noted previously, there is a sense, even from the OCYA, that the work that we're doing is on the right track. Of course, we as a government have talked to parents and educators, health professionals across the board. Youth mental health is genuinely a top concern, and of course improving mental health and wellness is a top priority for the government for these kids.

11:50

There are so many aspects of this portion of the file that we have really made sure that we prioritized in Budget 2023, whether that's, you know, \$10 million in youth mental health hubs across Alberta, which, obviously, gives opportunities for kids who are experiencing mental health issues, a place to go, and whether it's just a safe space or whether it's the potential of needing some more intense supports than those, the goal there is for those to be available. We've also, of course, partnered with Kids Help Phone to support more youth virtually, with 24/7 access to confidential counselling and crisis services, and more than \$19 million over three years has been invested to increase treatment services for youth with complex mental health needs.

I think it just goes to show just how much our government is prioritizing this what is often called the missing middle. That's when we go back to some of those supports with regard to CASA and talking to the parents and talking to the kids who have come through the system. Often what'll end up happening is, you know, these kids are going to end up going to emergency rooms, and they're going to be using up spaces there, where if they end up, say, being – if you take it from 1 to 5 or 1 to 6 on the level of acuity, you're kind of looking for that help and supports for the 3s, 4s, and 5s. Some of those individuals will end up in emergency rooms, where maybe – perhaps it might not be the best place for them and often is also very, very expensive relative to what can be done at places like CASA House. And just to be super clear on that – this is great news, too – the advocate, specifically the mental health advocate . . .

The Chair: Minister, I'm sorry. That's your time. I was so anxious to hear what you were going to say about that.

Now we're going to go back over to the government side.

Mr. Yaseen: Thank you, Madam Chair, and thank you, Minister, for the work that you're doing and your predecessors have done on this file as well. I know this is a very difficult and sensitive file, so I appreciate the work and the government's effort to create a ministry for this particular topic, and I think it's very much appreciated by Albertans. Thank you for the good work that is being done by people beside and behind you to support all that.

One of the key objectives of the government is to expand and help Albertans access the supports they deserve in both community and the justice system, understanding that individuals who are incarcerated will have access to the support for mental health and addiction concerns. I would now like to understand what the government of Alberta is doing in the community to support all that, and I know that there was, you know, a summit opening in Calgary. I was happy to join you in that summit, called the Marian & Jim Sinneave Centre for Youth Resilience, and I was so happy to see that that centre is going to offer so many services and at no cost and just by dropping in there.

My question to you, Minister, is on page 94 of the business plan, key objective 2.1. It states that the government of Alberta will enhance recovery-oriented supports in urban areas with the greatest need. Can you please explain how this government intends to provide accessible and high-quality supports for Albertans? I also notice that the business plan on page 93, objective 1.2, states that the government of Alberta believes that data and evidence from work under way helps us understand where and what types of services are needed. Minister, can you tell us what the government of Alberta is doing to monitor and evaluate outcomes of the evidence-based work that needs to be done and is important to our government?

The Chair: You have to use up your whole time; otherwise, you lose it. Keep asking questions, please.

Mr. Yaseen: Yeah. I will continue to use my time. I'll continue.

I think it's fair to say that part of building a strong system and making sure Albertans receive quality care is ensuring that the professionals in these areas have adequate support and opportunity to expand on pre-existing expertise. I note that on page 93 of the business plan it states: "strengthen addiction and mental health knowledge, expertise and workforce capacity across Alberta to enable the recovery-oriented system of care and expand and increase access to services." Minister, through the chair, could you please expand on what the Alberta government, more specifically the Ministry of Mental Health and Addiction, is doing to achieve this outcome and provide the workforce development that comes with a recovery-oriented system of care under Budget 2023?

I will let the minister answer all the questions now.

The Chair: Member, you need to use all your time; otherwise, you lose it. Pass your time to another member, or ask another question.

Mr. Yaseen: I can ask another question, or I can pass on to MLA Smith if he has a question.

As stated in the business plan, page 94, key objective 2.4, Alberta's government will "enhance system and service provider accountability to improve quality and safety, with a focus on transitions and integration back to the community to support recovery." Understanding that Alberta is committed to ensuring that a continuum of safe, quality, recovery-oriented supports and services is available to support Albertans, can you, Minister, please tell us what the Alberta government is doing to provide Albertans with safe and quality supports, working hard in their pursuit of recovery?

Minister, can you also, you know, talk about . . .

The Chair: Thank you so much, Member.

Mr. Milliken: Thank you very much for the questions.

I do want to just quickly clarify for hon. Member Sigurdson that the Health Advocate budget is in Health, but on the Mental Health Act the advocate supports Albertans, which we are obviously responsible for as this new ministry is built up. I just wanted to make sure that that was clarified for you. Yes, of course, I've met with Catherine and, again, agree that we need to do more to continue strengthening reporting on outcomes. Thank you very much for that. I just wanted to make sure that you had that. And thank you for allowing me the opportunity to answer so many well-thought-out questions. I really do appreciate it.

Thank you also for the questions, MLA Yaseen. With regard to your first question, when easily accessible and high-quality supports are available to assist Albertans in recovery, their chances of long-term success are better. That's why we aim to increase the community recovery capital available across the province, including in Alberta's urban centres. A community with high recovery capital means there is a range of foundational, social, and community supports and resources available to assist individuals in recovery. While we have greatly expanded the number of treatment spaces, we need to ensure that the right types of supports are available along the full continuum of care to support Albertans in their long-term recovery.

I'm really excited about the rolling out of the My Recovery Plan as well. The opportunities there to inform decision-making and ensure that we are using taxpayer dollars as effectively as we possibly can are really valuable. Not only that – it's not just about that – it's also about ensuring that those who are entering into treatment and recovery get the services that they need where they need them. So that's going to be a way for individuals, through that platform, to measure their own recovery capital and ensure that the

supports throughout the communities are available to them as we build out this recovery-oriented system of care.

On your second question, which had to do, I believe, with the Alberta substance-use surveillance system as being the most comprehensive and transparent interactive online tool, I think we discussed a little bit about that, about how we've actually taken a lead as a government across the nation and North America to ensure that we are the most transparent government with regard to the issues that we're facing with regard to the addiction crisis.

I just want to say thank you for everyone being here, and I just want to reiterate: \$275 million. That is huge, and it's a huge increase from 2019.

The Chair: I apologize for the interruption, but I must advise the committee that the time allotted for consideration of the ministry's estimates has concluded.

Before we adjourn, I'd like to note for the record that several members of this committee have expressed their support for having American sign language, or ASL, interpretation available at our upcoming meeting with the Ministry of Seniors, Community and Social Services. I'm pleased to advise that we are pursuing options to provide ASL interpretation; however, this service is in high demand. We need to wrap things up here, so at this point I will simply ask if committee members object to the provision of ASL translation, should it be available, for our meeting tomorrow with Seniors, Community and Social Services. Are there any objections? Okay. Thank you.

I look forward to seeing everyone tomorrow, March 15, 2023, at 9 a.m. to consider the estimates of the Ministry of Seniors, Community and Social Services.

This meeting is adjourned.

[The committee adjourned at 12 p.m.]

