



Legislative Assembly of Alberta

The 30th Legislature
Fourth Session

Standing Committee
on
Legislative Offices

Thursday, February 9, 2023
1 p.m.

Transcript No. 30-4-3

Legislative Assembly of Alberta
The 30th Legislature
Fourth Session

Standing Committee on Legislative Offices

Smith, Mark W., Drayton Valley-Devon (UC), Chair
van Dijken, Glenn, Athabasca-Barrhead-Westlock (UC), Deputy Chair
Ceci, Joe, Calgary-Buffalo (NDP)
Dach, Lorne, Edmonton-McClung (NDP)
Hunter, Grant R., Taber-Warner (UC)
Lovely, Jacqueline, Camrose (UC)*
Loyola, Rod, Edmonton-Ellerslie (NDP)
Orr, Ronald, Lacombe-Ponoka (UC)
Pancholi, Rakhi, Edmonton-Whitemud (NDP)**
Panda, Prasad, Calgary-Edgemont (UC)
Rehn, Pat, Lesser Slave Lake (UC)
Shepherd, David, Edmonton-City Centre (NDP)
Toor, Devinder, Calgary-Falconridge (UC)

* substitution for Pat Rehn
** substitution for Joe Ceci

Also in Attendance

McIver, Ric, Calgary-Hays (UC)

Legislative Officers

Kevin Brezinski	Ombudsman, Public Interest Commissioner
Diane McLeod	Information and Privacy Commissioner
Terri Pelton	Child and Youth Advocate
Glen Resler	Chief Electoral Officer, Election Commissioner
Marguerite Trussler, KC	Ethics Commissioner
W. Doug Wylie	Auditor General

Support Staff

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

Standing Committee on Legislative Offices

Participants

Ministry of Children's Services

Leann Wagner, Assistant Deputy Minister, Child Intervention

Ministry of Seniors, Community and Social Services

Shaun Peddie, Assistant Deputy Minister, Strategic Services

Ministry of Mental Health and Addiction

Coreen Everington, Acting Assistant Deputy Minister, Addiction and Mental Health

Ministry of Indigenous Relations

Don Kwas, Assistant Deputy Minister, First Nations and Metis Relations

1 p.m.**Thursday, February 9, 2023**

[Mr. Smith in the chair]

The Chair: Good afternoon, everyone. I'd like to welcome the members and the staff and the guests to this meeting of the Standing Committee on Legislative Offices.

My name is Mark Smith, MLA for Drayton Valley-Devon and the chair of this committee. I'd ask that members and those joining the committee at the table introduce themselves for the record, and then we will hear from those joining us remotely. To my right.

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

Mr. Orr: Hello. Ron Orr, MLA for Lacombe-Ponoka.

Mr. Hunter: Good afternoon, Mr. Chair. Grant Hunter from Taber-Warner.

Ms Lovely: Hello, everybody. MLA Jackie Lovely from the Camrose constituency.

Ms Pancholi: Good afternoon. Rakhi Pancholi, MLA for Edmonton-Whitemud.

Member Loyola: Good afternoon, everyone. Rod Loyola, MLA for Edmonton-Ellerslie.

Mr. Koenig: Good afternoon. I'm Trafton Koenig with the Parliamentary Counsel office.

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

Ms Rempel: Good afternoon. Jody Rempel, committee clerk.

The Chair: We'll go online. Mr. Panda.

Mr. Panda: Good afternoon. Prasad Panda, MLA, Calgary-Edgemont.

The Chair: Mr. Toor. We can't hear you, Mr. Toor. You're muted.

Mr. Toor: Good afternoon, everyone. Devinder Toor, MLA, Calgary-Falconridge.

The Chair: Is there anybody else online that I'm not seeing?

Mr. Shepherd, are you prepared to introduce yourself?

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

The Chair: Welcome.

For the record I would note the following substitutions. Ms Pancholi will be substituting for the hon. Mr. Ceci, and Ms Lovely will be substituting for Mr. Rehn.

There are a few housekeeping items to address before we turn to the business at hand. Please note that the microphones are operated by *Hansard*, so members do not need to turn them on and off. Committee proceedings are being live streamed on the Internet and broadcast on Alberta Assembly TV. Members participating remotely should ensure they are prepared to speak or vote when called upon, and videoconferencing participants are encouraged to have their cameras on, if possible, when speaking. Please set your cellphones and other devices to silent for the duration of this meeting.

I would note that, with the approval of the committee, American sign language, or ASL, interpretation will be provided for this

meeting. Committee members are aware that we now offer ASL interpretation during the daily Routine when we are in session, and a handful of committees have also provided ASL interpretation at select meetings on a trial basis. Although we haven't discussed it on the record, I know that the members of this committee have expressed interest in providing this service as well, so before we proceed any further, we need to make a decision on this matter. If we are going to proceed with providing ASL interpretation for this meeting, I would look for someone to move the following motion. Go ahead, Ms Lovely.

Ms Lovely: So moved.

The Chair: Ms Lovely moved that

the Standing Committee on Legislative Offices approve the provision of American sign language interpretation for its February 9, 2023, meeting.

All in favour? All opposed? Online, all in favour? All opposed? That motion is carried.

We're now on to point 2, the agenda. Moving on to the agenda for the remainder of our meeting, a draft agenda has been distributed. Does anyone have any issues to raise or changes to propose?

If not, could I get a motion to approve today's meeting agenda? Mr. Loyola. Moved by Mr. Loyola that the Standing Committee on Legislative Offices approve the draft agenda for today's meeting as distributed. All in favour? Online? All opposed? Online? That motion is carried.

We're now on to the adoption of the minutes, the meeting minutes. Draft minutes for our previous meeting have been distributed. Are there any errors or omissions to note?

If not, would a member move approval of the minutes as distributed?

Mr. van Dijken: So moved.

The Chair: Mr. van Dijken. Moved by Mr. van Dijken that the minutes of the January 16, 2023, meeting of the Standing Committee on Legislative Offices be approved as distributed. All in favour in the room? Any opposed? All in favour online? Any opposed online? That motion is passed.

Moving on to our review of the Child and Youth Advocate annual report 2021-22, I would like to quickly thank the office for the written follow-up they provided after the last meeting with the committee. I would also note that the ministries of Health, Education, and Justice have also provided written briefings to the committee, and copies of all of these documents have been distributed to committee members for information.

At this point I would like to invite our guests from the various ministries to come forward and join us at the table while I make a few remarks. First of all, I would like to welcome Peter Crossen, executive director, and Diane Thompson, quality assurance manager, from the office of the Child and Youth Advocate to our meeting. They have joined us, as requested, to provide technical support to the committee today. If necessary they may provide clarification about the contents of the office's annual report.

I would also like to welcome our presenters to the meeting. Further to the motions passed by this committee, arrangements have been made to have representatives from four ministries join us today and make presentations as part of our review of the office of the Child and Youth Advocate's annual report. Each of our guests has been allotted up to 15 minutes of presentation time, and once we have heard from the panel, I will open the floor to questions from the committee members. I would also note that all four

presenters will be using slides today and that these presentation materials were provided to the committee members in advance.

We have Children's Services for our first presentation. We have Leann Wagner – I think I said that right – assistant deputy minister, child intervention division, who's with us today representing the Ministry of Children's Services. Ms Wagner, you have 15 minutes.

Ms Wagner: Thank you. Thank you for the opportunity to respond to the recommendations of the Child and Youth Advocate in her most recent annual report. I am Leann Wagner, the assistant deputy minister for the child intervention division with Children's Services. From my review of the minutes of your last meeting I know there is a great deal of interest in how Children's Services works with the advocate and her team and our work with children, youth, and families. I am here today to speak to the recommendations in the advocate's report. Unlike my colleagues, who were invited to speak to recommendations and issues raised in the report, the invitation to Children's Services sent by the committee constrains the scope of my presentation and responses to questions to those for recommendations only.

Before providing information on our work to address the advocate's recommendations, I will first offer a brief overview of child intervention and our working relationship with the advocate. Children's Services is responsible for administering the Child, Youth and Family Enhancement Act and the Protection of Sexually Exploited Children Act. We serve children and youth who are neglected, abused, or otherwise in need of intervention. We have over 2,300 staff working in over 80 offices across the province. As of December 2022 we were serving approximately 9,500 children, with the vast majority of those children being cared for in their homes or with family.

The Child, Youth and Family Enhancement Act requires Children's Services to publish information on our website, including the number of deaths or serious injuries and our response to the advocate's recommendations, which is regularly updated in September and March of each year. Our next response will be in mid-March of this year.

Children's Services staff, both casework teams and policy and program design teams, work closely with the advocate's office, including the advocates and the legal representation teams, to ensure children's rights are protected and their voice is heard in decisions that affect them. The ministry has a memorandum of understanding with the advocate that outlines our shared commitment to supporting advocacy, the exchange of information to facilitate the advocate's mandate. This is the only MOU that we have with an officer of the Legislature.

1:10

I will now turn to the recommendations in the advocate's most recent report. The first recommendation made by the advocate called on Children's Services and the former justice and solicitor general to work together to develop a notification system for the release of a family violence offender where there is involvement with child intervention. Work is under way on this recommendation between the two ministries. Our focus right now is ensuring that information can be shared without breaching current privacy laws as well as reinforcing that any person who believes a child is in need of intervention must report their concern to Children's Services. I will note that police authorities, including Justice authorities, represent over 36 per cent of the referrals to child intervention.

While that work is under way, we are also developing training on Clare's law to support child intervention staff to support the implementation of the law in our system. Staff have been provided with initial information, but we recognize that more information is required, and a training program is being developed in conjunction

with the Public Safety and Emergency Services ministry specific to Clare's law.

The second recommendation directed to Children's Services was in regard to the First Nation designate. The First Nation designate is a mechanism in the Child, Youth and Family Enhancement Act whereby a band can appoint an individual to represent them in matters specific to Children's Services. Alberta First Nations have appointed 48 designates. As well, because of new federal legislation, there are 12 Indigenous governing bodies created under new federal law who represent the interests of those First Nations who've declared themselves to have an Indigenous governing body. For nations outside of Alberta we work with whomever the nation indicates is their representative regardless of their legal regime, because every legal regime is different in different provinces.

Our legislation requires us to consult with the designate on decisions affecting a child. This can include their legal status, placement decisions, changes in placement, or any other decision that affects the safety of a child. In response to the advocate's recommendation we released updates to our policy to clarify casework teams' responsibilities to consult with the designate and to reflect new requirements when consulting with Indigenous governing bodies under Canada's law. These changes included input from designates.

We continue work to explore improvements to the role, including different funding models, in response to changes in funding and policy by Canada. Consultation continues on an individual basis as needed with casework teams and the band designate. This may include visits to the nation or consultations with the designate at our offices. It may include, if the nation is outside of Alberta, us going to see the nation and their representatives to consult on one child or a group of children. Designates often organize, with the help of our staff, consultations regarding a group of children specific to their community along with elders and other knowledge keepers to facilitate connection with the community and in some cases to undertake necessary ceremonial protocols for that nation such as naming ceremonies.

The advocate recommended that we along with other ministries adjust our quality assurance processes to include both qualitative and quantitative measures. The ministry's quality assurance process is led by the office of the statutory director under the authority of the Child, Youth and Family Enhancement Act. Our program includes a robust system of quantitative tools and measures, including tools that help monitor caseloads; proactively identifying files that may need additional attention; providing reminders for staff or managers to take action; and monitoring compliance to policy and delivery standards. It also includes qualitative measures such as practice file reviews.

We have mechanisms that allow us to use more qualitative measures. These include an elders wisdom circle. This circle has been in place since 2012 and is an opportunity to hear Indigenous world views, benefit from the sharing of traditional wisdom and knowledge, and gather input into our policies and programs. As well, programs and regional offices implement youth advisory councils to hear from youth, and we conduct focus groups with caregivers on changes needed to support improvements to services. We look forward, in keeping with the advocate's recommendations, to continuing to build on this work to improve our quality assurance processes.

Finally, the advocate recommended that we collaborate with Service Alberta and other ministries to improve training and access to that training on the Children First Act. I should note that Children's Services, under the Child, Youth and Family Enhancement Act, is

already mandated to share information to facilitate the safety of children. We share child and family information on a regular basis with our colleagues in Alberta Health Services, seniors and community support services, and other agencies. We appreciate, from the direction of the advocate, that our staff and our over 400 contracted agencies need better awareness of all the tools to facilitate information sharing.

To that end, we continued to work with our crossministry partners to promote training in the Children First Act, and we have also amended our contract template to include the Children First Act as a program standard that contracted agencies must comply with. We also distributed correspondence to all our contracted agency providers, reminding them on the need to ensure that staff are trained on all information-sharing legislation and to provide them with a public link to training on the Children First Act.

This concludes my presentation. I look forward to answering questions regarding the advocate's recommendations. Thank you.

The Chair: Thank you, Ms Wagner.

Next up is Seniors, Community and Social Services. We have Shaun Peddie, assistant deputy minister, strategic services, representing the Ministry of Seniors, Community and Social Services. Please proceed when you are ready.

Mr. Peddie: Thank you, Chair. Hon. members, thank you for the opportunity to respond to the recommendations of the office of the Child and Youth Advocate 2021-22 annual report. I am Shaun Peddie, assistant deputy minister, strategic services, for Seniors, Community and Social Services, and I'm pleased to be here today at this committee to provide a brief update on our ministry's response to the OCYA recommendations referenced in their annual report.

I first want to provide you with a brief overview of the mandate of the ministry and then focus on some of the programming that has a particular impact on those Albertans that are the focus of this committee today. Seniors, Community and Social Services provides a range of social supports for Albertans, including services for children and youth, adults with disabilities and their families; financial benefits; housing and homeless supports; as well as support for seniors; and assistance to help Albertans connect to the workforce. Seniors, Community and Social Services programs and services cover all ages; however, programs like family support for children with disabilities, commonly known as FSCD, and the fetal alcohol spectrum disorder program have a strong focus on children and youth. Our ministry is also responsible for the office of the public guardian and trustee.

1:20

In addition, we administer a number of important statutory programs, which will likely be well known to this committee and include, as I said: FSCD, persons with developmental disabilities, assured income for the severely handicapped, and income support programs. In addition, we supply a number of programs and services that support the stability of Albertans and their families and that promote their ability to participate and be included in their communities.

I will briefly highlight some of our programs and services and initiatives that are most relevant to children and youth and their families in the next slide. As I mentioned before, the department provides a range of programming, and while most programming starts at 18, there are two programs to support children and youth up to the age of 18. Family support for children with disabilities works in partnership with eligible families of children with disabilities to help parents with supports and services to raise their children and promote their healthy development, encourage their children to take part in activities at home and in the community, and

help to cover some of the extraordinary costs related to a child's disability. Services are tailored to meet a family's situation by working together with families to determine the child's and family's specific needs. In 2021-22 SCSS supported over 15,000 families through FSCD.

Another program tailored for children in Alberta: FASD programs, so fetal alcohol spectrum disorder programs, actively promote that drinking no alcohol during pregnancy is best. Alberta FASD programs focus on awareness and prevention, assessment and diagnosis, and supports and services for individuals with FASD, their families and caregivers. This programming is delivered through the Alberta FASD service networks. They are a holistic, client-focused approach to work with their community partners to deliver culturally appropriate services to all Albertans. The service networks are made up of community agencies and organizations that deliver FASD-related supports and services. The service network provides community-based, co-ordinated assessment and diagnosis, targeted prevention, and support services for individuals with FASD and their caregivers. Each FASD service network is uniquely developed based on regional and community needs. SCSS invests \$25 million a year to support individuals and families impacted by FASD, which includes education and school supports and a host of services and resources made available through the regional networks.

There are a couple of other programs that I think are key in this space as well. The persons with developmental disabilities – I'm trying not to use acronyms, and I'm still tripping up over the titles. The PDD program helps eligible adults plan and co-ordinate and access services to live as independently as they can in their community. Supports can include help with home living, employment, community access, and short-term specialized community supports such as counselling. There are around 12,700 Albertans being supported by PDD.

AISH supplies financial assistance to adult Albertans with a permanent disability that substantially limits their ability to earn a living. Eligible Albertans receive a monthly financial benefit as well as additional personal benefits depending on the household's circumstances and individuals, such as if there were children or some types of medical needs. AISH supports approximately 72,000 Albertans right now and was recently indexed to inflation, as of January 1, 2023.

Another program is income support. It provides financial benefits to support basic living expenses. The support an individual receives depends on their needs, their household composition, their ability to work, and their existing financial resources. Approximately 46,000 Albertans are currently receiving income support benefits, and this program was also indexed on January 1 of this year.

We also have a number of career and employment supports to help support Albertans to become ready to work, train, and improve their skills, find a job, and keep a job. The ministry provides tools like alis.ca and other supports to help people make informed career decisions, develop plans for training and education.

A couple of other programs that are of importance: we provide the community housing program. This is a new responsibility since the report was out. As some of you know, the ministry of seniors and housing has now joined our ministry. So we have community housing support programs, provide subsidized rental housing to families, and we also have the rent assistance benefit program and the temporary rent assistance program to provide long- and short-term benefits to subsidize the rent of Albertans with low income.

We also have the FCSS, or the family and community support services agreements, that are cost-shared funding partnerships between the department and municipalities and Métis settlements to design and deliver preventative community social services.

We also have a network of 10 centres throughout the province offering in-person and virtual services to families accessing the family support for children with disabilities and the persons with developmental disabilities programs. In 2021 the family resource centre supported nearly 700 families, and more than 1,500 people attended workshops.

We also have worked to prevent family and domestic violence as well as sexual assault by linking Albertans to resources in the community or offered by government and by providing financial support to community-based partners delivering key front-line services and by increasing education in this field.

Finally, the OPGT, or the office of the public guardian and trustee, came to the SCSS ministry recently from its previous home in the former justice and solicitor general ministry. It plays an important role in ensuring that vulnerable Albertans have someone to make important decisions for them on issues related to finances, medical needs, and legal matters.

I just want to focus a little bit on some of the specific programming that I think is very relevant to today's discussion. We have a number of programs outlined below – I'm just mindful of my time. We have affordability payment programs, that the government recently launched, an affordability program to assist families with increases to the cost of living. They can apply for \$600 per child under 18.

We also have a WRAP program; the wellness, resiliency, and partnership program committed \$1 million per year over five years to support enhanced education and learning environments for children with FASD.

We are also responsible for prenatal benefits. A benefit for pregnant women receiving AISH or income support benefits can be accessed starting at 14 weeks of pregnancy. This benefit provides \$106 a month until their baby is born, for a total of \$640. The new prenatal benefit came into effect April 1, 2022.

Also, SCSS provides approximately \$960,000 in funding to support 264 innovative child care spaces, operating as shelters, to provide daytime daycare services for children who have been exposed to domestic violence. This is in addition to the supports provided to women and family shelters.

We also have the transition to adulthood program. In April 2022 SCSS implemented a transition to adulthood program and information-sharing agreement with my colleague from Children's Services to support data sharing for individuals transitioning from Children's Services support programs, like support for financial assistance agreements, to adulthood and who may require supports from SCSS adult programs such as AISH, PDD, et cetera.

Also, homeless funding provides annual funding to homelessness. In October 2022 the department announced \$63 million to support additional actions on combatting homelessness, which unfortunately may be experienced by some youth. Further, the ministry spends over \$185 million to provide families and people experiencing homelessness with housing and supports and over \$3 million to family shelters to support families with children experiencing homelessness.

Last but not least, SCSS invests around \$4.8 million per year and works with 17 organizations to support youth in gaining employment. With Children's Services we have created the youth employment program, using \$2 million of the Alberta at work funding. The program targets youth leaving care as they transition to adulthood and provides them with valuable experience in employment and jobs.

Turning to the next slide, just as context and to provide the background of those programs, I want to turn to SCSS's role with the OCYA. SCSS values the advocate's recommendations regarding how to better support children and youth and provides a high standard of public accountability through our public responses

and progress updates. Legislation requires that all identified ministries publicly respond to the advocate's recommendations within 75 days, and SCSS meets this timeline, and the ministry's responses are posted online on Alberta's open data portal.

1:30

We also provide biannual progress updates to the advocate on all active recommendations, which are posted online as well. While not legislated to do so, SCSS provides these formal updates in May and November of each year. Where SCSS is identified along with other ministries, we were collaborating with our crossministry partners to address the issues identified, as you'll see today.

SCSS is currently reporting on four recommendations identified in the advocate's 2021-22 annual report as well as two other active recommendations. In the next progress update to the advocate we will also be reporting on the new recommendation coming out of the advocate's September 2022 mandatory review.

Turning to the recommendations – I'm sorry that the font is a little bit small there, but I will be turning to each in turn – the recommendations focus on, largely, co-ordination of services across programs and ministries; training, ensuring that those who work with vulnerable children and youth have information and training to support a child who interacts with our systems; and finally, improving quality assurance as well as transparency and accountability in reporting on actions on the advocate's recommendations.

The Chair: Mr. Peddie, you have two minutes.

Mr. Peddie: Okay. Well, maybe I will flip ahead, then, to the response to our recommendations. In November 2021 the former community and social services ministry publicly responded to and accepted the intent of this recommendation and committed to reviewing and updating FSCD and PDD processes as required to include a greater focus on outcomes rather than targets and completion of tasks.

SCSS is doing a number of things to make progress on this recommendation. For example, the biannual FSCD and PDD family and guardian survey allows for the collection of qualitative and quantitative data to assess and improve processes. Families of clients accessing PDD were asked, for instance, if services were helping the client to be part of their community. In 2021-22 86 per cent of families or guardians indicated that PDD services helped a person to be part of this community.

With respect to youth in transition from Children's Services to SCSS adult programs, a crossministry evaluation approach is being developed to evaluate volume and time frames associated with program application.

I'll turn quickly, then, to the next recommendation. We accepted the intent of this recommendation, and the ministry would continue to be working with other ministries, stakeholders, and service providers to encourage improved communication and collaboration and to make the Children First Act references and training materials available to those.

I can advise you today that all SCSS staff are required to complete the training specific to information sharing as well as related legislation and practices upon employment. SCSS now requires that all caseworkers and supervisors take the training within the first few months of their employment – how am I doing for timing? – and as of January 2023 63 per cent have completed the information sharing, and we monitor this on a monthly basis.

I guess, almost under the wire – I don't know – I will maybe ask the committee for a bit more time on the last response. Thank you.

Turning to the last slide, our formal public response on the collaboration, the FSCD program that I mentioned previously

continues to work across ministries with eligible families to provide supports and services based on each child's unique needs.

Early planning with youth and their families helps ensure that services that youth need and are eligible for as an adult are in place. This proactive approach also helps mitigate unmet needs in adulthood. FSCD supports youth and their families to plan for adulthood in connecting with a variety of adult programs as they may need to access PDD or AISH.

For example, there is a youth transition team in Edmonton that is a specialized team for 13- to 17-year-olds to help them move from adulthood and find the right supports. Also, caseworkers meet regularly with youth and families to identify the youth's plan for the transition to adulthood. These meetings include local representatives from Education, Health, Children's Services, and other relevant partners as needed. We're working together collaboratively to support youth transitions as part of the Children's Services transition to adulthood program, that my colleague from Children's Services mentioned earlier.

Thank you for the opportunity to speak to the work that SCSS has been doing on the OCYA's recommendation, and I believe you're taking questions after the presentations. Thank you.

The Chair: Thank you, Mr. Peddie.

I'm going to, with the permission of the committee, introduce Mr. Dach and then let him introduce himself.

Mr. Dach: Thank you. Glad to appear. Lorne Dach, MLA for Edmonton-McClung.

The Chair: Thank you. Mr. Dach.

We now have Mental Health and Addiction. I will now turn to Coreen Everington, acting Assistant Deputy Minister with the Ministry of Mental Health and Addiction. Ms Everington, the floor is yours.

Ms Everington: Good. Thank you very much.

The Chair: Welcome.

Ms Everington: Good afternoon, Mr. Chair, hon. committee members. I am Coreen Everington. I'm an acting assistant deputy minister with the Ministry of Mental Health and Addiction. Today I'd like to provide a brief overview of our ministry's mandate before discussing in more detail the work we are doing to address the Child and Youth Advocate's recommendations outlined in the OCYA's 2021-2022 annual report.

I just want to – I'm technically challenged.

The Chair: You and me both.

Ms Everington: The ministry was newly established in October 2022 to address system pressures, steer addiction and mental health related policy, including legislation, and provide system oversight. Our mandate, to lead and establish crossministry and cross-sector recovery-oriented systems of care, has been consistent throughout this government's term and was reinforced in the Premier's mandate letters provided in November 2022. A statement from that mandate letter:

As the lead, continue to develop Alberta's recovery-oriented system of care for mental health and addiction working collaboratively with the Ministers of Education, Seniors and Community and Social Services, Indigenous Relations, Children's Services, Public Safety and Emergency Services, and Justice to ensure consistency across the Government of Alberta.

Establishing recovery-oriented systems of mental health and addiction care is the primary policy for our ministry. Also, in

November 2022 were mandate items specific to children and youth; for example, "As the lead, expand access for young people struggling with severe mental illness" and "As the lead, in collaboration with the Minister of Children's Services implement Recovery Community Centres for youth in major centres throughout the province." The Ministry of Mental Health and Addiction serves all ages, with services for children and youth generally defined as under 18.

Approved by cabinet in June 2021, the Mental Health and Addictions Advisory Council's report Toward an Alberta Model of Wellness outlines a vision for the mental health and addiction system in Alberta. The vision is for all Albertans with mental health and addiction concerns and issues to be effectively supported in their personal pursuit of recovery through integrated, whole-of-community, recovery-oriented systems of care that are easily accessible when needed. This includes providing and supporting a full continuum of care, including prevention, early intervention, treatment, and recovery supports. This is known as the Alberta model.

Recovery-oriented systems of care are co-ordinated networks of community-based services and supports that are person centred and build on the strengths and resilience of individuals, families, and communities. The Alberta model focuses on the needs of individuals, families, and communities and creates environments to help all people with or at risk of substance use or mental health issues in achieving improved health, wellness, and quality of life. This includes supporting families and communities in their work to prevent addiction and mental ill health. Building recovery-oriented systems of care enables children, youth, and families to flourish, reducing the number of children and youth impacted by substance use or mental health issues and potentially reducing the number of children and youth in care.

We've taken important steps to advance recovery-oriented systems of care by building capacity in the system and enabling easier access to programs and services. Some examples include working with community and social services – now Seniors, Community and Social Services – to remove the \$40-per-day user fee for all publicly funded residential addiction treatment and subsequently increasing the number of publicly funded treatment spaces to treat over 9,000 more people per year.

1:40

We've also doubled Alberta 211's funding, from \$7.5 million to \$15 million over three years, to enable the call centre to significantly increase its capacity to help more Albertans, improve the way they connect people, including through other service providers, to services, and enhance the crisis supports it offers. Alberta 211's increased capacity is allowing the service to meet the increased call volumes, which have remained high since 2020; connect callers from rural and Indigenous communities with increased culturally and locally relevant supports by working with communities to identify safe and accessible local services; better address the needs and challenges faced by underserved populations; establish specialized navigation support for children, youth, and families that connect to schools and other child-serving organizations; continue expanding the digital navigation and crisis support hub, that allows for seamless transfers between virtual services like Kids Help Phone, local crisis lines, and the addiction and mental health helplines. During the first nine months of 2022, so January to September, there were a total of 62,635 contacts to Alberta 211, including calls, texts, and chats.

We've also established Alberta counselling by providing \$6.75 million to expand virtual counselling services, which started in June 2022, throughout Alberta, including in rural areas. From June to December, so the first few months of this work, the virtual program

received 381 referrals and provided 1,212 counselling sessions. In-person counselling was already established in Calgary through the Calgary Counselling Centre, and now Alberta counselling is also working with key partners to expand in-person counselling in other urban communities, including Edmonton, Lethbridge, Grande Prairie, Red Deer, Fort McMurray, and soon in Medicine Hat.

Before I go into the recommendations, I'd just like to note that when the advocate made the recommendations referenced in their 2021-2022 annual report, Mental Health and Addiction was a division within Alberta Health. Alberta Health was named in and responded to five of the eight recommendations, including the work of Alberta Health Services. Although formally separated from Health, Mental Health and Addiction still works very closely with Alberta Health Services, and given our role in developing and setting mental health and addiction related policy and providing system oversight, we continue to direct Alberta Health Services through legislation like the Mental Health Act, the Mental Health Services Protection Act, and the Protection of Children Abusing Drugs Act and through other policy and through restricted grants.

We also continue to work collaboratively with the office of the Child and Youth Advocate and the advocate herself by being available to meet as needed and by responding to and updating on recommendations in a timely way. Similarly, we continue to collaborate with Alberta Health Services and other ministries to develop responses and lead actions responding to the advocate's recommendations where Mental Health and Addiction – and this includes when we were under Health – is the lead ministry.

For the purposes of this presentation, like I said before, I'll be focusing on the three recommendations that pertain to the work of our ministry. The first recommendation refers to developing a youth opioid and substance use strategy. "The Government of Alberta, with leadership from the Ministry of Health, should establish a dedicated body such as a panel, committee, or commission to develop and support implementation of a youth opioid and substance use strategy." Mental Health and Addiction accepted this recommendation in principle and shares the OCYA's desire for greater service co-ordination and collaboration to better serve the needs of children and youth who use substances. The government of Alberta's plan to implement a recovery-oriented system of addiction and mental health care in Alberta aligns with the goals of this advocate recommendation.

Collaboration and co-ordination between community service providers and person-centred care are both foundational elements of the Alberta model. One way we're doing this is through the Alberta Recovery Council. As recommended in the report Toward an Alberta Model of Wellness, the Alberta Recovery Council is a crossministry body directed to implement the actions identified in the report, including actions to support young people. An example of this collaboration is the newly established dedicated youth team within the virtual opioid dependency program. In addition to the \$6.1 million that is provided annually to Alberta Health Services to deliver the virtual opioid dependency program, which virtually connects individuals to opioid agonist therapy and related opioid treatment, now through a partnership between Mental Health and Addiction and Children's Services we are providing an additional \$4.5 million over three years to establish this dedicated youth team. The team will treat up to 100 more youth and young adults each year, especially those living in group care settings. This new service includes rapid assessments, virtual treatment for ongoing care, recovery-oriented youth programming, peer supports, and parent, family, and support worker education and training.

The second recommendation speaks to improving quality assurance processes. It indicates that the ministries of Children's Services, Health, Education, Justice and Solicitor General, and

Community and Social Services should review and adjust their quality assurance processes to include both qualitative and quantitative measures that regularly evaluate service delivery within their systems. Our ministry's plan to implement a recovery-oriented system of addiction and mental health care also aligns with the goals of this recommendation. The Alberta model focuses on improving systems of care by monitoring and reporting on system utilization and also measuring outcomes for individuals accessing services. This information is being used to inform policy and funding decisions and will have a more prominent role in decision-making as our data systems become more robust, ensuring that Albertans are receiving the safe, quality care they need. Although Mental Health and Addiction is in very early stages of this work, we have already established the Alberta substance use surveillance system, which is a transparent and comprehensive data-reporting system.

We've also begun to implement My Recovery Plan in most publicly funded residential addiction treatment facilities. My Recovery Plan is a virtual platform that provides individual assessments, measures individual and facility-based outcomes, and monitors the progressive building of recovery capital over time to help people overcome addiction. Recovery capital is the combination of personal, interpersonal, and community resources that a person has to draw upon to find and sustain recovery. Recovery capital is similar to social determinants of health in that it includes basic needs being met like safe and stable housing, people having enough food to eat, having good physical health. It also includes personal skills and knowledge such as education, training, and problem-solving abilities, and it includes relationships with friends and family and, finally, the support one gets from their community and culture, including informal supports like peer groups and a general willingness to offer help and support as well as broader government policies that make recovery supports available and accessible.

The third and final recommendation I'll discuss today is that the ministries of Health, Education, and Community and Social Services should develop a process to ensure collaborative and co-ordinated service delivery for young people with intellectual and behavioural challenges and their families. Aligned with the minister's November 2022 mandate letter, Mental Health and Addiction is working with crossministry partners to establish the Alberta model as the primary mental health and addiction policy for government. The recovery-oriented approach creates connections between ministries and sectors to support better service co-ordination and integration at a local level to better serve those seeking mental health or addiction services, including those experiencing intellectual or behavioural challenges.

One avenue to support this transition is through the Alberta Recovery Council, which I spoke about earlier. Through this collaboration we have established the child and youth health services initiative. It is through this initiative that Mental Health and Addiction is investing \$87 million over three years to expand and improve the accessibility of child and youth mental health and addiction services and pediatric rehabilitation supports.

The Chair: You have one minute.

Ms Everington: Thank you.

This includes funding going to Alberta Health Services to deliver pediatric rehabilitation supports such as mobility aids, cognitive supports, and speech-language pathology; funding to CASA Mental Health to establish new clinical mental health services and supports for school-age children and youth, including mental health classrooms; and funding to the Calgary Police Youth Foundation's

integrated school support program to support prevention-based initiatives at schools across the province.

In addition, the youth community support program, a partnership between the Ministry of Mental Health and Addiction, Alberta Health Services, and community organizations, as well as the personalized community care program, in partnership with Children's Services, Alberta Health Services, and community organizations, provide services to children and youth experiencing mental health challenges, many of which also experience significant behavioural challenges.

Thank you for the opportunity to present on actions under way to address the Child and Youth Advocate's recommendations. Mr. Chair, I'll turn it back over to you.

1:50

The Chair: Well, that was good timing. Thank you.

Our fourth and final presentation for the day is from Mr. Don Kwas, assistant deputy minister, First Nations and Métis relations, who is here representing the Ministry of Indigenous Relations. Please proceed when you are ready.

Mr. Kwas: Good afternoon. My name is Don Kwas, and as Mr. Chair said, I'm the assistant deputy minister of First Nations and Métis relations in the Ministry of Indigenous Relations. Alberta Indigenous Relations acts as a central point for government to build and maintain relationships with Indigenous governments, communities, groups, industries, and organizations in the province. Our ministry staff work to advocate and create pathfinding opportunities for Indigenous communities to access programs and services across the government.

The ministry is responsible for the following: supporting community, social, and economic development efforts of First Nations, Métis settlements, and Indigenous communities and organizations. We deliver the Indigenous learning initiative as part of the Alberta government's commitment to help the Alberta public service and agency, board, and commission employees gain increased knowledge and appreciation for Indigenous cultures and protocols, histories, and world views. We manage Alberta's consultation process with First Nations, Métis settlements, and credibly asserted Métis organizations, and we co-ordinate Alberta's role in negotiating and implementing treaty land entitlement claims. We also work to improve socioeconomic outcomes for Alberta's Indigenous women through collaboration and partnerships.

In November 2022 our minister received a mandate letter from Premier Smith that outlined the following commitments Indigenous Relations is responsible for. As you see on the slide, building and strengthening relationships between Alberta's government and First Nations, Métis, and Inuit people is a priority for the Premier and the government. So is respecting the traditional territories and treaties of Indigenous peoples. There's a focus for this government on proactively partnering with communities on economic corridors, major development projects, and creating safe, healthy, and prosperous communities. Although Indigenous Relations is the lead on much of this work, many of these commitments are important, and we work all across the government in achieving them.

Another area of our work is – and I'll go through; it's probably the longest acronym we'll deal with today – missing and murdered Indigenous women and girls and two-spirit plus people. Addressing the crisis of MMIWG2S+ people is another priority for our ministry. In December 2021 the Alberta Joint Working Group on MMIWG submitted its report, 113 Pathways to Justice, to the government of Alberta. In June 2022 Alberta announced its response to the national inquiry into MMIWG, which included the establishment of a Premier's Council on MMIWG and a strategic MMIWG road map, which will guide government actions to

prevent violence and increase safety and economic security. The issues of violence against Indigenous people, especially Indigenous women, girls, and gender-diverse people, is a complex matter and requires an all-of-government approach. Indigenous Relations is co-ordinating the implementation of government actions to address and prevent violence. A crossministry committee has been established to implement the MMIWG road map in a co-ordinated and comprehensive manner.

A major part of our approach to reconciliation is economic reconciliation, and we're working every day to include Indigenous people in the provincial economy, whether through investment support, grants, or worker training programs. Economic growth helps support better social outcomes and increases the sustainability and independence of Indigenous communities. These are goals we've heard touted by Indigenous leaders across the province.

Indigenous Relations works to build partnerships that enhance Indigenous participation in the economy. These partnerships include Indigenous communities and organizations, industry, other levels of government, and non-Indigenous organizations. Indigenous Relations helps to further the participation of Indigenous people in the economy by administering economic development related programs such as the Aboriginal business investment fund, or ABIF; the Alberta Indigenous Opportunities Corporation, or AIOC; and the employment partnerships program, or EPP. Our department also provides advice and specialized knowledge to other Alberta government ministries, our federal and municipal government partners, and industry on the economic barriers that inhibit Indigenous peoples' participation in the Alberta economy.

Our ABIF program can partially or completely fund capital costs for Indigenous community-owned economic development projects. Projects like these improve social and economic outcomes for Indigenous peoples and their communities. Since it began, ABIF has grown in terms of interest in the program as well as in the quality of projects receiving funding. It really is flourishing. The projects supported through ABIF must demonstrate long-term effects such as increasing the number of Indigenous community-owned businesses, increasing employment opportunities for Indigenous peoples, creating increasing local revenue streams for Indigenous communities, and strengthening the economies of Indigenous communities. Indigenous Relations bases funding decisions on the results of a competitive review process which looks at several elements, including the potential for generating net economic benefits like jobs and community revenue. ABIF projects result in increased jobs, training, and transferable skill development and community revenue, which translate into increased economic security, vibrant communities, and reduces economic leakage.

In fiscal year '21-22 we invested \$5 million into ABIF to help Indigenous-owned businesses create jobs in Indigenous communities and boost regional economies. That fiscal year, ABIF supported 13 community projects in the tourism, agriculture, construction, and energy sectors. A couple of highlights from that funding include Montana First Nations receiving \$500,000 to construct a commercial greenhouse for members' food security and distribution to other First Nations and towns. The Aseniwuche Winewak Nation of Canada was provided \$500,000 as well for their cultural camp expansion, and Gift Lake Métis settlement was provided \$500,000 to purchase a D6 finishing Cat crawler unit to expand their company's construction services, sustain increasing demand, and eliminate their need to find subcontractors to fulfill contracts. Between 2014 and 2021 ABIF supported 59 Indigenous-owned businesses with funds totalling \$35 million. That funding is estimated to have created more than 300 permanent jobs for Indigenous people in a variety of industries, including oil and gas, construction, agriculture, tourism, and health care.

2:00

The AIOC is also doing exactly what it was designed to do by supporting Indigenous investment in major projects. It's generating wealth for First Nations and Métis communities by removing barriers and creating economic growth. Launched by the government of Alberta in the fall of 2019, the AIOC is a Crown corporation designed to bridge the gap between Indigenous groups seeking commercial partnerships in natural resource sectors and their financial capacity. The AIOC has been delegated the authority to provide up to \$1 billion in loan guarantees to reduce the cost of capital for Indigenous groups and to support their ability to raise capital to invest in natural resource projects. The AIOC is a key driver of Indigenous prosperity and economic recovery in Alberta.

Based on AIOC's success so far, Alberta's government decided to expand the corporation's mandate to include major projects in agriculture, telecommunications, and transportation. These are industries that many Indigenous communities have a vested interest in expanding. Adding these sectors will help boost Alberta's rural economy, creating jobs and revenue streams for remote Indigenous communities.

Indigenous groups may gain access to potential projects on or near their lands that will help to increase employment, food security, and infrastructure development. Similar to ABIF, the projects supported by AIOC will help increase economic security, create vibrant communities, and reduce leakage. Economic security will help promote healthy and vibrant communities that Indigenous children and youth can thrive in.

Between 2019 and 2021 the AIOC backstopped three projects with a total of \$160 million in loan guarantees, bringing 15 Indigenous communities onside with major resource projects. These include the Cascade project: \$93 million total, six First Nations involved, and it's a 900-megawatt natural gas-fired power plant. With Frog Lake First Nation it was a \$27 million project that helped them maintain ownership of their steam-assisted gravity drainage project. The third is the Northern Courier pipeline system, a \$40 million project that brought eight Indigenous communities into pipeline ownership.

Our employment partnerships program. We're committed to getting funding from programs like the EPP into the hands of the outstanding proponents and projects taking place in Indigenous communities across the province. These funds are intended to help Indigenous organizations address systemic barriers to Indigenous employment. EPP provides grant funding to Indigenous skills and employment training program agreement holders and, on occasion, other Indigenous organizations that have eligible employment and training programs. We work with these organizations to fund training and employment initiatives and make connections with industry stakeholders who can help to create meaningful opportunities for employment.

The Chair: One and a half minutes left.

Mr. Kwas: Thank you.

EPP projects are assessed on how they contribute to one or more of the following priorities: they promote employment opportunities to Indigenous people, they develop strategies to employ and retain Indigenous workers, and labour market and workforce planning activities. In 2021-22 EPP provided 4 and a half million dollars towards 28 projects across Alberta.

As Indigenous Relations is not the ministry responsible for programs or services as defined under the Child and Youth Advocate Act, the ministry was not responsible for any of the 2021-22 annual report recommendations, nor did we have any outstanding recommendations from the previous report.

We do recognize, however, that a high proportion of Indigenous children and youth are in care and many Indigenous people across Alberta continue to earn a lower income in comparison to the general population. As the Indigenous population in Alberta continues to grow and is generally younger than the non-Indigenous population, providing services for children will be a priority as a result. Indigenous Relations strives to build better partnerships with Indigenous peoples but also with our colleagues across government in an effort to improve service to Indigenous communities. Our ministry provides guidance, specialized knowledge, and expert advice to other ministries to ensure Indigenous perspectives are heard and considered while developing, implementing, and monitoring policies, programs, services, and initiatives.

I think I'm a little short of time.

The Chair: The pleasure of the committee, if you would like to give him another minute to finish off. [interjections] Okay.

Mr. Kwas: I'll go fast; I promise.

An example of how we work together is through relationship agreements that Alberta has with Indigenous communities and organizations. Through these agreements, tables have been established in order for communities or organizations to work with the appropriate GOA ministries to address issues and opportunities. Although Indigenous Relations oversees the agreement, it's the responsibility of our lead ministries to address matters that are brought forth at the tables.

The following are examples of tables that have been established to address the needs of community and children and family services in community. We have protocol agreements with the Stoney Nakoda-Tsuu't'ina Tribal Council, also known as the G4, that was signed in 2020. The work plan there on Children's Services addresses early intervention and prevention as well as information sharing. We also have a protocol agreement with the Blackfoot Confederacy, that was signed in 2019. The work plan there on Children's Services addresses Bill C-92, early intervention and kinship care and statistics and child intervention. With the Métis Nation of Alberta we have a government of Alberta-Métis Nation framework agreement. In 2021-22 the MNA and Children's Services subtable approved the broad approach to child and family services. This three-year work plan identified Métis children in care are connected with community, culture, and traditions as one of their key priorities.

To sum up, building healthy, vibrant, and culturally rich communities will lead to addressing the overrepresentation of Indigenous people within government systems. We're pleased to say as partners in prosperity that Indigenous communities and organizations are working with the Alberta government to bring an Indigenous lens to our policies, programs, and services.

Thank you.

The Chair: Thank you very much to all four of you for your presentations. They've been both interesting and educational, I believe.

Before we move on to the questions from the committee members, I would like to suggest that we take a brief health break so that everyone can refill their coffee, et cetera, and be prepared for what I hope will be an equally interesting and educational question-and-answer session. Does anyone object to a 10-minute bio break for everybody here? Okay. We will reconvene at 2:20.

[The committee adjourned from 2:09 p.m. to 2:20 p.m.]

The Chair: Welcome back, everyone. I have no doubt that the committee members have a lot of questions for our guests, and I will

ask everyone to please keep your questions brief, limit them to the report and its recommendations, and plan for one main question and one follow-up. For members in the room, I'd ask that you raise your hand or otherwise catch my attention if you'd like to be added to the speaking list; for those of you participating remotely, a quick note in the Teams chat will let us know that you have questions.

For our presenters, I will ask that you keep your responses focused. In most cases I would ask that only one panel member respond to a question.

I believe we're going to start with Ms Pancholi.

Ms Pancholi: Thank you, Mr. Chair, and thank you to all of you for coming today to present on the recommendations that have been made to your ministries from the OCYA.

I'd like to begin with some questions for Ms Wagner with Children's Services. I think she's smiling. She was expecting that, probably. I want to address three recommendations that were included in the advocate's 2021-22 annual report. These are recommendations that were actually reviewed during the time period under consideration and were closed. These specific recommendations were ones that were closed because the minister had indicated that they would no longer be providing updates but that the advocate's office believed had not been met, specifically three recommendations coming from A Critical Time: A Special Report on Emerging Adults Leaving Children's Services Care, which was released in November 2019.

The advocate has indicated that these three recommendations, which all relate to the very critical issue of young people transitioning out of care during, again, a year where Alberta saw record numbers of young people in this stage of life who died while receiving child intervention services – in fact, 22 young people over the age of 18 on the supports and financial assistance agreement program died in the 2021 fiscal year, the highest number on record, and the three recommendations that were in this report, which were made in 2019 but were reviewed in this period, related to supports for these young people.

Just for an overview for the committee members, one of the recommendations was that "Children's Services should improve policy and practice guidelines and provide training and time for staff to support young people 18 to 24 years old as they move through emerging adulthood." The next recommendation was that "Children's Services should clearly outline the supports and services young adults are entitled to receive under a . . . SFAA," and "young people should be connected to adult services, as required, before their SFAs terminate." And the third recommendation was: "Children's Services should provide emerging adults with access to adequate and safe housing options."

In response to all three of these recommendations, the ministry responded essentially that the transition to adulthood program was the answer to these recommendations and that they would no longer be providing any updates because the transition to adulthood program was the response.

The transition to adulthood program came into effect after the response was given by the ministry to the advocate's office. The actual program came into effect in April 2022, but before the end of March 2022 the ministry had already said, "Look, we've got this new program, and it's the answer to all the concerns around young people transitioning out of care," at a time when, again, record numbers of young people have died, and we've heard from the advocate's office that that number is going to be even worse for this year. We're already at I believe it's 15 for this year.

So I guess my question is: how did the ministry determine that no further updates were required when the program hadn't even been implemented yet and know whether or not it was achieving the outcomes, which were the expected purpose of the recommendations?

Ms Wagner: Thank you for the question. We have not said that TAP responds to those recommendations; what we reported to the advocate was that we made significant progress on her recommendations prior to the introduction of TAP. We provided a report, which has been made public, which indicates that we made changes to policy in response to the advocate's recommendations and that we had initiated work on redesigning our youth supports at that time and that we had also initiated work with our colleagues in seniors and community support services to improve the transitions between our ministry and theirs.

We believe that we have made progress, and we consider those recommendations closed. If the advocate – she always has the right to come back and conduct a further review on any recommendations. We would welcome that if she chose to do that.

The Chair: A follow-up.

Ms Pancholi: As a follow-up in response to that, Ms Wagner, the advocate has actually said that the advocate has not been provided access to policy-specific information about this program and is unable to make a determination about whether TAP meets this recommendation. The advocate is very concerned about young people transitioning out of Children's Services and will continue to monitor this recommendation and the implementation of TAP based on publicly available information and advocacy involvement.

I guess my question is, then: why wouldn't you just keep the recommendation open and respond back with the regular six-month updates to the advocate about what progress had been made? As I mentioned, you closed the recommendation before the new program had even been implemented. How can you say that it had met the recommendations, and why wouldn't you just keep it open and allow for the transparency and the ongoing work with the advocate's office to properly report? Why would you do that before you had any results from the new program?

Ms Wagner: Because we believed at the time, based on the work we had done to update policy and improve our existing policies and practice guidance, that we had responded to the advocate's recommendations. If the advocate believes that we have not adequately responded to the recommendation and if the advocate wishes to review the impact of the new program, we would welcome that review.

The Chair: Thank you.

I believe that Mr. van Dijken is next up on my list.

Mr. van Dijken: Good. Thank you, Chair, and thank you to each one of you for coming today to present to the committee important information for us, to help us understand the processes and how the ministries interact in addressing concerns from the advocate's report.

My question is essentially to Children's Services around process. Children's Services determines how to respond to the recommendations outlined in the office of the Child and Youth Advocate report. As well, Children's Services determines what actions are to be taken. I guess: can you just walk us through the process for deciding whether to accept, accept with intent, or not to accept the advocate's recommendation as well as determining that a recommendation has either been met or not met – what process does the department go through there? – and then, thirdly, deciding what actions are to be taken by Children's Services as a result of the advocate's recommendation?

Ms Wagner: Thank you for the question. As you noted, each ministry, whether it's on Children's Services or someone else, is

responsible, as per the legislation, for determining if we believe that we've met the recommendations or not of the advocate. Once we receive a recommendation from the advocate, in terms of preparing our response, that is a collaborative process between our ministry partners and the advocate's office. We conduct a thorough review of the recommendation, which includes assessing the recommendation against current policy, determining if the recommendation falls within our current legal mandate, and if legislative requirements may be required to achieve the recommendation. We look at data to confirm if the recommendation is connected to a systemic issue.

We do look at whether previous work addresses the recommendation or work under way addresses the recommendation, and we also look at other pieces of work, particularly when many of the recommendations – because of the client profile within child intervention, we look at its connection to other government priorities such as the Truth and Reconciliation Commission, other recommendations such as those coming from the murdered and missing women and girls working group.

After we do that, we make a determination if we should accept the recommendation in full, meaning that we agree with the full concerns of the advocate and we agree about how we should address them with the advocate. We sometimes – and you may see this – accept the intent of the recommendation, meaning that we agree with the concerns that the advocate has raised in the recommendation but we believe that we've already actioned an alternative way that would deliver on the recommendation as outlined by the advocate. And in very few instances we have indicated we don't accept the recommendation, and that is because we believe that the recommendation is inactionable, that we cannot achieve it, and we will not meet the intended outcome of the advocate.

Once we assess our own progress, we provide a public response, and that can be that the recommendation is completed, it's in progress, it's ongoing, a response is pending, we believe it's completed or there's an alternate solution, or we have closed or abandoned the recommendation.

2:30

Mr. van Dijken: Thank you.

The Chair: Do you have a follow-up?

Mr. van Dijken: Yeah. Just another question, more so towards the advocate's report. On page 25 there's information regarding mandatory reviews when a child or youth receiving services is seriously injured or dies. I'm interested in if you could describe that review process, including whether steps are taken by Children's Services as a result of the findings from those reviews.

Ms Wagner: Yes. Thank you. When a child is seriously injured or has died, the advocate must undertake a review. That is in addition to any reviews done by the office of the statutory director. When those reviews are conducted, we tend to focus on the actual event to ensure that our system is able to respond if there are any concerns in policy, practice, and program areas. We tend to complete our review sometimes earlier than the advocate is able to just because of our resources and timeliness, access to information. When we do our own review, we try to determine if there is anything we could have done, whether it's in policy, practice, or in legislation, that would prevent that incident or that death from occurring again, and if so, changes are made to follow on to that report.

Mr. van Dijken: Thank you.

The Chair: Okay. Ms Pancholi.

Ms Pancholi: Thank you, Mr. Chair. I want to go back to those three recommendations related to the critical time report from the Child and Youth Advocate. The ministry's position, it sounds like, Ms Wagner, is that the ministry believed that the recommendation had been met by a program that had not yet been implemented and is not interested in updating the advocate's office anymore unless the advocate issues another review or recommendation, which could be, I guess, addressed by just providing updates, but you'd rather have the advocate's office, I guess, issue a new recommendation, conduct a new review, and use our resources that way.

I guess I'll ask you: if you're very confident, then, if the ministry was quite confident that the new transition to adulthood program was going to be responsive to those recommendations, what additional resources did the ministry put into that program, on top of what was already budgeted for, in terms of supporting young people transitioning out of care from the ministry budget? What additional dollars were put into the budget to support the transition to adulthood program? And I want to be clear: I'm asking for new dollars, not dollars moved from other parts of the ministry. As well, what new, additional FTEs and how many additional, new staff – again, new FTEs, not moving around staff from other parts of the ministry – were allocated to the transition to adulthood program in 2021?

Ms Wagner: I would welcome that conversation, but I believe that is outside the scope of the invitation made by this committee, so I'm unable to answer the question.

Ms Pancholi: It's directly related to the recommendation, and it's not your position, Ms Wagner, to determine what's out of the scope of this committee.

Ms Wagner: I believe that is outside the scope of the invitation extended to the ministry for our presentation to this committee, so I am unfortunately unable to answer that question.

Ms Pancholi: Mr. Chair, may I ask you to direct Ms Wagner to answer the question?

The Chair: If I understood the question, you're asking for facts and figures with regard to how much they are spending . . .

Ms Pancholi: Related to the three recommendations addressed in the annual report.

The Chair: . . . related to the three recommendations in the annual report. But I'm not aware of the annual report having any of that information in it . . .

Ms Pancholi: No. That's exactly why we're asking the question.

The Chair: . . . so that would be outside of the scope of this.

Ms Pancholi: Mr. Chair, it's to understand how the ministry responded to the recommendations that were made and addressed and reviewed in the annual report, which is precisely the point of having the ministry come here.

The Chair: Fine. But if those facts and figures are not in the annual report . . .

Ms Pancholi: If they were in the annual report, I wouldn't have to ask, Mr. Chair.

The Chair: . . . I'm ruling that it is outside of the scope of this committee.

Ms Pancholi: Thank you, Mr. Chair.

All right. Ms Wagner, can you please, then, advise this committee how you are tracking and evaluating the outcomes of the transition to adulthood program, which, again, was the subject of three recommendations that were reviewed, that the ministry advised the Child and Youth Advocate had been met by this program, the transition to adulthood program, to meet the recommendations around supporting young people transitioning out of care? Going forward, then, how is the ministry determining and tracking the outcomes of those young people in the transition to adulthood program to meet those recommendations?

Ms Wagner: Thank you for the question. The introduction of the transition to adulthood program was outside the scope of the advocate's annual report to the ministry, and therefore it's outside the scope of the invitation extended to the Ministry of Children's Services, and therefore I am unfortunately unable to answer those questions.

Ms Pancholi: Mr. Chair, I'd remind Ms Wagner, through you, that this was specifically provided by the advocate's office as a response. This was the ministry's response to the recommendation that was reviewed in the year under review. All of the committee members would have before them documents that were provided by the Child and Youth Advocate where it specifically outlined in those recommendations that the ministry's response was that the transition to adulthood program was the response to the recommendation. It is well within the scope. It is a recommendation that was reviewed in the annual report. It was outlined. The information I'm talking about, the program I'm talking about were specifically mentioned by the ministry in their response to the recommendation that was provided in a briefing by the advocate's office to all committee members.

The Chair: And your question to them is? Quickly.

Ms Pancholi: How is the ministry tracking the outcomes and evaluating the outcomes of young people through that program as outlined in the transition to adulthood program and the response by the ministry to the advocate's recommendation?

The Chair: I would rule that that is within the scope of this.

Ms Wagner: The transition to adulthood program has a fulsome evaluation framework and outcomes that are part of the program that evaluate particular outcomes for a youth participating in the program, whether that outcome is stability, employment, education, or whatever outcome that youth chooses. But given the various pathways in the program, we are assessing outcomes related to stability, to employment outcomes, and to education outcomes.

The Chair: Thank you.

We are now over to Mr. Orr.

Mr. Orr: Thank you. For Children's Services primarily, I guess, I'm interested in what administrative or just plain, pure, practical steps would actually be required for Children's Services and Justice, working together, to fully implement the recommendation that you be notified if any family violence offender is going to be released and could present a risk to the family. And while you address that, maybe also think a little bit about – I'm interested in: what obstacles would you have to overcome in order to achieve those specific steps to implement that recommendation?

Ms Wagner: Thank you for the question. If you want to focus on the practical steps, there are a few practical things that we need to work through. For example, one of them is: who would provide us with the notification? Offenders are not released in a regular pattern

often, as I understand it. It's not, you know, that Friday at 4 everyone gets released. It can happen at midnight, it can happen early in the morning, and then who would they call for us? It's unreasonable to ask a correctional officer to know the 2,300 names of our caseworkers and know they're attached to this particular individual. So that's one thing we have to overcome. We'd have to overcome the form of that notification. Is that them calling us, or is that some other form of notification? And we'd also have to overcome some practical pieces around information sharing and privacy. I think both ministries agree that there is value in this recommendation but that we have to have a full legal analysis of what privacy rights are attached to both the offender and to the family in terms of sharing information.

The Chair: A follow-up?

Mr. Orr: Yeah. I'm also interested, in this same regard, with regard to the fact that criminal law changes to bail law, which all the Premiers have asked to have changed, are federal jurisdiction. What authority do you actually have to achieve this, and is there anything you can do to move that whole needle a little bit?

Ms Wagner: Absolutely, yeah. I mean, that's an excellent point, and that would be part of our overall legal analysis in terms of the intersection with federal law and bail law, which we are working our way through. Of course, we recognize that it would be helpful to the families we serve and to the women we serve to know in advance, but I think there are just some practical things we have to overcome first before we can fully implement what the advocate suggested that we implement.

Mr. Orr: Okay. Thank you.

2:40

The Chair: Thank you.

I believe we are up to Mr. Shepherd. The floor is yours.

Mr. Shepherd: Thank you, Mr. Chair. I'd like to direct some questions to Ms Everington if I could, please, regarding the presentation from Mental Health and Addiction. Now, in regard to the first recommendation, regarding the implementation of a youth opioid and substance use strategy, I think we all agree that the first step in implementing a strategy is the creation of such a strategy. But I note that you have noted that the ministry claims that this has been met and, in referencing how it was met, makes reference to the Alberta Recovery Council as a crossministry body implementing recommendations from the cabinet-approved Mental Health and Addictions Advisory Council, including for young people. So there are some portions of that that refer to young people.

Now, at our last meeting of this committee I had the chance to ask the Child and Youth Advocate about her thoughts on who should be at the table to be part of creating that strategy. She mentioned the ministries of Health, Mental Health and Addiction, Justice, Education, Children's Services, community and social services, and that she herself would like to be at the table for those discussions around the creation of that strategy. In response to some further questioning from my colleague Ms Pancholi, she stated that she did not have the sense at that time, a few weeks ago, that there was, in fact, work being done on a youth-specific opioid strategy to be adopted. So I was wondering if you could just clarify: is the ARC, in fact, working on a specific youth opioid substance use strategy, so the strategy and then moving to implementation, something separate from its work on a broader, recovery-oriented system for adults, and if so or even if not, why does it seem that the CYA has not been kept informed or involved in that work?

Ms Everington: Thank you for your question. Maybe I'll just start by clarifying that at the time Alberta Health and our area – we never deemed the recommendation as met. That was not our decision. We were continuing to report on it until the advocate's office deemed it as met. So I just want to clarify that, that it was not our decision to do that.

In our response we weren't indicating that the Alberta Recovery Council would be developing a youth strategy, so I just want to be clear about that as well. What we did indicate is that our work to develop this more robust, recovery-oriented system of care was, in our opinion, meeting the intent of the recommendation, and we use the Alberta Recovery Council as an example of how the collaboration is happening across ministries. The ministries that the advocate mentioned that she felt should be involved in the development of the strategy are all ministries that participate on that Alberta Recovery Council. There has been work that has come out of that collaboration, I'll call it, at that Alberta Recovery Council table, including the child and youth health services initiative, which I spoke about in my presentation, which is, you know, expanding services, really, across the continuum.

If you think of prevention, early intervention services as well as more clinical mental health services to communities across the province, that includes the work that we've done on mental health but then also the work that Children's Services and our ministry have done together; for example, to expand the virtual opioid dependency program by funding a specific youth team to work with youth, particularly in group home settings. Those are just a couple of examples of the work that has come out of that Alberta Recovery Council committee, but it never did make a commitment to develop a separate strategy.

Mr. Shepherd: Thank you, Ms Everington. I appreciate the clarity on that, and I apologize for my misunderstanding of a few of the pieces.

What I'm hearing, then, is that there is not necessarily intent to actually create a strategy, that the intent is simply to find portions of work already being done by the ARC where then you would also add an additional lens for youth or youth elements. It seems to me, if I may just clarify as well – I mean, the Child and Youth Advocate was quite clear, I think, in our discussions with her at our last meeting that she is envisioning such a strategy as a comprehensive strategy, that would cover everything from, you know, sort of early education and prevention, in her words, starting as early as grades 2 and 3, appropriate work, all the way up to an actual response in the community and services ranging from harm reduction through to recovery-oriented care, and that that strategy would encompass all those elements, with those folks at the table, including herself, contributing. But from what I'm hearing, that is not the intent. Or is there going to be some form of a strategy put together, published, that clearly lays out the intended steps?

Ms Everington: Well, thanks for passing along that information, because the advocate has not passed that along herself, so I appreciate that update. This recommendation, I think, as you know, was made under the previous advocate. You know, we've certainly had preliminary or early conversations, I guess, with the new advocate and would welcome that conversation with her as well. I would say that the provincial strategy is establishing recovery-oriented systems of care – and that is the strategy at this point that we're relying upon – but again would absolutely welcome that conversation with the current advocate.

The Chair: Thank you very much.

Mr. Orr.

Mr. Orr: Yeah. Thank you. Another question. Children's Services and the advocate are probably not always going to be able to completely agree on recommendations, in some cases probably because of legal restraints that the ministry has to work under. The role of the advocate, of course, is to try and envision the best world possible, and then the ministries get tasked with trying to fix what's hard to fix. My question is: when there's – I'll just use the word – disagreement or inability to come to terms, is there some sort of resolution process where both parties are maybe able to at least come to some sort of mutual agreement? Or even if not that, is there still, in your mind, at least some progress made in terms of public good and resolving the issues? I come from the assumption that all of you are trying to achieve the best you can; it's just that you come from different points of view. Anyway, that's my question.

Ms Wagner: You're right. Sometimes we don't agree with the recommendation of an advocate. If that occurs – I mean, it doesn't happen very often because there are lots of opportunities, in advance of a recommendation being finalized by the advocate, for us to have conversations, but in the unusual event that that happens, there is a resolution process.

When it does happen, it's often where we accept the intent but we don't fully accept the recommendation. Sometimes that's where we have a little bit of tension, because they would like us to fully accept the recommendation. They may not be satisfied that the action that we've undertaken satisfies the fullness of the recommendation that they made. When that happens, the executive directors in the respective ministries meet to discuss and to determine and to have a dialogue and to have a conversation about each other's views on the recommendation and on actions taken to date or on progress and then sharing information. That may result in a redraft of our update to the advocate as a result of that conversation. If in that case we're still not able to come to some kind of resolution, the advocate may choose to elevate her concerns directly to the minister, and from time to time the minister and the advocate have met to discuss recommendations and progress and to share perspectives and viewpoints.

Mr. Orr: I think I'm good. I'll leave it.

The Chair: Okay. Thank you.

Mr. Shepherd.

Mr. Shepherd: Thank you, Mr. Chair. If I may return to Ms Everington, I hear what you're saying. Then the work that's being done by the ARC – you're looking at, then, youth components within that work. One of the things I'd note is that in that initial recommendation from Mr. Graff in his time as the CYA, he spoke of it being critical to take urgent action so that all young people receive timely access to a full continuum of individualized youth-oriented and evidence-based services that respond to their unique developmental needs.

Indeed, when we had the current Child and Youth Advocate here at committee the other day, she also spoke of this. I had the chance to ask her why a youth-specific strategy was needed. She noted that a young person's brain, unlike an adult brain, remains in development. They don't have the same level of reason, self-control, ability to think through or consider consequences of their actions, are more prone to act rashly, make decisions based on emotions or peer pressure. Again, she spoke of that need for a comprehensive strategy that covered that a full range from early preventative education through to recovery-oriented treatment.

My question, then, I guess, is: with the work that the ARC is doing, in what way, then, are they specifically, I guess, adapting their work to consider that fact, that youth have very specific, unique developmental needs? I just want to clarify, I guess, that this is something that's being

given its own due consideration, its own specific work and to not have the sense that it's sort of being done off the side of a desk.

2:50

Ms Everington: Just one second. I just want to collect my thoughts. The Alberta Recovery Council was one example that we used as sort of that collaborative body that is working to implement the actions from the Mental Health and Addictions Advisory Council report.

But, as a result, like I said, of that work, there has been other collaboration that's happened. One of the initiatives that I spoke about was the child and youth health services initiative, where we have invested some additional funding, \$87 million over three years, for additional prevention, early intervention, and clinical supports to support child and youth mental health. Through that work there has been a Provincial Implementation Committee, that has been established to really help support, implement those initiatives at a local level. I would say that it's through those types of initiatives, like the child and youth health services initiative and that Provincial Implementation Committee that have been established, where the needs of the children and youth that would be receiving those services have been considered and considered as part of a committee where the service delivery organizations are there – CASA Mental Health as an example, who are experts in the delivery of child and youth mental health services. Alberta Health Services as well participates on that Provincial Implementation Committee. As well, there are representatives from community organizations, including the RCMP, Alberta 211.

So it really is about understanding those more comprehensive needs of the population that they're trying to serve. It's really more through the initiatives that we're establishing where we're taking a look at some of those other pieces around developmental needs and those types of things, not necessarily at the Alberta Recovery Council, which is more of a co-ordinating body to address the actions within the Mental Health and Addictions Advisory Council report.

Mr. Shepherd: Thank you, Ms Everington. I appreciate that clarification, and that does help me understand the landscape a bit more.

The follow-up question I would have is – again, if there does not seem to be the intent, interest to create an actual strategy, actually lay out on paper, "This is what we intend to do, here are the places we intend to do it, and here are the things we intend to track and follow," it makes it somewhat difficult for, I would say, the CYA or indeed any of us as elected members to be able to track what's actually being done to meet this recommendation. So what we have is that the intent has been set, a direction has been set, and there will be a number of different initiatives living in a number of different places being accomplished by a number of different bodies, but there is no reporting mechanism.

It's difficult to see what particular metrics we can follow or indeed how the CYA can track, because Mr. Graff, I think, was quite clear, that he was looking for a comprehensive strategy on an issue that is fairly serious, some might say approaching crisis. I guess: in your view, how will this be tracked, reported? How do we hold this accountable? How do we ensure that we're having results on the fundamental concern here, which is young people being seriously injured or dying as a result of opioid use?

Ms Everington: Yeah. It is a serious concern, and it's a serious concern for us as well. We do have the Alberta substance use surveillance system, which is a publicly available dashboard, so you can google it

and have access to it. It is updated regularly with information related to, like, opioid-related responses, so services ...

Mr. Shepherd: Is it broken down by age?

Ms Everington: Pardon me?

Mr. Shepherd: Is it broken down by age?

Ms Everington: Yeah. The deaths are broken down by age, yes.

Mr. Shepherd: Okay.

The Chair: Thank you.

Just prior to moving on to Mr. Panda, who will be our next questioner, I just want to recognize Mr. McIver. Maybe you could introduce yourself to the committee.

Mr. McIver: Ric McIver, MLA, Calgary-Hays.

The Chair: Thank you very much.

Mr. Panda, you are now on deck for the next question.

Mr. Panda: Thank you, Chair. Can you hear me okay?

The Chair: Yes, we can hear you just fine. Thank you.

Mr. Panda: Thank you. Through you, I want to thank all the public service employees today for their presentations, especially for informing, through this committee, all Albertans about the status and also all the programs available through their respective departments and also the funding available to make things improve for youth in Indigenous communities.

But my question is related to page 26 of the report. While I noted that there is an overrepresentation of Indigenous children and youth among the deaths – it's clearly identified – I'm still curious as to the existence of any other racial or ethnic disparities. Are there any other racial, ethnic groups that are overrepresented in the number of deaths of children in care? Of course, all of us here in this committee feel the same way: you know, any death of youth is heartbreaking, and we all feel very sorry for those families. But my question is: are there any other racial or ethnic groups outside of these Indigenous youth that are overly impacted?

The Chair: And who was that to, Mr. Panda?

Mr. Panda: To the Children's Services representative there.

The Chair: Thank you.

Ms Wagner: Thank you for the question, and ...

Mr. Panda: Also, Chair, maybe if the Indigenous Relations representative wants to jump in.

The Chair: Well, you've directed it towards Children's Services. We'll let them answer, and then we'll see what happens.

Mr. Panda: Okay. Thanks.

Ms Wagner: Thank you for the question. We were invited here today to speak to the recommendations in the annual report and our progress on those recommendations, so I don't believe I'm at liberty to answer that question.

The Chair: Okay. I can understand that, so I'm not going to move on to Indigenous Relations.

Mr. Panda, did you have a follow-up?

Mr. Panda: Is Indigenous Relations able to comment on my first question, if there are any other racial or ethnic groups impacted?

The Chair: Mr. Panda, I've already ruled that we're not going to move on to Indigenous Relations on that.

Mr. Panda: Okay.

Yeah. Again, my supplemental is: is this part of a larger, identifiable trend that we have seen in previous years?

The Chair: Is that to Children's Services?

Mr. Panda: Sure, if she's willing to answer.

The Chair: Okay. Thank you very much.

Ms Wagner.

Ms Wagner: I appreciate the question, and thank you very much. I understand that I'm here to speak to the recommendations and the progress Children's Services has made on the recommendations made by the advocate. Therefore, I believe that I'm not at liberty to answer that question.

Mr. Panda: Chair, I respect that. I'll move on and share my time with my colleagues.

The Chair: Thank you, Mr. Panda.

I believe the next question is to Ms Pancholi.

Ms Pancholi: Thank you, Mr. Chair. I think it might be useful to just sort of remind all of us why we're here. I mean, the changes that came with the advocate's ability to make recommendations to ministries and then report on them were something that's a recent change, that came about as a result of changes to the advocate's role in 2018. It was always intended to shed some light on sort of what was happening here because there was a long history of not transparent information around what was happening with children and youth in care. The questions that are being asked today are designed to provide transparency not just to the members of this committee but to the public at large.

3:00

The reason why the advocate makes recommendations and there's public reporting on it and why we're here before this committee is for Albertans to have a better insight into what is happening to support children and youth in care. I would hope that all members of public service and committee members are here in that spirit of transparency to have an honest conversation about what's happening to support young people in care. That's the intent of that.

I want to go to one of the recommendations that was deemed to be not met during the 2021 annual report, the review by the office of the Child and Youth Advocate, and that relates to a mandatory review from April 1 to September 30, 2018. The young person was named Jaxon in the report, and the recommendation was related to Children's Services. It was that "Child Intervention Services should provide financial and organizational supports for front-line staff to have immediate access to a variety of subject matter experts, as needed." The Child and Youth Advocate office deemed this one, in this year under consideration, to be not met by the ministry. Essentially, the ministry's response was that, instead of subject matter experts, 211 was available for Children's Services staff to access 211 as a resource. They accepted the intent of the recommendation and that no further updates would be provided. The advocate has indicated that while "211 is a good general tool, it will not give case-specific advice to help caseworkers address the

needs of [young people]," and it does not meet either the intent or the goal of this recommendation.

So to Assistant Deputy Minister Wagner: why did the ministry deem this one to be at least met in terms of its intent even though clearly the advocate's office did not agree?

Ms Wagner: Our public response is that we believe that we completed it. The advocate indicated in her adjudication that it was not met, and then she closed it. In our final update to the advocate we indicated that we agreed that caseworkers should never work in isolation and they should have access to information and support needed to support them in their decision-making. We encourage all of our staff to access subject matter experts, whether that's through the child advocacy centres, through standing contract lists we have with psychologists and other experts, and to consult with their managers on any decisions that are needed on behalf of a child.

However, we also recognize that immediate access to a full range of subject matter experts cannot be guaranteed by Children's Services as their availability is determined by influences outside of our control. It also, we believe, is not reasonable to assume that numerous potential matters in need of specific expertise could always be represented by a standing list of experts retained solely or, at minimum, primarily for Children's Services. Children represent – they bring to us many different issues and concerns, and we may never be able to have a comprehensive list of standing experts on hand. If we have very specific instances where a child needs a particular kind of assessment or a child needs a particular kind of intervention that's not available here, we will seek that out on behalf of that child.

To enhance the resources and supports and to meet the intent of the advocate's recommendation, we worked with 211 to complete an environmental scan of provincial resources that staff and our clients could use on a day-to-day basis. We will continue to support front-line staff's access to subject matter expertise through collaboration with our ministry and community partners.

As the accepted intent is determined to be met through our current policy and practice, we've indicated to the advocate that we would not be providing any further updates. And, as I said, she indicated that she closed the recommendation, and she indicated upon closure that she believed it was not met. Because it's closed, we're not providing any further public updates.

Ms Pancholi: Thank you.

The Chair: You have a follow-up?

Ms Pancholi: I confess to being very sort of confused when I'm listening to some of the responses because on the one hand we're hearing that there's a very collaborative relationship between ministries and the Child and Youth Advocate's office in terms of working together on development of recommendations, on responding. The advocate was very clear in her description of how she goes about coming up with a recommendation, that she works with ministries to do that. So there seems to be that conversation that's happening, and the assistant deputy minister has indicated there's an MOU between, you know, the ministry and the advocate's office, yet these answers seem to be at crosspurposes with what we're hearing from the advocate. They don't seem to be aligned.

I'm not trying to single out Ms Everington, but it sounds like, you know, Mental Health and Addiction wasn't even aware of the Child and Youth Advocate's position on what was needed in a youth-specific opioid strategy, which has been very clear to this committee what it is. Ms Wagner has clearly indicated a number of times that at some point the ministry just decides that they believe

the recommendation has been met or they're not going to provide any more updates.

I don't see evidence of that collaborative conversation, because even looking at this recommendation, it says that "Child Intervention Services should provide financial and organizational supports for front-line staff." That is not the same as the ministry response indicating that there are going to be subject matter experts with a list and all of that. That's not what the recommendation seemed to be saying. It certainly didn't say that there would be access, unlimited, you know, to all of these other supports. So it sounds like the advocate's office and whoever developed the recommendation is not speaking with the ministry, or the ministry is not speaking with them, because the answers are at crosspurposes with the actual recommendation.

I guess I'm coming back to that it feels like at some point ministries are just deciding, they make a determination that they want to meet it – I imagine it doesn't look good to say that they're not going to meet it or that they disagree with an advocate's recommendation. They just simply say: "Sure. We believe it's met. We don't really care, Advocate, if you don't agree, and we're just going to stop reporting." Do you think that's a – I mean, that's what we're hearing in so many of these recommendations, that that communication is not happening. So I guess to ADM Wagner . . .

The Chair: Ms Pancholi, do you have a question?

Ms Pancholi: I do have a question.

The Chair: Thank you.

Ms Pancholi: Why are these conversations not happening between the advocate's office and the ministry, at least at the executive level? You said they could be advanced to the ministry level. It doesn't seem to be reflected. I guess: what is your response to that?

Ms Wagner: Our response is that we can indicate to the advocate that we accept the intent or that we accept the full recommendation, as I said, and we can indicate that we believe it's in progress or it's complete, which we have with respect to this recommendation. The advocate can indicate that he or she believes that it's not met, and then after a period of time the advocate does close recommendations, and therefore updates are no longer required.

We consult with the advocate and work with the advocate. They share with us in advance their reports with the recommendations. We have high-level discussions about reports that they are undertaking in terms of what they're seeing and what they think may be a recommendation. So we do consult with them on recommendations, and as I said, we do have conversations. That may not necessarily result every single time in full agreement. We can still choose to disagree, and the advocate has the ability and has made the decision that they will close recommendations after three years, and no further updates will be required.

Much of this collaboration is taking place at the time of preparation of the report, at preparing the recommendations. We have opportunities to provide input. We have opportunities to have conversations about the recommendations, but we may not always agree.

The Chair: Okay. Thank you very much.

I believe that the next member is Mr. van Dijken.

Mr. van Dijken: Yeah. Thank you, Chair. I've got questions for Ms Everington with regard to mental health and addiction issues. They're consistently discussed throughout pages 59 to 65 of the advocate's report. As you know, over the past four years this government has been building out a recovery-oriented system of

care, and while some of our colleagues on the opposite side of the table suggest that this government is not taking action, there appears to be a clear strategy towards addressing addiction and mental health challenges in Alberta. The question I have is: could you explain what a recovery-oriented system of care is and, specifically, how it affects youth and young adults struggling with mental health and addiction?

Ms Everington: Thank you very much for your question. Recovery-oriented systems of care are co-ordinated networks of community-based services and supports that are person centred and build on the strengths and resilience of individuals, families, and the communities. The Alberta model focuses on the needs of these individuals, families, and communities and creates environments to help all people with or at risk of substance use or mental health issues in achieving improved health, wellness, and quality of life. This includes supporting families and community in their work to prevent addiction and mental ill health, including among children and youth.

3:10

Recovery-oriented systems of care provide individuals with the full spectrum of services and supports they may need for all stages of their recovery journey, including prevention, early intervention, treatment, and recovery supports. Recovery-oriented systems of care focus on building an individual's recovery capital. Recovery capital is the combination of personal, interpersonal, and community resources that a person has to draw upon to find and sustain recovery. This would include things like ensuring that basic needs are met such as safe and stable housing, that people have enough food to eat, having good physical health. It also includes personal skills and knowledge like education, training, and problem-solving abilities. It also includes relationships, including with friends and family, and also includes the support one might get from their community and culture, including informal supports like peer groups and a general willingness to offer help and support, as well as broader government policies that make recovery supports available and accessible.

Through the Alberta model we are working to build the recovery capital of individuals, including youth and young adults, their families, and communities. This includes strengthening preventative supports like the integrated school support program, that I spoke about earlier, offered through the Calgary Police Youth Foundation as well as increasing the accessibility of specialized addiction and mental health services like through the virtual opioid dependency youth team and the personalized community of care programs, both of which are in partnership with Children's Services.

Mr. van Dijken: If I may?

The Chair: Yes. Go right ahead.

Mr. van Dijken: Just from that, I'm glad to hear that prevention is part of the strategy, and as we're building out a recovery-oriented system of care, trying to understand – you talked in your presentation about the work with Alberta Health, so these types of strategies, I believe, are likely not siloed initiatives. If you could talk to what other ministries would be involved in the development of a recovery-oriented system.

I also have one question with regard to – you talked about the Calgary police foundation integrated school programs, and it sounded in your presentation like it broadens out and goes throughout the province, that program. I just need clarity on that, if that's just a Calgary initiative or if it actually is available to schools throughout the province.

Ms Everington: Sure. I'll start with the first part of your question. The Ministry of Mental Health and Addiction's mandate is to lead and establish crossministry and cross-sector recovery-oriented systems of care and make recovery the primary mental health and addiction policy across all government. This includes with Children's Services; Seniors, Community and Social Services; public safety and community services; Education; Indigenous Relations; and Justice. One way we're doing this, as I'd mentioned previously, is through the Alberta Recovery Council. As recommended in the report Toward an Alberta Model of Wellness, the Alberta Recovery Council is a crossministry body directed to implement the actions identified in the report, including actions to support young people.

As a tenet of building recovery-oriented systems of care is co-ordinated and integrated supports and services, everything we do is in collaboration with other ministries and sectors. As I mentioned previously, and as you've raised again, an example is the implementation of the child and youth health services initiative, where a Provincial Implementation Committee has been established that includes Children's Services; Seniors, Community and Social Services; Education; Alberta Health Services; as well as community partners like CASA Mental Health, Alberta 211, and the Calgary Police Youth Foundation.

I can confirm that the integrated school support program that the Calgary Police Youth Foundation is offering will be at schools across the province, not just in Calgary.

Mr. van Dijken: Good. Thank you very much for that.

The Chair: Thank you.

I believe it's Mr. Loyola that's up next.

Member Loyola: Yes. Thank you very much, Mr. Chair. My questions are going to be directed to Mr. Peddie. Regarding the recommendation on quality assurance processes Seniors, Community and Social Services is saying that it's refreshing its accountability approach and updating performance accountability frameworks, including quantitative and qualitative measures. I'm looking for some specific examples on how you have refreshed this accountability approach.

Mr. Peddie: Thank you for the question. In my division we have appeals and accountabilities, and it's important for us – and I think some of the members have said – to measure so that we can look at outcomes and see if we're achieving those outcomes. So we've taken a look at a lot of the performance metrics that we have and we use to evaluate the programs, and there's always a balance between these metrics, whether it's qualitative or quantitative. I can speak from a past experience in which a lot of qualitative measures said: do you like the money we gave you? And the response was: yes, we like the money you gave us. So we have to always balance that with some of the hard metrics, the hard outcomes. A lot of times government measures outputs. How many cases? How many of this? But what are those outcomes to achieve the ultimate goal?

Through a lot of effort that we're taking through the department on our programs, we're taking a balanced look at: what are some of the outputs and what are some of the outcomes on that? So if we look at some of our questions to some of our service providers in PDD or in FSCD, they're more qualitative in nature, and they're outcome based. Are you receiving the support to allow you integration in the community? Those kinds of questions instead of, like I said: is the money enough or not? Some specific examples of some of the qualitative measures: are families getting the support that they need for their children in care? So, again, a balance between what it looks like as far as processing applications, if you will, and then some of those outcomes. We've started that work, and we continue to work on this.

Also, to add – and I didn't get to my presentation on this – we are also, then, looking at a new framework as well as children transition to other programs. As, again, those metrics are important as we look wholesomely at the system, and it's very difficult in government as we have ministries that have – the Westminster system says: these are my ministerial responsibilities. So we're looking at some new measures that we're going to look crossmeasurewise with my colleagues here at this table to say: look, how are we measuring some of those outcomes more qualitatively and quantitatively as we go forward? Programs such as this are basically crossministry.

Member Loyola: Okay.

Mr. Peddie: I hope that answered your question.

The Chair: Go ahead.

Member Loyola: If I may follow up, then.

The Chair: Yep.

Member Loyola: In specific relation to youth unemployment, can you give me the exact outcomes that you're trying to achieve in relation to that particular portfolio?

Mr. Peddie: I don't have specific to that specific program. I would take that back to the ministry to find the exact – sorry; I don't have that information with me right now. But, again, what we're looking at in those programs – and those are easy, in some sense easy, in that we have hard metrics on that. Did you get a job, right?

Member Loyola: Yeah, exactly.

Mr. Peddie: So there are some metrics. Obviously, you're kind of – they start as a foundation on that, and we would look then at: are the supports sufficient? Are the supports needed, or do you have what you need through these programs?

Member Loyola: If I may, Mr. Chair. Just in relation to that particular question, if you are going to be providing something in writing, what I'm really interested in are the individuals – here in Alberta we have a chronic problem with youth being underemployed. Yes, they can get a job; it's not necessarily the job that they study to do. So in reference to – if you are going to be providing a written response, I would like for you to include that metric in there as well, please.

The Chair: Just maybe with regard to that conversation you're having back and forth there about a written response, we're going to be under a bit of a deadline here, and it's going to be very hard. I'm wondering if there is actually going to be time. If we're going to start asking for written responses, we're at some point in time later on, probably this afternoon, going to have to have a conversation about whether there's going to be time for that.

Member Loyola: Okay.

The Chair: Okay. Thank you, Mr. Loyola.

I believe it's Ms Lovely.

Ms Lovely: Thank you, Chair. I do have a question here under Mental Health and Addiction. Page 13 of the report discusses the importance of support and guidance for youth transitioning out of care. Given the difference in definition between the OCYA and the health system, I think it's important to seek clarity on how youth under the age of 18 transition into adult-based services. Could you please explain if your ministry is working with other ministries to support youth, including youth in care, as they transition from under

18 to adult-based services, and do any specific programs cover both young adults and youth under the age of 18?

3:20

Ms Everington: Thank you. I'll take the first part of your question first. Thank you for your questions. Through recovery-oriented systems of care we are establishing, as I mentioned before, these co-ordinated networks of community-based services and supports that are person centred and build on the strengths and resilience of individuals, families, and communities. This recovery model focuses on the needs of individuals, families, and communities and creates environments to help all people with or at risk of substance use or mental health issues in achieving improved health, wellness, and quality of life. Recovery-oriented systems of care provide individuals with the full spectrum of services and supports they may need for all stages of their recovery journey, including prevention, early intervention, treatment, and recovery supports. This includes creating pathways between service providers and between sectors so people can easily access the care they need when they need it.

This work is being done through crossministry and cross-sector partnerships, including with youth-serving organizations like CASA Mental Health, CMHA Alberta, and the youth mental health hubs initiative, and with Alberta Health Services and Children's Services to support transitions of care for young people leaving other systems like Children's Services' child intervention system, where we've partnered to deliver the personalized community care program, which is provincially accessed, and a community-based licensed placement and mental health treatment program for youth in care who have severe mental health and behavioural needs.

To your second question, about some programs that would, I think you said, cover both under 18 and over 18, if I recall. We do have those types of programs. Just a reminder to the committee that from our ministry perspective, given that we work so closely with Alberta Health Services, we define youth as under 18. I just want to draw attention to: when the advocate is making recommendations related to youth, in some cases, for us, that's our adult programs that would fall into that.

A good example of what you're asking is the virtual opioid dependency program as it serves both youth and young adult populations. The VODP was expanded recently to provide a dedicated team to serve youth under age 18, with a focus on those in group care settings. Mental Health and Addiction and Children's Services are providing an additional \$4.5 million over three years to establish this dedicated youth team, and the team will treat up to 100 more youth each year, which includes supporting transitions of 18-year-olds to adult services as needed. The new service includes rapid assessments, virtual treatment for ongoing care, recovery-oriented youth programming, peer supports, and parent, family, and support worker education and training. Alberta Health Services also operates 395 community mental health and addiction clinics across the province, offering clinical services to children, youth, and young adults 24 years and under.

Thank you.

Ms Lovely: Thank you.

The Chair: Thank you.

Okay. I believe that just before we go on to our next person here, individual, I've got three people on our speakers list, and we're coming rapidly to the end, so if you could keep your comments brief and go straight to the questions. We'll deal with Mr. Dach, then Mr. Orr, and then Mr. Loyola.

Thank you.

Mr. Dach: Thank you, Mr. Chair. Just a minute bit of context. I know this afternoon – thank you to all the presenters and representatives of the ministries – we've been attempting to drill down into the means by

which we might provide better care to those who are in government care and are receiving services, in response to the recommendations made by the office of the Child and Youth Advocate.

I always try in these meetings, Mr. Chair, to position myself as a member of the public, one who may be scratching their head at home, as a media member, to things that they may have heard during these meetings, and try to get to the bottom of maybe the overarching theme to one of the questions we've been having today, something that occurred to me when we were speaking to the office of the Child and Youth Advocate as well. It's a question I put to her as well and one that reoccurs here. I find it odd, and I think the public would probably find it odd, that a ministry gets to declare a recommendation satisfied or determine that they're not going to pursue it any further or not going to go after further updates, declare a recommendation closed.

I asked the office of the Child and Youth Advocate, when she was here before the committee, to point to specific legislative authority that grants the ministries the authority to unilaterally decide that they're not going to pursue a recommendation, to declare a recommendation closed. Her response was that she was unaware of any legislative authority. It seems to be done just by custom. And I hearken back to my time with the Public Accounts Committee, when indeed recommendations made by the Auditor General certainly were not recommendations that could be ignored by ministries. They were left open at his or her discretion, and they were on the books sometimes for years if they were not responded to satisfactorily.

So my question is to all four representatives. Are you able to point to any specific legislative authority that grants ministries the authority to unilaterally decide that recommendations have been met and, therefore, not pursue them?

The Chair: Mr. Dach, could you direct that to one ministry?

Mr. Dach: Certainly. I would direct it initially to Mme Wagner, please.

Ms Wagner: Thank you. You are correct. Each of the officers of the Legislature have different pieces of legislation that enable their activities, and each of them has a different accountability framework in terms of how they report back to the Legislature and how they interact with ministries or members of the public. The advocate's legislation does differ from the legislation that establishes the office of the Auditor General or the Privacy Commissioner, and the legislation that establishes the advocate does not provide any direction either to the advocate or to ministries. In the absence, as you pointed out, people create that kind of policy or custom or convention to respond to the legislation.

You are correct that the Auditor has a very different regime than the advocate has. The Auditor can compel things. They also have a different process for establishing recommendations in that those recommendations: ministries are aware of the test that the Auditor will use to assess our compliance to their recommendations as part of establishing the recommendation.

It's true also of the Privacy Commissioner in that she – I think it's still a she – has her legislation also establishing her authority to compel ministries to comply, in her view, with any of her orders or any of the direction she provides.

They are very different regimes, and you are correct that in the absence of direction in legislation both parties follow kind of conventions or internal processes or informal agreements about how we will respond to recommendations and interact with one another. For example, the advocate is the one who establishes that

she will close recommendations after three years. That is also not in legislation. That is a decision that the office established and took. I hope that answers your question.

Mr. Dach: Partially. A quick question?

The Chair: Very quickly, please.

Mr. Dach: Would you think it would be in the interest of transparency and the public interest to have a more Auditor General style rule in place so that there's less discretion on the part of ministries such as your own with respect to recommendations made by the office of the Child and Youth Advocate? Would it be beneficial? Would you like that gap, that hole, in the legislation to be filled with a more direct requirement for response?

The Chair: Before I give the member an opportunity to answer that question: you do have discretion to answer or not answer that question.

Ms Wagner: My response to that question would be: I think that is an excellent question for the respective ministers, to have that question put to them and have them respond, as it's a policy question.

Thank you.

The Chair: Thank you very much.

I have Mr. Orr. If you can be very quick.

Mr. Orr: Okay. This was kind of partly addressed in the last one. It's for Ms Everington. I followed the virtual opioid dependency program ever since before it started because it started in Lacombe-Ponoka. You're expanding it to include a youth segment, I guess is the word I would use. How many youth have been using it that have brought to awareness the need to do that, and how will the new effort actually help the youth? I mean, already they're using it, I understand. I'm just interested in that whole piece of it.

3:30

Ms Everington: It's brand new. The virtual opioid dependency program was always able to work with youth and treat youth. What we've done is that we worked with Children's Services and the virtual opioid dependency program to establish this specialized youth team, recognizing that youth have particular needs, as members of the committee have raised today. They have particular needs that we need to be able to meet through that service, and it requires this specialized team to really be able to do that in a focused way.

The team is just being established at this point in time. I may not have sort of the day-by-day update, but my understanding is that it hasn't served any youth quite yet. They're just in the process of setting that up. Once it's set up, they anticipate they'll be able to serve about a hundred youth per year through that specialized team.

Mr. Orr: Interesting. Thank you. I'm glad to see you're working together on something.

Anyway, I'll let it go.

The Chair: Okay. I believe Mr. Loyola has ceded his time to Ms Pancholi, so you get the last questions.

Ms Pancholi: Are we not going till 4 o'clock, Mr. Chair?

The Chair: Yes, but we do have additional material that we have to cover.

Ms Pancholi: Okay. Thank you, Mr. Chair. I just have a couple of questions for Ms Wagner on the ongoing recommendations that are before the Child and Youth Advocate right now and before the

ministry. With respect to the recommendation around – well, actually, let me go to the First Nation designate recommendation.

On that recommendation, I see that the ministry is basically indicating that they're strengthening their policy and practice around that. There was also discussion under the Ministerial Panel on Child Intervention that the Child, Youth and Family Enhancement Act would undergo an all-party review – this was through the Stronger, Safer Tomorrow action plan – that the act itself would undergo an all-party review, and that amendments would be made with respect specifically to this issue on, you know, the role of the band designate. That review, according to the action plan, was supposed to be completed by the end of 2021. Clearly, it has not happened, so I'm curious as to whether that is part of the work that you'll be doing on an ongoing basis to address this recommendation from the advocate to strengthen the role of the band designate or First Nation designate.

Ms Wagner: The next review of the Child, Youth and Family Enhancement Act is scheduled for 2024. That was included in amendments to the act, I think, in 2019. So we are preparing for that review, and that is a full legislative review of the act. That would include, as part of the scope of a full review, as determined by the panel, the role of the First Nation designate.

Ms Pancholi: Thank you.

The Chair: A follow-up?

Ms Pancholi: Yeah. So that is a departure from what the ministry has been indicating, which is that it has been implementing all except for three of the actions in the action plan. Clearly, that is not an accurate statement that the minister has repeated and that former ministers have repeated a number of times.

With respect to the recommendation on quality assurance processes, you referred there to the service delivery accountability standards to measure the quality of services provided to children, youth, and families. I was just wondering if you could actually provide a little bit of clarity on what that means. How do these standards actually measure the quality of services? You mentioned in your introduction the elders wisdom circle and implementing, you know, the youth advisory council recommendations. But how do these standards really improve the quality on a case-by-case basis, and how do they apply, essentially?

Ms Wagner: That's an excellent question. Thank you. I'll give you a few examples of how that suite of tools informs day-to-day practice and decision-making. On a regular basis reports are published and provided to management from the office of the statutory director on standards specific to expectations in the act: how many children have cultural plans, how many children are receiving face-to-face visits within the established standards, how many children have a permanency plan as per the legislation. In the case that there is an office or a delegated First Nation agency that is falling behind in those standards, there are established processes to escalate those concerns and to develop action plans in response.

As well, in response, supervisors receive daily reports on, say, for example, how long it's taking to complete an investigation. If an investigation is outside of the established standards, the supervisor receives a report by a worker, and follow-up will occur with that worker to determine: "Is this a matter of caseload? Do you need your caseload lessened? Do you need assistance or consultation with someone to further the investigation? Are you waiting to talk to someone for collateral information about the particular case?" That information then is used to assist the caseworker in facilitating completion of an investigation. Those

were two examples I would share with you in terms of how that improves casework practice.

The Chair: Thank you very much.

As committee members are aware, we do have a few more items on our agenda that need to be addressed today, so on behalf of the committee I would like to express our appreciation to all the presenters who joined us today and contributed to our review of the Child and Youth Advocate's annual report. If you wish to observe the rest of the meeting, you are welcome to move to the gallery at the back of the room; otherwise, we wish you the best for the remainder of the day. Thank you for coming.

Ms Wagner: Thank you.

Mr. Peddie: Thank you.

The Chair: We're under Next Steps here. This committee has met the advocate regarding her annual report. We just received presentations from four ministries. We've also received written briefings from three other ministries. In planning our remaining steps in the review process, please remember that we must complete our review of the office of the Child and Youth Advocate's 2021-22 annual report and report to the Assembly no later than March 14. Of course, this needs to include time for the drafting and review of the committee's report.

Bearing this in mind, does anyone have any questions regarding the remainder of the review process? Mr. Orr.

Mr. Orr: Yeah. So just to be clear, that means that at the next meeting we have to sort of – I don't know – deliberate on where we're going with all of this and come up with statements, recommendations.

The Chair: It is the intent, yes, that on February 16 we would be deliberating on the recommendations for the report that would be presented to the Legislature.

Mr. Orr: Okay. Thank you.

The Chair: This committee has received a significant amount of information for our consideration. We will be moving on to the deliberation stage of this review at our next meeting.

Before we move on, I'd like to once again thank all of our presenters for meeting with us today and all of the officials that have prepared written submissions for our consideration. Also, on behalf of the committee I would like to express our gratitude to Mr. Crossen and Ms Thompson and all of their colleagues at the office of the Child and Youth Advocate for supporting the work of this committee, for all your efforts supporting the children and the youth of this province. We would definitely like to say thank you for all your work.

Other business. I'd like to quickly revisit the issue of providing ASL interpretation on a trial basis at our next meeting. If this is something the committee is wishing to pursue again for our next meeting, I would look for someone to move the following motion.

Member Loyola: I will.

The Chair: Okay. Mr. Loyola. That's fine. Moved by Mr. Loyola that

the Standing Committee on Legislative Offices direct the Legislative Assembly Office to seek to have American sign language interpretation at its February 16, 2023, meeting.

All in favour? All in favour online? Any opposed in the room? Any opposed online?

That motion is carried.

Are there any other items for discussion under Other Business?

If not, the next meeting date. The next meeting has been scheduled for the afternoon of February 16, which is one week from today.

Would a member move a motion to adjourn.

Mr. van Dijken: So moved.

The Chair: Mr. van Dijken. Moved by Mr. van Dijken that the February 9, 2023, meeting of the Standing Committee on Legislative Offices be adjourned. All in favour in the room? All in favour online? Any opposed in the room? Any opposed online? That motion is carried.

This meeting is adjourned. Thank you for your work.

[The committee adjourned at 3:40 p.m.]

