Legislative Assembly of Alberta

The 31st Legislature
Second Session

Standing Committee
on
Public Accounts

Mental Health and Addiction

Tuesday, November 25, 2025
9 a.m.

Transcript No. 31-2-3

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Standing Committee on Public Accounts

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Also in Attendance

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Transcript produced by *Alberta Hansard*

Standing Committee on Public Accounts

Participants

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

9 a.m. Tuesday, November 25, 2025

[Mr. Sabir in the chair]

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

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

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

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

Mrs. Sawyer: Good morning, everyone. Tara Sawyer, MLA for Olds-Didsbury-Three Hills.

Mr. van Dijken: Glenn van Dijken, MLA for Athabasca-Barrhead-Westlock.

Mr. Cyr: Scott Cyr, MLA, Bonnyville-Cold Lake-St. Paul.

Mr. Rowswell: Garth Rowswell, MLA, Vermilion-Lloydminster-Wainwright.

Ms de Jonge: Chantelle de Jonge, MLA for Chestermere-Strathmore.

Ms Melnychuk: Thanks for having me. Rachel Melnychuk, assistant deputy minister with Mental Health and Addiction.

Ms Robertson: Hi, there. I'm Ashley Robertson, and I'm the assistant deputy minister of financial services division and senior financial officer.

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

Ms Everington: Coreen Everington, assistant deputy minister of policy and programs with Mental Health and Addiction.

Ms Moeini: Faezeh Moeini, principal at the office of the Auditor General.

Mr. Leonty: Good morning. Eric Leonty, Assistant Auditor General.

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

Member Eremenko: Good morning. Janet Eremenko, MLA, Calgary-Currie.

Ms Renaud: Marie Renaud, St. Albert.

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

Mr. Huffman: Good morning. Warren Huffman, committee clerk.

The Chair: Thank you.

We have received a substitution for Ms de Jonge, MLA Cyr. She is here, so that won't be in effect until or unless she decides to leave.

A few housekeeping items to address before we turn to the business at hand. Please note that the microphones are operated by *Hansard* staff. Committee proceedings are live streamed on the Internet and broadcast on Assembly TV, and the audio- and videostream and transcripts of meetings can be accessed via the Legislative Assembly website. Those participating by video-conference, which are none, are encouraged to please turn on your camera while speaking and mute your microphone when not speaking. Please set your cellphones and other devices to silent for the duration of the meeting. Comments should flow through the chair at all times.

Approval of the agenda. Hon. members, are there any changes or additions to the agenda? If not, would a member like to move that the Standing Committee on Public Accounts approve the proposed agenda as distributed for its November 25, 2025, meeting? Thank you. Any discussion on the motion? Seeing none, all in favour? Any opposed? Thank you. The motion is carried.

We have minutes from the November 4, 2025, meeting of the committee. Do members have any errors or omissions to note? Seeing none, would a member like to move that the Standing Committee on Public Accounts approve the minutes as distributed of its meeting held on November 4, 2025? Thank you. Any discussion on the motion? All in favour? Any opposed? Thank you. The motion is carried.

I would now like to welcome our guests from the Ministry of Mental Health and Addiction and the office of the Auditor General, who are here to address the ministry's annual report 2024-25, responsibilities under their purview during the reporting period, and any relevant reports and outstanding recommendations of the Auditor General. I would invite the officials from the ministry to provide opening remarks not exceeding 10 minutes.

Mr. Romanow: Good morning. Thank you, Chair. It's a pleasure to be here to speak to the important work undertaken and the accomplishments achieved by the Mental Health and Addiction ministry in the fiscal year 2024-2025. I'd like to begin by introducing others joining today's discussion. At the table with me to my left are Ashley Robertson, assistant deputy minister of financial services and senior financial officer; to my far left, Rachel Melnychuk, assistant deputy minister of system overview and strategic services; and to my right, Coreen Everington, assistant deputy minister of policy and programs.

Since I last appeared before this committee, the Ministry of Mental Health and Addiction has grown considerably. You will see this reflected in the 2024-2025 annual report, which outlines the achievements and work completed to build a comprehensive, integrated, and responsive system of mental health and addiction care in Alberta.

The annual report provides an audited account of the investments made in mental health and addiction services across the province. This is also the first annual report filed by Mental Health and Addiction that includes the provincial health agency Recovery Alberta and the Canadian Centre of Recovery Excellence, also known and referred to as CORE. The ministry's work over the fiscal year focused on improving outcomes for Albertans, supporting communities, and ensuring every individual has access to high-quality, person-centred mental health and addiction services.

Before I expand on work accomplished, I'll take a few moments to review the financial highlights. In 2024-2025 the ministry's total expense was $1.7 billion, an increase of over $130 million from the previous year, or approximately 8 per cent. This growth underscores the province's commitment to prioritizing mental health and addiction services.

Recovery Alberta accounted for $1.49 billion in total expenses, delivering province-wide mental health and addiction and correctional health services. Grants to community organizations totalled $205.6 million, supporting a wide range of addiction and mental health programs as well as child and youth initiatives.

Capital spending was also a very significant feature of this year's expenditures. This includes $72.5 million to support the planning and construction of Indigenous-led recovery communities and $112 million over three years for the expansion of CASA House facilities supporting young Albertans facing complex mental health challenges.

Supplies and services totalled $545.1 million, primarily for contracts with health service providers, supplies, and essential materials such as prescription medicines. Salaries and benefits accounted for $961.6 million. The ministry's total expense exceeded the original budget by $12.7 million, mainly due to a $98.6 million increase in Recovery Alberta's expenditures driven by collective bargaining, increased demand from population growth and inflation.

Now, I do want to be transparent and note the increases were partially off-set primarily by grant funding not being spent by some recipients and reprofiling some capital grants to align with timing of payments and construction phases. However, despite this, we are not expecting impacts with overall project timelines or patient care. Ministry revenue for the year was $204.7 million, which was $7.9 million above from what was budgeted, driven by reallocations from Alberta Health Services and other sources such as federal transfers.

The expenses outlined today address immediate service needs of Albertans to support the long-term growth of our province's recovery-oriented system of care. Looking back, the achievements from this year have laid the foundation for whole-of-system transformation. In September 2024 Recovery Alberta began operations as the province's provincial health agency for the delivery of mental health, addiction, and correctional health services. This included the transition of over 10,000 staff and 800 physicians from AHS, Alberta Health Services, without disrupting patient care and marking a crucial step forward in providing a comprehensive, focused, recovery-oriented service care pathway.

CORE also began operations this past fiscal year and is leading system-level evaluation of Alberta's recovery-oriented system to support decision-makers, shape best practices, and inform data-driven policies. Establishing Recovery Alberta and CORE was a significant part of the government's broader efforts to refocus Alberta's health system.

Another key accomplishment was the introduction and passing of the Compassionate Intervention Act designed to support the health, wellness, and recovery of people facing severe addiction challenges. Regulatory development and planning for two compassionate intervention centres with 300 beds is under way in anticipation of the program commencing in 2027.

Building a comprehensive system of care requires infrastructure to support it. In 2024-25 the ministry had 15 capital projects under way or in planning. This includes the building of eight more recovery communities, planning for two compassionate intervention centres, development of the northern Alberta youth recovery centre to support youth facing addiction, and building CASA houses to support youth with complex mental health challenges.

The purpose of the ministry's work in 2024-25 is the same as it is today, ensuring anyone struggling with mental health or addiction has access to recovery-oriented care. While we are still early in the transformative process, the annual report highlights promising signs of success. Compared to 2023 overdose rates in Alberta are down 39 per cent, emergency department visits related to opioids decreased by 26 per cent, and hospitalizations were down 16 per cent. These among other outcomes reflect the effectiveness of a recovery-oriented approach. But more than only preventing harms, I am extremely proud that over 151,000 Albertans were offered life-saving connections to needed supports and programs. As we know, a successful recovery-oriented system of care is dependent on timely access to quality care, and I'll highlight a few key pillars of care that are available.

9:10

Recovery Alberta operated more than 2,764 beds that provided addiction and mental health services; $207 million funded 986 in-patient psychiatric beds at five stand-alone sites where Recovery Alberta provides a full continuum of community-based and acute mental health services. Recovery Alberta also provides correctional health services at over 10 facilities and helped more than 20,000 people access care, including opioid agonist treatment.

In July 2024 the Lakeview Recovery Community began operations, joining existing recovery communities in Red Deer and Lethbridge, offering long-term, holistic addiction treatment at no cost for up to a year. In this year more than $106 million supported the building and operation of 11 recovery communities, including five with Indigenous partners, which will add up to 700 long-term addiction treatment beds and serve up to 2,000 more people annually.

The virtual opioid dependency program, known as VODP, received $9.6 million to provide same-day access to addiction medicine treatment. A record number of nearly 12,300 unique clients accessed Recovery Alberta's opioid dependency program, including VODP. More than $23 million funded programs with police services to help them respond appropriately to those in need with local services and supports; $11 million went towards therapeutic living units and transitional services, supporting incarcerated individuals in addressing substance use and rebuilding their lives.

On the mental health side through Counselling Alberta $6.5 million enabled more than 4,000 Albertans to access affordable in-person, online counselling province-wide. Albertans also connected with 211 Alberta over 117,000 times to access community supports through this free confidential service that's available 24/7 and in more than 140 languages. In 2024-25 $2.9 million went towards expanding 211's navigation services in rural and underserved communities. Supports for children and youth were also vitally important, with more than $105 million going towards community-based mental health services for children and youth. Additionally, a key part of strengthening a system of care is partnering with ethnocultural and Indigenous communities to remove barriers to comprehensive, culturally appropriate services across these services.

In closing, the 2024-25 annual report demonstrates government's and the ministry's unwavering commitment to building a comprehensive, integrated, and responsive system of mental health and addiction care. The ministry's achievements reflect the dedication of its staff, the strength of its partnerships, and the resilience of Albertans. It's our pleasure to be here today to respond to your questions, I think, profile what Albertans should be very proud of, where we've seen incredible investments in the broader mental health and addiction space, and I appreciate your attention and continued confidence in the Ministry of Mental Health and Addiction going forward.

Thank you, Chair.

The Chair: Thank you, Deputy Minister.

I will now turn it over to the Assistant Auditor General for his comments. Mr. Leonty, you have five minutes.

Mr. Leonty: Good morning, committee members and those officials here from the Department of Mental Health and Addiction. We audited select financial transactions at the Department of

Mental Health and Addiction as part of our audit work of the consolidated financial statements of Alberta for fiscal '24-25. We made no new recommendations as a result of our audit work and have no outstanding recommendations for this department. I'd like to thank the management group here today for their time, co-operation, and assistance during our work. That concludes my opening comments, Chair.

Thank you.

The Chair: Thank you.

We will now proceed with questions from the committee members, and we will begin with the Official Opposition caucus. You have 15 minutes to start.

Member Eremenko: Thank you, Mr. Chair. May I ask the Auditor General right off the top: when was the last qualitative report done on Mental Health and Addiction?

Mr. Leonty: We haven't had any new performance audits reported from Mental Health and Addiction since they formed into their new department.

Member Eremenko: Okay. So there are no recommendations because no performance audits have been completed to date of the new . . .

Mr. Leonty: Correct. But we also have been completing annual audit work on financial transactions related to the department, and there hadn't been any recommendations as a result of that financial statement related work.

Member Eremenko: Okay. Right. Those are the regular audited financials that happen for every ministry. Okay. Thank you very much.

Thanks, everybody, for being here. Thank you, Mr. Chair. I'd like to start with the Recovery Training Institute of Alberta on pages 22 and 23 of the annual report. On page 22 of the report the department writes that the Recovery Training Institute – for time I'm going to use the RTIA acronym if I may – was established in July 2024 by ROSC Solutions Group. I'd like the department to let us know why it took 18 months to get under way. Given that the project period started, per the granting agreement, on December 20, 2022, what was the service provider actually funded to do in those 18 months before the on-site location was actually stood up?

Fifty-two people have gone through the RTIA on-site training, including 35 recovery community employees. Are all of those employees working at the Lakeview facility where RTIA is co-located, or are they working at other recovery communities? Of the 20 individuals from Calgary Correctional Centre, on page 23, were they existing correctional staff receiving professional development, or are they Recovery Alberta health care providers? The annual report is really murky on what credentials are actually being churned out of the Recovery Training Institute. Are they exclusively recovery coaches? Maybe I'll stop there and I can hear your initial answers.

Thanks.

Mr. Romanow: Yeah. Thank you, Chair. Happy to go back and forth with questions. I think what's really important to articulate – and this was part of the rationale for the creation of the Recovery Training Institute of Alberta – was really to look at building out capacity where there was not dedicated focus, looking at the best practices and traits for individuals working within the addiction space to be able to support community and personal professional development.

Certainly, the buildup does not necessarily but also continues to work through the physical location at the Lakeview Recovery Community, but much of the work was happening virtually. It's developing curriculum, developing programs, and developing training approaches. A lot of that happened virtually, and it did take time in those earlier months to establish that specialized training to really build the capacity into the workforce that we know is not only working at Lakeview – and, certainly, that's why it's embedded there – but working with the broader network of recovery communities and broader treatment providers.

Related to the questions about the connections with corrections, the Recovery Training Institute is separate from the recovery coaching program. It certainly works to support the development of recovery coaches, but it really is about working with people with lived experience who are in recovery and supporting the upskilling and formalization of their skills. It is building out credentials in the form of recovery coaching but also offers broader education training, professional development for correctional services staff working in TLUs and with transitional services. Yes, that does include the Calgary Correctional Centre but also staff working in other facilities.

Member Eremenko: Is the Recovery Training Institute licensed and accredited, and the people coming out of that program, do they have a universally recognized credential?

Mr. Romanow: Part of it – your comment is pointing to the needs to strengthen the workforce and to build . . .

Member Eremenko: No, it's actually pointing to the need to provide legitimacy to the training institute.

Mr. Romanow: The purpose of the training institute and looking at developing the skills of the workforce is about making sure we've got individuals with lived experience who are in recovery, who are able to offer their experience, their supports to individuals who are facing addiction.

Member Eremenko: Do you know anything about the employment opportunities for the graduates of the Recovery Training Institute outside of recovery communities? Is it recognized outside of government of Alberta mandated or government of Alberta funded employers?

9:20

Mr. Romanow: Absolutely; it is. It's about supporting individuals with experience to look at common professional development practices and approaches in a more formalized way. You're right. It's separate from designated postsecondaries although they've done partnerships looking at how models of care are delivered. But, yes, it is working in partnerships: individuals, recovery coaches working at the navigation centres; for example working with Radius health care, which is government funded, and other similar operators; working with police services; working across corrections. It's about formalizing and upping the capacity of individuals, again, who have the really important lived experience so that they can offer high-quality supports to Albertans based on their experiences.

Member Eremenko: What's the level of oversight to the department? What's the level of oversight for these recovery coaches? We know that there is a real growing complexity and concurrence of mental health issues along with addiction and substance use disorders, increasingly brain injury as a result of repeated overdoses. What is the level of oversight? It's incredibly

important to me, I think, that Albertans understand that recovery coaches are being embedded across this entire model, and it's coming from a Recovery Training Institute that is not licensed or regulated. They're not considered under the professional career colleges kind of header. What is the level of oversight around their scope of practice? How long is the training for recovery coaches? Are they, in fact, equipped with the skill sets to be supporting the people that you claim to be supporting?

Mr. Romanow: What's critically important are the sites where these individuals – as just answered, in publicly funded facilities all across the province facilities that are delivering mental health and addiction services are overseen by the Mental Health Services Protection Act. They work alongside health professionals. They are, as other people working with lived experience in other professions, working as part of care teams but, absolutely, in facilities where there's extensive licensing and oversight through the Mental Health Services Protection Act. There's a strong oversight with those employers both in the reporting with the dollars, the public dollars that they receive to deliver publicly available services and through licensing.

Member Eremenko: Thank you, Deputy Minister. I'm going to have to move on because there's just incredibly little information about what's actually provided at the RTIA and what kinds of credentials the recovery coaches are actually receiving.

This program initially received an allocation of $10.43 million, and then the granting agreement ballooned to $17.42 million. Why the difference of $6.9 million? Why did it have to increase so significantly for the Recovery Training Institute?

Mr. Romanow: Perhaps we could just clarify those dollar amounts. I'd like to confirm what's going into actually the service delivery for recovery coaching separate from that.

Member Eremenko: Happy to point out that it's in amending agreement 3 for the RTIA where we see that new amount. I think that's incredibly noteworthy. We're not talking about little amounts here.

Furthermore, I guess, on the topic of financial figures, on page 23, Mr. Chair, the department reports having "provided nearly $1.2 million to support operationalization of the RTIA and continued programming," but according to the grants disclosure database we see that $7.8 million was disbursed in fiscal year '24-25. Curious about why the annual report talks about $1.2 million but the grant database has more than $7.8 million allocated in the last fiscal.

Mr. Romanow: We could confirm along with your prior question about the flows. That might be related to when dollars are going and which periods of fiscal years for which components of work that are being delivered. There's extensive oversight through the grant management processes that are rigorously followed in the ministry as well as the Auditor General's office. Those are regularly and actively overseen. The dollar flows will depend based on phases of work.

Member Eremenko: Still on the RTIA. Of the 520 people who have completed training and courses offered by now the Recovery Coach Academy of Canada, how many of those are located in Alberta? I'm not clear on what this Recovery Coach Academy of Canada is at the RTIA. I'd like to know: how many of the students of the 520 are located in Alberta?

This is an indication, Mr. Chair, of something that has been going on under the guise of training and of capacity building that, really, constantly comes back to a particular service provider called ROSC Solutions Group. The RSG Recovery Coach Academy of Canada has a graduating class that staffs RSG Virtual Recovery Coaching Centre, which is a program of the RSG Recovery Training Institute, who are then contracted by RSG subsidiary Bowline Health to probably work in an RSG recovery community or an RSG-run therapeutic living unit operated by a different RSG subsidiary called Beccarian Correctional Care. It's all feeling very, very insular. I think that the more these things start to kind of turn in on themselves, the less transparency and the less accountability there is.

RSG has been funded to the tune of $70 million. What does the department have to show for that kind of investment, and how do you know it's delivering value for money?

Mr. Romanow: As a starting point, with many individuals who are working with RSG – I have to be very clear – we've had a huge flocking of people from across the country, including from British Columbia, who are so passionate about the work that they're seeing . . .

Mr. Schmidt: Especially British Columbia.

Mr. Romanow: Pardon me?

Member Eremenko: Go ahead.

Mr. Romanow: Thank you.

. . . who are so passionate about the work that is being built out under the recovery model that they've come here to bring their passion and bring their interest to support recovery. Absolutely, there is a dedicated focus and interest in building out areas of care with recovery coaching, with delivering new programs, in fact, modelled off successes we've seen in British Columbia with therapeutic living units and looking at filling those gaps.

To your question about the number of Albertans who have gone through programs, it's our understanding that they're all working in Alberta facilities. There's an interest to look in other provinces, building on training platforms; but, absolutely, investments on behalf of Albertans for Albertans are staying in Alberta, and there's extensive reporting over the contracting of grants that go towards those organizations. I'd be happy to walk through in great detail about the investments we have made.

Member Eremenko: Okay. I'm going to have to move on. Apologies.

Mr. Chair, I'd like to move on, particularly on that point of people flocking to Alberta. RSG received $70 million worth of grants. They didn't exist before December 1, 2022. Corporate registry filings show us that RSG did not exist anywhere in the country before December 1, 2022. Three weeks later they are entering into contracts valued at $23 million, give or take. The CEO of RSG is a known associate of the Premier's former chief of staff. They worked together at the B.C. Centre on Substance Abuse. He was CEO of Cedars in Cobble Hill, B.C., where the former chief of staff was director of corporate development and community relations.

A company came out of nowhere, secured $70 million worth of grants, whose programs and services are now embedded throughout the entire Alberta recovery model. What did they have to offer that organizations having been in Alberta for decades didn't?

Mr. Romanow: Exactly on that point, I would like to take a second to really clarify conversations in those earlier days as Alberta was making substantial investments to build out a recovery-oriented system of care. There was a very direct conversation when I moved into this portfolio. It was just prior to the period of time we're discussing today. I can tell you that the former chief of staff to the

minister made very clear in a discussion with me and certainly the deputy minister in the ministry of health at the time to say: "There is a lot of interest. I've worked in this domain for a number of years. Clearly, I will have had relationships, friendly working relationships in different treatment centres." Very clear discussions saying: absolutely, the department, you, Evan, as assistant deputy minister at the time, now deputy minister, have to make decisions that are informed based on evidence and what is best for Albertans. And I want . . .

Member Eremenko: So . . .

Mr. Romanow: If I could finish, please. I want to make very clear that that has been a guiding principle for me, for our team. We have openly procured these services for recovery communities for all of the work that RSG has done. It has always been guided by what is right.

Member Eremenko: What evidence can there be when the organization existed for three weeks before they got these grants? What evidence can you point to, please?

Mr. Romanow: Incredible evidence about the skills, the expertise . . .

9:30

The Chair: Thank you.

We will now hear questions from the government caucus members. We will start with MLA Glenn van Dijken. You have 15 minutes.

Mr. van Dijken: Thank you, Chair. Good conversation about the Alberta recovery model and some of its origin and the ability to actually transition into a model that provides care and solutions and hope. I look at the report on page 18,

"Outcome One: Alberta has a comprehensive, integrated, and responsive recovery-oriented addiction and mental health system," identified as the Alberta recovery model, relatively new, showing great outcomes. I guess for the benefit of the committee I would ask the deputy minister to actually go deeper into the background and the purpose of what's called the Alberta recovery model.

Mr. Romanow: Thank you, Chair, for the question from the member. I think what is important to highlight is that prior to this focus, starting in 2019, there was not a system of care in the mental health and addiction space. We had strong programs, strong operators, but there was no guiding principle that was steering the collective work. With the Alberta recovery model the concept of a system of care, which is so important, is that view that anybody struggling with mental health or addiction issues has the appropriate level of support when and where they need it, and that guiding principle was not there. We had strong acute-health services, but an overly medicalized acute system was not able to look at the comprehensive concerns that Albertans dealing with mental illness, mental health challenges, and addiction were facing.

The ultimate goal of the Alberta recovery model is to build a world-class, publicly funded continuum of care where every Albertan is able to access mental health and addiction supports but with the guiding principle that a pursuit of recovery and being well and living a fulfilling life despite mental illness or addiction challenges – that recovery is possible. We'll know when we've been successful: when care is available wherever and whenever it's needed; that Albertans are in fact living longer, healthier lives; that Albertans and individuals but also families and communities are part of that process; and when they're engaged and hopeful. I think we're already seeing a lot of the successes from this model being seen by other jurisdictions who are really appreciating and trying to emulate this system-based approach. That's the overarching focus for the Alberta recovery model.

Mr. van Dijken: Thank you for that answer.

I guess it's important to know what the key focus areas are of the Alberta recovery model. You talked a little bit about helping Albertans in recovery but then beyond and giving them hope for life beyond addiction. What are the key focus areas of the Alberta recovery model?

Mr. Romanow: Thank you. There are five key areas of focus that we have in the recovery model. This information certainly is being more broadly promoted so Albertans know what they're receiving with their investments.

The first, absolutely, is increasing access to treatment. That is needed. Wait-lists are a pressure point; we know we need to respond. But since 2019 we've increased treatment capacity by 55 per cent, and through extensive licensing requirements we've also made sure that the treatment available is quality and offering consistent care across the province, so huge investments in that area.

The second area is removing barriers to care. Financial concerns can be a significant deterrent to getting help, and historically there was a $40-a-day fee for bed-based addiction treatment. So, for example, a 60-day program would have $2,400 as a barrier for many Albertans to access. Those fees were eliminated in 2020, continuing to support and broaden that publicly funded, publicly available system.

Third, we're making sure we have the right infrastructure in place. We're focusing on building 11 recovery communities, each offering roughly 75 beds of long-term care up to a year to be able to support more than 2,000 people annually. Looking at successes in the early days of the supports for that longer term care, we've also seen that there is a significant pressure point for more acute interventions. That was the focus with the compassionate intervention centres, building two additional 150-person facilities in Edmonton and Calgary to deal with the pressures that we see in the existing stand-alone psychiatric facilities operated by Recovery Alberta. Those compassionate intervention centres will be operated by Recovery Alberta as part of that system of care.

Fourth, we are making sure that treatment is immediately available. The award-winning, internationally recognized virtual opioid dependency program offers same-day access to addiction physicians and medication for anyone who is addicted to opioids. Really importantly, the broader access is available in more than 400 communities for VODP. Impressively, in this time frame we are discussing, '24-25, Recovery Alberta's VODP program supported 12,300 unique clients accessing supports. It's been able to offer those supports in real time with no financial or access barriers.

Finally, the fifth area is building better futures. We all collectively know that we need to prioritize prevention. We need to look at children and youth and think about the supports available and expanding services in schools, communities, and treatment centres but being able to think about how we are able to build support to prevent, to offer earlier connections and interventions in communities. Really, building better futures, building ongoing supports is so incredibly critical.

Those are the five key areas. Of course, I could go in greater detail, but I'll end there.

Mr. van Dijken: Well, I thank you for that answer.

I guess part of the new direction of addictions and recovery focus with the Alberta recovery model is to provide effective oversight

and evaluation of how the programs are working to try and understand how to move forward in a way that actually provides results. You talk about the 150 bed compassionate care intervention units. That's from learnings I think. Maybe you could expand on that a little bit further. Would the deputy minister please explain how his department is evaluating the performance of the Alberta recovery model?

Mr. Romanow: I think it's an area that is so critical to have focus, and we've absolutely identified, including our last discussion here, that it's an area we need to make sure we're building and investing the performance oversight. We're investing significant dollars. We need to make sure the outcomes and returns are being seen.

It's why there was the purposeful building of CORE, the Canadian Centre of Recovery Excellence, to actually be able to evaluate projects, to be able to measure performance but, importantly, linking data from across a broader system, looking with connections with Children and Family Services, in education, of course, in the acute part of the system but looking comprehensively. How do we see the outcomes in measurable ways that actually matter? Are families able to be reconnected? Are Albertans getting back into the workforce? Those types of indicators are separate from what we've measured in the past with surveying outcomes just in an acute-health space exclusively.

We are building out that capacity. I think we've gone from having barely a line in the business plan or annual reports, a couple bullets in annual reports previously under health, to having a full, dedicated business plan and annual report that is very openly and transparently highlighting where the $1.8 billion – this current year investments are going into the mental health and addiction system.

But we know we need to continue doing better to measure and evaluate those outcomes. We have the Alberta substance use surveillance system publicly available, regularly updated on certain cadences and frequencies so all Albertans can openly and transparently access the outcomes, and we know that we want to build that out, including into the mental health parts of the system. The goal, really, in a few short years is to shine light on where dollars are going, where incredible returns are being received, and to make this data and information open and accessible to Albertans.

Mr. van Dijken: Thank you for that.

We have heard the government talk a lot lately about the refocused health care, and I think the committee and I would like to understand more about how health care refocusing relates to Mental Health and Addiction. Again, key objective 1.1 on page 18 of the annual report highlights refocused health care and how it is intended to better support Albertans. What are the outcomes or benefits to Albertans with mental health and addiction challenges in this refocused health care system?

9:40

Mr. Romanow: I think it's an area where there needs to be a lot of additional attention to the work that government has done to prioritize policy areas. The four pillars are part of the health system refocusing, of which Mental Health and Addiction is one of them, rather than everything being captured under one provincial health agency delivering services but without that direct accountability and that direct oversight. I would suggest in a lot of ways it was leveraging learnings and successes from a dedicated focus, pulling Mental Health and Addiction out as a stand-alone ministry. Even before refocusing we saw great successes of consolidating mental health and addiction services.

Within AHS we had dedicated, clear accountability, in fact, the leadership carrying on, Kerry Bales, who's now the CEO of Recovery Alberta. Rather than it being under part of a blurred accountability space, there's dedicated leadership, dedicated oversight, and dedicated prioritization for policies and programs and services being delivered for Albertans so that we absolutely have someone who's waking up. And multiple people, us, CORE, Recovery Alberta: that is their job, their dedicated job, their dedicated focus. I would suggest that was more blurred with less direct accountability.

That's the benefit of the health system refocusing. It's now about the ongoing, continuous improvement. We have the right infrastructure, the right resource allocations to deal with the issues where we don't have connecting between services, where we're not managing the individuals who are coming in and out of services but are not seeing the types of outcomes that are needed because it's nobody's dedicated job. We now have that area of focus.

Building beyond that, we've got the opportunity to look in a much more concerted way. What are the capital and infrastructure requirements to support care? It's referenced in the member's question as well, related to looking at where we had gaps to build out more on the secure and psychiatric types of facilities, which the compassionate intervention centres will support.

Looking at workforce development, looking at how we leverage technology for data collection and really, again, that nonstop focus with a vision that recovery is possible, building out that system of care: it is through the health system refocusing work. It's a dedicated minister. It's a dedicated department, dedicated provincial health agency to offer public supports to Albertans.

Mr. van Dijken: Chair, I'll cede my time to my colleague MLA Lovely.

Ms Lovely: Thank you so much. You know, you had said a phrase that really strikes a chord with me: recovery is possible. I want you to know that I've had a number of constituents come to me over the years who have said: we just want our loved ones back. They're caught up in the cycle of addiction, robbing everyone, getting thrown in jail, and there just didn't seem to be an end to it. I have to tell you that they are so grateful. I am glad to hear about these positive outcomes that you shared with us today. Many of us have been impacted by the addiction crisis.

On page 26 the annual report highlights the Alberta substance use surveillance system, ASUSS, a publicly available dashboard that tracks substance use related data in Alberta. Based on ASUSS could the deputy minister share the mental health and addiction trends that have been observed in 2024-25? Has ASUSS been a useful resource for the department? If so, how is the data used by your department and the public?

Mr. Romanow: Thank you for the question. Certainly, that's an important vision of building out a system of care that's framed around the vision that recovery is possible. Looking at indicators where we've got pressure points and making sure that we've got platforms to measure the outcomes and successes, the Alberta substance use surveillance system was and continues to be the most transparent, comprehensive data reporting system of its kind in North America and really does provide ongoing data and indicators that support the evaluation and indicators of progress.

We know we need to continue doing more. That's why we've established CORE, the Canadian Centre of Recovery Excellence. Already the trends that we see and that are publicly reported and available through the ASUSS platform do demonstrate a number of key indicators and outcomes. Within the year that we're discussing today, I can pick out a couple of the trends and data points. Recovery Alberta's opioid dependency program supported a record

number of Albertans, 12,300 unique clients, including through the virtual opioid dependency program, who are able to access opioid dependency programs. It demonstrates those types of indicators to show where we're seeing increases in supports that are available. We saw a 37 per cent decrease in deaths.

The Chair: Thank you.

We will now hear questions from the Official Opposition. You have 10 minutes.

Member Eremenko: Thank you, Mr. Chair. In those responses I heard a lot about how we need to evaluate but not a lot of actual evaluation. I heard a lot of outputs but not a lot of outcomes. What is the actual rate of change that these programs and services, $1.49 billion worth, are actually generating for Albertans?

Indeed, we want Albertans to be able to access recovery when and where they need it and that those services are meeting the very highest standards, which is exactly at the heart of my questions around the granting to ROSC Solutions Group. That a company that had no record in Alberta had secured such absolute, pillar initiatives of the Alberta recovery model with no record of having shown what their actual outcomes were, what their record of performance had actually been: that's exactly what we're here to talk about today. It's not about the policy but about the implementation of the policy and whether or not the quality of those services and programs are actually up to par for Albertans, especially those who are vulnerable and living with addiction.

What I'm curious about is whether the granting opportunities for Lakeview, the Recovery Training Institute of Alberta, the therapeutic living units and transitional services, and the front-line expert team system capacity building grants – were those put out to public tender?

Mr. Romanow: Yes.

Member Eremenko: They were?

Mr. Romanow: Yes.

Member Eremenko: They were put out to public tender? Were they posted on the procurement site?

Mr. Romanow: Yes, and they were posted and promoted throughout the community for Albertans, firms, and others to competitively bid on.

Member Eremenko: Through the chair, I have FOIP documents that confirm that it was not posted publicly.

Mr. Romanow: It was posted publicly and was made available and actively promoted for bidding to come in.

Member Eremenko: I request that the department table the documents that, in fact, show that the expression of interest in the request for proposals for Lakeview at Gunn, the RTIA, the TLUs and transitional services, and the front-line expert team grants were in fact posted on the procurement website and eligible for application from all qualified candidates.

Mr. Romanow: Sure. I can confirm that they were posted. We will certainly take that back, and we'd be happy to provide that clarity to the committee.

Member Eremenko: Yeah, I'd like to see the tabling, please, because it is in direct contradiction to information that we've received through the freedom of information act. Were those grants, were the EOIs, were the RFPs presented individually or did applicants have to apply for them as a bundled unit?

Mr. Romanow: Through the request for expression of interest and qualification procurement processes, which, I will clarify, the Auditor General's office has actively been looking at as part of their ongoing and annual evaluations of our programs, including looking at practices for procurements on multiple levels, they have been actively, as they clarified, evaluating annually our processes. There were a couple discussed about broader recovery communities. In some instances, there were specific sites or geographic locations where it was publicly . . .

Member Eremenko: Those are different recovery communities. I'm asking about Lakeview, RTIA, TLUs, and the front-line expert team. How many applications did you receive on that EOI, expression of interest?

Mr. Romanow: I was trying to answer the question, Chair. For recovery communities, as some pieces, those were individually . . .

Member Eremenko: That's not the question that I asked, DM. How many applicants pursued the expression of interest for one or all of those four granting opportunities?

Mr. Romanow: Chair, I was trying to answer the question because there have been multiple procurements for these types of services through multiple expression of interest and qualification processes. I would be happy to clarify how many there were for those different – because there have been multiple for different types of procurement pieces.

9:50

Member Eremenko: Sure. I would be happy to have that tabled. We'd like to have that on record, but just to be clear, it is for those four specific granting opportunities. It is not for other recovery communities.

Now, you raised a comment about procurement investigations. Was RSG the subject of the department's investigations, the minister's investigations, concerning claims made by the now-terminated CEO for AHS that came out in her statement of claim? Was ROSC Solutions Group a component of that investigation?

Mr. Romanow: Chair, could I please have clarified what those claims from the former AHS CEO were?

Member Eremenko: Sure. Here, I've got the press release, Mr. Chair, and I can read it into the record. A statement from the Deputy Minister of Mental Health and Addiction says, "In light of the allegations contained in [the statement of claim file] that involve alleged conversations involving [the deputy minister], the following corrections need to be made for truth and accuracy." I mean, I'm happy to read that into the record to remind the deputy minister of what the allegations were, and then he . . .

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

Thank you, Mr. Chair. I'd like to call point of order 23(b). I would ask the member opposite to point out in the business plan what she's referring to. I also understand that the member opposite may be asking questions about a matter that could be before the courts, which I think would certainly be out of order as well. I would ask that you rule this line of questioning out of order. It's not in the ministry business plan, and it is not under discussion for the matters today.

Thank you, Mr. Chair.

Mr. Schmidt: Thank you, Mr. Chair. Of course, this isn't a point of order, although I understand why the members would try to make this a point of order. They're obviously very nervous about this line of questioning, but trying to force the members to speak to just what's in the business plan has never been the practice of this committee. We have always been given broad latitude to discuss any of the activities that have happened within the fiscal year. I note that the date on the press release that came from the deputy minister was March 22, 2025, so well within the time frame that's before us today. I would submit to you, Mr. Chair, that this is not a point of order, and I ask that Member Eremenko be allowed to continue this line of questioning.

The Chair: Thank you members. I think insofar as the question relates to RSG or any comments made by the deputy minister on that particular organization or activities of that group within the reporting year, that will be in order. So as such, insofar as the questions relate to RSG and the activities of RSG within that year, they are in scope. I would caution the members that if some matter is before the court, the practice is that we do not, I guess, talk about that particular matter. That member is free to ask about RSG, its activities and grants, and all those things.

Member Eremenko: Thank you, Mr. Chair. Again, in the last fiscal year, in '24-25, RSG received $25.8 million, and so I think it is absolutely, you know, valid to raise questions about those granting disbursements.

I respectfully ask that the department table their pursuit and the result of their investigation so that we have a record of that and we can share that with Albertans. Oh, I'm sorry. I understand that I have to actually get a confirmation of that request. Will the department table your pursuit of the investigation and the results of that investigation to refute the allegations from CEO Athana Mentzelopoulos, please?

Mr. Cyr: Mr. Chair? Thank you. Point of clarity. Can the member . . .

Mr. Schmidt: Mr. Chair, there's no such thing as a point of clarity. Either raise a point of order, or let the member and the minister answer the question.

The Chair: Are you raising a point of order?

Mr. Cyr: Then yes. It's confusing; 23(c) and 23(b). What we've got here is a question for an investigation. That is unclear, Mr. Chair, what exactly it is that they're looking for. I am confused as to how this is going to bring order to this committee when we just start asking for, from what I understand, just random investigations that, really, we have no context to. I think this is a point of order, and we should question whether or not it should move forward.

Mr. Schmidt: Thank you, Mr. Chair. I'm sorry to hear that the member is confused, but his confusion does not constitute a point of order. We've all been in question period. We've all heard the former minister of mental health refer to investigations that were conducted by his department. He specifically named his deputy minister, who's here at the table today, in those responses about this investigation. That's what we're looking for.

This is not a point of order. The member has clearly referred to something that has happened in the '24-25 fiscal year. This is the first time that she's actually brought it up, so it's not needless repetition. There's no point of order here, and I ask that the member be allowed to continue her line of questioning.

The Chair: Thank you. Again, Member, you referred to 23(b) and (c). I do not believe that you made the case for a point of order. Again, you were just seeking clarification in the name of this point of order. My caution is that whenever you're raising a point of order, cite the provision and cite the facts on how a certain provision is breached. Again, as I said before, the matter that's before the court or awaiting trial, where a motion has been filed, would be out of order. But if there is some departmental investigation about RSG and the question relates to that group that has received funding from the government, I think that within that reporting period anything relating to that organization will be within the scope.

The member can continue with her question.

Member Eremenko: Thank you. I'd like to move on for the last few minutes that I've got here. But just to confirm that you received the request for tabling.

In regard . . .

Mr. Schmidt: Let him answer.

Member Eremenko: Sorry.

Mr. Romanow: Thank you, Chair. I'm happy to answer the questions that were asked. To be very clear – because there isn't anything to hide, and I'm very happy to clarify at the table – there's no need for a separate tabling. Happy to clarify and put facts out on the table.

To be clear, and what the member's question asked about, I did have a phone call on January 2 – this is well documented publicly – with the former CEO of AHS. That phone call was secretly recorded; I didn't have awareness on that side. The purpose of my call was to inquire about the nature of concerns that I had heard, and my former minister, stated very openly, had concerns from a colleague, relating to potential issues with respect to procurements and wanted to very clearly determine: was there any potential interconnection with the Ministry of Mental Health and Addiction? It was on that basis that I did make a phone call to the former CEO on January 2. Again, to follow up, I had peripheral awareness. Being a member of the AHS board, I knew that the former CEO raised questions in the context of AHS procurements and budgetary pressures at the time. That was the extent of my knowledge as a member of the board.

10:00

I must be really clear that my department and I are dedicated public servants. Integrity and accountability are absolutely paramount in our service to Albertans, and we take seriously the aspects of procurement or contracting issues related to our ministry. On that basis, we did ask the former CEO, who did not explicitly point to any individual contracts or procurement pieces of concern. There was broader conjecture.

The Chair: Deputy Minister, you can leave the court case and that aside. You can talk specifically about the organization within your purview. I think that would be helpful.

Mr. Romanow: Sure. Perhaps if I can just finalize, I'd like to conclusively signal that I did inquire with the former AHS CEO about whether there were any connections to our ministry and allegations that she made on the call that were not communicated in public matters related to my communication. I have not been able to substantiate any of the claims that she's made.

The Chair: Thank you.

We will now hear questions from the government members for 10 minutes.

Ms Lovely: Thank you so much. Right at the end of our conversation, our exchange, Minister Romanow, you had said something that, again, is not lost on me: a 37 per cent decrease in deaths. I'm just puzzled why the opposition can't accept success.

Mr. Schmidt: Point of order. Mr. Chair, I raise a point of order under 23(h) and 23(j). Of course, the member is making allegations against us and using abusive or insulting language, thinking that we are not celebrating whatever perceived successes the Member for Camrose sees. This was a needless shot. I ask that she apologize and withdraw the comment and proceed to her questions.

Mr. Cyr: Thank you. I believe that the Member for Camrose is just stating what is common, that we haven't seen any real successes by this ministry celebrated by the opposition. As for using 23(h) and (j) on this, it's rich coming from that member, who has, I guess, repeatedly used abusive language for us across the . . .

The Chair: Member, that's not helpful. Tell me what the member said that's in order so we can proceed with the questions.

Mr. Cyr: Okay.

The Chair: A point of order is not an opportunity to shoot back at each other.

As such, I don't find this a point of order, but I will request all members to stick to the reporting period, the report at hand, and make your questions about that period and the report under discussion.

You can proceed, Member.

Ms Lovely: Thank you so much, Chair. A 37 per cent decrease in deaths is significant, and I'm very grateful for the work that you and your team have done. So thank you for that.

This next question will look for some insight into addiction treatment bed capacity. Key objective 3.2 on page 46 relates to the expanding virtual and in-person recovery-oriented supports. I see a variety of numbers relating to treatment spaces and beds. Would the deputy minister please identify for the committee how many publicly funded beds are available for withdrawal management and addiction treatment, how many publicly funded beds are available for in-patient care, and how many beds are available for community mental health treatment?

Mr. Romanow: Thank you for the question. I think the successes of the broader Alberta recovery model, building on earlier questions from other members related to other partners in the broader system of care, including RSG, including a whole host of organizations delivering services – over 60 contracted service providers across the province deliver capacity and supports. Part of that is the build-out where we're seeing these incredible returns. RSG and others are part of the success of the Alberta recovery model. Full stop.

We are evaluating the broader outcomes. Yes, deaths and EMS responses and hospitalizations are one set, but the thousands of lives that are also being supported in positive ways, individuals going through these types of programs, are also key indicators not to be bypassed. Part of that, and pointing to the five areas of focus with the Alberta recovery model, does relate to that expanded capacity.

To the specific question the member asked, we have operated, all publicly, 1,688 addiction treatment beds, which offer medical withdrawal, pretreatment, treatment, and posttreatment services. These beds are located at a variety of community-based facilities. They are operated by not-for-profit, publicly owned facilities, also for-profit entities delivering some of those services but all at no cost to Albertans, all in a public continuum-of-care context. There are also 1,414 publicly funded beds operated and contracted by Recovery Alberta and 274 publicly funded beds operated in recovery communities. The Recovery Alberta correctional health services also provide addiction treatment for their clients within correctional settings as part of that whole network.

Responding to the other member's question related to the dollars for RSG and others, that is a small component of that broader publicly available treatment space that's available.

Ms Lovely: You know, I've had the opportunity to meet a number of the people who have come through the recovery process. Can I just say that they are so grateful, so very grateful for the work that you and your team have been doing. They get their lives back. They find a new path forward. And I think, again, that a 37 per cent decrease in deaths is something to be celebrated.

Key objective 2.3 on page 42 of the annual report relates to the development of "a comprehensive continuum of culturally appropriate mental health and addiction services to support Indigenous people in Alberta." I read that there are a variety of programs and funding streams. For the benefit of this committee, would the deputy minister please outline what programs and partnerships exist with Indigenous communities?

Mr. Romanow: Thank you for the question. I think this is an area where Albertans should be incredibly proud of the support and investments to offer that continuum of care but with culturally appropriate services and connections to Indigenous peoples in Alberta and really building those partnerships and that capacity to improve the supports that are needed, including supporting on-reserve as well as off-reserve, which is so fundamentally important.

I'm very proud of the leadership that ADM Coreen Everington has provided in this space, so maybe I can invite Coreen to speak to some of those specific details.

Ms Everington: Thank you. Thank you, Chair. In addition to the five recovery communities that we are working in partnership with Indigenous communities to develop, that includes with Siksika Nation, Enoch Cree Nation, the Blood Tribe, Tsuut'ina, as well as the Métis Nation of Alberta, we are also investing about $4.6 million to support distinct initiatives pertaining to Indigenous ways of knowing. This could be land-based healing opportunities, supporting navigators to work with Indigenous patients to help access services both within their community but also within the broader health system, as well as other prevention programs, again, that are all community led and designed, including Indigenous evaluation frameworks that are developed by the community to really measure things that are important to that particular community.

In addition, Recovery Alberta has a number of partnerships with Indigenous communities. This includes partnerships around the virtual opioid dependency program. Piikani Nation is an example of that, where they utilize health staff within the community to facilitate the virtual opioid dependency program on-reserve. They also have travelling mental health and addiction teams in the north that go directly into First Nation communities and Métis settlements to provide those services locally because we know it can be difficult to have to travel outside the community to access those services as well. Those are just a few examples of the Indigenous partnerships and the ways that we support those mental health and addiction services with those Indigenous communities.

10:10

Ms Lovely: I'd like to cede the remainder of my time to my colleague.

Mrs. Sawyer: Thank you, Mr. Chair. Thank you. A segue that ties into that. On page 53 of the annual report it notes that the ministry supports access to culturally responsive mental health and addiction services by partnering with ethnocultural community-based organizations. In 2024-25 more than $1.6 million was provided to these groups to deliver counselling, education, skill building, and other supports for both the adults and the youth. Could the department highlight some of the key mental health and addiction projects delivered by these ethnocultural organizations?

Mr. Romanow: Thanks for the question. There are a couple that I could specifically point to. There's a broader interest to make programs of all types accessible to individuals, Albertans, of various ethnocultural backgrounds. The community organizations that, through our ministry, we've got incredible partnerships with – I could point to the Edmonton newcomer program. That offers culturally appropriate mental health services and wraparound supports for immigrants and refugees. It's offering educational sessions and working with accessing traditional services to provide more than 800 people with services. What they've seen as some of the outcomes: 80 per cent demonstrated a reduction in the severity of their clinical symptoms of mental illness, and 90 per cent indicated that they had learned new and effective coping strategies that they're incorporating into daily lives.

The Sahara mental health and addiction program is delivering therapeutic and psychoeducational mental health and addiction services, and that's offering supports to Calgary's South Asian community. That program, in the year we're discussing, served 783 clients. There had been actually a 75 per cent increase in new clients and a 330 per cent rise in cross-sector referrals in a year, so really building out those community connections.

I could look at the Multicultural Health Brokers in Edmonton, programs that promote and foster mental health and physical well-being in immigrant and refugee youth ages 12 to 29. That is really helping to increase mental health awareness, building skills, knowledge, and confidence, and also, importantly, helping to explore career choices and pathways in supporting their personal development. Over 540 people from 16 ethnocultural communities accessed these supports, and, also, 455 counselling sessions were delivered through that organization.

I think it's really important to highlight the footprint already that also Recovery Alberta and their staff, working with local communities across the province, over 140 mental health clinics, delivered through Alberta's provincial health agency Recovery Alberta. Really important. I could highlight one. Staff at the Brooks office have partnered with the Brooks community immigration services . . .

The Chair: Thank you.

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

Mr. Schmidt: Thank you, Mr. Chair. I want to follow up on some of the questions that my colleague was asking, particularly around procurement for services at Gunn, the TLUs. The deputy minister, in his response to some of the questions, said that this was an open procurement process that was posted online. I want to give the deputy minister an opportunity to correct the record because we have e-mails from FOIP that said that those procurement processes were not online, that those were sent by e-mail directly to a list of service providers identified by MHA. Can the deputy minister confirm that that is in fact the process that was followed?

Mr. Romanow: Thank you, Chair. To answer that and just the prior connected question if that's all right, yes, it was both posted publicly on the government website as well as promoted to over 40 providers. With the questions about the process . . .

Mr. Schmidt: Thank you, Deputy Minister. Was that just for the Gunn and the TLUs?

Mr. Romanow: That was related to Lakeview and posted on the government website and shared with providers.

Mr. Schmidt: How many providers were directly e-mailed?

Mr. Romanow: It's my understanding and I confirm that over 40 providers received that and five applications were received through that open process.

Mr. Schmidt: Can the deputy minister commit to tabling the scoring that was done to evaluate the applications?

Mr. Romanow: There absolutely was an evaluation process and rubric. I would want to clarify the expectations for protecting the privacy of those five applications but would commit to outline the areas where we had focus. Yes. I want to just make sure we're not jeopardizing any of the business confidentiality of those organizations that applied, but yes. The rubric: there was an extensive rubric and evaluation process. The RSG application did surpass the others through that evaluation process, but we'd be happy to point to what those areas of focus were because there was an open and transparent process.

Mr. Schmidt: Thank you. If it's open and transparent, then I'm sure the deputy minister would absolutely table those documents to prove that this is correct.

Now, I'm following up on another line of questioning that my colleague started. She was asking around how the bids for some of the services that RSG was selected to deliver were determined. We have here a briefing note, signed by the deputy minister, saying that RSG competed in the competitive grant process for the Gunn recovery community, but in that same competitive grant process conducted for the Gunn recovery community RSG was also selected as the grant-funded operator for therapeutic living units, a provider of capacity-building services for recovery-oriented service delivery, and as the operator of the Recovery Training Institute of Alberta.

Can the deputy minister explain how it is that in one process, where they were selected to operate one recovery community, they were also selected to be the grants for a whole bunch of other services that were maybe not part of the initial competitive grant process?

Mr. Romanow: Yeah, absolutely. Within that area the applications under that competitive grant process had to meet a number of eligibility requirements. It had to have experience in developing and implementing training, and that was part of that broader request for expression of interest and qualification, where different proposals could come forward in addition to the recovery community. It needed to also demonstrate best practices in training for health care service providers also operating a residential addiction treatment facility, providing addiction recovery services within correctional settings, and then applicants were able to apply for one or two or three of those components in the proposal and provide evidence in their application about their experience and expertise in those particular areas. Then, importantly, staff at Mental Health and Addiction assessed all of the applications under that same rubric.

I'm happy to share more details, but those were the criteria for the application that was publicly posted, using that rubric to determine successful applicants. We did look, very importantly, at

questions about new providers. Yes, there are new providers who come to Alberta very enthusiastically, but part of the rubric was looking at the collective experience of organization partners and staff, which in the case of RSG surpassed other applicants.

Mr. Schmidt: It's remarkable to think that a company that didn't exist three weeks before this grant – I'm still not clear, though. The competitive grant process for Gunn recovery actually included all of these other pieces, so every applicant for those grants had to demonstrate that they were also competent in providing therapeutic living units, providing capacity-building services, and operating the Recovery Training Institute of Alberta?

Mr. Romanow: That's not correct. No. Applicants were able to apply for one or two or all three of those components, which were part of that request for expression of interest and qualification.

Mr. Schmidt: How many of the applicants actually applied for all of those combined?

Mr. Romanow: I don't have that figure in front of me.

Mr. Schmidt: The deputy minister has committed to tabling those for the committee, the documents related to this procurement process, this granting process.

Mr. Romanow: Could the chair clarify? It's not clear. I was previously asked about the rubric and the evaluation. I think that was a component, but there wasn't specificity with that question, Chair.

10:20

Mr. Schmidt: Well, let me be specific. There was a competitive grant process to identify an operator for the Gunn recovery community. This is in a briefing note signed by the deputy minister. RSG competed in the competitive grant process and was the successful proponent. What I'm asking for is all of the documentation related to that particular grant process. Show us everything related to that grant process, all of the competitive procurement, all of the scoring of why RSG was selected. Can the deputy minister commit to tabling that information?

Mr. Romanow: We are certainly happy to provide those details. It was open, competitive. I would of course make sure that it complies with FOIP, but there would be no reason – details on contracts are posted publicly. The procurement was posted publicly, and these details are absolutely intended to be known. I'll make sure we comply with FOIP and confidentiality of that organization. I just want to double-check. Happy to provide those details. We are very committed to making sure there is openness and transparency in these procurement processes, which there has been in this entire process as investments have gone into the recovery-oriented approach.

Mr. Schmidt: Well, Mr. Chair, I don't think openness and transparency means what the deputy minister thinks it means.

I want to follow up on one final line of questioning that my colleague was asking about, and that was the investigation, the follow-up to the discussion with Athana Mentzelopoulos. The deputy minister in his response said that he could find no substantiation of the claims that Ms Mentzelopoulos had made. Can the deputy minister table for this committee all of the documentation related to his investigation into the claims that the former CEO of Alberta Health Services made?

Mr. Cyr: Point of order, 23(g). Again, the chair has cautioned the members opposite that going down this road of questioning a matter before the courts is problematic. Can you please rule that out of order?

Mr. Schmidt: Thank you, Mr. Chair. I don't believe that this is a point of order. In fact, the former Minister of Mental Health and Addiction has answered this question in the House multiple times, claiming that there was an investigation done. It hasn't been ruled a point of order. Nobody even tried to call it a point of order when the question was raised in the House. I don't think this is a point of order, and I'm looking forward to hearing the deputy minister's answer.

The Chair: Thank you. I think 23(g) "refers to any matter pending in a court or before a judge for judicial determination . . . of a civil nature that has been set down for a trial or notice of motion filed" and so on and so forth. As I said earlier, insofar as a question relates to an entity within the purview of the department and any investigation relating to that, that would be in order. But as said the way the question was framed, it's not about the matter that is pending before the court. The deputy minister also referred to that matter, that he looked at this entity, its dealings, to make sure that everything is accountable and transparent. I don't think that question as such is out of order. It's not about the court case. It's about the entity that's within the purview of the deputy minister.

Mr. Romanow: Thank you. I think, in fact, related to that point and concerns that were raised, it was a broader request about interconnections. I will add that the Auditor General's office: I've been fully compliant, as has my department, with their investigation, which is digging into this process, and have been very openly supporting that.

With respect to the explicit question and references that were made by the former AHS CEO about potential connections with recovery communities, with other matters that are under investigation, the minister last week did table the findings of our exploration to confirm the builders of the recovery communities. Those have already been tabled in the Legislature. That clarifies that there is an entity not at all related with the matters that the Auditor General's office is exploring, aspects of which were raised in the concerns by the former AHS CEO. Those matters have already been tabled in the Legislature.

Mr. Schmidt: Mr. Chair, it's my understanding that the deputy minister is perhaps conflating tablings. What we're looking for is the direct work that his department did to investigate these claims. Can you commit to tabling those?

Mr. Romanow: I have significant concerns with the reference to conflating. Very clearly, the outcomes of who was building recovery communities was tabled. That is in front of the Legislature and those are the facts.

The Chair: We will move to the government members for a 10-minute block of questions.

Mrs. Sawyer: Thank you, Mr. Chair. I'd like to get compassionate intervention into this because I think this is an important piece. Looking at page 27 of the annual report, you can read about advancing a compassionate intervention framework to expand mental health and addiction services. Can the deputy minister explain why compassionate intervention legislation is needed and what safeguards are being implemented to ensure the rights of Albertans are protected?

Mr. Romanow: Thanks. Absolutely. It relates with questions about data, related with pressures, utilization of health services. That is what has brought forward the need to take additional steps where we've had gaps in the broader system of care in Alberta. Looking

at existing platforms and services, looking even at the Mental Health Act, these aspects of health care services have not been able to meet the needs of Albertans.

Highlighting a couple of really critical data points that just highlight the urgency and need to support Albertans who are not receiving supports. In 2023 there were more than 75,000 emergency department visits due to substance use. Of those, 780 individuals visited 10 or more times, including very painfully to say one individual who accessed those services 186 times, which means one person 186 times in a year received support only to not have that continuity of care on an extended basis where there's a continuous overdose, a need to come back into a health system. That's one overdose away from death. It's a miracle that there's that ongoing support that's provided. The individual continued throughout, but there's not comfort to walk past that one individual or those 780 others in the most extreme cases.

Compassionate intervention is not a first step. In fact, it's the last step, the last tool that should be available to health systems to offer supports and services. Very importantly, compassionate intervention is once there's readily available voluntary capacity and support. That's why, very intentionally, governments waited to build out 11 recovery communities, adding 55 per cent treatment capacity available, having availability of virtual opioid and other virtual supports so treatment is ready on demand. But for those individuals where, because of their incredible and extreme substance use and addiction issues that they're facing, there's not comfort to say that we're just going to let you walk out the door again. We want to offer those health supports in a caring, compassionate way from a health system. This has nothing to do with criminal justice. It is wrapping around health supports. We know that individuals have really either lost the capacity or lost the ability to choose treatment and recovery, and really through compassionate intervention, it's making sure that those supports are available to be able to help where help is not working in its current form.

Mrs. Sawyer: Thanks. I want to sort of highlight what MLA Lovely said and the fact that I'm hearing nothing but good things and appreciation when it comes to compassionate intervention within my constituency. I've had people want to understand it more because they have family members they want to be able to help, but they don't fully understand it and what it means or how they might be able to.

Looking at page 27 of the annual report, there are several factors that lie behind compassionate intervention, including who can request a treatment order. Could the deputy minister explain, for the benefit of this committee, who compassionate intervention is intended for and who can apply for a treatment order? That would be very helpful.

Mr. Romanow: Thank you. Similar to the member's comments, the department already is having incredible reach out; individuals asking: where can I reach compassionate intervention legislation? The framework is being developed. The programs are not available and won't be for some time, again, until we have the right health supports built out. Albertans overwhelmingly are asking for this necessary support for their children, for their loved ones, for their family members.

10:30

Specifically, it is those individuals where family members or health professionals, in fact, very much part of that category are at their wits' end. They've exhausted all other options. Compassionate intervention really is intended to be that measure of last resort when a person cannot or will not access other supports or services to address that substance use or addiction. Really, again, most of those extreme cases – and it's based on a risk assessment. When they are likely to harm themselves or others: these are the folks where addiction has absolutely taken over their life. They've lost the ability to make decisions in support of their health and well-being and, unfortunately, also at times the well-being of others around them.

Also, we know from a health perspective that multiple overdoses can have a long-term negative consequence on a person's cognitive ability and their ability to care for themselves. It's articulating the need through a health system to be able to provide those last-resort interventions, to be able to support those meeting the very specific and high criteria related to eligibility that's outlined in the Compassionate Intervention Act and has been through the Legislature, making sure that there's a robust assessment and treatment and aftercare regime, all as part of that and, I think, really importantly and just to reinforce, making sure that it's working within the context of the Canadian Charter of Rights and Freedoms, making sure that it's looking at those fundamental principles of liberty, the need to make sure that we've got the health supports available, and designing a framework that's able, in those most extreme cases, to provide health supports for individuals.

Mrs. Sawyer: Thanks.

Still on page 27, the ministry initiated detailed planning to ensure that the regulatory and service delivery frameworks are ready to implement compassionate intervention. I think you were just mentioning that a bit. With that being said, would the deputy minister please outline what the timeline is for implementation, and just to follow up – I'll just say them both at the same time – what measures are being taken by the Ministry of Mental Health and Addiction in the interim?

Mr. Romanow: Very importantly, the interim work is the most important work. We want to make treatment readily available, voluntary treatment, so that people are not being turned away. We want to make sure that any Albertan who's desiring to access treatment and supports, their incredible virtual, bed-based supports – to make sure that that's readily available. That's the important work that, purposefully, government is taking its time to bring forward. Compassionate intervention in the right structured way. It's been publicly communicated, a desire as soon as possible but anticipated in 2027, potentially earlier in 2026. It really is making sure that we have the right facilities in place. The right Indigenous and First Nation and Métis facilities that are under construction are moving along very, very nicely, making sure those are up and running to be able to offer tools in communities across the province.

Also very importantly, looking at the timelines for the construction of the two new compassionate intervention centres, we need to make sure we've got the right spaces available. Very importantly, the Compassionate Intervention Act has a guardrail, if you will, to make sure people are not brought in unless we've got the right treatment capacity, which includes aftercare, which includes looking at the housing and the sober living environments after investments are being made in those acute interventions. It is making sure that we've got those right care pathways, a lot of active partnership with both Assisted Living and Social Services and Children and Family Services to make sure that there are strong interconnections with programs offered through those ministries and, importantly, the aftercare that's offered through those ministries so that those care pathways are part of it. It is that time frame, anticipating for 2026 to have that in place.

Some critical elements in some of the work that is under way: yes, building out the treatment capacity in the aftercare. The partnerships with Indigenous communities and Indigenous peoples are so critically important. There is a provision in the legislation that enables the minister to empower First Nation communities to be able to deliver any of the services under the Compassionate Intervention Act. That requires partnership. That requires collaboration. That's the work that's under way. Current Minister Wilson has incredible experience and passion and relationships to drive that work forward. But that needs to be real, and it needs to be substantive to make sure that we're empowering communities with the right supports to deliver the supports that are needed to people in their communities where federal funding and on-reserve funding has been insufficient, and the province has taken bold steps to provide additional supports in those areas and, finally, perhaps most importantly, making sure that we have the robust legal processes and procedures in place, the protection and the compliance with the Charter.

The Chair: Thank you.

We will move back to the Official Opposition for a 10-minute block of questions.

Member Eremenko: Thank you, Mr. Chair. The deputy minister just referenced about how the recovery communities on First Nations are moving along nicely. Not a single one is open, and $72.5 million in the capital spend, which looks like about 80 per cent of the capital allocation for all recovery communities, has gone towards First Nations, but none of them are operational. We've seen this commitment for six years and $72.5 million just in the last fiscal year in capital to get these things moving. I'm not sure what is moving along very nicely, how that qualifies right now. Can you expand on that?

Mr. Romanow: I think, very importantly and building on the last point made, that partnership, that collaboration, and that support for First Nations directly is so important. Yes, we want to move as quickly as possible, but we also want it to be done right and well. The Blood Tribe, I'd articulate – we looked at an approach where the province was exploring building on-reserve. There were challenges. We had to recalibrate our approaches to be able to offer grant funding directly to the community to undertake that construction. There were significant legal barriers to even that mechanism. There were some learnings in the early days, I fully admit, and there were some slowdowns associated with it. The learnings from that approach, the commitment to look at dollar for dollar what Infrastructure, the government of Alberta's costs would be to be able to bring those dollars so we knew what the costs were but looking at the uniqueness with the First Nation partners that were articulated: this was based on where we've got need and significant pressures as well as significant populations.

Siksika is very much on track. They are on target to be opening this upcoming winter. The facility has moved along beautifully. We commend and recognize the leadership in that community for moving very, very quickly with building. The Métis Nation of Alberta recovery community, similarly, is on track for opening in 2026. Blood Tribe, as I mentioned, is on track for spring 2026 as well to be opened.

Tsuut'ina: there have been some complexities with areas related to water and other, which is entirely expected when we're building recovery communities in more rural and disconnected areas related to their reserves. They're on track for 2026 as well.

Finally, just recently at Enoch recovery community Minister Wilson was able to take a foot tour around the facility in Enoch. I had the pleasure of being there. That is very much on track in spring 2026 to come online.

It does, yes, take a little bit of time to build these facilities and to build it right and properly in co-operation with the community.

Member Eremenko: It's been more than a little bit of time, Deputy Minister.

I'd like to move on, please. Given all of these incredible investments, really quite kind of mind-boggling investments, with a department of $1.7 billion budget, there are two performance measures in the entire annual report, one of which the department hasn't actually been able to continue using. In the annual report, pages 45, 46, 63, and 65, the department was full steam ahead with the use of My Recovery Plan to measure a person's recovery capital index. Again, this is only one of two performance measures to gauge whether or not the activities were actually having an impact for the people who were needing to access them. What were the reasons given for – 39 out of 110 facilities were using My Recovery Plan – organizations not adopting the MRP app?

Mr. Romanow: My Recovery Plan, just to be very clear, is not being abandoned. The platform is being scaled out. Part of the challenge . . .

Member Eremenko: What does "scaled out" mean? Sorry; I'm not clear on that.

10:40

Mr. Romanow: Talking about the scope where My Recovery Plan started, including needing to look in very distinct ways with First Nation service providers, we wanted to make sure it was culturally responsive. Also, looking at the protection of data and information that Albertans are owners of to make sure that with recovery communities and the mechanisms that MRP was established that that was able to be incorporated comprehensively – in the early days the recovery communities were not part of that original catchment of where service providers were offering those services. That's where we have continued to build and scale up, but that's where in recent communications we've talked about the need to leverage the innovative My Recovery Plan platform to be able to mature the research evaluation process and expand a digital tool to deal with all of the service providers in that space.

Member Eremenko: But why weren't the service providers using them aside from Indigenous, right? Those weren't just Indigenous service providers that were not using the MRP app.

Mr. Romanow: Coreen, do you want to speak in more detail? ADM Coreen Everington has been leading this work and can just speak in some more detail to your question.

Ms Everington: Yeah. Initially Recovery Alberta sites were not using My Recovery Plan because of the connect care implementation. They needed to wait until connect care was implemented before they could use MRP. Then the other sites, as you mentioned, were the Indigenous sites that were not using. It was a phased implementation of MRP, so it wasn't meant that all providers would come on at the same time. There's significant training and change management that needs to happen with staff, so it was also a phased implementation.

Member Eremenko: Was the use of MRP mandatory for residential bed-based treatment facilities?

Ms Everington: It was in all the contracts with contracted providers, but it was also recognizing the phased implementation change

management, particularly with the Indigenous providers wanting to make sure that they felt that the tool was culturally relevant.

Member Eremenko: Did clients have to use the tool?

Ms Everington: No.

Member Eremenko: I hear you say that recovery communities – excuse me; sorry. Through the chair, I hear you say that the recovery communities couldn't use the tool because of connect care. That was three recovery communities. I'm sorry; you're shaking. Was that not what you said?

Ms Everington: No. When MRP first came online, recovery communities were not operating yet.

Member Eremenko: Right.

Ms Everington: The connect care implication was for Recovery Alberta operated facilities. Like, Henwood would be an example of that.

Member Eremenko: Ah, okay. How many are there out of the 110 that would have . . .

Ms Everington: I'd have to look at that. I don't know.

Member Eremenko: How many of the Indigenous-run recovery facilities would have been included?

Ms Everington: I don't have the number off the top of my head.

Member Eremenko: Okay. What we do know is that 39 providers out of 110 facilities were actually using the My Recovery Plan, and it was per their contract. If they chose not to use it or if they had a host of participants, clients at the facility who chose not to use it, were there implications to their operating budgets? Were there implications to their funding arrangements?

Mr. Romanow: Sure. I can begin. Coreen, you can certainly add more. With the period of time, of course, that we're talking about, we have implemented MRP in 39 publicly funded treatment centres. That's more than 7,480 individuals enrolled, to be clear.

Coreen.

Ms Everington: Sorry. Can you just repeat the last part of the question?

Member Eremenko: Was an organization's funding at risk if they didn't use My Recovery Plan?

Ms Everington: No, it was not.

Member Eremenko: Even if it was in their contract?

Ms Everington: Keeping in mind that Recovery Alberta included it in the contracts because we wanted to make sure it was in there when we did modernization of the overall contract, but that was in recognition that this was phased implementation. In this year that we're talking about, because it was all so new we weren't sort of looking to penalize organizations for not using it. We were trying to encourage them to use it by providing training.

Member Eremenko: I find it surprising, in that case, that this is not a performance measure that, like many of the others in the annual report, is not, quote, under development. If it was still being phased in – we are talking about one of the only real, tangible methods of actually tracking outcomes that a person is better off after accessing programs and services than they were going in. That number is identified through the recovery capital index. That number is collected through the My Recovery Plan, yet it's phased in; there are impediments to full usage. I'm not clear on how we can actually rely on and trust this performance measure and the means of actually collecting it to tell us about the outcome, not the number of people that are going through the system but the actual rate of change for those people. That's what we should be measuring, the actual rate of change for people who are going through the programs and services. The MRP and the subsequent recovery capital index is not painting a full picture.

Mr. Romanow: There's a strong interest to measure the rate of change, absolutely. That's where there's the commitment and pointing to this. Last time, I believe, there were concerns about having under construction and areas where we were developing. The concern being raised, I recognize that it does take time to phase up. It takes time to develop.

The Chair: Thank you.

We will move to government members for 10 minutes of questions. MLA Rowswell.

Mr. Rowswell: Thank you very much. On page 6 of the annual report I see that over 151,000 unique clients received treatment through community outpatient settings as well as that 1.9 million individuals visited outpatient services. Could the deputy minister please expand on the types of services that are offered in community outpatient mental health and addiction care?

Mr. Romanow: Sure. I'll invite ADM Coreen Everington just to speak to those details.

Ms Everington: Thank you.

Thank you for your question. In '24-25 Recovery Alberta treated more than 151,000 clients through nearly 1.9 million visits in over 130 community mental health and addiction clinics through scheduled and walk-in appointments throughout the province, including virtual appointments. Community-located walk-in and outreach treatment services include individual, group, and family services, depending on the clinic. A large range of clinical and peer supports really allow clients to recover and maintain health in community, including through day hospital and urgent response programs, court-mandated treatment programs, complex case management, virtual addiction medicine services, in-person and virtual opioid dependency programs, and through tele psychiatry.

Mr. Rowswell: I was just noticing on page 6. I was looking at the bullet points that are on there in your report, and the first two look really good. "In 2024 compared to 2023, Alberta recorded a 37 per cent reduction in opioid-related deaths and EMS responses for opioid related events decreased by 37 per cent."

And then, "Also in 2024, emergency department visits related to opioids decreased by 26 per cent and hospitalizations related to opioids decreased by 16 per cent compared to the previous year." I look at those and I look down at the other four or three, I guess, there, and it's kind of that there's more engagement. It seems like the numbers are going up and the number of people you're talking to. Connect the dots there for me. It seems like the problem is growing based on the number of people that you're talking to, yet the numbers are down so significantly.

Mr. Romanow: I think, absolutely, the member's comments are right. As we build out that capacity and the treatment and supports that are available, we are seeing those significant returns. It's been

a rapid growth period, I'll admit. Building on earlier questions related to My Recovery Plan, we're really interested in being able to measure outcomes and performance, establishing an agency to be able to do that, building out dashboards and platforms to show that in real time so that Albertans and researchers and others are able to access this information, but I think some of these indicators – there are many inputs that we're able to look at, whether it be through individual grants or programs, and we could see that pointing, for example, to the virtual opioid dependency program reference there. You know, that's one of a multitude of programs that we could point to.

Where we see that these are collectively contributing to both what's outlined, yes, in a smaller, phased-up catchment with My Recovery Plan, where we're seeing that recovery capital index increasing, where people are in a measured way being bettered in their life and well-being but also in an empirical way, looking at the reductions of deaths, emergency service utilization, we need to focus on the betterment. We need to look at the quality improvements. Indicators are also incredibly hard in that space, but that's where we're committed to focusing our attention.

I think that's what these bullets collectively point to, and I will admit, our team will admit that we're dedicated to improving these areas. Performance measurement is so important. It's also challenging to make sure we're doing it well and in the right areas, especially in the mental health and addiction space, that is so connected to the recovery capital, the social determinants of health. All of these factors have material influences in the outcomes that we see as evidenced with different types of indicators.

10:50

Mr. Rowswell: Great. Thank you.

On page 48 I note that this fiscal year $2.9 million was provided to 211 Alberta to meet the growing demands. Again, it seems like we are growing the demands. How is this investment utilized to meet these demands, and what is the uptake of calls to 211 for mental health related concerns?

Mr. Romanow: Really importantly, with 211 we need to make it easier for Albertans to access services. Full stop. It was a challenge, looking at and even related to earlier questions through the health system refocusing. To have multiple phone lines, multiple navigation tools is not helpful for Albertans. So we've really focused attention, including significant funding coming from Mental Health and Addiction, with an additional $2.9 million in this budget year, to offer those supports for Albertans to be able to click, call, or be able to text, to offer these supports and services available through 211.

211 is operated by highly trained navigation and supportive listening as well as crisis de-escalation experts in their fields. Related to the calls and specific questions, they did support more than 117,000 interactions, of which more than 19,000 were related to mental health or substance use or addiction-related needs. I think, importantly, looking at the care pathways through one number, one way of connecting, more than 1,400 of those contacts involve both crisis de-escalation and a mental health and substance use related concern, but importantly those connections have pathways in on the back end. For example, 988, the supports for suicide prevention, having those calls being able to link in on the back end.

Callers to 211 can be referred to 911 as is needed if there's an escalation requirement or, really importantly, looking at counselling supports. Albertans can call 211 and, without having to hang up, can be patched through to Counselling Alberta and can receive on the exact same call a counselling session on the spot. So some incredible supports. There's been huge uptake, as is noted, with the calls, but I think it's because we've been actively promoting, trying to reinforce the availability of those services but, very importantly, also trying to consolidate and align on the back end how those back-end supports and services connect in, with one easy number, to text in, to call, or reach out virtually.

I am excited also – and this is more forward looking. Extensive work is under way to try to increase those services and much more directly connected with the health system, looking at access to appointments and other Recovery Alberta and health system types of services.

Mr. Rowswell: Thank you. Opioid addiction continues to be a crisis across Alberta and Canada, and I was pleased to see that people facing addiction have a range of supports available to them. In particular, I read that Recovery Alberta's opioid dependency program supported more people than ever in '24-25. Page 26 of the annual report notes a 7 per cent increase in the number of unique clients. From the department's perspective, what factors are behind this increase? We'll start there.

Mr. Romanow: I think a multitude of factors have contributed to that increase. Absolutely, looking at the successes, this is a program that started in central Alberta, dealing with gaps in literally not having clinics or physicians available to both do assessments and look at prescribing. It's based on the need, unfortunately, that exists in the community, but the broader awareness of same-day, no-barrier access to supports and services that is available through VODP: I think that's why more than 17,000 Albertans receive care from one or more of the VODP or other related services that are available through Recovery Alberta, but it's that important connection to other services that's available.

We've been actively promoting the VODP platform, including working with police and correctional services. We're looking at significant increases in numbers of referrals that are occurring through those sites – over 2,000, I believe, is the number of individuals through police and RCMP connections – or individuals who might otherwise, for non substance use related issues, have addiction or substance use challenges, where they are able to get those health supports through those connections. Individuals in correctional centres similarly should be able to access those services. We have been leveraging that common platform through Recovery Alberta to offer those virtual supports wherever Albertans might be and wherever they're encountering services, and I think we should be incredibly proud of these investments that are able to support thousands of Albertans each and every day to access those life-saving services.

Mr. Rowswell: Yeah. Well, we're pretty much done with our time, so thank you very much.

The Chair: For the final round the members will have three minutes to read questions into the record for a written response. We only have three minutes remaining in the meeting. If the members are okay, we can go past 11 for four or five minutes. If anybody is opposed, they can say no.

Ms Lovely: Hon. Chair, I'm so sorry. I'm not available. I have another meeting that's scheduled as soon as this meeting is done at 11 o'clock. So, sadly, I won't be available to attend any extension.

The Chair: Okay. That's enough.

Go ahead.

Member Eremenko: Thank you. What is the timeline for the College of Alberta Psychologists to bring counselling therapists

into their college so that they're finally accredited and regulated? This commitment was made over a year ago, and there has still been no progress made for counselling therapists to be accredited to keep the public safe.

I was very saddened to see on page 47 that there has been one single bed added to acute and stand-alone in-patient care beds. Why is the government not providing greater investments in this area, particularly given that we know mental health is often at the upstream of addictions, and what community-level data has been collected in Red Deer since the closure of their overdose prevention site?

Last question. Given the plan of the government of Alberta to scale out My Recovery Plan, is this still a proprietary item owned by Last Door Recovery? Will we be purchasing the app outright from Last Door so that we can scale out this tool, or will there be a grant extension and renewal to Last Door Recovery?

The Chair: That's it?

Government members, any questions to read in? Chantelle de Jonge, MLA.

Ms de Jonge: Thanks, Chair. On page 29 of the report it talks about the partnership with police in connecting vulnerable Albertans to support. I'm wondering: why partner with police for mental health and addiction support, and what impact did the department see from the police partnerships in '24-25? I also see the mention of the police and crisis teams, the PACTs. How do these PACTs, in fact, work? Also, on the HELP teams, human-centred engagement and liaison partnership teams: can you also provide in writing how HELP teams differ from the PACTs and what role the HELP teams play?

On page 28 of the annual report there's mention of the therapeutic living units, the TLUs, and I'm seeking further detail on what a TLU does and what services Recovery Alberta provides in correction facilities.

On now page 36 of the report I see there's an increase in the number of mental health and addiction treatment facilities in the province. Can you please provide in writing the intent of the recovery communities? Who are they for? Please outline the intended outcomes of these recovery communities in terms of the impact on clients as well as overall objectives and what sort of impact the department has seen from these recovery communities in '24-25.

The Chair: Thank you.

Mr. Lunty: I'd like to read a few additional questions into the record using our time. I note that the mental health capacity-building initiative, which is the MHCB, as of March 2025 reached nearly 700 schools in more than 260 communities. My question, through you, Mr. Chair, is: how does this initiative support early intervention and long-term mental wellness for students and families, particularly . . .

The Chair: I hate to interrupt. It's 11 o'clock, and I will call for a motion to adjourn. Would a member move that the November 25, 2025, meeting of the Standing Committee on Public Accounts be adjourned?

Ms Lovely: So moved.

The Chair: Thank you. All in favour? Any opposed? The meeting stands adjourned. Thank you.

[The committee adjourned at 11 a.m.]

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of the Legislative Assembly of Alberta