Legislative Assembly of Alberta

The 31st Legislature
First Session

Standing Committee on Families and Communities

Ministry of Mental Health and Addiction
Consideration of Main Estimates

Monday, March 10, 2025
7 p.m.

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Standing Committee on Families and Communities

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Ministry of Mental Health and Addiction
- Hon. Dan D.A. Williams, Minister
- Coreen Everington, Assistant Deputy Minister, Policy and Programs
- Rachel Melnychuk, Assistant Deputy Minister, System Overview and Strategic Services
- Ashley Robertson, Assistant Deputy Minister and Senior Financial Officer, Financial Services
- Evan Romanow, Deputy Minister

7 p.m. **Monday, March 10, 2025**

[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, 2026.

I'd ask that we go around the table and have members introduce themselves for the record. Minister, please introduce the officials that are joining you at the table.

Mr. Williams: Sure. What I'll do is that I'll ask them to introduce themselves, starting on my left, and we'll move all the way across.

There's no need to work the mics; they'll operate it for you.

Ms Melnychuk: Perfect. Thank you very much for having me. I'm Rachel Melnychuk. I'm the assistant deputy minister of system overview and strategic services with Mental Health and Addiction.

Ms Robertson: Thank you. I'm Ashley Robertson, and I'm the senior financial officer and assistant deputy minister of financial services.

Mr. Romanow: Evan Romanow, the Deputy Minister of Mental Health and Addiction.

Ms Everington: Coreen Everington, assistant deputy minister of policy and programs.

The Chair: All right. My name is Jackie Lovely, and I'm the MLA for the Camrose constituency and the chair of this committee. Let's start introductions of the government side, to my right.

Mrs. Johnson: Sure. Jennifer Johnson, MLA, Lacombe-Ponoka.

Mr. Lunty: Good evening, everyone. Brandon Lunty, Leduc-Beaumont.

Mrs. Petrovic: Chelsae Petrovic, MLA for Livingstone-Macleod.

Mr. Singh: Good evening, everyone. Peter Singh, MLA, Calgary-East.

The Chair: All right. And the Official Opposition.

Member Eremenko: Good evening. Janet Eremenko, MLA for Calgary-Currie and shadow minister of Mental Health and Addiction.

Mr. Shepherd: Good evening. David Shepherd, MLA for Edmonton-City Centre.

Member Batten: Good evening. Diana Batten, MLA for Calgary-Acadia.

Dr. Metz: Good evening. Luanne Metz, MLA for Calgary-Varsity.

The Chair: We have a member who has just joined us, Myles McDougall. He doesn't have his microphone chip just yet. When you get your chip, then I'll have you introduce yourself. Is it live now? Okay. Go ahead, Member. It's live.

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

The Chair: All right. And we do not have anyone joining us remotely, do we? Okay.

We do have a few substitutions. For the record Member Eremenko is for Mr. Haji, Dr. Metz for Ms Goehring as deputy chair, Mr. Shepherd for Member Tejada. Have I gotten all the substitutions? I think that's it.

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, so no need to turn them on and off. 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 cameras on while speaking and 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 phones and other devices to silent for the duration of the meeting.

All right. Hon. members, the main estimates for the Ministry of Mental Health and Addiction shall be considered for three hours. Standing Order 59.01 sets out the process for consideration of the main estimates in legislative policy committees. Suborder 59.01(6) sets out the speaking rotation for this meeting. The speaking rotation chart is available on the committee's internal website, and hard copies have been provided to the ministry officials at the table. For each segment of the meeting blocks of speaking time will be combined but only if both the minister and the member agree. If debate is exhausted prior to three hours, the ministry's estimates are deemed to have been considered for the time allotted in the main estimates schedule, and the committee may adjourn. Should members have any questions regarding speaking times or the rotation, please e-mail or message 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 today? All right. Seeing none, we will proceed halfway through with having a break. You'll keep us on track for that, I'm sure.

Okay. Ministry officials who are present may, at the direction of the minister, 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 speaking. 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.

Points of order will be dealt with as they arise, and the individual speaking times will be paused; however, the block of speaking 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.

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

I'd like now to invite the Minister of Mental Health and Addiction to begin with your opening remarks. Sir, you have 10 minutes.

Mr. Williams: Well, thank you, Chair. I appreciate all the members being here today as well for what I think is, simultaneous with sport and tourism, the first estimates of Budget 2025.

I have already introduced my team, or they've introduced themselves, but I'll remind you I have my deputy minister with me,

my assistant deputy minister of financial services, my assistant deputy minister of policy and programs, and the assistant deputy minister of system overview and strategic services. With your permission, Chair, I'll continue on with my comments. Looking forward to the engagement tonight with all the members here through the important budgetary process.

In Mental Health and Addiction's budget for 2025-26 our government is laying out a clear commitment to supporting mental health and wellness for Albertans and supporting them in their pursuit of recovery. We're continuing to work under the Alberta recovery model and investing in the infrastructure, programs, and services that will give Albertans access to the supports that they need to live meaningful and fulfilling lives.

Since meeting here last year, we have made significant progress on our part of the health care refocusing work that we have undertaken. You will see this reflected in this year's budget, as our ministry has grown to include Recovery Alberta and the Canadian Centre of Recovery Excellence, or CORE.

Mental Health and Addiction's budget is $1.79 billion this year, which will allow us to continue increasing access to the supports Albertans need to pursue recovery and have sound and good mental wellness. This funding includes $1.14 billion for operating services provided by Recovery Alberta, Alberta's first provincial health care agency solely responsible for the delivery of publicly funded mental health and addiction and correctional health care services. This prioritization of mental health and addiction through a dedicated strategy is a first of its kind in the province. This has allowed for an improved system oversight and opportunities to align publicly funded mental health and addiction services with the Alberta recovery model.

Budget 2025 provides funding for life-saving addiction care and psychiatric care. First, this includes $199 million for more than 900 in-patient psychiatric beds at five stand-alone sites operated by Recovery Alberta. This is in addition to more than 700 psychiatric beds in acute-care settings found throughout AHS. Together, Madam Chair, Alberta's government is funding approximately 1,680 psychiatric beds, putting Alberta's rate of 35 beds per 100,000 population above the Canadian average of 33.

We have also funded and continue to fund $122 million to continue operating 1,350 addiction detox and treatment beds, $51 million to provide health services for more than 4,800 Albertans in 10 provincial correctional facilities. Each of these beds represents an opportunity for someone needing help to access life-changing care and to take a step forward in their pursuit of recovery.

We're also expanding evidence and data on the recovery-oriented system of care through the Canadian Centre of Recovery Excellence. CORE is supported by $8.7 million in this year's budget and will help us inform addiction treatment and best practices within our province and across the country. As the country's first research institute dedicated to recovery, the Canadian Centre of Recovery Excellence is reinforcing Alberta's reputation as a national and international leader in recovery-oriented systems of care and addressing the public health care crisis surrounding addiction.

While it is still early in the transformative process, our progress is encouraging. We're seeing rates of overdose in Alberta decrease, prescribed opioid overdose nearly eliminated, and methamphetamine, alcohol, and cocaine overdoses causing fatality are also down significantly, credited to the Alberta model and the work the front-line staff are doing.

Budget 2025 continues its important work with funding for recovery treatment centres, same-day addiction medicine treatment, and the ongoing operation of more than 29,000 treatment spaces annually, a total capacity increase of around 55 per cent since we took office in 2019. Funding in this budget will also build capacity within the mental health and addiction health care system. Through capital investments we are building recovery communities, youth mental health facilities, specialized mental health and addiction facilities, including two compassionate intervention centres. Once complete, there will be 11 recovery communities across the province, adding an additional 2,000 spaces a year for Albertans to access free, long-term addiction treatment.

7:10

We already have three recovery communities operating in Lethbridge, Red Deer, and Gunn, with Calgary beginning operations later this year. Five recovery communities are being built in partnership with Indigenous communities, ensuring access to holistic, land-based treatment centres. The work being done at these world-class facilities is literally life-changing and -saving and accessible regardless of someone's financial situation or personal background.

We know recovery is possible for everyone, but some have lost the ability to take that first step. For those experiencing the most problematic and dangerous impacts of substance use and addiction and that are likely to cause harm to themselves or others, we have an obligation as a society to intervene. Soon, as promised by our government, we will be bringing forward compassionate intervention legislation, a much-needed tool to address these extreme situations as we know well and why we are moving forward with the building of those two facilities.

The capital funding in this year's budget will include $180 million for compassionate intervention centres in northern and southern Alberta. These two centres will include spaces for intake assessment, medically supported detox therapy, as well as other forms of treatment and recovery. Our hope is that once someone has been stabilized in these facilities, they will be in the position to benefit from other community support such as one of the recovery communities and the continuum of recovery care across my ministry and those across our government. We refuse to stand by and watch those in addiction continue to wreak havoc on their own lives and families.

We also know that addiction doesn't only affect adults. Youth are suffering from the same deadly impacts. That is why we are building the northern Alberta youth recovery centre, which will significantly increase system capacity for youth in need of addiction treatment and support. This facility will provide live-in addiction treatment for young Albertans under 18 years of age and provide up to 300 youth a year with access to treatment and a new lease on life.

We are also continuing to work with CASA Mental Health, our second largest provider of youth mental health services, to build youth mental health sites in Fort McMurray, in Calgary, and a location in southern Alberta as well as to enhance services with the existing Edmonton location. That's what this year's budget is doing. It's building facilities to increase capacity in our mental health and addiction system, one where Albertans always have a place to get the treatment when they are looking to pursue recovery and their own mental wellness.

Equally important are the investments supporting mental wellness across Alberta for Albertans. In partnership with Counselling Alberta, we are providing affordable counselling options across the province including online counselling, which is especially important in remote communities. We are also continuing to fund 211 Alberta, which connects those in need with local mental health and addiction supports 24/7.

Funding for CASA brings mental health professionals directly into the classroom, giving students the full-time live support that they need without interrupting their ability to receive the incredibly important education that we have ongoing in our public school system.

This budget demonstrates our commitment to support across the continuum of care including mental health programs and services. Funding in this year's budget also provides Albertans with fast access to treatment options. Albertans can access same-day addiction treatment through the virtual opioid dependency program. As of September 2024 more than 11,000 have been enrolled in Recovery Alberta's opioid dependency program, including VODP. That's 11,000 Albertans or individual treatment cases that have taken a step forward in their pursuit of recovery.

We're also recognizing the role that police and emergency services have in responding to the addiction challenge. Budget 2025 continues to fund programs such as HELP and PACT that partner with the police services in Edmonton and Calgary to partner officers with mental health professionals and social navigators. Our funding for these teams is connecting people with the services they need in a crisis moment and giving police the tools that they need to keep our communities safe and build relationships.

At the end of the day, we know the truth is that addiction can only end in one of two ways. It can end in pain and misery and, given enough time, tragically, death, or it can end in recovery and a second lease on life and an opportunity to be a brother or a mother and a family member and community member again. This budget and Alberta's recovery model are focused on the second and only reasonable option: as much recovery as possible. Our commitment in this budget is expanding access to evidence-based treatment and care, support for mental wellness. We truly mean to give Albertans a very hopeful path forward.

I would like to add that I'm looking forward to the exchange tonight. Before I sign it back off to the chair, I understand that this is an important part of the budget process, and as the minister I'm happy to hear questions and give as substantive answers as I can with the time allotted.

With that, I'll turn it back over to you, Madam Chair.

The Chair: Thank you, Minister.

We'll now begin the question-and-answer portion of the meeting. For the first 60 minutes members of the Official Opposition and the minister may speak. Hon. members will be able to see the timer for the speaking block both in the committee room and on Microsoft Teams.

All right. Member, would you like to combine your time with the minister?

Member Eremenko: I'd like to share time if possible, please, Madam Chair.

The Chair: Minister, what's your choice?

Mr. Williams: I'm going to go with block time to begin with. Thank you.

The Chair: Block. Okay.

We're going to go with block time. Let us proceed, then.

Member Eremenko: Okay. Great. Well, thank you. There's a lot to dig into. Thank you so much, Minister and all of the staff, for being here late on a Monday evening. I want to also acknowledge our wonderful team here sitting behind me, who have helped to support all of us members before you today.

I've sorted out my questions per kind of document. I'm going to start with the budget estimates, please, for 2025-2026. Right off the hop I'd like to confirm a couple of numbers, through the chair, that the minister provided in his opening remarks. Perhaps I've misheard. If the minister could please confirm the operating budget for Recovery Alberta. Per the budget I have $1.334 billion. I thought I heard $1.1 billion.

And then I also wanted to verify a new number, that I haven't heard before, which is 29,000 treatment spaces over a year. For many, many months now we've been hearing about 10,000 treatment spaces. Of course, spaces are also not the equivalent of beds. I'm just hoping that I can confirm that number, please, that I heard that correctly, 29,000 spaces.

Starting off, per section 2 of the operating expenses on page 165 Recovery Alberta has been operating since September 2024. It delivers mental health and addiction programs and services previously delivered by Alberta Health Services. As part of the government's restructuring, as we had been told in the, you know, somewhat delayed process to reorganize Health, approximately 7,500 FTEs and $1.1 billion was reallocated from AHS to the ministry for Recovery Alberta's operating budget. Could the minister please confirm, as I mentioned, the total operating cost for Recovery Alberta? And please confirm that the funding for the building and operations of 11 recovery communities is within Recovery Alberta's budget and not the ministry's departmental budget. Are there other bed-based facilities that are not a part of Recovery Alberta?

I want to note that the Member for Lesser Slave Lake has stepped away from the UCP caucus and is currently sitting as an independent. In that region of Lesser Slave Lake, Madam Chair, there is a committed recovery community in the community of Métis Crossing, near Smoky Lake, and I just really want to make sure that though that member is no longer a part of caucus, we can make sure that we are advocating for a timely delivery on that commitment. I really want to advocate for that work to proceed as quickly as possible and hope that some of the challenges within the caucus don't jeopardize that very important project. It is slated to open in 2026, and I'm hoping that the minister can verify if that is still, in fact, on track.

I'll move on. Per line item 2.1, hospital and continuing care, in Budget 2025 the Alberta recovery model has been heavily promoted by this government and developed by former chief of staff to the Premier Marshall Smith as the path forward for the long-term recovery of Albertans facing mental health and addiction challenges, yet there has been really quite limited information publicly available to demonstrate the value of these significant allocations to Alberta taxpayers. As a result, myself and my caucus and many Albertans are concerned about the Alberta recovery model's potential disruption to existing mental health and addiction facilities and services, as they had currently resided within Alberta Health Services, and the potential for negative impact on client outcomes.

I have several questions about the three operational recovery communities and the eight that have been promised for some time but have yet to be delivered. First, through the chair, can the minister confirm that recovery communities are contained within line item 2.1 on page 165 rather than community treatment and recovery services, line 5.3 on page 165? How much and for how long is a service provider paid before they actually start receiving clients? We know, for example, that with the Red Deer recovery community they had what I would say is a graduated launch. They did not have all beds active right off the top, and I'm curious about in what ways the operators were compensated for those activities before doors ever opened on Red Deer and when not all 100 per cent of the beds were actually online and available.

7:20

Given that this conversation is happening under the shadow of some very significant allegations from the former AHS CEO, I'm hoping that the minister can speak to some of the well-known ties between the Premier's former chief of staff, really named the architect of the Alberta recovery model, in some of these very significant contracts that have been deployed by Recovery Alberta

and by the Ministry of Mental Health and Addiction. We are talking about hundreds of millions of dollars, Madam Chair. Really, just a few years ago the Ministry of Mental Health and Addiction wasn't even a stand-alone ministry, but since taking on Recovery Alberta has become the seventh-largest budget in this cabinet, again, under those very significant allegations that are being made by AHS that do explicitly name Marshall Smith as the former chief of staff having weighed in and sought information on the investigation that was under way by AHS. I'd like a little bit more information from the minister on just to what extent he has investigated to ensure that Mental Health and Addiction is free of any kinds of concerns and further investigations that might be lobbed against the ministry in this very important body of work.

Back to the recovery communities. Are all three of the open recovery communities at full capacity? What are the wait times for all three? It is mind boggling to me that that information is not currently available when there are people frequently voluntarily seeking treatment on a regular and daily basis. Anecdotally, I've heard wait times of four to six months for men and nine to 12 months for women seeking access and stay at one of our recovery communities.

Can the minister share any information on clinical, behavioural, or societal outcomes from Albertans who have completed treatment under the Alberta recovery model until now? If not available now, when would the minister expect to have information to provide Albertans on the outcomes from the implementation of the model?

Line item 5.3 of Budget 2025 is community treatment and recovery services. What is the median grant size for recipients in that group? How many grantees were there last year, and what are the main funding envelopes for this year? What is being done in that particular area to distinguish rural and small town needs from First Nation reserve needs to big city, urban needs?

Line item 2.4 of Budget 2025 is research and education. I'm surprised to see this number drop by 25 per cent from Budget 2024 estimates. For all the investments and promotion of the Alberta recovery model, are you struggling to fill spaces? It's also surprising given the bullet point in strategic plan 2025-28 on page 21 that reports that this ministry will be investing $4 million to add additional mental health professional spaces in postsecondary institutions. Is the Recovery Training Institute of Alberta included in those 12 postsecondary institutions, and will those $4 million be allocated to support, frankly, minimally trained, nonregulated recovery coaches? Both programs, I should say, training, employment, and certification services that are being run by a single, for-profit, private company with known ties to the Premier's former chief of staff.

Per line item 3, the Canadian Centre of Recovery Excellence, once more on page 165 of the estimates, there are several awarded allocations. For example, on a publicly available database there is a contract awarded November 19, 2024, to Optimus SBR Inc. to, quote, unquote, develop quality standards for addiction treatment services in support of business functions. That bill was $999,400, coincidentally $600 shy of the $1 million threshold that would have made this contract subject to greater scrutiny and transparency.

CORE came out with great fanfare, Madam Chair, and I'll read from the budget here that the responsibility of CORE is "an independent organization that informs best practices for recovery, conducting research and program evaluation, and supporting the development of evidence-based policy." It sounds to me that the terms of this contract are very similar to CORE. Did this grant fall under money going to CORE, and is that the reason why the budget for CORE has skyrocketed from $5 million to $8.7 million?

One other question in regard to Budget 2025. For the '23-24 fiscal year there was $78 million for children and youth. For '24-25 they estimated an annual spend of $56.2 million. That distinct line item is now nowhere to be found. Has it been absorbed into a different category in Budget 2025? Through the chair, what was the rationale for removing that particular line item? And per the minister's earlier comments in regard to the northern youth addiction centre, is that where that type of a facility would fit in the budget?

Thank you very much.

The Chair: All right. Now we'll move over to the minister for his response.

Mr. Williams: Okay. Thank you. Thank you for those questions, Member Eremenko. There were quite a lot of them – I logged dozens – so I'll do my best to get through them. You were very quick, and I want to do my best to try and answer them as they come up. Bear with me as I try and go through it.

First of all, there are clarifications surrounding the total for the Recovery Alberta budget. The operating budget for Recovery Alberta is listed on page 167, which is $1.44 billion. That does not include the $8.7 million for CORE, which is where you would get to the $1.33 billion if I'm not mistaken.

You also asked for clarification surrounding the 29,000 treatment spaces, and for clarity that 29,000 episodic treatment spaces within the system is a total number; 10,000 is the new number that has been created since 2019. Those are the two origins of those. One is a total number; one is the new addition since 2019 into our system.

Okay. Let's see the next question. Recovery communities: you asked if they are funded from within Recovery Alberta. My understanding is that they are not funded within Recovery Alberta. It's direct through the department. We're investing more than $104 million to build, maintain, and operate recovery communities in this budget through the province to further expand access to consistent support for Albertans experiencing addiction. We now have, as you mentioned, recovery communities open in three locations – Red Deer, Lethbridge, and Gunn, or the Lakeview location – which are providing world-class access at zero cost to all Albertans. A fourth recovery community in Calgary will continue to open this year.

While I'm on the topic, I know it's slightly out of order – well, maybe it's a part of this. My understanding is that the Métis Nation location for the recovery community is not in Lesser Slave Lake constituency. My understanding is that it's in the Member for Athabasca-Barrhead-Westlock's – I'm not sure if I have that name right because they change now and again, but that would be Mr. van Dijken's – constituency. In one way or the other, wherever we're located, the reason to build a recovery community is not about making sure local communities have investment or jobs; it's about making sure those suffering from addiction get access to addiction recovery treatment.

The partnership with the Métis Nation is an important one. They have been great partners in trying to build a recovery continuum. They understand that their community has been devastated by addiction and that the land-based healing is an incredibly important piece of that. My understanding is that they're going to be building it in an area adjacent to their heritage herd of bison, which I think is a wonderful connection to the land that is incredibly important for those in the Métis community. But then I think many Albertans have a close connection to that animal as well as a part of our heritage and our past that we care to maintain. So yes. It will continue on schedule as soon as it can be opened. It will, and the work continues there.

Recovery communities. You asked, on page 165, the recovery community model: through what line item are they compensated? I just want to make sure you're talking about the operational side for the recovery communities. I'll just confirm which line item. Five

point three? Okay. Yeah. That's correct. It's in 5.3, not 2.1, but that's where they find themselves for the operational side.

7:30

When it comes to procurement for recovery communities – one moment. Okay. Of the 11 recovery communities, three are already completed and operational; from my understanding on time and on budget. We're continuing to work on the remaining, and those have been either a combination of capital grants – we had seven of them begin as capital grants and seven of them begin as an RFP done through the Ministry of Infrastructure. They have an independent process done through the professional civil service, that I was not involved in in any intimate fashion. Much or most of those were done within Infrastructure and before my time. That said, there is also a capital grant process for Indigenous communities. For the five Indigenous community ones, those are continuing on in partnership with those communities, with a stage-gated process for the dollars continuing on.

In terms of any kind of accusations that individuals might have, of course I take very seriously whatever has been seen in the public. I have told the public, the Legislature, and the media that I will co-operate with any kind of request they have for information with the independent investigations that are going on within the Ministry of Health, et cetera. I have no reason to have any substantive evidence to be of concern. If I do see anything within my department, as I care deeply about transparency and appropriate use of government and public funds, I will happily and quickly take action to those ends. I have no reason to be concerned with any involvement from any individuals, including Marshall Smith, up to now. If I see something at any point, as every government minister would, I would take swift action, I am sure.

Now, when it comes to recovery communities and their operations, just looking at the outcomes and the different data that you're asking for: Red Deer Recovery Community has seen 128 clients in 2024; 64 have thus far successfully completed the program. Of the 64 completed in 2024, 100 per cent secured safe housing and stable income, 35 clients secured employment, and 24 enrolled in further education and training. Eighty-one per cent of those individuals contacted within one month after discharge remain in recovery, and 97.8 per cent of clients say that they had a positive impact from the program.

Lethbridge also has similar numbers, with 92 admitted in 2024; 86 successfully completing the program, 98 clients secured stable housing, 96 had a stable source of income upon discharge, 46 found employment, while 10 enrolled in educational programs, 84 clients remained sober one month post discharge, demonstrating high program effectiveness thus far. Similar numbers for Lakeview, as well.

The question was asked around funding. My understanding is that when the funding operationally started up for these communities, because they need to be able to fund staff all the way through whether or not you have full beds or not, they need to be recruiting and retaining those staff, operating the full kitchen, et cetera, so we fund them at operations beginning – I believe that date but it might be a few days before. I'm not sure on the exact details . . .

Mr. Romanow: A couple of months before.

Mr. Williams: . . . maybe a couple of months before to begin scaling up the staff recruitment, et cetera, and then they're funded on that per-bed rate for the total number of beds, to that end.

We have seen great outcomes when it comes to the Alberta recovery model, looking at a 39 per cent decrease in opioid deaths year over year from last year. That is close to a 300 per cent greater decrease than you've seen in British Columbia next door. Keep in mind that that is an integrated illicit drug market between Alberta and British Columbia; similar demographics and population. I'm glad to see British Columbia has, I think, in the neighbourhood of a 13 per cent decrease. That's good; those are lives saved.

I'm incredibly proud of the work done by our front-line staff, by the recovery-oriented system of care that we have built here in the Alberta recovery model because this is leading to lives changed. I think it's a 43 per cent decrease in methamphetamine-related overdose deaths, nearly eliminated pharmaceutical opioid overdose deaths. Alcohol and cocaine as well have seen close to, I think, 25 per cent. I will happily update the record on exactly those: a 28 per cent decrease in overdose fatality in alcohol and 23 per cent in cocaine. These are obviously important numbers, that I'm happy to return to, that do show an overall system outcome.

But when I look particularly at not just delayed indicators like death, which is a tragic outcome and an indicator that I'd like to not only rely on, I want to see the quality of life increasing earlier on when it comes to those qualities, which is why we're doing the work we're doing around increasing the uptake of My Recovery Plan and measuring recovery capital throughout the entire system. I think we've had something like 5,000 individuals now participate in My Recovery Plan for data tracking. We're looking to continue expanding that.

We have almost all of the facilities that deal with addiction treatment across the province now, including detox, using that so that we can know at intervals throughout their recovery journey not just whether they're dead or alive, that's obviously terribly important, but I want to see the quality of life and the recovery capital increasing as well.

The Chair: Thank you, Minister.

Back to the Official Opposition.

Member Eremenko: Thank you, Minister. A couple of items to follow up on there. I'm really surprised. Recovery Alberta: lines 2.1 and 2.2 for hospital and continuing care and community care and treatment services total a billion dollars, and none of that is allocated toward recovery communities. So I'm assuming, then, in line item 5.3 that the operational budget of $222 million for recovery communities plus the existing treatment facilities – I'd love to know where the billion dollars in lines 2.1 and 2.2 is actually going.

I did not hear about wait times, through the chair. I'm hoping that the minister can in fact confirm what the wait times are for Lethbridge, Gunn, and Red Deer, and that if we are not closely monitoring that information and sharing that publicly, that feels like an awfully critical piece of information, particularly: what is the wait time from detox discharge to admission to a recovery community? We know that is a period of time that is incredibly vulnerable for people who are experiencing addiction.

I also did not hear: will Healing Waters be open in 2026? We have had six years of commitments in this particular file and promises of 11 recovery communities over a span of four years; we have seen three open. So will Healing Waters be open in 2026?

Lastly, a question that I have in regard to the recovery communities is whether or not the operating funds – will there be a multiyear funding commitment to actually provide the operating funds once the capital build is complete? We have commitments of five different recovery communities on various First Nation reserves in Alberta. We have seen the commitment from this government to actually build the place, but where is the additional commitment to actually fund the good people who have to actually work and run and operate and clean and do, you know, all of the very many jobs required to run a facility of 50, 75 beds. The space is of no use to anybody if we can't actually get the good people to run the thing.

Let's move on to the business plan, please, in the seven and a half minutes that I've got here. Per the mandate and structure on page 119 of the business plan, would the minister confirm the reporting relationship between the ministry and Recovery Alberta? There is a bit of an org chart there. I just want to verify that Recovery Alberta reports to the Minister and not to the Deputy Minister of Mental Health and Addiction.

I'm a bit alarmed when I hear claims that Alberta Health Services has just become a big, black box of delivering $18 billion, $19 billion worth of health care services across this province. What has actually been done so that Recovery Alberta doesn't fall prey to some of the same phenomenon that Alberta Health Services, or that the UCP claim Alberta Health Services, has fallen prey to? As of the last minutes posted by Recovery Alberta – this sounds kind of remotely familiar – the board had a chair, who's also the CEO, and a corporate secretary. Recovery Alberta has now been operational since September 1, 2024, and from what I can understand online, there is no board of directors that has been appointed to Recovery Alberta. Until the board is in place, who approves Recovery Alberta's decisions in relation to programming, service delivery, procurement, contracting, capital planning, infrastructure, and financial reporting? And will that change once the board is appointed?

7:40

On page 119, paragraph four of the business plan, we see that Mental Health and Addiction co-ordinates Recovery Alberta and CORE on services procurement, contract, and funding management. I really think it's important to hear, once again, what proactive measures the minister has taken to ensure that the allegations made against AHS and made by AHS will not be lobbed at MHA and Recovery Alberta, particularly given the very deep roots that the former chief of staff has with this ministry in particular.

On page 119 of the ministry's business plan there is a breakdown for beds that amounts to about 3,000 beds. I note that the minister has referenced spaces here, and, as I mentioned, spaces are not the same thing as beds; it depends on how many people can actually circulate through that bed in a given year. But I'm hoping that the minister can parse out that number of 1,350 addiction treatment, withdrawal management, and recovery beds. How many addiction treatment beds, how many withdrawal management beds, how many recovery beds, not that are promised but that are in fact available and ready to be occupied by the next Albertan in need?

On page 119 of the business plan, paragraph six, the ministry reports that Recovery Alberta is made up of 10,000 addiction and mental health and correctional health services staff. Further in the fiscal plan we see that it's actually roughly 7,770 addiction and mental health staff, so I assume that the remaining quarter is correctional health services staff, and approximately 800 physicians. Through the chair, can the minister confirm if that figure of 800 physicians includes psychiatrists? According to the Alberta Psychiatric Association, in proportion to population, Alberta should have twice as many psychiatrists as we do. In 2019 there were 461, which is roughly 10.6 psychiatrists per 100,000. The current ratio is approximately 16; recommended is 26 psychiatrists to every 100,000 population, so what are the plans to address the shortage of psychiatrists, particularly in small and rural communities and pediatric care?

Per the initiatives that support key objective 1.3 of the business plan, on page 121, twenty-four and a half million dollars, or $222 million over the next three years, is allocated from the department and Recovery Alberta. It's kind of funny, you know; sometimes it's the department that holds the bag, and sometimes it's Recovery Alberta, and sometimes it's both. It does make it quite challenging, I think, for the average person to try and interpret where dollars are coming from and who's actually responsible for them.

The department and Recovery Alberta are tasked to implement and operationalize compassionate intervention legislation, that will be introduced this spring according to page 74 of the fiscal plan. That amount plus the three-year capital allocation totals $430 million, Madam Chair. The legislation creates the framework for an Albertan to be forced into treatment against their will, and this mandated treatment will require more recovery and secure treatment capacity in Alberta.

During the government's announcement on February 24 the minister shared that while the two facilities, compassionate intervention centres, are being built, they would operationalize 50 beds in the north and 50 beds in the south for involuntary treatment. Assuming there will be operational and security requirements for these beds, I can't help but think that they will either be taken out of existing recovery communities, thereby reducing the net number of addiction treatment beds available in Alberta by 100, or they will be taken from correctional facilities. Has the minister already identified the location of these interim beds? Where will they be coming from while 150 more are being built at the compassionate intervention centres?

At the same announcement the minister announced that Alberta would build two compassionate intervention centres, not until 2029, and that they would be $180 million in capital. However, in the fiscal plan and the business plan, outcome 3, a figure of $206.8 million is allocated for building in compassionate intervention. Through the chair to the minister, where is the additional $26.8 million being spent to operationalize involuntary treatment?

On page 124 of the business plan, performance measure 3(b) lays out the ministry's intent to increase the number of mental health and addiction facilities per 100,000 population. I went through that quickly. I want to slow down and say that more clearly. Their indicator of success is the number of facilities per 100,000 population, not the number of beds or practitioners. Some facilities, Madam Chair, might have 15 beds while others have 150, so why facilities and not beds? Can the minister parse out the number of facilities – though, really, beds would be better – between mental health facilities and addiction facilities?

Lastly, in the 45 seconds that I've got here, I would like to highlight some of the work in Recovery Alberta. I do hope to ask a few more questions about this before we're done this evening. In regard to the role of Recovery Alberta to operate all health care services within correctional facilities – there are different numbers and different documents – does that include 10 correctional centres? Does it include remand centres? At a cost of $61.9 million to deliver those health care services for this particular budget year, how much of that $61.9 million is going to be used specifically to operate therapeutic living units?

The Chair: Perfectly timed, Member.

We'll move over to the minister for his response.

Mr. Williams: Okay. Well, thank you again for the questions. Again, there were lots of them. I'll do my best to be substantive all the way through it. You asked, in budget lines 2.1 and 2.2: If they're not funding recovery communities, what are they funding? Recovery Alberta is allocated $1.4 billion, and there is a great number of different things that they're funding within those budget lines. This is on page 164 of the estimates: $199 million provided 936 stand-alone psychiatric beds at five sites; $361 million is approved for community-based care through clinics and programs such as outreach, crisis prevention, and diversion. In addition, $122 million is provided to operate 1,350 addiction, detox, and treatment beds, and $51 million to provide for health services for more than

4,800 people in 10 provincial correction facilities. That's all in 2.1, 2.2. Then $246 million was provided for nonclinical pharmacy, diagnostic services, and corporate services via shared services agreement with AHS. This funding included in line items 2.3 to 2.6.

As well, Recovery Alberta also funds a number of different addiction treatment spaces not the recovery communities. For example, if you've seen the great work that a local group out of Calgary, Fresh Start, does, at the Calgary site that's funded through Recovery Alberta grants as well. So they're all doing addiction treatment, but these are funded through Recovery Alberta as a legacy funding that will continue.

When it comes to wait times, of course, we want to reduce those as much as possible. The wait times for any one site is not something that you can translate into a single number; the wait time is really a global question across an entire system. We have not-for-profits operating through grants with Recovery Alberta. We have recovery communities. We have a number of different addiction treatment spaces. We have detox that is funded through a number of different ways as well. We do our best to try and create as tight a warm han-off as possible, which is, exactly to your point, incredibly important.

For example, the recovery communities we've built and we've operated have been given one to two vans as well. It's not a push system leaving the detox, but it's a pull system from the recovery centre so that when somebody is leaving detox, they are not made to find their own way, and the detox centre, which is happily and hurriedly trying to get the next individual into that vacant space, instead, it's the responsibility of the recovery community that they are heading to or the recovery treatment space to pull them along.

We are very, very happy to continue building capacity. We know we need to build more. To your point, your happy point, that you want to see Healing Waters with the Métis Nation sooner, it's not that I was avoiding it; I hadn't gotten to it with your litany of all very good questions. Yes, it will be opening, as far as I understand, Healing Waters, in January 2026. I'm happy to continue seeing these projects progress.

Operating funds. Do I intend to continue funding these? Yes, that is absolutely my intent. I can make that declaration here. It does me no good, as you pointed out, to spend the capital investment to create capacity and then not have the Indigenous community able to continue operating these. We will happily partner with them for operating. That's the plan. We want to work closely with them on choosing those operators; give them any advice that they might ask for in the process. I'm glad we're talking about Healing Waters. The Métis Nation doesn't get enough shout-outs within Alberta for the incredible work that they do and have done around addiction and recovery, and they absolutely deserve it. I hope this is an across-the-aisle support for the Métis Nation of Alberta, for the Healing Waters Métis Nation recovery community that the province is funding, and of course we need to continue creating that capacity.

7:50

Okay. I'll now move to your questions on the business plan. On page 119 you asked about the reporting of Recovery Alberta. I'll address that, and then I'll go to the question surrounding procurement, and then after that I'll go to the question surrounding the 3,000 beds you mentioned, and then we'll keep them going down the line. When it comes to the business plan – and, yes, it is the case that Recovery Alberta does report to the minister. The legislation is enabling and allows us to have a truncated board for governance as we're doing the establishment of Recovery Alberta.

As everyone could appreciate, moving over 10,000-plus staff, changing the operations to a recovery-oriented system – of course, the shared services, the IT services, the shared corporate and security services that we have across the entire continuum of health care in the province of Alberta continue to operate. This work is an incredible lift from Recovery Alberta, and I want to give credit to not just the senior staff and the people who get to meet in boardrooms with ministers et cetera but the over 10,000 front-line staff in Recovery Alberta that have done an absolutely terrific job in that transition. The fact that the total question around estimates surrounding that entire transition that just happened, I think, is credit to the work that they have done and the absolute commitment they have to mental wellness and to addiction recovery across the spectrum.

The board right now has that responsibility, and as the board gets built out, which it absolutely will be, to a full board, it will continue that responsibility of oversight.

When it comes to procurement, Recovery Alberta operates in a nonpartisan space with a professional set of civil servants within Recovery Alberta that consider the absolute best outcomes and value for dollar in that procurement process. I've had no concern from Recovery Alberta with anything surrounding inappropriate use of those funds. If I see or hear of anything, of course, as you say, my first call will be to make sure that we see an explanation or that we have transparency in that for all to see. If I find anything substantive, of course, my first reaction will be to make that something that has a response to the appropriate body. As of now I have not seen any substantive evidence of those concerns. Of course, like every minister, I want to make sure that public funds are used responsibly through the total allocation of funds.

As you mentioned off the top, this ministry has grown to a $1.7 billion operation. That is a good thing, that it's the seventh largest. I think that might come close to reflecting the concern Albertans have surrounding their loved ones' and their family members' challenges with mental health, mental illness, and addiction, so we're going to continue to provide what Albertans are asking for, which is a working mental health and addiction system that cares about the human dignity of every single one of them.

You asked about a set of beds. I just want to quickly look at that. My understanding is that these are all publicly available numbers that can be found on the government of Alberta website. If you go to the government of Alberta website, alberta.ca, residential addiction treatment service providers, it outlines in detail all the different communities where they are and the numbers associated with them, including the publicly funded addiction treatment spaces as well. Where they are, these 10,000 new spaces: that's available on the government of Alberta website. I'm happy to refer you to that, of course.

You asked about 800-odd positions within Recovery Alberta. Are psychiatrists included in that? My understanding is that, yes, they are included in that.

Then you continued on to key objective 1.3 in the business plan, surrounding compassionate intervention. Happy to continue discussing the compassionate intervention piece together right now. I'll start by saying that it is $180 million for the capital. Then you asked about the $26 million, I believe is the total of continuing. That's largely a question of IT, so that we can have our information technology and databases talking to each other, which are disparate and across different ministries and bodies within government, and then corporate services as well.

We will continue, as we're building the compassionate intervention centres in northern and southern Alberta, to find spaces allocated within the province. That means 50 in the north, 50 in the south. I'm not considering, nor have I looked at in any substantive way, correctional facilities to this end. We are going to be looking at beds that have secure treatment capacity across the province. This is not going to be limited to Edmonton and Calgary but across the entire

north and the entire south. I'm hoping to be able to maintain those beds as time goes on so that every single community in the province has access to compassionate intervention legislation and the policy, if the Legislature were to vote it in and it were to be passed and operationalized.

I want to make a point about the compassionate intervention facilities with the short time I have left. This is fundamentally an essential debate that we need to have. [Mr. Williams' speaking time expired] On, that wasn't enough time.

The Chair: Minister, thank you so much.

We'll move back to the Official Opposition.

Member Eremenko: Maybe you were going to get to this, Minister, but you were saying that you will identify facilities. So while the compassionate intervention centres are being built, at a total net gain of 300 beds by 2029, 50 beds in the north and 50 beds in the south will be identified given their secure treatment capacity. Through the chair, can the minister please provide some detail about what qualifies as secure treatment capacity? I did not hear a reply, and I'm hoping that I can hear a specific plan to address those psychiatrist shortage numbers. If we are at half the capacity that we need to be and if we are in fact building the world-class model known as the Alberta recovery model, I think that we should have a very clear strategy to enhance people working in that particular field.

I've got to go back to the wait times, Madam Chair. Outcome 1 of the business plan talks about the development of "a mental health and addiction system plan." I reckon that probably everybody in this room, at some point or another, has had a constituent coming to the office for themselves or for a loved one, a partner, a family member, a child, saying: "I don't know where to turn. Every time I have to tell my story again and again, and I just can't seem to figure out how to navigate this system." The challenge is that there isn't really a system at all. You know, for a long time Mental Health and Addiction has been deeply underresourced. The minister and I can certainly agree that the increases of resources to Mental Health and Addiction are certainly beneficial, but there has yet to be a real, holistic, co-ordinated system in Mental Health and Addiction. So I'm disappointed that given key objective 1.1, to create the system plan, does not highlight some of the most fundamental indicators of success for the Alberta recovery model, one of them being that when someone needs to access treatment services, they can get it. Is it 24, 48 hours, or is it four to six months? There is a significant gap there, and I think that Albertans feel like it's a pretty simple piece of data to be able to collect from the dozens of treatment facilities around the province to be able to say, you know: work it into the granting agreement on a monthly basis; tell us how long folks are waiting to be able to get a bed in your facility. It does not need to be that complicated.

Moving on to the fiscal plan, this is going to be my last 10-minute chunk here. You know what? I'll save that one for after.

Looking to page 73 of the fiscal plan, operating expense of $1.7 billion, and page 108 of the fiscal plan shows that over $266 million will be spent on recovery communities through capital funding alone over four years. I'd like to talk a little bit more about the compensation, the kind of granting formula by which service providers are granted. By what formula do recovery communities get paid for operations? Are they paid a flat annual operating rate that is not contingent on the number of occupied beds but by total beds, whether or not a person is in fact occupying them?

8:00

To what extent is an organization's My Recovery Plan score considered when looking at future granting opportunities? A big concern of mine when it comes to My Recovery Plan, both for an organization and for the residents who are actually accessing that space, is that it's not an entirely objective process, Madam Chair. My Recovery Plan, that has received several millions of dollars for Last Door Recovery to actually be able to provide that service, oftentimes means that people are kind of preselected in or preselected out by a particular community. So some recovery communities or treatment facilities might have a particularly high score, but that's because perhaps they accept clients who don't have the same kind of complexity and acuity. To what extent are My Recovery Plan scores impacting some of the granting decisions that are held within the estimate and the business plan?

I'd like to turn to page 74. Maybe this is where the minister can tell us a little bit more about his plans for involuntary treatment, but I want to talk specifically around the service providers. We've heard that, you know, this is something that is talked about in other regions but really no other province has quite come to the table with the same kind of enthusiasm to involuntary treatment as this government has. So I'm curious about what the criteria by which service providers will be selected for compassionate intervention centres.

Will a private third party be the operator for these facilities or different components of the actual operationalization of the program? Given that this will be the first of its kind in Canada, what will be the process for contracting consulting services? Will all contracted services be procured through a competitive bid process, or have contracts already been awarded in the, kind of, preamble to implementation?

In light of the significant capital and service contracts that will be required to support the proposed involuntary treatment legislation and in light of the AHS procurement allegations, how will the minister ensure that the Mental Health and Addiction procurement process will not face similar interference and pressure and that Albertans can be assured that the final contracts were awarded through a truly independent public, transparent, competitive bidding process? Will the minister provide to this committee the, kind of, criteria matrix by which granting agreements are selected and where candidates are in fact selected in their capacity to deliver this very important program?

My big concern here is that when only three of the 11 recovery communities are operational, we have no real data around the actual change. When we're measuring outcomes and when we're measuring impact, we want to know the change for a person before going into treatment and after coming into treatment. I heard all those numbers, Madam Chair, in regard to the housing, wellness, employment, income-related statistics for people who are coming out. But what were those statistics for the same individuals as they were going in? It is in fact that rate of change that actually measures the impact of a program.

When we're talking about $1.4 billion, $1.7 billion between Recovery Alberta and the ministry, what in fact is the rate of change for those people who are having to access those services and, frankly, those lucky few who are actually able to? Because of those wait times there is a very sad possibility that they may never be able to access the voluntary treatment services because, well, we know that that can often happen as a result of a person's substance use disorder.

A few very technical pieces here, if I may. Per page 108 of the fiscal plan: which of the continuing care projects are meant for long-term care of people with mental illness? We've asked questions for several months about the commingling of mental health patients with seniors in long-term care at Carewest Colonel Belcher. I understand the Carewest facility at Bridgeland Riverside – this is in the capital plan component of the fiscal plan. I'm going to have to get you the page number. We see that the Bridgeland

Riverside centre, I understand, is for long-term care for residents with mental illness at a three-year capital total of $64 million. The continuing care capital program in the fiscal plan, Madam Chair, is $649 million over three years, while the strategic plan on page 18 reports a total of $769.4 million over three years.

Where is the minister, Madam Chair, advocating for consideration for mental health continuing care projects? Through the chair, is the minister working with the minister responsible for continuing care to, in fact, identify long-term care beds for people who are struggling with mental illness and addiction, which is, in fact, a mental illness unto itself if they have a diagnosis for substance use disorder?

And so for all of the developments and all of the announcements around capital plans and operating commitments to run recovery communities, when in reality we just need some more housing, some more appropriate, long-term, medically supportive housing, and I'd like to know, based on the allocations of three quarters of a billion dollars toward the continuing care capital program, to what extent the minister is working with his counterpart in continuing care to ensure that long-term housing solutions for Albertans with the most complex mental health needs are, in fact, being met.

Last one. I'm going to sneak it in. Page 108 of the fiscal plan shows that recovery communities capital expense was underspent by $49 million in 2024. What caused that underinvestment, and what impact has it had on timelines for other recovery communities to be opened?

The Chair: Thank you so much, hon. Member. We'll move over to the minister for his response.

Mr. Williams: Okay. Well, thank you again for the questions. The first question you asked was surrounding providing clarity on secure treatment. Secure treatment is the idea that if we're going to be talking about compassionate intervention, we need to find capacity from somewhere not unlike a number of detox or psychiatric secure treatment spaces that are appropriate places for them to be held. These are not limited just to correction facilities. In fact, I'm not planning any of them there, but we have spaces across the province, northern and southern Alberta, that are not being used to their full capacity. Those would be where we're looking to do that, and as that progresses, I am happy to update you here again next year. We currently need to introduce legislation, have it passed, build regulations, and implement that before we are in a spot to implement the wider system, but be assured that you will be hearing it here and very happily on every single media outlet I can find to talk about the great work we're doing surrounding compassionate intervention.

Very concerning to hear you say that there's no system at all, and I think that members opposite should be cautious to use this kind of incredibly dramatic language. That is absolutely not the case and is reckless. If there are individuals who, rightfully so, have a huge amount of respect for members of the Legislature and you introduce yourself as the ministerial critic for Mental Health and Addiction – and that is an important role that you have as well as I do – to insinuate that there's no system at all can lead to tragic despair and an inappropriate sense of lack of hope of the idea that there is a path to recovery and that recovery from a serious mental illness and recovery from addiction and the idea that you can live a balanced, mentally well life is possible. That's dangerous, and I think it's inappropriate.

The member also asked, particularly, for addiction treatment beds and sort of wanting to see more addiction treatment beds. I'm glad to see the member is excited. I'm just going to check with my staff quickly. Yeah. From what I understand, zero addiction treatment beds were built by the NDP during their time in power, so to criticize us for a 55 per cent increase, a 10,000 treatment episode increase since then and to say that, on one hand, we shouldn't introduce compassion intervention, at the same time do it faster, at the same time, you want to criticize everything about our recovery model and then in the next breath implying that you can't wait to see the Métis Nation within Alberta recovery community up and operational: I find that slightly more scandalous than anything you might have found scandalous surrounding our massive increase to addiction treatment beds. I'm proud of the amount that we have increased our addiction treatment beds.

When it comes to recovery community capital funding: that is funded on a per-bed rate, and the bed rate for recovery communities is $170 per bed, approximately $300 for detox, and that depends on the particular location and services.

When the member asked, through the chair, about MRP and the idea that it's not a totally objective measurement. At first I thought you were making what I thought was a very salient point surrounding the nature of the measurement. It's not quantifiable, but it's qualifiable in many ways, so there is a subjective nature to recovery capital.

8:10

If you look at Dr. David Best out of Scotland, who is, I think, one of the leading voices on recovery capital, the measurement of recovery capital through, for example, metrics like the MRP are incredibly important because, yes, it does certain tangible measurements that are measurable health outcomes, measurable status – are you employed, et cetera? – but also subjective measurements as well. This is what we're looking for so that we have an idea that someone's quality of life and trajectory around recovery is increasing over time. I am happy to say that we do continue to see increases.

Your point is largely taken and agreed with. We need to see the rate of employment before versus after. I'm happy to continue developing and digging in so that we can have even more detailed numbers, but I don't think the member is seriously suggesting that those coming out of methamphetamine and fentanyl polysubstance use addiction, living intermittently homeless on the street are at a higher rate of employment than those coming out of the addiction treatment centres. I take your point that we need to continue to capture that data, but I can tell you right now that anyone who works in the addiction treatment space says that going through recovery, addiction treatment is going to increase your recovery capital.

You asked about funding at one point earlier on but later on to say: will My Recovery Plan have some sort of qualitative influence in terms of the funding? Right now it doesn't have any of those considerations, and I'm highly aware that there are a number of very complex addiction and copresenting mental illness challenges with really complex patients within the province of Alberta. I want to be cognizant of that. But, of course, we do want to have key measurements. We want to have key measurements that we can measure by to make sure outcomes are happening, so as we move forward, we're measuring not just outcomes surrounding the delayed outcome of death but we're measuring earlier on. Then we will obviously be integrating that, and as we do that, I'm happy to provide information to this estimates next year as we go forward with that.

We will be integrating more of those decisions around outcomes, but it needs to be tailored. It needs to understand the complexities. It needs to understand that it's not as simple as straight-up numbers because even good and very multivariable metrics such as recovery capital don't always tell the full story. Of course, no measurement ever can.

Now, compassionate intervention. That was also asked on. I just want to do a time check. How much time do I have left here? Two forty. Okay.

Compassionate intervention. There were a slew of very well-thought-out questions surrounding who's going to operate. Unfortunately, I'm going to cut them all short. The plan is to have Recovery Alberta operate these facilities. I'm surprised. I expected everyone in the room to have watched my presser with the Premier on February 24, where I answered this question from the *Globe and Mail*. I was very clear then as well that we're happy to have the terrific work done at Recovery Alberta continue to operate the compassionate intervention centres and the entire compassionate intervention regime if it were to be passed into legislation.

When it comes to My Recovery Plan outcomes, you also mentioned the lucky few who get into treatment. I could not agree more that they are lucky, but we have to remember that these decisions are ones that – you know, we have limited resources within the province of Alberta. We can only fund so many programs at any one time. It's a finite set of resources. As Tommy Sowell often said: in politics there are no solutions, only trade-offs. And I need to choose between these very pressing demands.

I think of the unlucky few under the previous four years to our Conservative government who didn't have off-ramps out of addiction, who had only this sort of ever-pressing demand to have drug consumption sites open in every community with no addiction recovery at the centre, with no addiction treatment beds being built. Those were the unlucky few, which were most Albertans suffering from addiction. So, happily, we agree that they're lucky when they get access to the more than 10,000 new spaces we created and perhaps one of our three operational, soon-to-be built eight other recovery communities in the province.

I just want to touch base. You asked about long-term care. Of course, I'll work with Minister Nixon to that end. This is funded through Health and SCSS, so I encourage you and your colleagues to continue asking there.

And then I have another piece here that I want to just address quickly. With the Ministry of Health implementing the refreshed workforce strategy, we've collaborated with Advanced Education to add more mental health professional spaces in postsecondary institutions. That does not include recovery coaches, as to an earlier question you asked two rounds ago. That's separate. In August 2024 Advanced Education announced $10 million in postsecondary seat expansion funding to targeted mental health professional education programs. This is obviously going to . . . [Mr. Williams' speaking time expired] Oh, I see my time is up.

The Chair: Thank you, Minister, for your response.

Now I want to check in with the group. Can I just have a show of hands: who would like to have the break now, or would you like to wait until the next segment is over? Who wants to break now? All right. I guess it's unanimous. We are just going to wait.

Member, please proceed.

Mr. Lunty: Sure. Well, thank you.

The Chair: Oh, sorry. I'm always supposed to ask if you want to go back and forth or have shared time.

Mr. Lunty: Oh. Let's do back and forth.

Mr. Williams: For Mr. Lunty I can't say no. I'm sorry.

The Chair: Okay. Go ahead.

Mr. Lunty: Sorry. Are we doing back and forth, or are we doing block?

Mr. Williams: Yes. Love back and forth.

Mr. Lunty: Okay. Thank you.

Thank you, Madam Chair, and thank you, Minister and your team. Always important to acknowledge the great support that I know that you receive, especially on a file that's so important to so many Albertans. I wish it wasn't the case, but I'm sure most of us here know a friend or a family member who might be in a situation that your ministry provides support for. I know that when I talk to my community, they're very thankful that you and your team are putting in this effort to provide those services, so, yeah, thank you once again.

Through the chair, I would like to start by asking a couple of questions on the mental health review panels. I see in line 4.2 of the '25-26 government estimates general revenue fund document that there actually is no change to the budget for mental health review panels despite it appearing that they're taking on a larger role when it comes to system oversight. Through the chair, could you please share more insight into what is changing in the responsibility of the panel members?

Mr. Williams: Well, thank you for the question. I'm happy to address it. Just for context, Budget 2025 maintains more than $2 million for the mental health review panel, primarily for administrative expenses, travel costs, honorariums, et cetera, and business expenses. The mental health review panel roster is a provincial adjudicative body responsible for delivering applications from people under the Mental Health Act to ensure rights of formal patients and Albertans subject to community treatment orders are protected. We're happy to make sure that this continues. It's an incredibly important part of the regime that we need to have within the Mental Health Act. Their work is critical for ensuring Albertans receive mental health services under the act, including community treatment orders. In 2023-24 more than 3,600 hearing applications were made, which is a typical yearly volume. The admissions are going to continue with cancelled admissions or renewal certificates for patients detained in a designated facility where applications can be made to.

If you had any other particular questions, I'm happy to answer them.

Mr. Lunty: Sure. Thank you, Minister.

Yeah. I have a follow-up, through the chair. You did mention the Mental Health Act. If you don't mind, how will the upcoming compassionate intervention legislation work with the Mental Health Act?

Mr. Williams: Compassionate intervention legislation is not yet introduced. It's going to look different than the Mental Health Act. The Mental Health Act, unfortunately, is not fit for purpose. In some ways it really does have a challenge at trying to address the complicated nature of concurrent addiction and mental health, as we heard from members opposite earlier. Some of these complex cases create real challenges for the criteria for admission to the Mental Health Act. If there is a drug-induced psychosis that is present, they would not be able to be a part of the Mental Health Act under form 1.

8:20

We also want to make sure that the process is addressing the very complicated long-term treatment needed for many individuals within the Mental Health Act. We see that the Mental Health Act has a lot of good initial pieces and frame for legislation, and it does address some crises within families. We also have the Protection of Children Abusing Drugs Act, which is a parallel for children that is used for children who are suffering from addiction. Tragically, it's incredibly common in the system today. Between these two acts, they can be

used as something of a precedent, both in terms of standards that need to be applied, danger to themselves or others, et cetera, but also in terms of the recognition that sometimes mandatory treatment is a compassionate way to intervene for those struggling.

The legislation, of course, needs to make sure that it's compliant with the expectations we have for transparency, with the expectations we have for high degree of protection for civil liberties, and what we bring forward will be compliant both with the Charter and the Alberta Bill of Rights.

Mr. Lunty: Well, thank you, Minister. I appreciate the information and sort of the ongoing work on that.

I would like to switch topics to treatment spaces. We've heard from you a little bit on this, and the members opposite were asking some good questions on treatment spaces. You know what? I think that's just because we can all see the incredible importance that they're going to play in your ministry and that they play already and moving forward.

I'd like to reference maybe a specific outcome, outcome 3 on page 123 of the ministry's business plan. This outlines the importance of community, specifically that Alberta's communities are engaged and have the capacity and resources to support families and help individuals build recovery capital and lead satisfying, hopeful, and contributing lives, and treatment spaces are an important part in the recovery process. Through the chair, I would like to ask for a bit more clarity on this aspect of the ministry's business plan in '25-26. My first question: just sort of a confirmation. You've already touched that the number of treatment spaces has increased. Can the minister confirm that the funding for future spaces is covered under community treatment and recovery services on line item 5.3, located on page 165 of the estimates?

Mr. Williams: Yeah. Happily. That is the case. Under 5.3, operating expense, and then also under line 5.3 for capital grants within Alberta Infrastructure estimates for capital investment is where you will find those funds continuing. We're incredibly proud and happy to see this go forward in this budget. It's been a long road to get to the point where we are able to not just – we're in line with the interest Albertans have, which is increased capacity for addiction treatment. We don't want to see individuals who are suffering from addiction not have recourse to recovery. I believe deeply that every single Albertan has a right to recovery and that recovery is not only possible; it is probable if we build the capacity within our system.

Mr. Lunty: Great. I appreciate that, Minister.

I have a few follow-ups, just to drill down maybe a little bit more. Through the chair, do you have a breakdown of what the bed types would look like?

Mr. Williams: Yes, I do. One moment. I just want to get that. Currently we've increased the total capacity. Recovery communities sit at 93 per cent bed occupancy rate while addiction treatment is around 90 per cent utilization rate. Occupancy rates in February '25: withdrawal service beds within Recovery Alberta sit at 73 per cent; contracted beds, 84 per cent; nearly 90 per cent for both Recovery Alberta and contracted providers. Detox, about 140 beds and about 7,700 spaces; recovery, including pretreatment, about 350 beds and more than 1,900 spaces; and residential treatment, about 130 beds and about 820 spaces per annum. So that gives you both utilization rate and total breakdown.

Mr. Lunty: Yeah. Thank you for that information.

This is the mechanism, then, for the utilization rate being tracked. Through the chair, I'm just wondering: where are the beds in recovery communities being tracked?

Mr. Williams: Okay. Beds in recovery communities. I'll get that information for you right here. Recovery communities are bound by grant agreements which include a requirement for evaluative reporting on key indicators. Red Deer Recovery Community, 128 clients admitted in 2024; Lethbridge recovery community, 92 clients in 2024; and Lakeview Recovery Community, 97 clients have been admitted since July 2024 for each of those. And then the data, of course, shows for each of them 64 successful completions in Red Deer, 86 successful completions in Lethbridge, and Lakeview has 34, as it was the most recently opened. I can go on more about those outcomes if you want, or is that breakdown sufficient?

Mr. Lunty: Yeah. Sure, please.

Mr. Williams: Okay. Well, I'll address just one question surrounding the TLUs, then, because I was asked earlier and I think that's something that is connected to these as well. Therapeutic living units is a collaboration between myself and Minister Ellis, the Deputy Premier and Minister of Public Safety and Emergency Services, where we have multiple units in correctional facilities that are working as recovery communities effectively, therapeutic recovery communities, with individuals within the correctional facility that are looking to have a path towards recovery. The government has committed $12 million in this budget to continue operating five transitional services across Alberta that are TLUs.

Mr. Lunty: Thank you. I haven't had the chance personally, but some of my colleagues have gotten a chance to see the therapeutic units up close and personal, and they've come away very impressed and sort of moved about that investment. So thank you for that information.

I'm just going to ask one more question on the treatment spaces. Through the chair, how are you anticipating compassionate intervention affecting the use of the existing spaces?

Mr. Williams: Not only are we going to continue to fund, through Recovery Alberta, a number of treatment spaces across the province, detox spaces – and I'm hoping to continue to see that grow in those granting relationships over time as demand continues to increase. Sadly, we're also going to have all 11 of the recovery communities online before we see a fully operational compassionate intervention, plus the 300 treatment spaces that we'll see in secure treatment between the two facilities and whatever we can still continue managing from an operational perspective from the 50 northern and 50 southern. When you add that all together for episodic treatment for a year, you're looking at potentially thousands of treatment spaces per year that are added totally to the system. We expect to see, sadly, continued demand for addiction treatment. When we look at youth across the province and we see the increase in the rates of addiction, cannabis and alcohol are by far the highest use substances for youth, with tragic and devastating outcomes.

We continue to work and we see decreases around overdose deaths, especially opioids, et cetera, but that doesn't change the fact that we continue to see more and more supply of opioids across our province. A lot of that was increased in part due to the work done by the federal government under Mr. Trudeau and the B.C. NDP by the recommendation of the chief medical officer of health, which massively increased supply of high-powered opioids. So when you add all these together, you end up in a spot where you see increased demand. When you have more supply without any kind of restriction on access – for example, if you have 100,000 hydromorphone pills distributed into your market – you will see more use and you will see more harm coming from it, and the reality is that we will see more addiction.

So it's good we're reducing overdose deaths from opioids. It's good we've virtually eliminated pharmaceutical opioid overdose deaths. But that doesn't change the fact that we see the problem coming at us like a freight train, like every single western jurisdiction concerned with it. The sad reality is that this build-out is absolutely necessary, and I hope to goodness it suffices, but we have critics on all sides, not just members of the opposition. We have the media and a number of others who continue to try and say we ought not build-out capacity for recovery, that we should instead use these precious few dollars for drug consumption sites, for unsafe supply, or name your radical policy of choice that they happen to be advocating for that week, that has been absolutely discredited. Every jurisdiction in the world has looked at Canada and looked at these policies and said, "No, thank you; not here. Let them continue to facilitate more addiction, but I'd rather save our young citizens" in these other countries. Alberta is rejecting that, so we need that capacity to be able to provide addiction treatment space.

So, yes, there will continue to be a demand, but that demand needs to be met with a very forceful spend, which this budget is doing.

8:30

Mr. Lunty: Right. Thank you, Minister. I appreciate that. I certainly know my constituents would agree with your perspectives.

Madam Chair, I would like to cede the remainder of my time to my colleague MLA Singh.

The Chair: Member Singh, I'm checking in with you to see if you'd like blocked or shared time with the minister.

Mr. Singh: Thank you, Madam Chair. I would like to go back and forth with the minister if it's okay with the minister.

Mr. Williams: Sure.

Mr. Singh: Thank you, Minister. Thank you for being with us today, including your ministry officials. I appreciate all the work you are doing, particularly in leading the implementation of Alberta's recovery-oriented system of care for mental health and addiction. Through the chair my questions are on the Indigenous supports.

I see under outcome 3 on page 123 of the business plan, it references initiatives to support Indigenous addiction and mental health care. Specifically, key objective 3.3 outlines the need to "partner with First Nations, Métis, and Inuit communities to continue developing a comprehensive continuum of culturally relevant mental health and addiction services to support Indigenous peoples in Alberta." Would the minister tell me how much funding is in the budget for mental health and addiction supports specifically for Indigenous people, and is this more or less than in the previous years?

Mr. Williams: Thank you for the question. Approximately a $2.3 million increase from '24-25 to address priority areas with Indigenous Albertans. We're committed to working with our Indigenous communities to find solutions. Budget '25 invests $65 million in capital funding to build five recovery communities in partnership with Enoch, Tsuut'ina, Siksika, Blood Tribe, and of course the Métis Nation in Alberta, and approximately $6.9 million in 2026 will support community bed-based mental health and addiction programs that are culturally safe that meet the needs of Indigenous people.

I'll add a point here. I had the most remarkable interaction with a counsellor from Siksika Nation, who told me in that interaction that he'd be dead today if he didn't have recovery, that he would be absolutely 100 per cent guaranteed not alive if he didn't have recovery. For him that idea of Indigenous culture and his personal spirituality played an intrinsic part to saving his life. When someone is in the midst of an addiction, yes, there's a physical nature. It's physiological. Of course, addiction is. It's a disease, as members have mentioned here today, but it's silly to reduce that disease purely to material questions.

There is, not to be too dramatic about it, a spiritual and metaphysical question that individuals need to be able to address as well. If somebody is suffering from trauma and, God forbid, it's serious sexual or physical violence, someone suffering from intergenerational trauma, you cannot expect them to simply heal from a detox. Even with the very strong work of multiple months of addiction treatment and recovery community, you still need to allow that person to have a sense of their human quality return to them because addiction deprives individuals of their humanity and it's devastating for them.

So I'm proud that we have worked so closely to partner in a proposition, not an imposition, with Indigenous communities, which has not always historically been the case, unfortunately. This work of those recovery communities is a physical and a monetary manifestation of truly healing work that they are doing in partnership and with their providers and also with the people of Alberta through this government.

Mr. Singh: Thanks for the answer, Minister.

As I recall, one of the first recovery communities to be announced was the Blood Tribe recovery community. When is this recovery community set to open, and what factors are behind any potential delays?

Mr. Williams: Okay. Thank you for the question. Blood Tribe is a terrific partner when it comes to the work they're doing around addiction. They were one of the first groups to come onside, and we've worked closely with them to bring land-based healing and an Indigenous culture into their addiction treatment facility and the recovery centre that we're building. Obviously, we want to continue partnering with them. My understanding is that with the revised schedule, construction for the Blood Tribe is not only continuing but ahead of schedule. Of course, that started off as an RFP through Infrastructure.

Then, we are moving forward now into a capital grant to make sure that the community and those operating in the area feel comfortable when it comes to the contractors et cetera. Because of that initial question surrounding the RFP . . .

The Chair: Thank you, Minister.

Five-minute break, everyone.

[The committee adjourned from 8:36 p.m. to 8:41 p.m.]

The Chair: All right, everybody, we are back from our break. Let us continue with the questions. We'll start again with the members of the Official Opposition. Please proceed.

Mr. Shepherd: Well, thank you very much.

The Chair: Sorry. I forgot to ask whether you wanted to share your time or have block time.

Mr. Shepherd: Certainly. I would be happy to share time with the minister if he has the courage to do so.

The Chair: Minister, what's your preference?

Mr. Williams: I'm going to go with block time just to prove a point.

The Chair: Please proceed, Member.

Mr. Shepherd: Thank you. I have some questions, then, for the minister through you, Chair, regarding therapeutic living units. In the ’23-24 annual report, the most recent annual report available, it confirms that the government spent $12.5 million to establish TLU spaces in Alberta’s correctional facilities. The first opened at the Red Deer remand centre in July ’23, the second in Lethbridge in October ’23, and a third in February ’24 at the Fort Saskatchewan correctional centre.

It says that since opening and through March 31, ’24, nearly 87 per cent of the available TLU spaces have been occupied, and a total of 14 individuals have completed in-custody programming. Page 138 of the business plan notes that the target utilization rate is 73 per cent for 2025 for TLUs. Could the minister clarify what available spaces actually means in the context of TLUs? How many spaces were not available and why? Did taxpayers pay Rosc Solutions Group and their subsidiary organization Beccarian Correctional Care for services to the unavailable spaces? We do know from discussions that have come forward in the allegations towards AHS that there are allegations of surgical facilities being paid for services they did not in fact provide. Can the minister clarify if contracts in this case also paid for services that were not provided for unavailable spaces?

Secondly, the ministry business plan has very few performance metrics. There are only five. None of them measure or explain how they would measure the efficacy of considerable investments being made into the Alberta recovery model. In particular regarding the TLUs, what are the measures of impact of recovery communities in TLUs available to ensure that there’s value in the service delivery model and Albertans are receiving value for the investment being made?

Thirdly, in 2023-24 the government spent $12.5 million, as noted in the TLU program offered within the correctional facilities, that only 14 inmates completed in that year. If 14 inmates completed it at a cost of $12.5 million, that would be about $892,857 per person completing the program. Page 138 of the business plan shows the TLU utilization rates were 87 per cent in July ’23, and they’re targeted at 73 per cent in 2025. Based on the number of spaces, how many more people did this program serve even for partial treatment? Can the minister clarify what the value was served for those if that was indeed the cost for 14 people to complete that program? Were there others that did not complete the program? If so, how many, and what were the impacts for those individuals?

Could the minister also clarify: what is the average stay for a person in remand or in corrections and, therefore, based on that, how many individuals went into the TLUs but were unable to complete their stay there due to being released from remand or corrections before they completed their stay? If they were released ahead of time, what steps were taken to ensure those individuals were connected with services in the community so that there was actually a transition and those individuals were not simply left bereft or having to go back on another wait-list?

Page 121 of the business plan notes that $61.9 million is allocated to the department and Recovery Alberta to facilitate service with police and in corrections. Now, the operator, Beccarian Correctional Care, is a subsidiary of Rosc Solutions Group, a private contractor with known ties to the Premier’s former chief of staff, Marshall Smith, named in the allegations on the corrupt care scandal. Is this relationship the reason the minister was worried enough about the AHS investigation that he directed his deputy minister to make inquiries with the now fired CEO, Athana Mentzelopoulos? The minister has stated in the media that he wanted to know if his ministry was implicated in the investigation. Has this relationship between the former chief of staff and the service provider been fully investigated at this time?

Does Beccarian Correctional Care oversee the TLUs only, or are they spilling over into the delivery of health care services to all inmates, which we know is the responsibility of Recovery Alberta? In how many correctional facilities is Beccarian Correctional Care active? If the number is greater than four, then I would assume they are doing more than TLUs.

One more question given we have the time: with the allegations that have come to light and the considerable investments being made to private contractors, will the minister volunteer to have this situation independently investigated? Alternatively, would the minister continue redeployment of some of the money targeted to TLUs to improve access to child and youth mental health, particularly given the utilization rates we’re currently seeing?

Additional question: under what line item do correctional remand centres, in fact, fit in Budget 2025? Again, looking at the minister’s budget here and recognizing that Recovery Alberta is responsible for the delivery of all health care services for inmates in correctional and remand in the province of Alberta . . .

The Chair: Thank you, Member.

Mr. Williams : Okay. Well, thank you for the series of questions. Through the chair, I’ll do my best to try and address many of them surrounding the therapeutic living units. As everyone knows, therapeutic living units are an innovative policy pioneered here in Alberta. We now have, as the member mentioned, TLUs open in Red Deer, Lethbridge, Calgary, Fort Saskatchewan. A total of 257 clients entered the program in July ’23 and November ’24. TLUs provide addiction service and recovery services for our sentenced population, with more than 50 per cent of clients completing 70 to 90 days of treatment.

At the same time a total of 28 clients transitioned from the TLUs to recovery communities. A total of 206 individuals were assessed across all five transitional service locations: Medicine Hat, Edmonton, Red Deer, Calgary, and Peace River. Between June and November 2024 10 clients from transitional services were admitted to the TLU and recovery communities.

RSG does work surrounding TLUs. They are not responsible for correctional health care; that is separate.

TLUs are found in budget line item 5.3. They do some transitional services as well, which would account for that extra dollar amount the member mentioned. The transition out of TLUs as well is something that is incredibly important. Of course, they are offered opioid agonist therapy through the VODP. This is an important piece of programming, again, another innovative policy program found only in Alberta with same-day access across the province, whether it be far northern reaches of the province or within a correctional centre to get opioid agonists, which is evidence-based, life-saving treatment for those suffering from an opioid addiction.

Of course, they’re prioritized for intake within recovery communities and different addiction treatment centres across the province. This is an incredibly important warm hand-off that’s necessary because the timing of release happens – most of the time it happens in a predictable way for those that are in one of our correctional facilities. We try and time that as best we can so that there is a warm hand-off and that they are going directly into recovery communities, therapeutic communities, and addiction treatment spaces if that is what the next step is, and often that is the case.

A number of questions were asked surrounding the already-mentioned question of the phone call that my deputy minister made in relation. I’ll tell you that I had no concern or questions surrounding any of this. If I see anything substantive for evidence, of course, I made a commitment publicly and personally myself to

act to the appropriate authorities. That call was independent of this, around a rumour that I heard separately surrounding AHS.

8:50

I'm going to let the authorities and the appropriate bodies continue to play out and do, without interference, their investigations. They have the independent office of the Auditor General, of course, the independent former provincial court justice from Manitoba, anything the RCMP is doing, and TBF's independent audit that is continuing on as well.

When it comes to the recovery communities and the work that we're – pardon me. When it comes to the TLUs and the work we're doing there, we can see that occupancy rate right now is at 93.2 per cent. Because the initial establishment of these different recovery communities was a ramping up, you cannot begin a recovery community of any kind, a therapeutic living community, at total occupancy immediately. The culture of that and the establishment of a cohort moving through is important for therapeutic living units. This is a method of addiction treatment that has existed in literature for decades now. Lots of research has been done on this through a number of different individuals. Increasingly, Alberta and Canada have become pioneers in the process. We do fund the total dollar amount because they need to have the full staff as they begin to ramp up.

The Chair: Thank you, Minister.

Back over to the government side. Blocked or shared time?

Mr. Singh: I will go back and forth with the minister, Madam Chair, if it's okay with the minister.

The Chair: Minister?

Sure. Please proceed.

Mr. Singh: Yeah. I will continue where I left there. We were having a good discussion on Indigenous supports. I have a little bit of a broader question on partnership. How is this partnership approach conducted, and what sort of collaboration are you undertaking as part of Budget 2025?

Mr. Williams: Pardon me. I just missed the start of the question. If you could repeat it.

Mr. Singh: Yeah. We were having a good discussion on Indigenous supports there, and I have a broader question on partnerships.

Mr. Williams: Right.

Mr. Singh: How is this partnership approach conducted, and what sort of collaboration are you undertaking as part of Budget 2025?

Mr. Williams: Right. Thank you. We were just starting down that path. The partnership is one where we come, as the minister of the Crown, to Indigenous communities at their invitation and not one where we impose, but we propose a path together. I think that language is incredibly important.

This budget has a number of different agreements that we have. Of course, we've mentioned multiple times the work we're doing with Indigenous communities surrounding the recovery communities and that capital grant process and the commitment that I've made, both here today and then personally to our Indigenous partners and also publicly multiple times, to continue funding the recovery communities. We want to make sure that they're funded equitably and fairly. It's a huge investment in interest for the province of Alberta to see Indigenous communities break the cycle of trauma and addiction because trauma lives in addiction and is incredibly corrosive to a family and a community, which Indigenous communities prize.

I will note that this is categorically different than the work being done thus far, that I have seen as a minister, with the federal government, who have left Indigenous communities in the lurch, without funding, without supports, without a true partnership, with a paternalism that dismisses their request for addiction treatment spaces and instead offers policies like unsafe supply in British Columbia and not a serious attempt to try and get these communities that are suffering from multigenerational effects of addiction out of that.

Those partnerships are real, they're concrete, and they have a certain wherewithal that I think will last over time. If I've noticed anything about Indigenous communities it is that they take very seriously when you commit something to them, so I try not to overpromise and to always follow through. Secondly, they also like laughing at themselves and you from time to time. So I find between those two things, being honest and straightforward and forthright with them on one side but then also willing to have a little self-deprecating humour at mine or the government's expense, is always helpful. That's been my approach. I can't say for sure whether or not it's appreciated, but so far I believe it has been.

Mr. Singh: Thank you, Minister, for the answer.

Let's switch the discussion a bit here, and our discussion will be on children and youth, very important here. Another specific population we are all concerned about is children and youth, and I see outcome 3 on page 123 of the business plan highlights the importance of community. In particular, key objective 3.2 deals with expanding access and improving mental health supports for children and youth in schools and in communities to promote positive mental health and prevent severe mental health issues from developing. Through the chair and to the minister: could the minister explain where the funding is for the children and youth in the ministry's budget and how much is allocated? Is it more or less than the last year?

Mr. Williams: Right. Great question. Funding is maintained from last year to this year when it comes to that line item. Estimates in lines 5.2 and 5.3 address this. It's $74 million in operating funds combined from the department and Recovery Alberta to deliver community-based mental health services for children and youth to address mental health issues early and build resiliency to support recovery and healthy development.

I can tell you within my own constituency there are a number of programs that are funded through this. I, happily, can say that Recovery Alberta agreed to fund this before I was the minister, and I think every one of us can address testimony to the important work that they do when it talks about youth mental health, something that I support. I think we need to seriously take a look at understanding how we talk about mental wellness for children as a society. It's something I hope we can talk more about, but I'll let you continue on with your questions.

Mr. Singh: Thank you, Minister.

Can the minister please tell us how this money will make a difference for kids?

Mr. Williams: Right. So some of what I was alluding to, of course, is youth mental health hubs as one example of funding that we see through Kickstand. It makes it easier for youth to get outside in large urban centres to seek help, support closer to home. That's $13.6 million over three years in 2023-2024 and then 2025-2026 to continue to implement Kickstand youth mental health hubs all across the province. These are fully integrated centres with a single point of access for youth in a broad sense, 11 to 25 years old, with

a range of different recovery-oriented supports, mental health and addiction services, primary care health, amongst others.

Of course, there is the great work being done by CASA, who is a terrific partner of mine and this government's. They work particularly in partnership with implementing 60 different mental health classrooms across the province. These are classrooms integrated into the school system, and my goal is to have every single geographic area of the province covered from a mental health classroom with the 60, that allows the sort of missing middle for supports. This isn't a student that needs to leave their education, nor would we want them to, one that doesn't need to leave their community for very intensive supports, but they're perhaps disrupting their own education and others' education because of the challenges they're facing.

They need teachers at a lower ratio so that they can have more one-on-one help. They need psychiatric nurses, access to psychiatrists, psychologists, and therapy, and a catered program that says that you don't have to give up on your education and you can continue. The goal is to bring them from that dedicated classroom back into the regular classroom and integrate again into the wider community, productively in their school community, and then also have the differences at home take effect as well. So much of a young individual's life is lived in a school these days, so we should provide those intense wraparound services where and when we can.

So that's $70 million over three years, and about $30 million of that funding is in this budget. More than 1,300 students will be served in a single year through CASA Mental Health classrooms. As of February '25 20 classrooms are currently operational. We're about a third of the way there in terms of the scope of the geographic coverage, and my goal is to make sure every single community across the province gets access to this care.

Mr. Singh: Thank you, Minister, for the answer.

Can the minister please speak more to key objective 3.2 on page 123 of the business plan as it relates to supports for children and youth in schools through Budget 2025?

9:00

Mr. Williams: Thank you for the question. Of course, the piece around CASA applies very much here. I should note, they also have CASA houses that aren't – the collaborations with the school divisions, of course, but they are not that missing middle. They're a more intense service: if a family needs to have full wraparound, maybe they're even relocating. We have one in Edmonton. We're building one in southern Alberta, one in Calgary, one in Fort McMurray. We want to make sure that these more intensive services are available to anyone across the province. Also, we're going to strategically place them across the province.

On top of that, we have ISSP, the integrated school support program, which provides prevention and early intervention supports, including access to mental health professionals to enhance mental well-being. It's offered in 31 schools across the province with plans to expand to 50 by the end of 2025, and of course we have funding in this budget to continue that.

I should also note Heroes is an incredibly terrific piece of programming that we bring into schools that we support. It's an independent not-for-profit that does the work with a terrific track record. It's a social-emotional prevention program specifically designed for students from 11 to 14, in that really critical age, making sure that they are getting the tools they need for their mental wellness to build resilience by focusing on personal strength rather than deficits. They tell stories, and they live this sort of articulation of what it would be like as a hero to go through and help others and live in a way that balances their needs for their mental wellness but also identify peers and friends that are struggling. There is $1.5 million provided over three years to support facilitators in training heroes in 50 schools across 31 communities. Of course, I want to continue that.

The Chair: Thank you, Minister.

Back over to the Official Opposition. Shared or block time?

Member Eremenko: I'd share time if the minister would have me.

Mr. Williams: I think I'll go with block time again, unfortunately.

The Chair: Please proceed.

Member Eremenko: Okay. I thought it was worth a try.

I'd just like to follow up on my colleague's questions in regard to therapeutic living units. I've got a few more questions before I move on to some of the remaining ones in regard to the other documents.

As it was kind of briefly mentioned, Recovery Alberta is now responsible for all health care service delivery within corrections: that's to 3,500 inmates in 10 provincial correctional facilities according to the business plan for Mental Health and Addiction. There are 10 correctional facilities here. Through the chair to the minister, does that include remand centres? I ask particularly in regard to the remand centres because, very sadly, six individuals in 2024 passed away at the Edmonton Remand Centre. One, very tragically, was a homicide very close to Christmas that we have yet to actually see the fatality inquiry. Through the chair, to the minister: what is he doing to expedite the fatality inquiries to really better understand what's been happening at Edmonton Remand Centre so that the ministry can do their part, Recovery Alberta can do their part, to keep people safe and well while they're actually in corrections?

I'd also like to have a little bit more information. I think that there was an interesting indication here that the Recovery Alberta is particularly committed to the idea of the warm hand-off, in which case there should be an abundance of data. If we can in fact verify that there is a warm hand-off, there should be plenty of data in regard to the referrals to recovery communities, how successful those referrals are, how long an individual had to wait to actually access a recovery community. Of the 50 per cent who didn't complete a course of treatment through the therapeutic living unit, how many were as a result of early discharge, and how many were simply, unfortunately, not successful in maintaining sobriety or in kind of maintaining their path to recovery? How many following discharge, accepted the VODP program or access to an in-person ODP clinic to continue in their path to recovery?

Transitional services are incredibly important. Though I recognize the intent with the TLUs, those are pretty low numbers, Madam Chair, when we're actually looking at the number of individuals that have completed the in-custody program. So, I'd also like a little bit more information, as a result, of what the remaining $61.9 million is actually going towards to support those inmates in corrections.

If that is the annual budget for Recovery Alberta to partner with Public Safety and Emergency Services to provide mental health and addiction supports when we know that there is an incredibly high concurrence, certainly, to the member opposite, when it comes particularly to the overrepresentation of Indigenous people in our corrections and remand centres, then how exactly is that $61.9 million less $12 million being allocated for the other 3,500 people within those centres, knowing that they may only be there for a week and very likely less than a month, as data shows? I'm hoping we can get a little bit more information on the therapeutic living units in that regard.

I'd also like to ask a very pointed question, and then I will let this go. As the minister has said, Madam Chair, global wait times are very

challenging across a number of different facilities and service providers across Mental Health and Addiction and Recovery Alberta. I'll ask only a very specific question about what I have heard in my capacity in regard to wait times and families feeling incredibly frustrated that they cannot get access to care for their loved ones. That concern is around Red Deer. As I've already alluded to, again, it's anecdotal, but I reckon I would certainly trust that the minister has had similar anecdotal feedback from Albertans.

Given the investments of $1.7 billion into Mental Health and Addiction with recovery at its core, can the minister confirm that he, too, has heard of wait times of four to six months for men and nine to 12 months for women for wait times to access the Red Deer recovery community? Red Deer was the first to open. They were the first facility to get all of their beds and all of their units online. If that is the wait time, six months for men, nine to 12 for women, in Red Deer, then, you know, is it fair to extrapolate some of those wait times for the other recovery communities that are not yet at full capacity? What would be an acceptable wait time for the minister? Yes or no: has he heard some similar numbers?

The Chair: Thank you, Member.

We'll move over to the minister.

Mr. Williams: Okay. Thank you for the questions. I'll start off with the Red Deer community wait times. First of all, it needs to be understood that the Red Deer recovery community serves anybody across the province, not the region of Red Deer, not the community of Red Deer, exclusively. Of course, it's been open the longest, so it's the most well known. I have not heard those anecdotal numbers. My understanding if you just look at the recovery communities, not the broad global wait-list, is that we have somewhere in the neighbourhood of three months at the high end, and it's flexible and sometimes it goes down to a number of weeks as well. Of course, if somebody is entering detox, and we know it's going to be a number of weeks, there's the possibility of aligning a perfectly smooth hand-off. Of course, there's also pretreatment housing, including Oxford House and others that we fund, that also mitigate this question of wait time as they are recovery-oriented housing as we want to make sure that we have as high a capacity as possible going into recovery communities.

You asked a question as well about therapeutic living communities. It just needs to be made clear initially that the funding for therapeutic living units is not the same as the correctional health services. Yes, correctional health services does operate within remand centres as well from my understanding, but those dollar amounts are separate. That $12.5 million that's been mentioned a number of times from your colleague is not a part of the pot of funds that are responsible for the correctional health services.

You mentioned a fatality inquiry and what I'm doing to speed it up, I think, quote, unquote. I am not responsible with Mental Health and Addiction for fatality inquiries. Of course, PSES along with Justice are who, I believe, lead that. I would not want to interfere with the fatality inquiry. I'd want to make sure that it runs its course appropriately and that the findings were made appropriately public in due course and that if there is any learning that we need to have from it, in terms of how we deliver correctional health services, we will provide that.

As far as keeping people safe while in corrections, in a broad sense, of course, health care has a part to keeping people healthy, but I just want to be abundantly clear that I think some of those questions around keeping individuals safe in corrections are better suited to the minister who runs the facility itself. If there are acts of violence, if there are questions surrounding the operations of that, that would be the Deputy Premier Minister Ellis, Minister of Public Safety and Emergency Services, that is best suited to address those particular questions, but when it comes to the correctional health services, of course, we will continue to provide the physical along with addiction and mental health services within those capacities. We really did do that very intentionally. I spoke to colleagues at the last federal-provincial-territorial meeting of mental health ministers, and they were envious of the relationship we had within our correction facilities.

I can tell you that I visited one correction facility in Lethbridge, and I asked the warden there what number of the people coming in to the correction facility indicate they have a serious addiction. They told me nine out of 10 indicate so, in a ballpark number. Nine out of 10 indicate they have a serious addiction when they enter.

9:10

This is really important that we are integrating into the physical health question policies like the virtual opioid dependency program or opioid agonist therapy, or some of what we understand surrounding the nature of recovery and how people come to a desire to see the opportunity at recovery sometimes in the midst of a crisis in their life, and this can make itself manifest as an intervention in the health care system. Perhaps there was a situation of violence in an encampment or perhaps with our criminal justice system and the corrections, and whilst they're there, having those connections and understanding not just through the correctional health services but separately through the work being done at TLUs gives individuals an off-ramp out of addiction instead of that constant cycle that we see as individuals go into corrections because of, obviously, troubling and problematic relationships with wider society but particularly with themselves and a substance and the addiction that is rampant. To provide that off-ramp is one of the most heartwarming things.

I had a member of the Bloc Québécois come and look at this facility in Red Deer at the therapeutic living unit. We're not traditionally allies, Bloc Québécois and members of conservative governments in Alberta, but boy, we had a bonding moment over the work done there.

The Chair: Thank you, Minister.

We'll move to the government side. Blocked or shared time?

Mrs. Petrovic: Thank you, Madam Chair. I would like shared if the minister is okay with that.

The Chair: Minister, what's your preference?

Mr. Williams: Yeah. Happily.

Mrs. Petrovic: Perfect. Thank you. Thank you, Madam Chair, and through you to the minister, first, I just wanted to commend the ministry for taking these bold, necessary steps in supporting some of our most vulnerable population. You guys are focusing on solutions that provide real pathways for recovery, unlike those members opposite who have advocated for so-called safe supply. I'm glad to see that we're actually investing into treatment centres for these individuals.

I'll jump right into it if you're okay with it. I want to chat a little bit about compassionate intervention facilities. I noted that on page 120 of the business plan, the third paragraph notes: "Subject to the passing of compassionate intervention legislation, a Compassionate Intervention Commission will be established as an adjudicative body that will make decisions about addiction assessments and care plans under the proposed legislation."

Through you, Madam Chair, to the minister, I was hoping you could expand on this. Firstly, would you be able to highlight how Budget 2025 will enable the creation of a compassionate intervention commission and outline the role of this new body?

Mr. Williams: Well, thank you. Of course, the commission if it were to be created through legislation is going to need physical infrastructure for treatment capacity. I spoke earlier about the need to increase capacity, and of course that's true here in this budget with $180 million for two compassionate intervention centres, one in northern Alberta and one southern.

I think the most striking – I did an interview with CBC not long ago. Interestingly, they cut this conversation out. Selective editing, perhaps. But the host of this national CBC radio program was flabbergasted when I told her that there was one individual in Alberta who overdosed 186 times last year. That's the recorded number. Often, when a reversal happens with Naloxone, if anyone's done this – I encourage you to carry a Naloxone kit so you're able to if you cross somebody needing a life-saving intervention – but it's not always reported with a provincial health care number into connect care or something afterwards. Right? Like, this is likely someone's overdosing more than multiple times a week, potentially up to one time a day throughout the year. The CBC host could not believe that I said 186 times. So I think it's important to note the choice for compassionate intervention is not between voluntary and involuntary treatment; the choice is between that 186th overdose becoming a 187th and, tragically, that individual, a member of our community, someone who needs care, someone who is on this careening trajectory towards chaos in their own lives, that 187th time being death with no reversal or compassionate intervention. These are the options in front of us, the true options laid out.

This budget delivers on setting this province up so that we can truly care compassionately for those who are suffering from addiction. It is a very narrow set of the population. The vast majority of individuals in addiction: this is not for them, maybe even really traumatic and difficult states of addiction, but it must be the absolute furthest.

That standard of tests we're going to be looking at is parallel to what's in PCHAD, parallel to what we see for mental illness and the Mental Health Act, like we've seen mandatory treatment across every single jurisdiction in this country for those with mental illness. I don't know why we don't also care about mandatory treatment if someone is heading on this trajectory to death if someone doesn't have a mental illness as defined in the act but instead suffers from addiction.

Mrs. Petrovic: Thank you, Minister, for the answer. I appreciate that answer more than you can imagine.

My second question: it's in regard still to the compassionate intervention facilities, and you just mentioned it again. On February 24 an announcement indicated that Budget 2025 would invest $180 million over three years towards the construction of compassionate intervention facilities. However, in outcome 1 on page 121 of the business plans under initiatives supporting key objectives it shows that $222.7 million over the next three years will be invested to implement an operationalized compassionate intervention legislation, with $24.5 million invested in 2025-2026. Could you provide greater clarity on why the budget amount is different in the business plan as compared to the February 24 announcement?

Mr. Williams: Sure. I think that this has been outlined a little bit earlier in the question. There are dollars that are going to be associated for operationalizing the compassionate intervention. That includes $27 million for the youth addiction facility, which would be included in that dollar amount, and also dollars surrounding the IT that we need to have, the different databases between Justice and corrections and Health and Mental Health and Addiction and Recovery Alberta and AHS, et cetera, all able to integrate in this coherent way so we can truly address this as what it is, which is a health care response. I think that that is key as an approach.

I sit here not as a minister of Justice. Despite the moustache, I'm not a sheriff. I don't have a law enforcement background. I'm a minister of health, and I think that that approach is the right approach to understand that this is fundamentally a question of health care and dignity of that individual. It's a strange statement that I have to make, that this is controversial for ministers of Mental Health and Addiction in the country of Canada, but health care should be healing and not harmful. It should bring people into a place of healthiness and not facilitate more addiction, which is, unfortunately, what other jurisdictions across Canada have done, including our federal government, including British Columbia.

Compassionate intervention is one tool in this, and when it comes to youth or adults, we want to make sure that tool is circumscribed appropriately and that it is practical in its application. Of course, I'm going to make sure that it's done in a way that is thoughtful for both civil liberties and the concern for the dignity of that individual, who is our responsibility collectively within the province, who is overdosing hundreds of times in a year.

Mrs. Petrovic: Thank you for that in-depth answer. I appreciate it.

My next question, through the chair: would the minister be able to outline the comparative costs between building compassionate intervention facilities as compared to other types of residential addiction treatment and the factors behind this difference, if there are any?

Mr. Williams: Right. Compassionate intervention, in spite of it being for a very small population, also has a myriad of different applications. If someone were to go through the commission, if it were to go forward, potential treatment orders could include mandatory treatment in a secure facility. I believe that there are going to be a number of individuals who are overdosing regularly. Every time an individual overdoses from an opioid, they have what's known as cerebral hypoxia, which is your brain suffocating. It doesn't get the oxygen it needs. It's kind of like drowning but in daylight, perhaps on the street with, you know, hundreds of your fellow citizens around you. When that's happening, we have to understand that compassionate intervention is one of the only reasonable alternatives to this happening over and over and over again.

9:20

If somebody is going to go and perhaps through their detox be sober and have clear thought for the first time in months, maybe years, you'd think many of them will voluntarily say: I want to go to treatment. That could be, if they're of Indigenous background, to one of our Indigenous communities with the recovery centres, maybe one of the many treatment facilities that AHS funds or operates, or perhaps that's going to be in one of these custom compassionate intervention facilities so that we have the capacity for secure treatment. And it's that overlay of a health care setting with secure treatment that we see in, for example, psychiatric secure beds that is so expensive, as we collaborate these two different pieces of infrastructure into one.

Just like with the Mental Health Act, you need to have a secure site for treatment for individuals who are a danger to themselves or others. It's true across every province in the country of Canada that you need to have a site with capacity able to handle that. It will be similar for compassionate intervention, which is where these facilities for $180 million come in.

Mrs. Petrovic: Thank you for that.

I'll try and squeeze in one more question if that's okay. This is on outcome 2, individual needs, and it states that there seems to be a significant focus on addressing compassionate intervention in this budget, which – let me be clear – I think is needed, for which the

extreme cases, and you've already touched on this, are a relatively small number of the province's population.

Outcome 2 on page 122 of the business plan documents and highlights the individual, ensuring that Albertans have timely, appropriate, and consistent access to a continuum of high-quality, person-centred . . .

The Chair: Thank you, Member.

Over to the Official Opposition. Blocked or shared time?

Member Eremenko: I'll go with blocked. Thank you.

Madam Chair, just on that note, I think the minister has seized upon something that's really, really important around the concurrence of substance use disorders, mental health, and, increasingly, brain injury as a result of repeated overdoses. Through the chair, can the minister tell us why, in full acknowledgement of the permanent brain injury that's taking place as a result of multiple overdoses, he wouldn't be leaning in with everything he has to advocate for improved continuing care, medically supportive living and housing for those individuals whose problems are no longer about whether or not they use substances? Often it is actually about lifelong mental illness and brain injury. Recovery is perhaps a start, but in reality what we need to be providing is long-term medically supportive housing.

I would like for the minister through the chair to explain why he kind of passed the buck to the minister of continuing care on that particular point. I think that should be right here in the business plan. Objective number one is to provide the kind of permanent supportive housing those individuals need. It's more than just a nine- or a 12-month treatment plan. It's something far more sustained and far more long term than that, and I'm seeing a real noticeable absence in the business plan on that front.

On to a bit of a different angle here as we start to wrap up a little bit. I'd like to talk about line item 4.1, compliance and monitoring, on page 165 of estimates, that shows over $2 million going to system oversight regarding the Mental Health Services Protection Act. Madam Chair, during debate on Bill 37 the DM reported that there are 130 facilities and 65 operators in Alberta subject to the MHSPA, the Mental Health Services Protection Act. Only one locally operated service provider has secured one of the large new granting agreements for bed-based treatment at a recovery community. Through the chair, can the minister tell us why the other service providers to get these quite lucrative contracts actually aren't from Alberta at all and come from British Columbia, the province that seems to be doing all of it wrong? Last Door society, Rosc Solutions Group and their numerous subsidiaries, Edgewood Health did not operate in Alberta until Marshall Smith became chief of staff, first to the Minister of Mental Health and Addiction and then to the Premier.

What metrics did the minister look at to determine that out-of-province private, for-profit corporations would be cheaper and more effective in running detox treatment and recovery communities than the public system? Did he, in fact, compare the costs? For example, we know that prices for services from private surgical facilities have varied widely, sometimes as much as double the costs than in the public system. What steps have been taken to ensure that the amounts being paid to these private companies, many of whom, as I mentioned, are run by professional and personal acquaintances of the Premier's former chief of staff, are competitive and, in fact, cheaper than if they were provided through the public system?

The minister, through the chair, has clearly identified that he celebrates the service that Recovery Alberta can provide because they are going to be running the $430 million compassionate intervention program. Why would we then identify private, for-profit companies from out of province when we have a lot of really exceptional talented organizations that have been operating here for many decades who can't seem to get any of those contracts? What was the performance matrix that was identified that secured those contracts for those out-of-province providers? Are all of these private facilities being paid the same amounts, or do they vary as wildly as some of the numbers that we see in other elements of our health care system?

Bill 37 talked about moving standards and regulations out of the legislation, providing the minister with a whole new set of opportunities for power and control when it comes to standards and exemptions, but one piece that was really significantly lacking, that, again, I think should be square in the business plan because it speaks to the heart of the service delivery model of the Alberta recovery model, is why there is no assurance around third-party accreditation.

There is the Canadian accreditation of rehabilitation facilities that many Alberta-based service providers have voluntarily pursued because it is the gold standard around the service delivery and the quality of care that is provided to people who are suffering with drug use. It is not a part of the standards and regulations. It is not a part of MHSPA. Through the chair, I would humbly ask the minister to let us know why an association with that kind of credibility does not get the kind of recognition here in Alberta that it deserves.

The Chair: Thank you, Member.

To the minister.

Mr. Williams: Okay. Thank you for the questions. Of course, I'm happy to address them. To the first set of questions surrounding the very tragic state of permanent brain injury that does exist for those who have chronic and repeated history of overdoses, I think the member is right to say that it is an absolute concern. I do advocate, and I'm happy to advocate – I'll put it on the record here today – that I am a very, very big supporter of finding supports long term for those suffering from brain injuries due to their addiction and drug use. Of course, I'm not passing the buck. My budget doesn't fund those, unfortunately. Perhaps that would change in the future, but who does fund it now is a combination of Seniors, Community and Social Services and Health, so that is where the particular question needs to go. But if you're asking, "Do I advocate?" the answer is yes, every day of the week and twice on Sunday. You're exactly right to say that there is, tragically, a growing population of Albertans that suffer long-term brain damage due to extended periods of oxygen deprivation, cerebral hypoxia.

What I disagree with is the idea that these are questions no longer about substance use. When someone has brain damage due to repeated overdose, it will continue to be a question almost indefinitely in that individual's life of addiction and substance use. The path out of that is recovery. That recovery must be maintained. It's difficult, it's challenging, and it's possible.

I must note that I have individuals in my office who were multiple-year opioid addicts who are now in recovery for multiple years. Now, I didn't know these individuals before, but, hey, they're sharper than a tack, and they're smarter than me. I can tell you that I do not believe that it's a necessity, an inevitability, that individuals who suffer from this will not be able to recover fully, completely, to absolute great capacity. A good example of this is the former chief of staff to Premier Smith who was, as far as I understand, not an opioid addict but one who was a serious addict with very hard drugs and rose to an incredible capacity across the country in terms of what he's done in service to the province of Alberta. Those coming out of recovery are just chock full of these kinds of stories of individuals of great capacity.

9:30

So I think that, yes, those suffering from mental health challenges and brain injuries: of course we need to address that and have long-term supports, and I'm happy to advocate continuing down that line.

When it comes to 4.2 and compliance, I think you quickly moved over to a question surrounding funding for recovery communities, so I didn't follow the – but I'll try to address that question around funding for recovery communities. They are funded equitably on a per-bed basis based on the number of beds that they operate, at the same dollar rate for those beds for each recovery community. There are not different ones. Fresh Start is, I think, the Alberta-based one that you referred to. They are terrific, they do great work and have for a long time within the province of Alberta, but we also know that we're opening 11 recovery communities.

Some of the work done in British Columbia, which was done outside of the public health care system, was, unfortunately, a disaster in British Columbia. It was largely done by the private sector, not-for-profit and for-profit, that provided addiction treatment services. That was oddly, of all places, British Columbia, where we saw this horrible public policy setting, it's where we saw the not-for-profit and other parts of the private sector grow for addiction treatment.

All Recovery Alberta funded treatment centres must be accredited. MHSPA standards are being developed to ensure quality and safe care. As you know, with the legislation that's currently being debated within the House, we are the first province in Canada to regulate and license these facilities to the degree that we have. We're going to continue to create an environment of the absolute highest expectation for providers in this space through MHSPA, and, of course, we need to continue. There's space for any high-quality provider in the province of Alberta.

I do not create treatment centres so that Albertans can have jobs. I create treatment centres and fund them so that Albertans can get access to care. That is my priority. That is my purpose. It almost seems like there is some protectionist instinct; there is not. There is an independent process operated through the independent civil service for procurement of these. I have given multiple times direction to my team to make sure that it aligns with the best practices of the government as a whole when it comes to procurement processes.

The Chair: Thank you, Minister.

Member McDougall, shared or block time?

Mr. McDougall: Shared time.

The Chair: Minister, do you prefer shared or block time with the member?

Mr. Williams: Yeah, happily. Shared.

The Chair: Shared. Okay. Proceed.

Mr. McDougall: Thank you very much. I see on page 119 of the business plan that Recovery Alberta and the Canadian Centre of Recovery Excellence, or CORE, two organizations were added to the ministry in 2024, which we talked about a little bit already. From reading on page 119, "Recovery Alberta is the provincial health agency within the ministry that provides comprehensive and accessible recovery-oriented mental health and addiction services to all Albertans." On page 120 of the business plan, I see that "CORE is a Crown corporation . . . that empowers decision-makers with data and evidence to support people with mental illness or addiction in their pursuit of recovery." I'd like to get a bit more insight into these organizations. So to the minister through the chair, how do Recovery Alberta and the Canadian Centre of Recovery Excellence improve service outcomes for Albertans compared to the previous service structure? And, if I may, what will Budget 2025 enable CORE to accomplish in '25-26, and what has it accomplished since it's been established?

Mr. Williams: Okay. Thank you for the question. Yes, we've seen this big change within our budget where we now have Recovery Alberta and CORE as two organizations that we fund. Recovery Alberta: the big shift that we've seen is that we're no longer doing mental health and addiction care medicine off the side of the desk. We're able to focus on the precise problems that are facing us. The government has a huge budget, and we do lots of important work across all different ministries; Health, first amongst those, does great work in any number of their large files surrounding acute care, surrounding physician compensation, surrounding pharmaceutical work, et cetera. Any one of those is enough for an entire minister to be committed to, and our Minister LaGrange has been dedicated to working on all of them.

What this does is it allows us to refocus the mental health and addiction services out of one dedicated minister with one dedicated budget and one central guiding view, where I can be a voice not just at the cabinet table, but Recovery Alberta can now deliver services in a much, much more intentional way. I say often that I need to be as connected to the classroom as I am to the emergency room as the Minister of Mental Health and Addiction, so this breakout of Recovery Alberta away from AHS is really allowing us to be able to do that.

And, just cognizant of the time, I want to quickly touch on the Canadian Centre of Recovery Excellence. We fund $8.7 million to the Canadian Centre of Recovery Excellence this year in the budget. I think one good example of the work they've done – and I'm sure everyone watched the press conference that we had not long ago, just this last month, surrounding recovery-friendly workplaces, which support people with addiction and mental health challenges to start or sustain recovery within the workplace.

This is a set of tools that have been worked at with industry leaders in business, with those working in trade unions, and of course with the medical experts who deal with addiction to create turnkey policies that they're able to implement in workplaces. Whether you're talking about a Suncor or a WestJet, as a more sophisticated level, or you're talking about a smaller mom-and-pop shop, perhaps in Peace Country or maybe in Calgary, that does work in oil field services, this is the ability to say that they can take this set of tools, these documents, best practices, and advice, to say: this is how you create a recovery-friendly workplace within Alberta.

Not only is this something that I'm proud of; it's something in great demand. There is a huge demand within the province of Alberta for workplaces. Many of them, and especially those who work in the trades, were asking for this kind of tool so that they could implement in the workplace the ability for us to not have the continuum of care begin when someone shows up at a detox centre or perhaps, tragically, ends up homeless and in Minister Nixon's portfolio surrounding a shelter, saving life and limb. Instead of that, we want to work back and start addressing this earlier.

The continuum of care in Alberta doesn't just list those 10,000-plus wonderful individuals working at Recovery Alberta. It's not just us in the room that create the policy; it's everyone that works at or runs a business. It's everyone that has a workplace where they know that if somebody is suffering from addiction or maybe they're in recovery: how do you facilitate the recovery instead of the addiction? That kind of approach is the kind of work CORE is doing. These sorts of policies are absolutely instrumental.

I know when I went down to talk to the White House prior to the election, in my trip to the United States, the Biden White House was working on the same thing, and they still hadn't gotten it off the ground. They have recovery-ready workplaces, and it was only partially developed. The work we did here was done at lightning speed to absolutely terrific standards, and already we see industry implementing a lot of this work.

Mr. McDougall: Thank you for that. Turning to page 120 of the business plan, you mentioned the term "recovery capital," which we talked about a little bit earlier. The explanatory footnote indicates that "recovery capital is the combination of personal, interpersonal and community resources that an individual can draw upon to begin and sustain addiction recovery," and you mentioned that it's more qualitative than quantitative. I'd like to get some more information on this term. Can you unpack a bit more about recovery capital, including what exactly it measures, how it is developed, and how this recovery capital plays a role in an individual's journey out of addiction?

Mr. Williams: Well, recovery capital might be the sexiest topic happening in the recovery, addiction literature world today, and, boy, the academics get excited when they talk about it. The world leader surrounding this, Dr. David Best, not only invited us on our recovery-oriented system of care, i.e. the Alberta recovery model; he also spoke at a recovery capital conference in Calgary that we had last year, and we're hoping to invite him back again. He's been terrific in advising us and helping implement in a really practical way this abstraction of recovery capital.

We want to eventually not have the hot takes to the media looking just at our more than 300 per cent decrease compared to British Columbia with opioid overdose deaths, but we want them to get just as excited with just as much news coverage surrounding the increase, the positive articulation of recovery capital. Of course, I want to save lives, but I want those lives also to be fulfilled and meaningful. As a minister, as members of the Legislature all of us have an interest in Albertans having meaningful lives and feeling fulfilled and purposeful. The recovery capital is a measurement of an index, both internal and external resources, so objective and subjective, of what is needed to begin and sustain mental health and addiction recovery. So what's needed to begin and sustain mental health and addiction recovery?

9:40

Some of the measurements include physical and mental health, of course. Those are largely objective, though there are some subjective qualities within the mental health analysis; family and social and leisure activities, some is measurable of that. Are you getting out, are you doing things, et cetera? Some of that's subjective. Safe housing, healthy environments, peer-based support networks: when you talk about people in long-term, persistent recovery, you talk about things like AA and other long-term peer supports. Vocational skills, educational development: you heard me say some of the data that we see around employment, vocational skills and training that they're doing. Community integration and cultural support: I mean, this is one I mentioned on the particular case around Indigenous communities, but it's true across the board. I mean, humans are humans are humans, and that's part of it.

And then some other subjective measurements like rediscovering and articulating a meaning and purpose in their life. I think it's hard to overstate how important those subjective measurements are in somebody even wanting to chart that trajectory, that critical path, not just out of addiction but in maintained recovery. That difference is so important. The difference between being out of addiction and being in recovery is a chasm. That chasm is huge, and as I've been in this space, since I've been blessed and honoured to have the role of Minister of Mental Health and Addiction, understanding that might be the biggest piece that I want the wider community, including members of the opposition, to understand, that being out of addiction is different than being in recovery, that there's a qualitative and cultural difference there, that when that happens, I think magic happens in people's lives.

I think those are the stories, the heart-melting ones. I had that short moment where I could reference that Member of Parliament from the Bloc Québécois who was in tears visiting our therapeutic living community, and what he saw was an individual whose life was changed because he understood being free from drugs is not the same thing as being in recovery, and being in recovery for that Indigenous man that the member of the Bloc Québécois saw, for that individual was being a father to his two estranged daughters and his now separated spouse. That positive articulation of being a father: well, that was heart melting and wonderful to hear.

So recovery capital is, yeah, this great idea that we need a positive measurement through how we're measuring our success, not just this negative one.

The Chair: Thank you, Minister.

To the Official Opposition, blocked or shared time?

Member Eremenko: I'll take block. Thank you.

Okay. Last go. Line 5.2, Madam Chair, in the operating expenses of budget estimates is for prevention and early intervention. For some reason that line item is down $20 million from Budget 2024. Prevention and early intervention: you know, an ounce of prevention is worth a pound of cure. I'm curious about why that has had such significant cuts?

Kind of in that vein, when I wonder about, well, what are we not going to be providing to Albertans as a result of saving $20 million on prevention and early intervention, it struck me that just this morning a brief from the very well-respected Canadian Centre on Substance Use and Addiction was released on the presence of xylazine in the illegal drug supply. Through the chair, what does your ministry do with this kind of information, very important public health and mental health and addiction information, that really needs to be kind of relayed to staff within Recovery Alberta, to your many partners that are funded out in the community? Is the government doing anything with that kind of information in regard to making sure that we're actually keeping people safe? Perhaps that's something that remains in that cut prevention and early intervention budget.

Per line item 3, this was a question that I didn't get an answer to, but maybe I'll kind of rejig it a little bit. This is in regard to line item 3 on page 165, once more, in the estimates. CORE, to the member opposite's earlier question, went from a budget of $5 million in 2024 to an estimate of $8.7 million this year. Through the chair to the minister, why did CORE go from $5 million to $8.7 million? I wonder if a company such as Rubicon Strategy, the new workplace for Marshall Smith, might benefit from this increased budget in contracting out consulting services.

Line item 2.1 in Budget 2025 allocates $350 million to hospital and continuing care provided by Recovery Alberta. I'm hoping that the minister can break that down for me. How much is allocated to hospital-based acute in-patient care? What percentage of those are psychiatric acute-care beds? That is another ratio by which we are well below half the recommended ratio per our population and, you know, unfortunately, once again kind of intermingles department with Recovery Alberta, intermingles mental health with addiction services. Please break down those

numbers for mental health and for A\addiction services when we're looking at hospital and continuing care.

Furthermore, another question that I did not have answered, that I think is incredibly important to have addressed, is where child and youth allocations now fit. It is no longer in Budget '25. It was in Budget '24. It was in Budget '23. In what category has that now been absorbed so that we can try to keep tabs on those very important services, very specialized and unique and important services that are being provided to children and youth?

Per page 21 of the strategic plan 2025-28 "in 2025-26, approximately $7 million is allocated to strengthen community-based mental health and addiction programs and services for Indigenous people in Alberta." To the minister through the chair: to what extent does the ministry distinguish between on-reserve and off-reserve organizations and initiatives? To what extent is there co-ordination and, dare I say, collaboration with Ottawa when it comes to, you know, appropriate allocation and funding envelopes to on-reserve so that there can be more resources and more funding available to Indigenous-facing organizations off-reserve that may not be eligible for the same kind of federal funding?

For the ministry's operating expenses on page 165 of the estimates is there a cost to the ministry for auditing services? We know that the minister holds the right to appoint an auditor for Recovery Alberta. This year they did appoint the Auditor General, but certainly in the future they may choose to appoint a third-party, external auditor. What does that cost to the taxpayer, and where would that be included in the operating expense?

Line item 2.5 of the budget is program and facility support. From the budget '24-25 to the forecast '24-25 program and facility support went up by $25 million. Through the chair to the minister: can he please explain why there was a $25 million overrun on program and facility support?

The Chair: Thank you, hon. member.

Mr. Williams: Okay. Thank you for the questions. I will do my best to try and go through them. First, there was a question on line item 5.2, prevention and early intervention. You asked: what are Albertans not going to be provided because of that? Well, I can tell you that inside prevention and early intervention is a category that used to be in the budget called services that reduce harm. We are continuing to fund much, but there are some changes within there, including Edmonton, for example, in the proposed Strathcona site not going forward for a drug consumption site. This is due to the city of Edmonton, that has decided not to give zone approval. The facility would not be providing any services because it won't be there to be funded if they can't get approval from the local municipality to that end. So there are some dollars there.

There's also a one-time reduction from 2024-2025 to the '25-26 budget of $9 million, a one-time reduction to reflect project cash flows, which is fully reinstated in '26-27. So that also is not a cut but continuing on with the reprofiling of those dollars.

Of course, earlier in this year the city council of Red Deer asked through a motion to transition out of the drug consumption site services that are there and instead implement options focused on health, recovery, and wellness of the community members that were struggling. So dollars were moved out of that pot of fund, but of course we're funding a near perfect equivalency of $3.4 million in Red Deer, not in the prevention, early intervention bucket. That will fund, instead, a mobile rapid-access addiction medicine clinic operated by Recovery Alberta. We have a dynamic overdose response team of paramedics, licensed practical nurses to monitor the designated area around the Safe Harbour shelter and the facility to help those who are suffering with addiction and, of course, reverse overdoses, provide health care to those.

9:50

We have recovery coaches as well that we've advanced funds for so that we can continue to have recovery coaches as part of the response to replace the drug consumption site in the area surrounding the homeless shelter and, of course, enhancements to medical-supported detox capacity within Safe Harbour, with more beds going as well to that, not to mention, of course, $1.2 million over the next two years, separate from that $3.4 million, towards the Red Deer Dream Centre to support 20 new publicly funded addiction treatment beds. So that is not a cut but just a reprofiling and then also decisions made by local municipalities not to continue with some of those services.

Of course, when it comes to xylazine presence, this is not news. We see this. I mean to say that it's, of course, relevant, but it's not new to see xylazine in the drug supply. It's tragic to see its effect when polysubstance use happens. Of course, we have Naloxone reversal kits and others, which are, tragically, not as effective when xylazine is present. That said, the biggest thing we're doing is we're getting as many Albertans off of opioid addiction and polysubstance use, including xylazine, as possible because it is a deadly, deadly drug when used recreationally and not in a medical setting, that destroys lives. We want to make sure that we see as few Albertans using as possible. That is in opposition to an NDP policy we've seen across this country, which does not attempt to get people out of addiction.

Now, when it comes to CORE, you asked particularly surrounding the budget of CORE. CORE's evaluation and research budget is $4.9 million, or 57 per cent, of CORE's budget. There's an additional $1.1 million, or 13 per cent, for communications and engagement to maintain advanced survey work to inform CORE's research and evaluation. It was always the plan, of course, to make sure that CORE was able to do the great work they're doing surrounding, for example, recovery-friendly workplaces. That is why CORE is continuing to get the funding that they are in this budget of $8.7 million.

When it comes to psychiatric acute beds, for clarity the data shows that Alberta has an average of 35 mental health and addiction beds per 100,000 population, slightly higher than the national average. If you add together what's funded through this budget, through Recovery Alberta, and what's funded through not stand-alone but in other facilities, secure and psychiatric acute beds, we are at the population of approximately 1,680 – I'm coming close to the number. That, when it's broken down to a population number, is 35 mental health and addiction psychiatric beds for every 100,000 Albertan residents, which is two higher than the national average. I hope that's helpful.

The Chair: Thank you, Minister.

Back to the government side.

Mrs. Johnson: Shared time, please.

The Chair: Shared?. Yeah. Please proceed.

Mrs. Johnson: First of all, through you, Chair, to the minister and your staff, both the ones at the table and in the room with us here this evening and the ones in your ministry that have done so much work: thank you for dedicating so much time and effort to something that is so important to our most vulnerable people in the province.

If I may ask, looking at page 119 of the business plan, the second paragraph highlights the Alberta recovery model and the government's vision for it. This government seems to be focused on recovery and the Alberta recovery model without necessarily including any other

possibilities. To the minister: is it possible for harm reduction methods like safe supply to be part of addressing this addiction crisis?

Mr. Williams: It's a good question and one that needs to be taken seriously. It's unfortunate because Canadians, I think, are being offered a false choice, a false dichotomy between whether or not – well, the experts and the radical activists say that you have a choice between being compassionate to those in addiction or you can have safe communities or you could have a policy that respects the individual and the dignity of that Albertan or Canadian suffering from an addiction, and that's not the case.

I have no problem with much of what people call harm reduction services. We fund millions upon millions of dollars of it, and I do it happily: Naloxone, needle exchange, the DORS app. The list goes on and on. People consider opioid agonist therapy harm reduction. I kind of don't care what you give it as a title. What I care about is when harm reduction becomes not reducing harm but producing harm. Unsafe supply is a terrific example of this. The unwitnessed mass supply of high-powered opioids into our community has increased supply of hydromorphone massively. The price per pill prior to so-called safe supply in British Columbia's downtown would have been somewhere in the neighbourhood of $20 for an individual pill. The worst of it now? It's somewhere in the neighbourhood of a buck 50, from what I understand anecdotally from people who work down there. Not everyone has an economics background, but everyone can understand what that does when you supply that much opioid into a market and you satiate all demand to the point where it's dropped 10-fold if not more of total cost. I mean, just imagine if that was possible in any other market. I can't think of a contemporary example in my lifetime of any product dropping more than 10 times the cost in the course of two years. That's what happened to the most dangerous possible substance that our youth can get addicted to.

Safe supply, so-called, is illegal in the province of Alberta and will remain so as long as I am a minister and this government is in power. I hope that we can see unity across our aisle here in Alberta and also across Canada. You look at British Columbia, they've started to change their tune. They're saying that they want to do witnessed unsafe supply now. It's a step in the right direction to reduce diversion.

You look at policies in Ontario where they're reversing their path towards drug consumption sites on every street corner and now putting in a licensing regime like we've had for years that says that you must take into consideration community if you're going to do this and create an actual onus and burden on the proponent of the project to justify to the community how they will be mitigating and balancing the concerns the community might have with any service they might provide.

It's incredibly important for me to articulate that the fundamental addiction anthropology, the assumption that the activists in, say, East Hastings who want to see more and more unsafe supply pushed onto our streets, the Bonnie Henrys of the world who think we should expand it not just to hydromorphone but to fentanyl, to cocaine, to methamphetamine and others – the opposition to that is fundamental because it's damaging. It's damaging to human lives, and in the worst case scenario, as we've seen, it ends human lives.

I think we have a moral obligation to speak truth to that kind of nonsense. What people intuitively know, what they recognize in grade school, is that if you give drugs to people who are suffering from addiction, it will make the addiction worse and not better. That needs to be repeated to the adults on the radical side of the conversation.

Mrs. Johnson: Thank you, through you, Chair, to the minister for that great insight and for speaking truth so boldly.

If I may wrap up with our last question, likely, for the night, I'm going to hand it to the minister with this. Page 20 of the strategic plan document highlights objective 2 of priority 2 for the '25-26 budget. That is to advance mental health and addiction support to support Albertans. The first bullet point on page 20 of the strategic plan highlights the total allocation of $1.4 billion to Recovery Alberta. My question to the minister is: out of this sum of money, what is the minister's top priority to address in 2025-26, and what is the biggest challenge the ministry expects to face in '25-26?

Mr. Williams: Well, it's a terrific question. I mean, I think I'll let the business plan speak to our priorities, of course, but one of the things I want to do, looking forward into the future with Recovery Alberta, is focus on mental wellness. I use that language particularly. I want to focus on mental wellness, and I want to look at a policy that enables Albertans, whoever they are, wherever they're at, to be able to contribute to their own wellness. So often we end up in a spot where we don't use the greatest asset in front of us, and that's families, that's individuals' desire to be healthy, to be well, and that personal responsibility that individuals take on to say, "I care about myself, my loved ones, my community," to have a good and balanced and resilient mental health.

I think one of the things I'm most interested in doing is that we've done terrific work on the addiction file, and we must continue to do that. It's been tragic. One of the things they say in addiction is that you have to deal with the crocodile closest to the boat. I learned this from the many staff I have who are in recovery. The crocodile closest to the boat right now when it comes to addiction is the public crisis of our family members and friends that are so devastatingly affected by addiction, unmitigated, without opportunities at recovery in other provinces that we're building here. That needs to continue, and the charted path has a telos and a North Star that we're heading towards. When it comes to prevention for youth and mental wellness, I want to enable families and individuals to say that I have a responsibility, too, that I can partner with these service providers; I can partner with not-for-profits; I can partner so that my mental wellness isn't the responsibility of someone else but something I can contribute to and address today, right now.

10:00

I think that we have to have an adult, serious conversation as a society about whether or not we're truly addressing mental health and this wellness question in a long-term way that's sustainable. I see the freight train of challenges coming at us, and I want to build a system that can actually address it for our youth and for the future.

The Chair: Thank you, Minister.

I apologize for the interruption, but I must advise the committee that the time allotted for consideration of the ministry's estimates has concluded. I'd like to remind committee members that we are scheduled to meet tomorrow, March 11, at 9 a.m. to consider the estimates for the Ministry of Education.

Have a good evening, everyone.

[The committee adjourned at 10:01 p.m.]

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