



Addiction & Mental Health Provincial Advisory Council

Date: Friday September 8, 2023 (5:30pm – 8:30pm)
Saturday September 9, 2023 (8:00am – 3:00pm)

Venue: Delta Edmonton South Hotel and Conference Centre

Addiction & Mental Health Provincial Advisory Council									
$\overline{\mathbf{V}}$	Chantel Walker			obins	on, Vice Chair	V	Tyla Savard, Chair		
$\overline{\mathbf{V}}$	Darrin Thompson	R	Sandra Badry		V	Tracy Osterbroek			
V	Ed Brown	V	Sandra Sjo	Sandra Sjogren		V	Wally Sinclair		
V	Elaine Bridger	$\overline{\mathbf{V}}$	Sarthak Sir	ngh		V	Wesley Paterson		
R	Nasra Omar	$\overline{\mathbf{V}}$	Sue Blanch	nard					
V	Pat Labrash	$\overline{\mathbf{A}}$	Terry O'Rio	ordan					
AHS P	ermanent Resource Persons								
$\overline{\mathbf{A}}$	Kerry Bales, Chief Program Officer	Officer			Dr. Nick Mitchell, N	∕ledic	cal Director		
	Provincial Addiction and Mental Health				Provincial Addiction Mental Health				
AHS									
R	Colleen Turner, VP CE & Communications			$\overline{\mathbf{A}}$	Sara Tomlinson, Director, Provincial Addiction and Mental Health				
R	Janine Sakatch, Community Engagement			$\overline{\mathbf{A}}$	Shelly Vik, Director, Provincial Addiction and Mental Health				
	Jennifer Bishop, Executive Director	ector, Mental Health,			Steven Clelland, Executive Director, Addiction Medicine,				
	Provincial Addiction and Mental He				Provincial Addiction and Mental Health				
R	Shelley Rattray, Senior Communications Advisor			$\overline{\mathbf{A}}$	Nicole Merrifield, Community Engagement				
	Community Engagement								
Guests				ı					
\square	Angel Draude, Executive Director,			Bonnie Blakey, COE, CASA					
	Correctional Health Services				Dena Pedersen, Clinical Director, CASA				
	er of Public								
V	Cecily Poohkay								
V	Lindy Fors								

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	Call to Order	Tyla Savard		
	Called the meeting to order			
	Acknowledgement of Traditional Lands			
	Ed read the land acknowledgment			
	Introduction & Ice- Breaker			
	Tyla welcomed everyone with introductions.			
1.	Approval of AMH PAC Draft Agenda – September 8 th and 9 th , 2023 In motion to approve the agenda with an addition of agenda item - Web Design.	Tyla Savard	Agenda approved by Terry	
2.	Approval of AMH PAC Draft Meeting March 3rd and 4th, 2023		Minutes approved	
	In motion to accept the minutes as presented.		by Susan	
			seconded by	
			Wally	
3.	Council Round Table and Updates	All AMH PAC		
	3.1 Members Engagement Updates			



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All r 3.2 Report from A	members provided an update on their community engagements. AMH PAC Chair				
• No 202	new update available at this time. Next meeting is scheduled on September 15,				
3.3 Workplan and		Anita will update			
	mbers worked on the AMH PAC workplan and commitments. diction Practice Counselling	and circulate for approval			
med grot met Son • Reg	onda updated on the work of the Provincial Addiction Practice Council which ets monthly, and the next meeting is scheduled on September 11th. The working up have reps from each zone, an update on different things that come up ie, thamphetamine, Peer2Peer, low risk drinking guidelines and harm reduction. The challenges with Connect Care reporting. Granding the Practice Standards for Addiction Counsellors, waiting to hear more in government on this process.	Rhonda to send some highlights to Anita			
The addYAI havEve mer	e YAMPAC underwent a name change and the new name is Alberta youth liction mental health advisory council. MPAC is a provincial addiction and mental health advisory group, and doesn't te the direct reporting to the board, changed the name to avoid any confusion. Beryone on the council is youth counterpart for the council and in addictions and antal health. Ithak will bring back updates on the projects for AMH pathways.	Sarthak to share updates with Anita			

4. Presentations

- 4.1 CASA Mental Health
 - Bonnie Blakey and Dena Pedersen provided an overview of CASA services and their operational plan.
 - Map that be shared include what are prevention, promotions services in the community.
 - Rhonda asked how CASA will be successful recruiting psychiatrist given in the North, in Fort McMurray there hasn't been psychiatrist for youth and children available for decades? CASA – will work with AHS partners around recruitment for the Day Program CASA house model. CASA house has three psychiatrists to be the cohort in the North. Goal is to get the right kids that need help.
 - Questions: What kind of follow up kids have when they graduate as adults? CASA
 currently doesn't have a program in place for youth transitioning to adults. Kick Stand
 would be one place to figure out there is a gap in that area. Something to look into
 how we break that barrier.
 - Wally's comments: this is the type of resourcing is need in the community. This is something we can do with the justice system, support kids in their journey as a community. We want to support these kids in the justice system and not getting them

Bonnie to share the map



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remanded. We do see the value in the work CASA is doing – so much we see what CASA is doing which is doing the right thing.

 In the announcement the additional funds are for classrooms and facilities. Meet with our partners and where can we fill the pieces. Setup classrooms and deploy the team in different ways the intent is to do what the communities want us to do. There are other gaps too and we have different approaches for that.

4.2 Low Risk Drinking Guidelines

- Steven Clelland presented on Canada's guidance on Alcohol and Health
- Explained how and why Canada's Guidance on Alcohol and Health was developed.
- Explore the potential health impacts of alcohol at different levels of consumption.
- Discuss the utilization of the Guidance in clinical practice.
- CCSA felt it was time to take another looks at the guideline and key message is to reduce, drink less it is better, the lesser harm. Standard drink means something they apply to evidence.
- People with personal or family history of an alcohol -attributed condition should be encourages to reduce their level of consumption even further or consider abstinence.
- Questions from PAC: What is the evidence to bring forward for alcohol use with people with mental illness and addictions?
- How to apply research around drinking guidelines for mental health and addictions?
- How to improve intersection to mental health? Is there any mention on domestic violence and statistically alcohol use linked to domestic violence?
- Shelly Vik can look into these questions.

4.3 Narcotics Transitions Services

- Steven Clelland presented on the NTS.
- The CPOS Standards, along with the Act and the Regulation, set the minimum requirements that all AHS licensed NTS providers must comply with:
- Mental Health Services Protection Act (MHSPA)
- Mental Health Services Protection Regulation (MHSPR)
- Community Protection and Opioid Stewardship (CPOS) Standards
- Prescribers had until March 4, 2023, to transition clients receiving designated narcotic drugs (DND) to OAT medication, or to a licensed Opioid Dependency Program (ODP)/NTS provider.
- ODP provide evidence-informed treatment to Albertans that are experiencing opioid use disorder (OUD)
- As a 4th line treatment option for complex patients, NTS is accessible at licensed AHS ODP/NTS clinics:
- NTS is only available to treat people with severe opioid use disorder who have not been able to stabilize on evidence informed opioid agonist treatment (OAT) medications.
- NTS focuses on stabilizing, then tapering and transitioning patients under expert medical supervision from NTS to OAT medications to support their identified recovery goals.
- Alberta Health Services (AHS) is the only service provider currently licensed to offer or provide NTS.



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- NTS is provided along-side other OAT services in the clinics.
- NTS is currently available at the following ODP clinics:
- Edmonton, Calgary, Grande Prairie, Lethbridge, Medicine Hat
- Hospital based exemptions (HBE): Prescribing/administration of DND is permitted under the MHSPR to:
 - stabilize a patient suffering from opioid withdrawal during the patient's admission to a hospital for medical conditions other than OUD
 - o provide treatment of a medical condition other than OUD and
 - be continued during hospitalization if a patient is currently receiving NTS from a licensed AHS ODP clinic
- There isn't significant high need based on the pharmaceutical information and it is a
 longer-range questions and not head significant uptake in Grande Prairie. We looked
 at the drug dispensing and prescribing and low volume of IV therapy done outside of
 Calgary and Edmonton, the need versus it was used, there might be a need for
 having clinics at other regional centres make sense, once we determine they open to
 have those conversations, more as not yet new in the process.

4.4 AMH Website Design

- Nicole Merrifield let the discussion and activity around the AMH website design with PAC members.
- PAC members identified the search words/phrases service categories they associated with.
- The list of services isn't self-evident or useful from a lay perspective that is that these
 aren't the key words that we would be expecting Albertans to search, but rather, are
 organizational categories that will be used to organize the information on the website
 behind the scenes.
- PAC is willing to engage in a further conversation relative to key search words and phrases.
 - If this is going to be done, they feel that youth and young adults should be involved as they use different words, phrases and acronyms to access information and services.

4.5 Health IM

Jennifer Bishop provided an update on the HealthIM – What is it?

- HealthIM is a mobile application for law enforcement that supports triaging and decision making during a mental health call for service.
- Police do a brief Mental Health Screening (BMHS) reporting observable behaviors. This does not replace clinical assessment and not a diagnosis by police.
- Training is provided on completing the BMHS.
- The HealthIM app could be used by other specialized teams; however, it is not a clinical tool.
- Patient HealthIM is stored and accessible by other law enforcement agencies. Due to
 previous concerns noted by PAC, changes were made to ensure that clinical staff do
 not have any access to patient's historical information stored on the app.



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- HealthIM information is not accessible to any other agency outside Alberta law enforcement and clinical staff involved in the current medical issue.
- Information we will need to check on storage and retention and information shared between RCMP and clinician and flags for clinician to do a thorough assessment.
- Questions from PAC: Will the information from police to medical doctor will be shared? It is guiding tool for the clinician.
- HealthIM wasn't there police will still report out to the clinician.
- App is for the police and not for health care providers.

4.6 PAC Questions for Leaders

- Questions from PAC was addressed by Steve and Kerry.
- 4.7 Corrections Health Services Update

Angela provided and update to PAC on Correctional Health Services.

- Correction centre locations: Peace River, Fort Saskatchewan, Edmonton, Red Deer, Calgary, Medicine Hat and Lethbrige.
- Service provided: Assessment/intake, provision of primary care, mental health and addictions services, specialty consults, emergency response, Emergent dental, assessment and treatment of communicable disease, infection prevention and control and transition to community.
- Staffing complement: Managers, RN's, RPN's, LPN's, Psychologists, Social Workers, Addiction Counsellors, Pharmacists, Pharmacy technicians, Clerical, Service Aides
- Contracts with physicians, dentists, psychiatrists
- Telehealth/virtual health provisions
- 20222 2023 Accomplishments:
 - STBBI opt out testing, published recognition
 - Hepatitis C Pilot Program in Calgary partnership with LiveRx
 - Improved staff training for emergency responses
 - Preparation for Connect Care
 - Opiate Agonist Therapy
 - ERC VODP partnership
 - National and international recognition and attention
- Priorities 2023 2024
 - Expansion of Opioid Agonist Therapy
 - Safe Transitions
 - Improvement of Medication Administration Processes
 - Mental Health Service review and program development
 - Preparation for Connect Care (Launch 9)
 - o Hepatitis C Treatment expansion
 - Review of Medical and Psychiatric Prescriber Model
 - Improve services for indigenous populations in partnership with CSD, AHS and community.
- Questions: Is there after care for individuals for where they living and if remote do they come to city? Is there a tracking system and some kind of support available?
- They have case workers they do assessment and placements for them and someone that has mental illness, we do a follow-up and set that up at community transitions



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•	partnership with multiple stakeholders. Drug Court is being expanded. Is there any research on the drug court?	
	owledging of Members Term on Council	
	on & Mental Health Provincial Advisory Council Meeting Adjournment at adjourned at 3:00pm	
6. Next Me	eting: Virtual Meeting – Dec 1 & Dec 2	