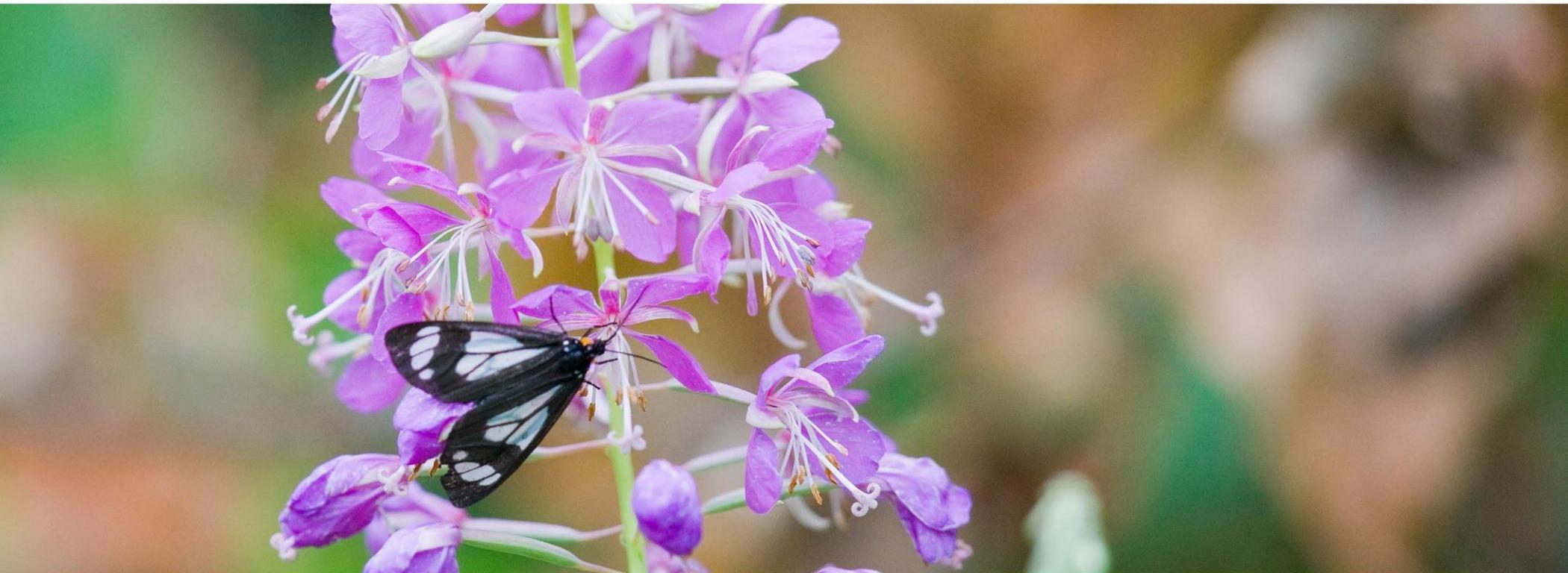


Appendix A: Progress Chart



1. Act in partnership: Create an integrated system

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p>(1) Implement a community-based service hub model where services are jointly planned and delivered by multiple sectors through one location, either physically or virtually. Services include housing, physical and mental health services, primary health care, addiction services, justice, social services, school-based services etc.</p> <p><i>Responds to Committee Report Recommendations 1, 6</i></p>	<p>Implement the hub model focusing on children, youth and families first.</p> <p>Work alongside the two Edmonton ACCESS Open Minds¹ research projects, primary health care, and other initiatives that support youth and young adults in transition; and incorporate their learnings into the hub model.</p>	<p>Communities will work in partnership to develop spaces which will provide youth- and young adult-friendly services in a coordinated manner.</p> <p>Initiated: spring 2017</p>	<p>Achievements:</p> <ul style="list-style-type: none"> A youth services hub opened its doors in Camrose in the fall of 2017. More hubs will be created in the year ahead, focusing on small to medium sized communities. <p>Impacts:</p> <ul style="list-style-type: none"> 124 youth accessed mental health and social supports from the Camrose hub by April 2018.
<p>(2) Create and maintain a user-friendly comprehensive listing of publicly and privately funded addiction and mental health services available in Alberta.</p> <p><i>Responds to Committee Report Recommendations 1, 13, 21</i></p>	<p>Consider leveraging Alberta’s existing Health Link and MyHealth platforms as an interface for this listing, and evaluate their effectiveness as an interface.</p> <p>Collaborate with the federal government and Indigenous organizations to compile a shared listing of services and programs available on and off reserve for Indigenous people.</p>	<p>Albertans will find it easier to find and access services across multiple sectors and providers. For example, Indigenous Albertans will have access to a comprehensive listing of services and programs available on and off reserve.</p> <p>Initiated: fall 2017</p>	<p>Achievements:</p> <ul style="list-style-type: none"> Started province-wide expansion of the “211” database including information about post-secondary mental health services and legal services. The expansion is being tested in 20 communities – municipalities, First Nations, Métis Settlements and eight post-secondary campuses.

¹ Edmonton ACCESS Open Minds is part of a five-year national research project involving young people and families, which aims to improve youth mental health in Canada.

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p><i>Continued...</i></p> <p>(2) Create and maintain a user-friendly comprehensive listing of publicly and privately funded addiction and mental health services available in Alberta.</p> <p><i>Responds to Committee Report Recommendations 1, 13, 21</i></p>	<p>Initiate use of the listing in three high-needs communities. Scale the model following the pilot.</p>		<p>Impacts:</p> <ul style="list-style-type: none"> The service currently covers 65 per cent of the province. The remainder of the province will be covered soon and all Albertans will be able to get online information about current mental health and addiction services in their area.
<p>(3) Improve information sharing when appropriate between ministries, between ministries and service organizations, and between service organizations.</p> <p><i>Responds to Committee Report Recommendations 13, 24</i></p>	<p>In collaboration, define common data requirements and identifiers to enable measurement of outcomes and definition of needs across geographic regions, ministries, and organizations.</p> <p>Train providers and other users to better interpret legislation and use existing information-sharing tools.</p>	<p>Albertans will not have to repeat their personal health information with every new service provider.</p> <p>Initiated: spring 2018</p>	<p>Achievements:</p> <ul style="list-style-type: none"> Developed measures and indicators to guide performance measurement. Developed principles with government and community partners and patients to guide work to improve the system to better meet Albertans' needs. Information Sharing Strategy Office (ISSO) released an Information Sharing Guide and Toolkit for providers and community organizations to use best practices for information sharing. <p>Impacts:</p> <ul style="list-style-type: none"> Ministries will be able to more easily compare, evaluate and share progress and information through common language. All work done to improve addiction and mental health services will have a focus on

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p><i>Continued...</i></p> <p>(3) Improve information sharing when appropriate between ministries, between ministries and service organizations, and between service organizations.</p> <p><i>Responds to Committee Report Recommendations 13, 24</i></p>			<p>the people who use the services.</p> <ul style="list-style-type: none"> ISSO used the Information Sharing Toolkit in consultations with various collaborative service clusters involving government and community organizations.
<p>(4) Identify and test evidence-informed practices and programs to improve community-based system integration, and adopt and spread those practices considered to be most effective.</p> <p><i>Responds to Input from Community Stakeholders</i></p>	<p>Establish funding to promote collaborative, community based system integration research.</p> <p>Establish a hub for government, service delivery organizations, community organizations and researchers to share and collaborate on effective practices.</p>	<p>Albertans will have new and effectively integrated community-based service delivery options based on rigorous research into community-based system integration.</p> <p>Initiated: summer 2017</p>	<p>Achievements:</p> <ul style="list-style-type: none"> Funded nine community projects to better serve vulnerable Albertans (\$900,000 grant). Testing the PAX Good Behaviour Game and the Positive Parenting Program as strategies to protect children from mental, emotional and behavioral disorders (\$2.6 million grant). <p>Impacts:</p> <ul style="list-style-type: none"> Researchers and service providers are now working together to discover and test local, creative ways to connect people to the services they need. Researchers are identifying the most effective ways of supporting children, youth and families.

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p>(5) Investigate evidence-based funding models and over time, reallocate funding to community organizations where it is most needed, as appropriate.</p> <p><i>Responds to Committee Report Recommendations 23, 26</i></p>	<p>Investigate current provincial addiction and mental health expenditures to identify efficiencies and opportunities for reinvestment.</p> <p>Funding proposals received by Alberta Health and cross-ministry partners will incorporate planning between addiction and mental health service providers and community agencies and require gender and intersectional analysis.</p>	<p>Tax dollars are spent more effectively to address service gaps while reducing duplications. Albertans will see an increase in services provided by community organizations.</p> <p>Initiated: winter 2017/18</p>	<p>Achievements:</p> <ul style="list-style-type: none"> An inventory of cross-ministry and AHS addiction and mental health funding identified areas to target to improve budget efficiency. <p>Impacts:</p> <ul style="list-style-type: none"> Government better understands how funding translates into service delivery, and is able to find gaps and opportunities to invest wisely to improve services.
<p>(6) Develop pathways to and from primary health care to support coordination within, and transition between, health and community settings (including schools).</p> <p><i>Responds to Committee Report Recommendations 2, 4, 10, 11, 12, 14</i></p>	<p>Work with primary health care stakeholders to ensure all Albertans living with an addiction and/or mental illness are attached to a primary health home.²</p> <p>Examine potential models for using volunteer peer mentors as “navigators.”</p> <p>Develop alternative models of care for people with addiction and mental health issues presenting to emergency departments.</p> <p>Coordinate case planning and management of complex family systems³ with respect to addiction and mental health supports.</p>	<p>Albertans will have a health home where they can go for identification of health issues, receive primary treatment, be referred for specialty care, and have their various health care services coordinated in one care plan.</p> <p>Albertans will find it easier to navigate to the services they need and to access the right service sooner. For example, coordination within the addiction and mental health sector will prevent the need for clients to tell the same information to multiple service providers.</p>	<p>Achievements:</p> <ul style="list-style-type: none"> 30 community projects help those with multiple challenges get the services and support they need. <p>Impacts:</p> <ul style="list-style-type: none"> 1,200 immigrant and refugee children, youth and families received support. By providing transition services for complex, high needs youth in the community, young people spent less time in the hospital.

² A “Health Home” means individuals have a provider they see for most of their concerns and they can expect their provider has a team of multidisciplinary providers who are working to meet their needs. *Closer to Home: Community-Based Health Care*, Alberta Health, 2017.

³ Complex family systems refer to families with diverse needs that require supports that intersect multiple government and community services.

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p><i>Continued...</i></p> <p>(6) Develop pathways to and from primary health care to support coordination within, and transition between, health and community settings (including schools).</p> <p><i>Responds to Committee Report Recommendations 2, 4, 10, 11, 12, 14</i></p>		<p>Albertans will feel that they are seen as an individual and supported to meet their care needs.</p> <p>Initiated: winter 2017/18</p>	<p>Achievement:</p> <ul style="list-style-type: none"> 20 new staff are being recruited to provide 24/7 access to a full spectrum of coordinated mental health and community services and supports through one central access point in Edmonton. <p>Impact:</p> <ul style="list-style-type: none"> People in Edmonton with substance use or mental health issues and are in need of help will have a clear and supported path to the right treatment.
<p>(7) Expand mental health diversion and other multi-disciplinary programs in partnership with the justice system and municipal enforcement.</p> <p><i>Responds to Committee Report Recommendations 8, 9</i></p>	<p>Strengthen the provincial standards for the current Provincial Mental Health Diversion Program.</p> <p>Explore increasing the number of diversion sites, expanding the eligibility criteria, and increasing capacity.</p> <p>Expand current diversion models for clients who commit low-risk, minor offenses.</p>	<p><i>People with mental health conditions who come into contact with the justice system will have appropriate access to diversion programs, if eligible, which will provide a seamless pathway to community support and treatment.</i></p> <p><i>Effective diversion programs will reduce the likelihood of further offending.</i></p> <p>Initiated: winter 2017/18</p>	<p>Achievements:</p> <ul style="list-style-type: none"> Evaluated a pilot project that established case management groups to connect offenders who are leaving provincial correctional centres to mental health and other services. The groups are in Edmonton, Fort Saskatchewan, Strathcona County and Thorsby/Bretton, with further expansion opportunities being explored. Expanded pre-charge diversion programs to 11 new communities in Alberta. Opened a dedicated mental health court in Edmonton in April 2018 to identify and

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p><i>Continued...</i></p> <p>(7) Expand mental health diversion and other multi-disciplinary programs in partnership with the justice system and municipal enforcement.</p> <p><i>Responds to Committee Report Recommendations 8, 9</i></p>			<p>address issues underlying criminal behavior.</p> <p>Impacts:</p> <ul style="list-style-type: none"> • Clients in Fort McLeod and Taber and other surrounding communities are connected to diversion services through Court Liaisons in Lethbridge. • With the right supports, people are more likely to access the services they need and less likely to reoffend.

2. Act on access: Enhance the role of primary health care

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p>(8) Define the role of primary health care in accessing and providing addiction and mental health services.</p> <p><i>Responds to Committee Report Recommendations 3, 30</i></p>	<p>Include services and supports related to addiction and mental health (based on a community health needs assessment) in the business plans of primary care networks (PCNs).</p> <p>Provide information to Albertans on the benefits of establishing a long-term relationship with a primary health team that can provide early services and direct clients to others as needed.</p>	<p>Albertans will have access to a primary health team who will provide early services and will coordinate with the addiction and mental health sector to seamlessly connect the client with appropriate services and supports.</p> <p>Albertans will see better continuity of care and reduced rates of relapse.</p> <p>Initiated: fall 2018</p>	<p>Achievements:</p> <ul style="list-style-type: none"> Increased access to primary care and mental health services for low income and homeless Calgarians through \$1.4 million in new funding to the Calgary Urban Partnership Society. <p>Impacts:</p> <ul style="list-style-type: none"> Low income and homeless Calgarians no longer need to wait for primary care and mental health services, and increased capacity for an additional 250 people. Previously people may have had to wait upwards of 90 days.
<p>(9) Explore increasing counselling capacity in the addiction and mental health sector.</p> <p><i>Responds to Committee Report Recommendations 3, 23</i></p>	<p>First develop a business case for increasing counselling capacity within primary health care, including an assessment of current services.</p>	<p>Albertans will find it easier to access counselling services appropriate to their need, for example, through primary health care.</p> <p>Initiated: fall 2017</p>	<p>Achievements:</p> <ul style="list-style-type: none"> Increased trauma-counselling services in 12 sexual assault centres across Alberta. Increased face-to-face and virtual specialized eating disorder support groups through a \$450,000 grant to Eating Disorder Support Network of Alberta. <p>Impacts:</p> <ul style="list-style-type: none"> Delivered more than 27,000 counselling sessions; helped 4,300 new survivors.

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p><i>Continued...</i></p> <p>(9) Explore increasing counselling capacity in the addiction and mental health sector.</p> <p><i>Responds to Committee Report Recommendations 3, 23</i></p>			<ul style="list-style-type: none"> • Almost 250 people affected by eating disorders who were on wait lists now have increased access to support and specialized services both online and in person.
<p>(10) Train those who work in first point-of-contact settings (e.g. first responders, police officers, correctional officers, other health practitioners) to identify and support people with addiction and/or mental health issues, informed by the communities and individuals impacted.</p> <p><i>Responds to Committee Report Recommendations 3, 12, 16, 17, 18, 19, 20, 21, 26</i></p>	<p>Deliver mental health first-aid training⁴ to providers working with Indigenous communities, recognizing the gender and intersectional nature of a person’s lived experience.</p> <p>Deliver mental health first-aid for seniors training to increase the capacity of seniors and those who care or work for them to promote mental health, prevent mental illness and suicide wherever possible, and intervene early. Expand mental health first-aid training to settings where professional assistance is not always on hand.</p> <p>Expand psychological first-aid training to providers working in first-point-of contact settings in preparation for responding to future disasters.</p>	<p>Albertans with addiction and mental health issues will receive improved support from community and first responders, including helping them to get the right treatment. For example, staff at seniors complexes will be trained to identify and support seniors with addiction and/or mental health issues.</p> <p>Initiated: spring 2017</p>	<p>Achievements:</p> <ul style="list-style-type: none"> • Launched Mental Health First Aid training for Seniors. • Provided Mental Health First Aid for government staff working in disability services. • Launched Mental Health Police Training. • Mental Health First Aid Training sessions are being organized in First Nation and Métis communities. <p>Impacts:</p> <ul style="list-style-type: none"> • Mental Health First Aid for Seniors: 40 sessions booked and 1,100 registrants. • 200 disability services staff trained. • 250 seniors or their caregivers trained. • 227 police officers and mental health staff trained together in

⁴ Mental health first-aid is provided to a person developing a mental health issue or crisis. The first aid is given until professional treatment is available or the crisis is resolved. Psychological first-aid is provided to people immediately after a disaster or emergency, giving practical support to enable them to recover.

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p><i>Continued...</i></p> <p>(10) Train those who work in first point-of-contact settings (e.g. first responders, police officers, correctional officers, other health practitioners) to identify and support people with addiction and/or mental health issues, informed by the communities and individuals impacted.</p> <p><i>Responds to Committee Report Recommendations 3, 12, 16, 17, 18, 19, 20, 21, 26</i></p>	<p>To reduce stigma and enable appropriate referrals, develop a training package for those who interact with high-risk individuals.</p> <p>Include information on availability of resources, how to navigate the addiction and mental health sector, the role of social determinants, and development of cultural competencies.⁵</p> <p>Develop toolkits for Primary Care Networks (PCNs) and evaluate their effectiveness before expanding use.</p> <p>Promote best practices in responding to and investigating incidents with individuals experiencing mental health issues and addiction.</p> <p>Promote wellness and positive mental health of individuals in first point-of-contact settings (e.g. police officers).</p> <p>Provide mental health training in non-professional settings.</p>		<p>Edmonton, Grande Prairie, Medicine Hat and St. Paul.</p> <ul style="list-style-type: none"> All Métis settlements will be offered this training, and 36 instructors from First Nations will be trained by April 2019.

⁵ Includes the principles and direction of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), the Truth and Reconciliation Commission of Canada report, and Jordan’s principle.

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p>(11) Proactively support Albertans with adverse childhood experiences. <i>Responds to Committee Report Recommendation 16</i></p>	<p>Evaluate whether the Adverse Childhood Experience (ACE) risk assessment tool⁶ should be implemented in Alberta.</p> <p>Implement ACE as a screening tool in identified settings to evaluate its effectiveness.</p>	<p>ACE screening in primary health care settings for adult Albertans will proactively identify and support people who are at increased risk of addiction and mental health issues resulting from experiencing abuse, neglect, and or other Adverse Childhood Experiences.</p> <p>Initiated: summer 2017</p>	<p>Achievements:</p> <ul style="list-style-type: none"> • Provided the Zebra Centre with a \$1.2 million grant over three years to ensure children and their families have increased access to immediate crisis intervention, mental health assessments, and caregiver support. • Over 2,000 children, youth and their families have access to expanded services from Hospice Calgary for grief counselling after they've lost someone close to them. • Drafted a province-wide framework that will guide government and community partners to mitigate and address the impacts of childhood trauma for both children and adults. <p>Impacts:</p> <ul style="list-style-type: none"> • The new funding supports the hiring of a child and family psychologist with Alberta Health Services. The funding will also allow for additional mental health professionals. • 1,600 children in Edmonton received mental health support after experiencing physical and/or sexual abuse.

⁶ This tool quantifies the impact of potentially traumatic events on a child’s health and well-being. These experiences can range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian.

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p><i>Continued...</i></p> <p>(11) Proactively support Albertans with adverse childhood experiences.</p> <p><i>Responds to Committee Report Recommendation 16</i></p>			<ul style="list-style-type: none"> • Grief supports for children, youth and families reduce the impact of trauma, build resiliency and increase lifelong health outcomes. • People who have experienced childhood trauma will have tools and supports to prevent or treat any resulting mental health or addiction issues.

3. Act early: Focus on prevention and early intervention

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p>(12) Support learning environments that promote positive mental health and well-being in our schools and post-secondary institutions.</p> <p><i>Responds to Committee Report Recommendations 6, 7, 12, 17</i></p>	<p>Ideas and concepts of positive mental health, including social-emotional learning, are found in current and future programs of study.</p> <p>Ensure supports (including tools and resources) that focus on student personal growth and well-being, are available to all Alberta schools and post-secondary institutions, including consultation with First Nations communities.</p> <p>Develop recommendations for efficient, effective and responsive province-wide addiction and mental health supports for students attending publicly funded post-secondary institutions or First Nations Colleges, through the work of a multi-stakeholder advisory panel.</p> <p>Enhance connections between primary health care, schools and addiction and mental health to foster improved service coordination.</p>	<p>Children and youth will experience positive mental health and be better equipped to develop social-emotional skills, including resilience, coping, and a sense of hope and optimism.</p> <p>Students will experience effective and coordinated services that support their mental health needs. For example, culturally appropriate counselling services may be available to students across Alberta.</p> <p>Initiated: spring 2018</p>	<p>Achievements:</p> <ul style="list-style-type: none"> • Under <i>Improving Post-Secondary Mental Health: Next Steps</i>, 26 post-secondary institutions received \$13.2 million to increase mental health and addiction services on campus, 15 of which have programming in smaller urban or rural communities • Ten post-secondary institutions and five First Nations' colleges received \$656,000 to provide culturally appropriate services to Indigenous students. • An additional \$5 million was provided for mental health services in schools. <p>Impacts:</p> <ul style="list-style-type: none"> • Post-secondary institutions are: <ul style="list-style-type: none"> ○ Surveying students and reviewing policies to get a better understanding of mental health needs on campus ○ Running mental health awareness campaigns. ○ Offering training programs like Mental Health First Aid and Applied Suicide Intervention Skills.

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p><i>Continued...</i></p> <p>(12) Support learning environments that promote positive mental health and well-being in our schools and post-secondary institutions.</p> <p><i>Responds to Committee Report Recommendations 6, 7, 12, 17</i></p>			<ul style="list-style-type: none"> ○ Supporting peer support programs. • 40 new full-time counsellors have been hired at post-secondary institutions across the province. • All post-secondaries are launching “community coordination tables” to make it easier for students to adjust to post-secondary life. • Mental health services now reach 100,000 students in Alberta K-12 schools.
<p>(13) Incorporate harm reduction approaches in service planning and delivery for Albertans 15 years of age and older; begin by completing an assessment of need for supervised safe consumption services.</p> <p><i>Responds to Committee Report Recommendations 15, 27, 28, 29, 31, 32</i></p>	<p>Complete an assessment to determine need, community readiness, gaps/barriers, and determine what delivery method would best fit the needs of the community.</p>	<p>Fewer Albertans will be harmed by overdoses and blood borne infections.</p> <p>People with addictions will be able to access a broader range of services to better meet their needs.</p> <p>Initiated: summer 2017</p>	<p>Achievements:</p> <ul style="list-style-type: none"> • Completed needs assessments for supervised consumption service in eight communities. • Provided take home naloxone kits and education. • Launched a fentanyl and opioid awareness campaign in December 2017 • Supported 29 organizations with \$1.4 million to fund community-driven education and prevention efforts. • Providing funding to First Nations and Métis communities to support their opioid response initiatives (\$5 million). <p>Impacts:</p> <ul style="list-style-type: none"> • Five supervised consumption sites opened in Calgary (one),

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p><i>Continued...</i></p> <p>(13) Incorporate harm reduction approaches in service planning and delivery for Albertans 15 years of age and older; begin by completing an assessment of need for supervised safe consumption services.</p> <p><i>Responds to Committee Report Recommendations 15, 27, 28, 29, 31, 32</i></p>			<p>Edmonton (three) and Lethbridge (one).</p> <ul style="list-style-type: none"> • 113,325 naloxone kits distributed; 6578 reversals were self-reported. • Community pharmacies distributed an average of 1,577 naloxone kits distributed per month. • Albertans are better able to understand the harms related to opioid use and how to save lives. • Communities have reduced stigma associated with opioid use, pointed people to where they can get treatment or overdose reversal kits, and educated families, friends and neighbours on how they can save lives. • First Nation and Métis people affected by opioid use receive support and understanding from Elders, professionals, and neighbours in their own communities.
<p>(14) Develop virtual, technology-based solutions to help people access tools, information and treatment to address addiction and mental health issues.</p> <p><i>Responds to Committee Report Recommendations 5, 11, 12</i></p>	<p>Focus on vulnerable and rural populations first.</p> <p>Share information on websites, telehealth, mobile applications, and other technologies.</p>	<p>Albertans will more easily be able to access reliable information and services to help them and their family get help when it is needed. For example, Albertans in rural and remote communities will have access to team-based care via telehealth.</p>	<p>Achievements:</p> <ul style="list-style-type: none"> • Government supported the launch of the Alberta Health Services website that focuses on prevention and early intervention for children, youth and families before they reach a crisis point. • Alberta Health Services also developed a number of

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p><i>Continued...</i></p> <p>(14) Develop virtual, technology-based solutions to help people access tools, information and treatment to address addiction and mental health issues.</p> <p><i>Responds to Committee Report Recommendations 5, 11, 12</i></p>		<p>Initiated: spring 2017</p>	<p>publications and resources designed to support children and youth's mental health initiatives.</p> <ul style="list-style-type: none"> Options are being considered for integrated digital navigation, brief intervention and follow-up supports via phone, text and chat. <p>Impacts:</p> <ul style="list-style-type: none"> Increased access to mental health supports for youth, people in Indigenous communities, and post-secondary students.
<p>(15) Develop a youth suicide prevention plan.</p> <p><i>Responds to Committee Report Recommendations 16, 21</i></p>	<p>Focus on Indigenous youth first, with other identity factors (e.g., girls, boys, urban, rural, homeless, etc.) also informing the focus.⁷</p>	<p>Youth contemplating suicide will be identified early and will be connected to coordinated and culturally appropriate services and supports.</p> <p>There will be reduced youth suicide.</p> <p>Initiated: spring 2017</p>	<p>Achievements:</p> <ul style="list-style-type: none"> Children's Services and Health gathered input from 550 individuals, including service providers, youth with lived experience, Indigenous groups, among many others, to inform development of a plan to prevent youth suicide. Provided \$15 million over three years to fund the Honouring Life Program to engage Indigenous communities to address youth suicide. <p>Impacts:</p>

⁷ The focus on Indigenous youth first is in response to other government initiatives such as the Office of the Child and Youth Advocate Alberta investigative review involving suicides of seven Aboriginal youth. Available: <http://www.ocya.alberta.ca/adult/news/investigative-review-toward-a-better-tomorrow-addressing-the-challenge-of-aboriginal-youth-suicide/>

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p><i>Continued...</i></p> <p>(15) Develop a youth suicide prevention plan.</p> <p><i>Responds to Committee Report Recommendations 16, 21</i></p>			<ul style="list-style-type: none"> • Once released, the plan will ensure youth contemplating suicide are identified and connected to supports and services early. • Indigenous communities are taking action by having youth, Elders, and others involved to design effective ways to increase awareness, reduce stigma and link their children, youth, and families to services.

4. Act on system enhancements, legislation and standards

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p>(16) Develop regulations and standards that protect the health of Albertans such as regulating addiction service providers and regulation to protect Albertans from the harms of cannabis, tobacco and other addictions.</p> <p><i>Responds to Input from Community Stakeholders</i></p>	<p>As an interim step, develop a consumer education tool so those seeking services and supports know what to look for when selecting residential addiction treatment services.</p> <p>In consultation with stakeholders, use best evidence and experience to develop minimum standards and accreditation practices for residential addiction treatment services.</p> <p>Develop and implement tobacco and cannabis regulations.</p> <p>Develop regulations for addiction providers and facilities.</p>	<p>Albertans will have resources to help them select appropriate residential treatment services.</p> <p>Residential treatment services and addiction counsellors will adhere to a set of evidence-based standards.</p> <p>Albertans will be protected from the harmful health effects of tobacco and cannabis.</p> <p>Initiated: fall 2017</p>	<p>Achievements:</p> <ul style="list-style-type: none"> Supported the Canadian Centre on Substance Use and Addiction to develop and release a new consumer education tool, <i>Finding Quality Addiction Care</i>. It is the first guide of its kind in Canada. The guide offers information about the different treatment options that are available in Canada and important questions to ask when talking to an addiction or healthcare provider or considering a treatment program. Passed an <i>Act to Control and Regulate Cannabis</i> to allow the Alberta Gaming and Liquor Commission to manage the oversight, distribution and regulation of cannabis in the province. An Indigenous organization is leading the development of provincial standards for residential addiction treatment to ensure safety and the use of culturally informed practices. Passed The Mental Health Services Protection Act in November 2018, which requires all residential

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p><i>Continued...</i></p> <p>(16) Develop regulations and standards that protect the health of Albertans such as regulating addiction service providers and regulation to protect Albertans from the harms of cannabis, tobacco and other addictions.</p> <p><i>Responds to Input from Community Stakeholders</i></p>			<p>addiction treatment facilities to introduce consumer protections, like quality and safety requirements and record maintenance, and be licensed as of November 2019. The Act also enables amendment of the <i>Health Professionals Act</i> to create the College of Counselling Therapy of Alberta to regulate counselling therapists, addiction counsellors and child and youth care counsellors.</p> <p>Impacts:</p> <ul style="list-style-type: none"> • Families and individuals with substance use issues now have a tool to help them make informed decisions when seeking treatment. • The legislation includes increased fines and naming restrictions, and will further protect public health, keep cannabis out of the hands of children and limit the illegal market. • All Albertans seeking addiction treatment will receive safe and quality care and consumer protections

What will we do?	How will we do it?	What will Albertans see? When?	Progress Update
<p>(17) Update the <i>Mental Health Act</i>.</p> <p><i>Responds to Input from Community Stakeholders</i></p>	<p>Review existing recommendations to define and establish need for amendments.</p>	<p>Legislation will be responsive to the needs of Albertans with mental health issues and will ensure they have better support to get the help they need.</p> <p>Initiated: spring 2017</p>	<p>Achievements:</p> <ul style="list-style-type: none"> Regular monitoring of the Mental Health Act. Considering options for the future. <p>Impact:</p> <ul style="list-style-type: none"> Needs of Albertans will be heard and better supported by the Mental Health Act..
<p>(18) Clarify the roles and responsibilities of Alberta Health, stakeholder ministries, Alberta Health Services and community partners.</p> <p><i>Responds to Committee Report Recommendations 22, 25, 26</i></p>	<p>Ministries and Alberta Health Services will complete an inventory of current activities and investigate options to address gaps and duplications of activities.</p>	<p>Albertans and providers will have increased clarity of who provides what service.</p> <p>Initiated: winter 2017/18</p>	<p>Achievements:</p> <ul style="list-style-type: none"> An inventory of cross-ministry and AHS addiction and mental health funding and services has identified specific ways to clarify ministry responsibilities, improve accountability, and define who provides what services, starting with children and youth. <p>Impact:</p> <ul style="list-style-type: none"> Children, youth, and families will get the supports and services they need from the most appropriate providers however they enter the system.