

GOVERNMENT OF ALBERTA

Annual Report

Mental Health and Addiction 2022-2023

Mental Health and Addiction, Government of Alberta | Mental Health and Addiction 2022–2023
Annual Report

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Preface

The Public Accounts of Alberta are prepared in accordance with the *Financial Administration Act* and the *Fiscal Planning and Transparency Act*. The Public Accounts consist of the annual report of the Government of Alberta and the annual reports of each ministry.

On October 24, 2022, the government announced new ministry structures. As such, the responsibilities of the Ministry of Health related to services and supports for addressing mental health and addiction concerns were transferred to the Ministry of Mental Health and Addiction. The 2022-23 Annual Report reflects the 2022-25 Health business plan, the Government of Alberta Strategic Plan, as well as activities and accomplishments in addressing mental health and addiction concerns by both Health and Mental Health and Addiction during the 2022-23 fiscal year, which ended on March 31, 2023.

The Annual Report of the Government of Alberta contains Budget 2022 Key Results, the audited Consolidated Financial Statements and Performance Results, which compares actual performance results to desired results set out in the government's strategic plan.

This annual report of the Ministry of Mental Health and Addiction contains the Minister's Accountability Statement, the ministry's Financial Information and Results Analysis, a comparison of actual performance results to desired results set out in the ministry business plan. This ministry annual report also includes other financial information as required by the *Financial Administration Act* and *Fiscal Planning and Transparency Act*, as separate reports, to the extent that the ministry has anything to report.

All Ministry Annual Reports should be considered along with the Government of Alberta Annual Report to provide a complete overview of government's commitment to openness, accountability and fiscal transparency.

Minister's Accountability Statement

The ministry's annual report for the year ended March 31, 2023, was prepared under my direction in accordance with the *Fiscal Planning and Transparency Act* and the government's accounting policies. All of the government's policy decisions as at May 29, 2023, with material economic or fiscal implications of which I am aware have been considered in the preparation of this report.

[Original signed by]

Dan Williams
Minister of Mental Health and Addiction

Message from the Minister

This past year, a number of significant milestones were reached as our government continued to implement a recovery-oriented approach to mental health and addiction care in the province. Record investments in critical initiatives and the creation of a new standalone ministry, Alberta Mental Health and Addiction, served as a strong signal of the importance and urgency in addressing these complex health issues.

In 2022-23, nearly \$200 million was invested to continue building a comprehensive recovery-oriented system of care for those struggling with addiction and mental health challenges – with a focus on strengthening and expanding a full continuum of services and supports for Albertans of every age, from prevention and early intervention to treatment and recovery.

The mental health of children and youth remains one of our highest priorities. In the past year, we have expanded supports for young Albertans struggling with mental health and addiction. More than \$42 million over three years was allocated to expand access to mental health supports for children and youth in schools, including mental health classrooms for students with complex needs. We also increased access to affordable counselling and doubled funding for 211 Alberta to provide children, youth and their families with effective digital supports and connect them to local resources in their communities.

Over the past year, our government has continued to respond to the addiction crisis, working closely with health professionals, Indigenous leaders, municipal officials, law enforcement and community organizations on initiatives that are saving lives and helping people on the road to long-term recovery.

As part of building out Alberta's recovery-oriented system of care through the Alberta Model, we remained focused on increasing addiction treatment capacity to ensure care is available when and where it is needed. This past year, we reached an important milestone: there are now more than 10,000 new publicly funded addiction treatment spaces across the province, an increase of more than 50 per cent since 2019. These spaces represent hundreds of medical detox, treatment and recovery beds that are available at no cost to Albertans every year.

Building new recovery communities is another way our government is increasing treatment capacity across the province. Recovery communities provide long-term, holistic treatment to people experiencing addiction, and construction of the Red Deer recovery community was completed in late 2022. Now open, this new facility is the first of nine recovery communities planned or underway in Alberta, with facilities currently under construction in Lethbridge and Gunn and planned for Calgary, Grande Prairie, North zone and Central zone.

The expansion of recovery communities has helped strengthen our partnerships with First Nations in Alberta. We continue to work closely with leaders from Blood Tribe and Enoch Cree Nation on the planning and design of the first two Indigenous-led recovery communities in the province. These partnerships are vital to ensuring Indigenous people in Alberta can access land-based and trauma-informed addiction treatment services close to home.

We also took important steps to address rising social disorder linked to substance use and addiction in Alberta's two largest cities. In December 2022, two cabinet task force groups were established to implement \$187 million in funding to help address addiction, homelessness and public safety in Calgary and Edmonton. These initiatives are part of a fair, firm and compassionate

approach to keeping communities safe while treating addiction and mental health as healthcare issues.

While our government is proud of the key projects and accomplishments outlined above, they represent only a small part of the ongoing work at Alberta Mental Health and Addiction. Other highlights of the past year include supporting organizations to increase and enhance the mental health and addiction services they deliver on the ground in their communities; increasing access to life-saving opioid agonist treatment medications through the Virtual Opioid Dependency Program and establishing more Opioid Dependency Program clinics in the province; and maintaining or expanding services that reduce harm across the province, including the Digital Overdose Response System, supervised consumption services and free naloxone kits. Each of these actions is a vital part of strengthening Alberta's recovery-oriented system of care.

I look forward to building on the progress achieved over this past year as a new ministry, which reflects our government's unwavering belief that with the right care and support, recovery is possible for everyone. Yet there is still more work to do to ensure every Albertan who is struggling can get the care they need and deserve. This is the goal our government has set for Alberta Mental Health and Addiction, and we will continue to strive towards it in the year ahead.

[Original signed by]

Dan Williams
Minister of Mental Health and Addiction

Management's Responsibility for Reporting

The executives of the Ministry of Mental Health and Addiction have the primary responsibility and accountability for the ministry. Collectively, the executives ensure the ministry complies with all relevant legislation, regulations and policies.

Ministry business plans, annual reports, performance results and the supporting management information are integral to the government's fiscal and strategic plan, annual report, quarterly reports and other financial and performance reporting.

Responsibility for the integrity and objectivity of the accompanying ministry financial information and performance results for the ministry rests with the Minister of Mental Health and Addiction. Under the direction of the Minister, I oversee the preparation of the ministry's annual report, which includes the financial information, performance results on all objectives and initiatives identified in the Ministry Business Plan, and performance results for all ministry-supported commitments that were included in the 2022-25 Government of Alberta Strategic Plan. The financial information and performance results, out of necessity, include amounts that are based on estimates and judgments. The financial information is prepared using the government's stated accounting policies, which are based on Canadian public sector accounting standards. The performance measures are prepared in accordance with the following criteria:

- Reliable – information used in applying performance measure methodologies agrees with the underlying source data for the current and prior years' results.
- Understandable – the performance measure methodologies and results are presented clearly.
- Comparable – the methodologies for performance measure preparation are applied consistently for the current and prior years' results.
- Complete – outcomes, performance measures and related targets match those included in the ministry's *Budget 2022*.

As Deputy Minister, in addition to program responsibilities, I am responsible for the ministry's financial administration and reporting functions. The ministry maintains systems of financial management and internal control which gives consideration to costs, benefits, and risks that are designed to:

- provide reasonable assurance that transactions are properly authorized, executed in accordance with prescribed legislation and regulations, and properly recorded so as to maintain accountability of public money;
- provide information to manage and report on performance;
- safeguard the assets and properties of the province under ministry administration;
- provide Executive Council, the President of Treasury Board and Minister of Finance, and the Minister of Mental Health and Addiction the information needed to fulfill their responsibilities; and
- facilitate preparation of ministry business plans and annual reports required under the *Fiscal Planning and Transparency Act*.

In fulfilling my responsibilities for the ministry, I have relied, as necessary, on the executives within the ministry.

[Original signed by]

Evan Romanow
Deputy Minister of Mental Health and Addiction
May 29, 2023

Results Analysis

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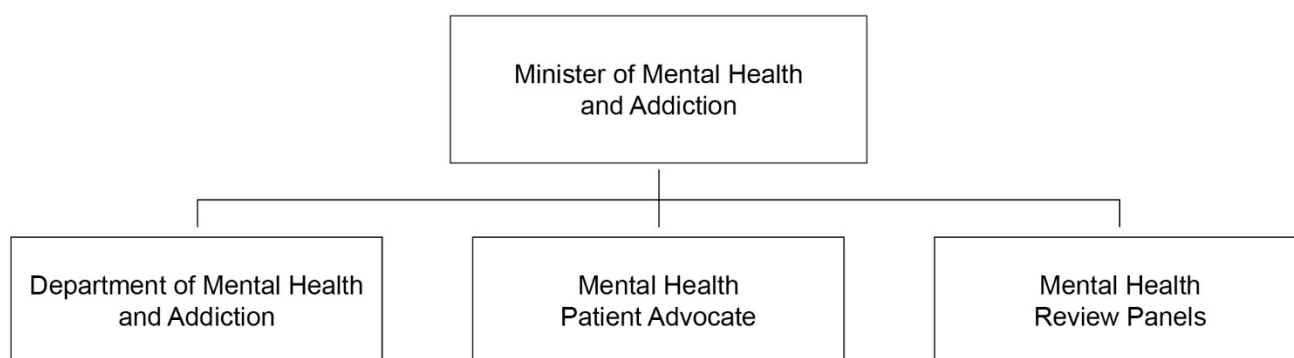
Ministry Overview

The Ministry of Mental Health and Addiction (MHA) leads the Government of Alberta's efforts to develop a recovery-oriented system of care across the province in collaboration with partner ministries, Alberta Health Services (AHS), and community partners. The recovery-oriented system of care includes coordinated networks of community-based services and supports that are person-centred, and build on the strengths and resilience of individuals, families, and communities to achieve wellness and quality of life for those who are experiencing negative impacts related to mental health and substance use problems. This approach focuses on preventing and addressing mental health and addiction issues while also keeping communities safe.

MHA works with government and community partners to ensure Albertans have access to a coordinated continuum of supports, with multiple clear entry points to the type of assistance they need, based on their circumstances, to support them in their pursuit of recovery and to achieve a satisfying, hopeful, and contributing life. The ministry establishes the Government of Alberta's strategic direction for addressing Albertans' needs related to mental health and addiction, including advising government on mental health and addiction policy, legislation, and standards; licensing and monitoring service providers; and providing oversight and ensuring accountability across the mental health and addiction recovery-oriented system of care that includes prevention, early intervention, treatment, and recovery supports.

The Mental Health Patient Advocate (MHPA) reports annually through the Minister of Mental Health and Addiction, and is responsible for providing support to people who have been involuntarily detained in designated mental health facilities or who are the subject of community treatment orders under the *Mental Health Act*. The MHPA helps Albertans understand their rights under the *Mental Health Act*, navigate the mental health system, and investigates complaints.

Organizational Structure



MHA is accountable for responding to recommendations related to addiction or mental health from the Office of the Child and Youth Advocate and for oversight of the *Protection of Children Abusing Drugs Act* (PChAD Act). The PChAD Act enables a guardian of a child who is abusing drugs to apply to the court for an order to confine the child to a Protective Safe House for a period of 10 days (with a possible extension to 15 days) for the purpose of assessment and detox.

The Minister of Mental Health and Addiction is also responsible for appointing a roster of members to sit on review panels to hear applications under the *Mental Health Act*. Review panels are adjudicative bodies that play an important role in protecting the rights of patients detained in facilities and individuals subject to community treatment orders under the *Mental Health Act*. Each review panel has three members: a chair or vice-chair, a psychiatrist, and a public member. There are currently 66 members appointed to the roster: six chairs/vice-chairs, 24 psychiatrists, and 36 public members. In 2022-23, there were 3,503 applications for review panel hearings and 2,149 hearings were held.

MHA works closely with AHS and the ministries of Health; Public Safety and Emergency Services; Education; Seniors, Community and Social Services; Indigenous Relations; Children and Family Services; and Justice, all of which have an active role to establish recovery-oriented services and policies for Albertans experiencing mental health and addiction challenges. This work is supported by the ministries of Treasury Board and Finance, Infrastructure, and Communications and Public Engagement.

In addition to working with provincial government partners, MHA relies on collaboration with external organizations responsible for service delivery; academic and research institutions; a range of health professionals; Indigenous communities; and other government jurisdictions in delivering high-quality mental health and addiction services and improving the recovery capital¹ of Albertans and Alberta communities. The ministry is focused on expanding and enhancing the capacity of mental health and addiction support services to increase the community recovery capital available to assist Albertans in their pursuit of recovery.

¹ Recovery capital is the combination of personal, interpersonal, and community resources that an individual can draw upon to begin and sustain addiction recovery. These addiction and mental health interventions and recovery-oriented supports fall under eight recovery domains: physical and mental health; safe housing and healthy environments; employment and resolution of legal issues; vocational skills and education development; safe and meaningful family, social and leisure activities; peer-based supports, community engagement and cultural supports; and (re)discovering meaning and purpose of life.

Operational Overview

With direction from the Minister of Mental Health and Addiction, the Deputy Minister is responsible for the daily operations of the Department of Mental Health and Addiction, structured as follows:

Deputy Minister's Office – Supports the Minister in achieving strategic goals of the ministry, government, and public service. Provides leadership to ensure quality services, drive innovation, and continue to build and maintain collaborative relationships across government ministries, AHS, and partner organizations. The office provides policy coordination and issues management, as well as leadership in priority setting, decision-making, and ministry operations, and coordinates all correspondence for the Minister and Deputy Minister.

System Enhancement and Legislation Branch – Facilitates implementation of government mental health and addiction policy by convening partners, leading projects, and providing and managing grant funding to community and cross-ministry partners as well as AHS. Key initiatives relate to child and youth mental health, virtual platforms, and supporting Indigenous communities. The branch is also responsible for legislation and legislative tools under the purview of the Minister, and supports the ministry through oversight of data analytics, performance measurement, and intelligence to inform policy and funding decisions.

System Design and Monitoring Branch – Facilitates implementation of government addiction policy particularly as it relates to corrections and police initiatives, recovery communities, and services to support public safety in partnership with community organizations, police, AHS, and corrections. The branch is also responsible for providing regulatory oversight and enforcement of the *Mental Health Services and Protection Act*.

Strategic and Corporate Planning Unit – Supports the ministry's legislated planning and reporting requirements, privacy matters under the *Health Information Act*, and promotes a safe and collaborative work environment. The unit liaises with partners such as the [Recovery Expert Advisory Panel](#) to increase understanding of best practices and innovation in shaping services.

Financial Services Division – Develops and manages the ministry's budget, and funds and monitors the financial activities of the department. The division also provides financial advice and prepares annual financial statements, ensuring compliance with Government of Alberta financial legislation.

Communications (Communications and Public Engagement [CPE] – Mental Health and Addiction) – Provides Albertans and system partners with information about ministry policies, programs, and initiatives. The team offers communications support, such as media relations, issues management, writing and editing services, product development, and online communications services. The team also works closely with AHS and other reporting entities to coordinate ministry communications.

Corporate Services – A Memorandum of Understanding between the Ministry of Mental Health and Addiction and the Ministry of Health ensures ongoing collaboration by providing a framework for consultation and cooperation, as well as the terms and conditions for sharing specified services between the departments, including procurement, records management, research and analytics, finance administration, legal support, and legislative planning.

Key Highlights

Since being established as the new Ministry of Mental Health and Addiction (MHA) on October 24, 2022, the department has continued the work underway from when Addiction and Mental Health was a division in the Ministry of Health. As a standalone ministry, MHA aims to expand its reach and partnerships to enable more supports for Albertans living with, or at risk of, mental health and addiction concerns.

Significant achievements for 2022-23, including progress toward commitments in the 2022-25 Government of Alberta Strategic Plan, are outlined below.

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| Established the new ministry and department | The transition of the Addiction and Mental Health Division in the Ministry of Health to MHA was supported by Treasury Board and Finance's approval of 16 additional Full-Time Equivalents to meet the new department's operational needs, and a Memorandum of Understanding with Health to provide some corporate service functions. All key deliverables, legislated requirements, and funding obligations were met even with disruptions from the transition. |
| Establishing a Recovery-Oriented System of Care | Further development and implementation of the continuum of care and recovery-oriented supports progressed significantly in 2022-23. This included grants to multiple community organizations for a range of programs to serve Albertans needing mental health and addiction care. My Recovery Plan was implemented with AHS' residential addiction treatment contracted service providers, to incorporate an assessment of individual recovery capital as part of the treatment program. |
| Funding for prevention and early intervention initiatives | Funding increased from \$2.5 million to \$5 million for the expanded 211 service that helps Albertans find the right resource or service for whatever issue they need help with, including gender-based violence services and mental health and addiction services. Other initiatives supported mental health in rural communities, for newcomers to Alberta, and in ethno-cultural communities. The HealthIM mobile app was introduced for police and health services teams to assist Albertans in crisis. |
| Broadened reach of children's mental health initiatives | Funding of \$2.4 million supported Kids Help Phone . MHA expanded CASA Mental Health clinical and school-based mental health and addiction services, expanded the Integrated School Support Program across the province, and increased youth and young adult residential treatment services. Government also supported establishing The Summit: Marian & Jim Sinneave Centre for Youth Resilience in Calgary, that supports children and families who need mental health services. |
| Expanded access to treatment | The number of medical detoxification, residential recovery, and residential addiction treatment spaces has increased significantly, providing Albertans more access to treatment. Since 2019, more than 10,000 new spaces have been added, more than doubling the initial target of adding 4,000 new treatment spaces. Specifically in |

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| | <p>2022-23, 1,300 new publicly funded spaces were made available through \$25.5 million in funding to community agencies for spaces.</p> <p>Therapeutic Living Units were developed for corrections centres to offer treatment to incarcerated individuals, and partnerships with Edmonton and Calgary police services. AHS expanded harm reduction and recovery outreach and addiction and mental health supports for individuals detained by police.</p> |
| Improved access to mental health and addiction services for Indigenous Peoples | <p>MHA provided \$2.4 million in funding and worked with AHS to expand Indigenous mental health and wellness supports through the AHS Indigenous Wellness Core. Further work was completed to establish the Blood Tribe Recovery Community, and to enter into Memorandum of Understandings with three additional communities to support increased mental health and addiction services.</p> |
| Progress on developing and building Recovery Communities | <p>From October 2022 to February 2023, funding and commitment for nine recovery communities was announced. The Red Deer Recovery Community subsequently opened in May 2023 to clients and construction of the Lethbridge Recovery Community continued through the year.</p> |

Discussion and Analysis of Results

Actions that support the priorities of the Government of Alberta Strategic Plan

Key Priority One:

Ensuring a resilient and modernized health care system that provides cost-effective, accessible and high quality health care for Albertans

Objective 1: Continuing to expand access to services and supports that improve the health and quality of life for those living with, or at risk of, mental health and addiction [issues]. The government currently spends about \$1 billion on mental health and addiction supports, and Budget 2022 provides an additional \$20 million per year to further implement a recovery-oriented system of care.

Detailed reporting found on pages [18-25](#)

Red Tape Reduction

The Ministry of Mental Health and Addiction (MHA) remains committed to regulatory approaches and program delivery that reduces unnecessary government oversight and emphasizes outcomes, improves access to government services, attracts investment, supports innovation and competitiveness, and grows Alberta businesses.

Implementation of a recovery-oriented system of care includes establishing sufficient oversight and regulated requirements to ensure high-quality services, protection of client and patient rights, and safety in communities. Historically, the addiction and mental health sector has lacked oversight leading to a need for some added regulatory oversight in the sector.

In establishing new licensing requirements and reporting requirements, minimum service requirements and protections are put into place to safeguard Albertans. Under the licensing framework, operators must have policies in place that demonstrate clearly defined referral pathways to detox, treatment and recovery services, as well as primary health care services. Supervised consumption service providers need to ensure the safety and security of clients, employees, and the surrounding community; ensure staff are qualified and trained; and have good neighbour agreements in place. A better understanding of sectors and pathways to services is assisting the government in making funding and policy decisions and improving access to services.

MHA's approach and emphasis on measuring outcomes for Albertans will leverage the expertise of a Recovery Expert Advisory Panel to identify opportunities for demonstrating outcomes of a recovery-oriented system of care, and support evidence-based interventions. Creating an understanding of the mental health and addiction system, and the complex interactions within and with other systems, will help to evaluate policy and process changes to make improvements, reduce barriers to access, and create efficiencies in addiction and mental health services.

Implementation of My Recovery Plan (MRP) is an example of a system change that contributes to an improved understanding of system outcomes and will lead to improved policy and funding decisions by MHA. MRP is a digital platform that helps individuals assess, plan, monitor and measure their own recovery capital as they pursue a pathway of recovery that is unique and meaningful to them. MRP will also allow for improved tracking of system utilization, outcomes, and waitlists to improve system management and support reduction in barriers to accessing services. MRP is being implemented in all AHS-contracted and AHS-operated, residential addiction treatment and detox facilities. Phase 2 of the MRP rollout is currently under way and involves onboarding of 27 residential addiction service providers contracted by AHS. Seven of these providers are using the platform while another 10 are in the process of implementing it. Using the provincial MRP dashboard, MHA will have access to real-time metrics on waitlists, recovery capital, system capacity and utilization, and aggregate level client engagement and outcomes. This will enable understanding of provincial addiction and recovery trends; system use, barriers, and gaps; and what interventions have the most impact, which will support more effective and efficient policy and outcomes-based funding decisions. MRP will also allow service providers to evaluate their programs and meet reporting requirements more easily.

COVID-19/Recovery Plan

In response to the COVID-19 pandemic, government made significant investments in programs and strategies to respond to the evolving health emergency, support Albertans, and maintain the dynamism of Alberta's economy. This activity was a constant feature of government's work in 2022-23.

While COVID-related funding through the Ministry of Mental Health and Addiction (MHA) was directly provided in fiscal years 2020-21 and 2021-22, several project terms were extended, and 32 grants continued to be active in 2022-23. COVID funding through MHA targeted community-led initiatives to support Albertans whose mental health and addiction needs were affected. A diverse set of projects were supported, including those targeting children and youth, immigrant populations, seniors, and other populations expressing need. Examples of projects that continued to be operational in 2022-23 include:

- *Parents Empowering Parents Society*: Family Recovery Support Line and Virtual Support meetings for Family Recovery Group, Community Engagement and Outreach (include support at Edmonton Fire Hall) and outreach service to families. Initial funding: \$500,000, grant term ends March 31, 2024.
- *University of Alberta, Chew Community*: Intervention and outreach services, including crisis and suicide interventions, by assisting Edmonton homeless and street-involved sexual and gender minority youth and young adults with meeting their physical and safety needs and providing counselling referrals to enhance social well-being. Initial funding: \$180,367; \$180,000 added in 2022-23 (\$90,000 for 2022-23 and \$90,000 for 2023-24).
- *Prescription to Get Active PCN*: Support for health care providers to prescribe physical activity for patients and have access to a qualified Activity Coach for a one-month period, complimentary access to online physical activity and exercise videos, complimentary access to 155 recreation centres, and access to a portal for online, facility-based and community programming. Initial funding: \$200,000, grant term ends June 2024.

Outcome Three: The health and well-being of all Albertans is protected, supported and improved, and health inequities among population groups are reduced

Key Objective 3.3 and Performance Indicator 3.a under this outcome of the Ministry of Health's 2022-25 Business Plan is reported by the Ministry of Mental Health and Addiction (MHA).

Government and community partners continue to develop and expand access to a recovery-oriented network of community-based services and supports to achieve improved health and quality of life for those living with, or at risk of, addiction problems or mental health issues.

Key Objective

3.3 Expand access to a range of in-person and virtual recovery-oriented addiction and mental health services.

Alberta's government is committed to ensuring a continuum of recovery-oriented supports and services are available to support improved outcomes for Albertans with, or at risk of, mental health and addiction concerns and those in pursuit of recovery. Work with community partners from across the province is creating a recovery-oriented system that provides multiple pathways for individuals struggling with mental health and/or addiction concerns to access support, when and where they need it. In doing so, Alberta has emerged as a national and international leader in building a recovery-oriented system of care.

A recovery-oriented system of care is community-based and focused on increasing access to a coordinated continuum of services, including prevention, early intervention, treatment, and recovery supports. Investments made by MHA aim to increase connections for individuals to recovery-oriented housing, training, and employment; addiction and mental health treatment; and other community resources. The ministry is working with partners across the province in the justice system, policing, schools, post-secondary institutions, and the trades to establish supports for those who are in pursuit of recovery and offer pathways toward stability and a positive future.

Alberta's government is investing in programs that meet people where they are, working across sectors to provide a continuum of recovery supports. Recovery means different things to different people, especially when it comes to mental health concerns. For some, it can mean managing their symptoms enough to have meaningful activities and social support in their lives and being able to live and work independently. For others, it can mean finding a sense of purpose, satisfaction, and hope in their lives, and for others yet, it can mean a complete resolution of symptoms, healing from root causes of their illness, and achieving improved wellness and resilience.

MHA provided \$107 million in grant funding to AHS in 2022-23 for the provision of a range of addiction and mental health services across the province to meet Albertans' needs. Combined with funding from Alberta Health, Alberta spends more than \$1 billion per year on addiction and mental health programs, services, health care, and supports. Physician compensation for mental health and addiction related services is in addition to this and funded through Alberta Health's budget.

In 2023-24, the ministry is undertaking a review of AHS' mental health and addiction expenditures related to physician compensation to improve accountability and outcomes, and ensure spending reflects the priority needs of Albertans and is aligned with a recovery-oriented approach.

Data and evidence informed service planning and development

Foundational to developing a recovery-oriented system of care, recovery capital is the combination of personal, interpersonal, and community resources that an individual can draw upon to begin and sustain addiction and mental health recovery. It can be categorized into eight domains: physical and

mental health; safe housing and healthy environments; employment and resolution of legal issues; vocational skills and education development; safe and meaningful family, social and leisure activities; peer-based supports, community engagement and cultural supports; and (re)discovering meaning and purpose of life. Through the My Recovery Plan digital platform, residential addiction treatment service providers began collecting individual level recovery capital data in late 2022-23. An increasing positive recovery capital score and a decreasing negative recovery capital score indicates improvement. Actual results will be reflected in future annual reports once sufficient baseline data is established.

Individual recovery is enabled through active community participation to increase recovery capital. A community with high recovery capital has a range of social and community supports and resources available to support healthy, rewarding lives for all individuals in the community, which directly supports individuals in recovery. Indicators for measuring community recovery capital are being explored and will be reported on in the 2023-24 annual report.

MHA is using data and evidence-based decision making wherever possible to determine types, intensity, and location of mental health and addiction services. Data from the Alberta Substance Use Surveillance System provides comprehensive and timely reporting on opioid use and is one tool among others that is used to support decision making.

A Recovery Expert Advisory Panel was appointed in February 2023 to help shape Alberta's evidence-based approach to addiction and mental health care by advising on innovative and best practices for a recovery-oriented system of care and informing policy and standards. This panel of 16 world-class experts will provide ongoing advice on best practices, research and innovation, policy and standards development, as well as inform evaluation and outcomes reporting. The members are from diverse fields of expertise, including frontline specialists, researchers, physicians, Indigenous leaders, policy experts and other respected leaders, and includes leading voices from Stanford University and Harvard Medical School, in addition to local leaders from the Universities of Calgary, Lethbridge, and Alberta. The Recovery Expert Advisory Panel will provide ongoing advice for a period of one year, with the possibility of extension.

Expanding access to safe and quality care

Support for an individual's recovery from addiction or addressing mental health concerns considers their needs, wants, and goals. By providing a continuum of supports that are easily accessible within a recovery-oriented system of care, Alberta's government is promoting an environment where people can work on stabilizing and maintaining their physical and mental health, with clear pathways to a range of services.

In 2022-23, Alberta's government licensed 112 service provider locations under the *Mental Health Services Protection Act*. This includes residential addiction treatment services, supervised consumption services, and narcotic transition services. Service providers are regularly monitored for compliance to the Act, Regulation, and applicable standards. An amendment to the Mental Health Services Protection Regulation in October 2022 established new quality standards for supervised consumption services and narcotic transition services as well as psychedelic drug treatment services for mental health conditions while continuing to ensure access to promising treatments.

The [Community Protection and Opioid Stewardship Standards](#) for narcotic transition services aim to stabilize patients with severe opioid addiction with the goal of tapering and transitioning them to opioid agonist treatments while under expert medical care with comprehensive, recovery-oriented psychosocial supports as soon as is reasonably possible. The Standards also introduce additional requirements, such as witnessed dosing to reduce the risk of drug diversion in Alberta communities. Alberta is the first province in Canada to protect communities from the diversion of

high-risk opioids while increasing access to specialized care for people with severe opioid addiction. These changes do not affect Albertans who are prescribed high-potency opioid narcotics for chronic pain or other illnesses. Narcotic transition services are available at six AHS Opioid Dependency Program clinics in Calgary, Edmonton, Grande Prairie, Red Deer, Lethbridge, and Medicine Hat. Three of these clinics were added in February 2023 to ensure access in all zones of the province.

Alberta is developing and building recovery communities to provide long-term, residential addiction and holistic treatment to Albertans experiencing addiction. In October 2022, the government committed \$65 million to develop two recovery communities in Edmonton and Calgary respectively, in addition to the four recovery communities previously announced.

The [first recovery community](#) opened its doors in Red Deer this spring with a total \$24 million capital investment and a \$4.8 million annual operating budget. Full capacity is 75 treatment beds serving up to 300 clients per year. The remaining recovery communities are in various stages of development in Lethbridge, Gunn, Blood Tribe First Nation, Enoch, and Calgary. Three additional facilities in Grande Prairie, Northern Alberta, and Central Alberta area also planned.

Starting in 2022-23, funding is allocated for recovery-oriented workforce development, capacity building in evidence-based addiction treatment and service delivery, and creating a framework to monitor and evaluate the recovery-oriented system of care treatment system.

This includes creating a Recovery Training Institute that will eventually be situated at the future Gunn Recovery Community and will ensure qualified staff are providing services to Albertans.

Enoch Cree Nation was selected to be the location of the Edmonton region recovery community site to provide culturally appropriate, accessible services in greater collaboration with First Nations, recognizing First Nations have been disproportionately impacted by the addiction crisis, especially with higher rates of unintentional opioid overdose deaths compared to non-First Nations Albertans.

To provide additional support for culturally appropriate services, MHA is investing \$2.4 million annually in the AHS Indigenous Wellness Core for the Indigenous Continuum of Addiction and Mental Wellness grant program initiative. The Continuum of Wellness will establish new community-based addiction and mental health projects that will result in improved access to services for First Nations, Métis, and Inuit peoples.

Since 2019, the government has established 10,000 new publicly funded spaces for addiction treatment, detox, and recovery. Through funding from MHA, AHS contracted with 25 community agencies across the province who provide these services. Specifically in 2022-23, 1,300 new publicly funded spaces were made available through an additional investment of \$3.3 million, bringing the funding to community agencies for spaces to over \$25.5 million in 2022-23. From 2021 to 2022, the number of Albertans who received publicly funded treatment and were discharged (both new investment and previously funded spaces) increased from 7,990 to 10,890. Residential addiction treatment has been free for Albertans since \$40 per day user fees for publicly funded residential addiction recovery programs were eliminated in 2020.

The [Virtual Opioid Dependency Program](#) (VODP) was expanded to improve access for evidence-based opioid agonist treatment medications to help manage withdrawal symptoms, providing treatment on demand for people with opioid addiction. This program enables Albertans anywhere in the province to get addiction treatment, including same-day access to addiction medicine physicians and evidence-based medications like Suboxone and Sublocade. The number of clients and client intakes continued to grow steadily in 2022-23, with an estimated total of more than 7,800 referrals received, compared to 4,907 referrals in 2021-22.

In November 2022, MHA committed funding of \$4.5 million over three years to expand the VODP to include a team of health professionals dedicated to supporting youth, especially those living in group care settings. The supports offered by this team include rapid assessments; virtual treatment and ongoing care; recovery-oriented youth programming; peer supports; and parent, family and support worker education and training.

MHA is working with police services across the province to offer those who have been arrested immediate access to opioid addiction treatment and an addiction medicine physician by connecting them with the VODP. The ministry invested more than \$1.5 million this year alone to establish dedicated health staff within detachments in Edmonton, Calgary, Lethbridge, Red Deer, and Grande Prairie to facilitate VODP access. In the first three quarters of 2022-23, over 950 individuals were referred to the VODP from police services or RCMP holding cells.

As part of the Provincial Naloxone Program, MHA and AHS provide free injectable naloxone for individual use. Between April 2022 and February 2023, over 178,000 kits were distributed and over 16,400 opioid overdose reversals were reported. In early 2023, the government changed its legislation to allow more workers to administer injectable naloxone as part of their workplace duties. This was previously restricted to authorized regulated health professionals and certain types of first responders. Workers in any setting can now administer naloxone as part of their duties as authorized by their employer and if they have met the training requirements.

Urban responses to social disorder

An integrated system of care includes intersections between health services and police and the justice system, and civil society organizations. Local community organizations are essential to building community recovery capital, helping more Albertans pursue recovery, and preventing addiction and mental health challenges from arising in the first place. While the addiction crisis has affected every community in Alberta, social disorder and public safety are growing concerns in Edmonton and Calgary.

In 2022-23, the Government of Alberta invested \$187 million to tackle issues of addiction, homelessness, and public safety, specifically focusing on Edmonton and Calgary. This included expanding harm reduction and recovery outreach teams in the two cities and developing integrated health and police services that can better connect Albertans with overdose prevention supports and other essential health services. In addition, \$12 million was allocated to establish Therapeutic Living Units and transitional services in provincial correctional facilities. Therapeutic Living Units are an adaptation of the recovery community model and provide transitional services to link people with services and prepare them for treatment.

Virtual mental health and prevention supports

MHA provided funding of \$6.8 million over two years (2022-23 and 2023-24) for Counselling Alberta to expand mental health services to ensure every Albertan has access to affordable counselling services. Counselling Alberta is a new division of the Calgary Counselling Centre that enables expanded virtual services throughout Alberta, including in rural areas, and expanded in-person access in urban communities. Counselling Alberta provides coordination, intake, clinical oversight, outcomes measurement, and makes services affordable for Albertans. Based on the most recent reporting, between April and September 2022, Counselling Alberta served 197 new unique clients and offered 416 counselling sessions. Importantly, there was no wait list for counselling services during the reporting period, which meant that service capacity was sufficient to meet all existing clients' needs.

HealthIM is a digital platform that provides police officers with evidence-based, onsite tools and information they need to respond to mental health crises safely and effectively by better assessing

the needs of someone experiencing a mental health crisis. The platform was launched in July 2022 with the Edmonton Police Service. Through HealthIM, police services have access to de-escalation techniques, police information about the person in crisis, and information sharing with health facilities and community services. Data from other jurisdictions shows that HealthIM contributes to significant reductions in involuntary apprehensions while ensuring people in crisis get appropriate help to support their wellbeing. As of March 31, 2023, HealthIM is used by four police services (Edmonton, Lethbridge, Medicine Hat, and Camrose), and RCMP K Division (Central and West). Other services across the province are in various stages of implementation using a phased approach. The total committed funding for HealthIM is approximately \$2.4 million over three years. Use of the system has grown steadily since its launch, with more than 2,000 usages logged from October 2022 to March 2023, contributing to improved responses to individuals with mental health concerns while ensuring police and emergency resources are used effectively.

In November 2022, Alberta's government announced increased funding for Alberta 211, from \$7.5 million over three years to more than \$15 million, to support early intervention in a recovery-oriented system of care. The free 211 service provides a single point of contact for information and connections to health services and organizations that provide a range of addiction and mental health supports. The service is free, confidential, and available in over 170 languages over the phone. The funding ensures 211 can meet existing demand; enhance community service listings in rural areas; improve the response to underserved populations; better connect callers to culturally and locally relevant supports; and develop and implement specialized navigation supports for children, youth, and families. In December 2022, an additional \$3 million was announced to improve wrap-around supports for gender-based violence survivors, such as counselling, health care, and legal services. In 2022, 211 answered more than 100,000 phone, text, and chat requests from Albertans, and more than 200,000 Albertans accessed the 211 website.

The [Digital Overdose Response System](#) (DORS) app has been downloaded more than 6,000 times since it was launched in June 2022 and is serving its purpose as a harm reduction tool for people who use substances alone. The application has more than 1,500 registered users, and hundreds of sessions initiated. The government continues to provide free access to naloxone kits, which can reverse an opioid overdose and save a life. Reports indicate that naloxone provided through the community-based naloxone program reversed more than 16,400 overdoses between April 2022 and February 2023.

In 2022-23, MHA invested \$3.3 million in advertising campaigns to ensure Albertans know to contact 211 for support, use the DORS app to summon medical assistance if experiencing an overdose, and how to access the VODP to receive same-day access to addiction treatment professionals and medication.

Children and youth mental health

Improving youth mental wellness is a key priority as part of the continuum of mental health supports and services for Albertans. Research indicates the onset of 75 per cent of mental health problems occur by age 24.

Through provincial funding of \$107 million, AHS provides mental health services for all Albertans, and specific programs to help children and youth improve their mental wellness. AHS works closely with primary care providers and community organizations to support local care needs and provide ongoing care from prevention to supporting those of all ages with severe mental illness. Examples include prevention and promotion materials, workshops and skill-building sessions specific to children's mental health, suicide prevention, and outpatient and inpatient mental health services.

On March 13, 2023, AHS in partnership with the Alberta Children's Hospital Foundation, opened the Summit: Marian & Jim Sinneave Centre for Youth Resilience. This new centre for child and

adolescent mental health will provide high-quality care for up to 8,000 children, youth, and their families in Calgary, by augmenting and integrating existing services provided by AHS and community-based partner agencies. In partnership with AHS and the University of Calgary, the Summit will be one of the most research-intensive community-based mental health facilities for young people in Canada. The Government of Alberta will provide \$10 million annually for the Summit to deliver a range of treatment and intervention services to children and youth experiencing mental health challenges. Of this \$10 million, MHA will provide \$3 million annually to support new day hospital services.

An investment of \$500,000 annually over three years is supporting physicians to receive Canadian Research and Education for the Advancement of Child Health (CanREACH) training to improve their mental health knowledge and skills to treat the mental health needs of children and their families closer to home. CanREACH's evidence-based modified-fellowship program provides physicians with training in assessment and treatment of pediatric mental health concerns.

In July 2022, MHA committed \$42 million over three years to increase access to mental wellness supports and clinical mental health supports in schools under the Child and Youth Health Services Initiative, including:

- \$10 million annually for three years to CASA Mental Health to support new and expanded clinical mental health services and supports for school-aged children and youth, including the introduction of mental health classrooms. The school-based services model will be delivered to children and youth across the province. Mental health classroom teams consist of a mental health therapist, psychiatrist, and classroom behavioural specialist. The teams are supported by a health team that includes a nurse, social worker, educational psychologist, speech and language therapist, and occupational therapist. These services are first being established in select schools in the Edmonton zone, with more to follow across the province. In 2022-23, classrooms were established in two schools in Sturgeon County. A total of 20 mental health classrooms will be operating in Alberta schools by February 2025.
- \$4 million annually for three years for the expansion of the Calgary Police Youth Foundation's Integrated School Support Program (ISSP) to provide school-based prevention initiatives. The program provides wrap-around support systems at elementary schools, such as meal programs, after school care, daily physical education, and access to mental health professionals. These prevention and early intervention supports help children improve their mental health, wellness and quality of life by building strength and resilience. The ISSP model offers clear connections to existing community resources, which makes it easier for families to access the services they need. The funding first expanded the ISSP to two more schools in Calgary in 2022-23 and will support a total of 22 communities across the province by February 2025.
- An additional \$2.3 million over three years is being invested to evaluate the cumulative impact of new investments in child and youth mental health supports and how they integrate and coordinate with existing local services, like youth mental health hubs, to improve the mental health outcomes of children and youth. This evaluation will be led by researchers in the Mathison Centre at the University of Calgary.

In addition, the government provided an annual investment of \$6 million for the Youth Community Support Program (YCSP) and Personalized Community Care (PCC) programs for youth with complex needs, \$2.4 million annually for Kids Help Phone, and funding of \$3.6 million annually for youth mental health hubs. The YCSP and PCC provide intensive community-based live-in and outreach supports for youth under 18 years. A formal evaluation of the YCSP demonstrated a substantial reduction of almost 100 per cent in inpatient mental health bed days for youth from the period of six months prior to enrollment in the YCSP to six months after completion of the program. In addition, all youth in the YCSP showed significant improvement in their mental health and most

youth returned to school or gained employment following participation in the program. The PCC is a new program, implemented in 2022-23 for youth with highly complex needs who require a higher level of support than those in the YCSP. Expected outcomes for youth in this program are decreased use of acute/tertiary mental health and addiction services, and improved mental health.

Youth mental health hubs offer access to a range of services, including mental health and addiction services, primary health care, social services, housing, and school-based supports. There are currently 11 youth hubs at different stages of operation in Medicine Hat, Fort Saskatchewan, Tri-region area (Parkland County, Stony Plain, and Spruce Grove), Drayton Valley, Fort McMurray (Wood Buffalo), Grande Prairie, Strathmore, Bonnyville, Enoch Cree Nation, Samson Cree Nation, and Alexis Sioux Nation. In 2021-22 (most recent data), 2,821 youth accessed the six youth hubs operating at that time, a 500 per cent increase from the previous year. The youth hubs received more than 1,000 referrals from service providers and made more than 850 referrals to other community services.

Kids Help Phone provides youth ages four to 29 with access to free 24 hour, seven days a week mental health support services in English and French by directly reaching out to the service or through a facilitated referral from Alberta 211. The services include professional counselling by phone and chat and confidential support via texting. These services are available to any young person, including post-secondary school students in the province. In addition to providing immediate one-on-one support, Kids Help Phone also ensures young people can connect to local services and support in their community via the online Resources Around Me portal. In 2022-23, the Kids Help Phone had more than 43,000 interactions via phone, text, and chat.

Performance Measure and Indicator Methodology

Performance Indicator 3.a: Percentage of mental health and addiction-related emergency department visits with no mental health service in previous two years.

This indicator, from the Alberta Health 2022-25 Business Plan, examines first contact visits to an emergency department (ED) for mental health conditions. The calculation includes the number of mental health-related ED visits for patients 10 years old or older, where the patient had received no mental health or addiction services from (1) a physician, or (2) in a hospital, or (3) in an emergency department in the preceding two years. Data is sourced from Alberta Health databases pertaining to physician billing claims data and hospital discharge abstracts, and the National Ambulatory Care Reporting System. Current fiscal year results are not reported as all provincial reporting is not completed.

| Prior Years' Results | | | | 2022-23 Target | 2022-23 Actual |
|----------------------|---------|---------|---------|-------------------|-------------------|
| 2018-19 | 2019-20 | 2020-21 | 2021-22 | | |
| 26.2% | 25.9% | 25.4% | 24.7% | Not established | N/A |

Government continues to expand access to recovery-oriented support services in the community to provide Albertans living with, or at risk of, addiction or mental health issues with options other than EDs to help them improve their health and quality of life. This performance indicator is one measure of successfully providing appropriate supports in community as it represents Albertans who attend an ED for a mental health or addiction reason who have not been seen by a physician or in the hospital for the same reason in the two years prior. This represents a likely lack of access to more appropriate care, as most disorders do not present as a crisis initially. A reducing score is indicative of improvement in the number of individuals who access assistance from resources such as Alberta 211, their physician, and/or mental health and addiction supports in their community.

EDs will remain a vital piece of the mental health and addiction health care system, however a strong system provides care prior to crisis situations, whenever possible. This is reflected in this performance indicator through the reduction in the percentage of individuals seen first in an ED. A target for 2022-23 was not established as this is a new indicator and investigations into the possible reductions are ongoing.

To reflect both the importance and increasing number of community mental health and addiction resources, this indicator is changed to a measure and expanded in 2023-24, to include not only physician visits in the two years prior to the ED visit, but also AHS' community clinic data. This expansion will make the performance measure more accurate. A new baseline will be established in 2023-24, in consultation with the Recovery Expert Advisory Panel.

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Ministry Financial Highlights

Statement of Revenues and Expenses (unaudited)

Year ended March 31, 2023

(In thousands)

| | 2023 | | 2022 | | Change from | |
|------------------------------------------|----------------------|-------------|----------------------|----------|-------------|-------------|
| | Budget (Restated) | Actual | Actual (Restated) | | Budget | 2022 Actual |
| Revenues | | | | | | |
| Government Transfers | | | | | | |
| Government of Canada | \$ 6,669 | \$ 7,118 | \$ 6,662 | \$ 449 | \$ 456 | |
| Refunds of Expense | - | 4,603 | 1,749 | 4,603 | 2,854 | |
| Ministry Total | 6,669 | 11,721 | 8,411 | 5,052 | 3,310 | |
| Inter-Ministry Consolidation Adjustments | - | (1,820) | (1,009) | (1,820) | (811) | |
| Adjusted Ministry Total | 6,669 | 9,901 | 7,402 | 3,232 | 2,499 | |
| Expenses - Directly Incurred | | | | | | |
| Ministry Support Services | 2,322 | 2,061 | 572 | (261) | 1,489 | |
| Addiction & Mental Health | 176,693 | 194,534 | 170,893 | 17,841 | 23,641 | |
| Ministry Total | 179,015 | 196,595 | 171,465 | 17,580 | 25,130 | |
| Inter-Ministry Consolidation Adjustments | (77,834) | (98,641) | (83,968) | (20,807) | (14,673) | |
| Adjusted Ministry Total | 101,181 | 97,954 | 87,497 | (3,227) | 10,457 | |
| Adjusted Annual Deficit | \$ (94,512) | \$ (88,053) | \$ (80,095) | \$ 6,459 | \$ (7,958) | |

Revenue and Expense Highlights (Prior to Inter-Ministry Consolidation)

Revenues

Actual revenue for the year was \$11.7 million, which was \$5.1 million higher than budget and an increase of \$3.3 million from prior year.

The \$5.1 million increase from budget is attributed primarily to recovery of unutilized grant funds from previous years. Significant recoveries include:

- \$1.9 million restricted grant funding returned from Alberta Health Services (AHS). As funding for programs moves into AHS base funding, this reduces the restricted grant funding required for these programs.
- \$1.7 million related to Supervised Consumption Services/Overdose prevention sites as funding was consolidated into a grant with AHS.
- \$0.7 million related to Youth Community Support Program, largely due to reduced staffing during COVID-19.

The \$3.3 million increase from prior year is due to the number of grant surpluses that were returned from grant recipients. This amount varies each year.

Expenses

Actual operating expenses for the year were \$196.6 million, which was \$17.6 million higher than budget and an increase of \$25.1 million from prior year.

The \$17.6 million increase from budget is attributed to grant funding to address addiction crisis and urban response initiatives, including:

- \$10.7 million to support Urban Response initiatives in Calgary and Edmonton.
- \$8 million to support the relocation of the George Spady Centre Society.
- \$5 million was provided for Narcotics Transition Services (NTS) start up costs.

These additional costs were partially offset with internal savings.

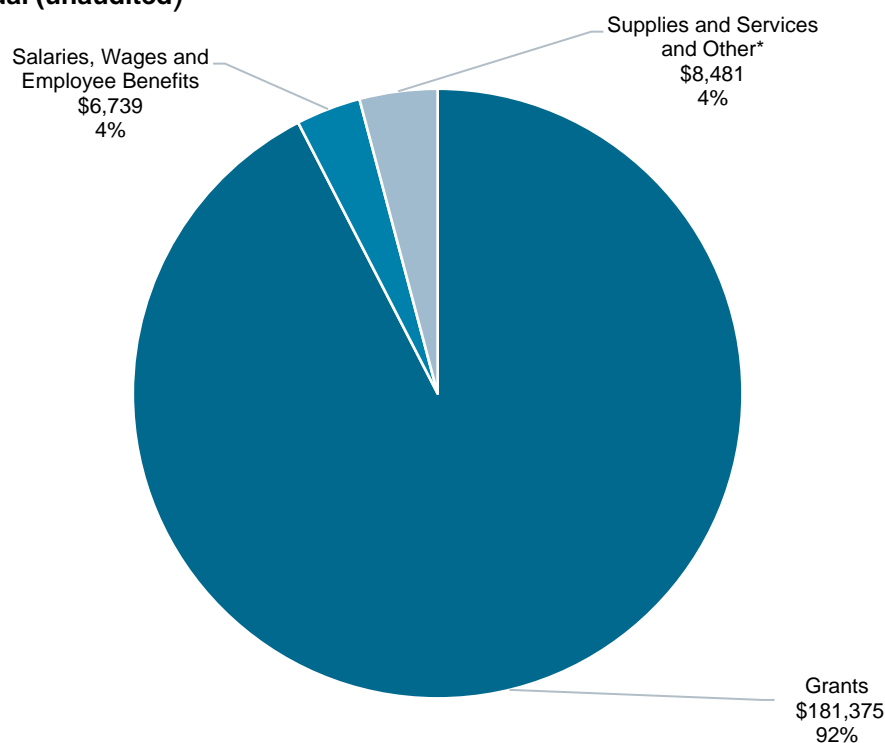
The \$25.1 million increase from prior year is due primarily to the following increases in 2022-23 expense:

- \$10.7 million to support Urban Response initiatives in Calgary and Edmonton.
- \$8 million to support the relocation of the George Spady Centre Society.
- \$5.9 million for operations in Therapeutic Living Units.
- \$5 million was provided for NTS start up costs.
- \$4.6 million for Recovery Community Operations.
- \$4 million for Provincial Naloxone program due to demand for kits.
- \$3 million on various addiction and mental health public communication initiatives.

These increases in spending were partially offset by a reduction in COVID expense in 2022-23.

Expenses – Directly Incurred Detailed by Object (unaudited) (In thousands)

2023 Actual (unaudited)



***Includes financial transactions and other expenses of \$371**

Grants comprise the largest category of expense, at 92 per cent of total expenses. In 2022-23, the ministry provided \$181 million in grants to support organizations and communities through various grant programs, including:

- \$97 million in Treatment and Recovery Services.
- \$35 million for Children and Youth Mental Health Services.
- \$32 million on Initiatives that Reduce Harm.
- \$17 million for Prevention and Early Intervention initiatives.

Other Financial Information

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Statement of Remissions, Compromises and Write-offs (unaudited) 32

Lapse/Encumbrance (unaudited)**Year ended March 31, 2023***(In thousands)*

| Expense Vote by Program | Voted Estimate ⁽¹⁾ | Supplementary Estimate ⁽²⁾ | Adjustments ⁽³⁾ | Adjusted Voted Estimate | Voted Actuals ⁽⁴⁾ | Over Expended/ (Unexpended) |
|--------------------------------------------|------------------------------------------|--------------------------------------------------|---------------------------------------|----------------------------------------|-----------------------------------------|--------------------------------------------|
| Operating Expense | | | | | | |
| 1 Ministry Support Services | | | | | | |
| 1.1 Minister's Office | \$ 623 | \$ 50 | \$ - | \$ 673 | \$ 570 | \$ (103) |
| 1.2 Deputy Minister's Office | 255 | 506 | - | 761 | 251 | (510) |
| 1.3 Corporate Services | 1,444 | - | - | 1,444 | 1,205 | (239) |
| | <u>2,322</u> | <u>556</u> | <u>-</u> | <u>2,878</u> | <u>2,026</u> | <u>(852)</u> |
| 2 Addiction and Mental Health | | | | | | |
| 2.1 Program Support | 6,444 | 4,067 | - | 10,511 | 10,422 | (89) |
| 2.2 Compliance and Monitoring | 728 | 318 | - | 1,046 | 594 | (452) |
| 2.3 Mental Health Review Panel | 2,091 | - | - | 2,091 | 1,639 | (452) |
| 2.4 Prevention | 728 | - | - | 728 | 728 | - |
| 2.5 Early Intervention | 12,802 | 5,100 | - | 17,902 | 15,036 | (2,866) |
| 2.6 Treatment and Recovery | 92,500 | (8,323) | - | 84,177 | 84,953 | 776 |
| 2.7 Initiatives that Reduce Harm | 27,224 | 2,800 | - | 30,024 | 30,257 | 233 |
| 2.8 Children and Youth | 34,176 | - | - | 34,176 | 35,120 | 944 |
| | <u>176,693</u> | <u>3,962</u> | <u>-</u> | <u>180,655</u> | <u>178,749</u> | <u>(1,906)</u> |
| Capital Grants | | | | | | |
| 2 Addiction and Mental Health | | | | | | |
| 2.5 Early Intervention | - | 10,000 | - | 10,000 | 1,633 | (8,367) |
| 2.6 Treatment and Recovery | - | - | - | - | 8,000 | 8,000 |
| | <u>-</u> | <u>10,000</u> | <u>-</u> | <u>10,000</u> | <u>9,633</u> | <u>(367)</u> |
| Capital Payments to Related Parties | | | | | | |
| 2 Addiction and Mental Health | | | | | | |
| 2.6 Treatment and Recovery | - | 5,112 | - | 5,112 | 4,112 | (1,000) |
| 2.7 Initiatives that Reduce Harm | - | 1,500 | - | 1,500 | 1,700 | 200 |
| | <u>-</u> | <u>6,612</u> | <u>-</u> | <u>6,612</u> | <u>5,812</u> | <u>(800)</u> |
| Total | <u>\$ 179,015</u> | <u>\$ 21,130</u> | <u>\$ -</u> | <u>\$ 200,145</u> | <u>\$ 196,220</u> | <u>\$ (3,925)</u> |
| Lapse/(Encumbrance) | | | | | | <u>\$ (3,925)</u> |

(1) Effective October 24, 2022 the Ministry of Mental Health and Addiction was established. Responsibility for the administration of the programs listed above were transferred from the Ministry of Health (Order in Council 362/2022 and 373/2022). The voted operating expense has been restated by \$179,015 to reflect this change.

(2) Per the Supplementary Supply Estimates approved on March 16, 2023.

(3) Adjustments include encumbrances, capital carry over amounts, transfers between votes, credit or recovery increases approved by Treasury Board, and credit or recovery shortfalls. An encumbrance is incurred when, on a vote by vote basis, the total of actual disbursements in the prior year exceed the total adjusted estimate. All calculated encumbrances from the prior year are reflected as an adjustment to reduce the corresponding voted estimate in the current year.

(4) Actuals exclude non-voted amounts as no cash disbursement is required (non-cash amounts), or because the Legislative Assembly has already provided the funding authority pursuant to a statute other than an appropriation act. Non-cash amounts (such as amortization, valuation adjustments, and other provisions) are excluded as these amounts do not require any expenditure or payment of public money. Year-end expense accruals & payables which will immediately require a cash outlay (payment of public money) to settle or otherwise extinguish the liabilities are included in actuals.

Statement of Remissions, Compromises and Write-offs (unaudited)**Year ended March 31, 2023***(In thousands)*

| | <u>2023</u> | <u>2022</u> |
|---------------------------------|---------------|-------------|
| Write-Offs | | |
| Other Receivables | \$ 340 | \$ - |
| Total Write-offs ⁽¹⁾ | <u>\$ 340</u> | <u>\$ -</u> |

⁽¹⁾ There were no remissions or compromises during the year.

The above statement has been prepared pursuant to Section 23 of the *Financial Administration Act*. The statement includes all remissions, compromises and write-offs made or approved during the fiscal year.

Annual Report Extracts and Other Statutory Reports

Public Interest Disclosure (Whistleblower Protection) Act

Section 32 of the *Public Interest Disclosure (Whistleblower Protection) Act* reads:

- 32(1) Every chief officer must prepare a report annually on all disclosures that have been made to the designated officer of the department, public entity or office of the Legislature for which the chief officer is responsible.
- (2) The report under subsection (1) must include the following information:
- (a) the number of disclosures received by the designated officer, the number of disclosures acted on and the number of disclosures not acted on by the designated officer;
 - (b) the number of investigations commenced by the designated officer as a result of disclosures;
 - (c) in the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations made or corrective measures taken in relation to the wrongdoing or the reasons why no corrective measure was taken.
- (3) The report under subsection (1) must be included in the annual report of the department, public entity or office of the Legislature if the annual report is made publicly available.

There were no disclosures of wrongdoing filed with the Public Interest Disclosure Office for the department of Mental Health and Addiction between April 1, 2022 and March 31, 2023.