



Recovery Alberta

2025-2028 Health Plan and 2025-2026 Business Plan

Prepared October 2025



A Message from the Minister of Mental Health and Addiction

On behalf of the Government of Alberta, I want to express sincere appreciation to the dedicated staff and partners of Recovery Alberta, whose continued efforts have supported this transition and the delivery of care across the province. Recovery Alberta was first announced by our government in November 2023 as part of a broader vision to strengthen and refocus the province's health system.

The agency was formally established in July of 2024, and on September 1st it officially began clinical operations. As the first provincial health agency to launch under Alberta's refocused health system, Recovery Alberta set the tone for what a successful transition could look like. Smoothly transitioning more than 10,000 staff and approximately 800 physicians from Alberta Health Services to Recovery Alberta was a major achievement.

This structural reform, which is a core part of refocusing Alberta's health system, was completed without disruptions to care and represents a crucial step forward in delivering more coordinated, focused, and recovery-oriented services to Albertans.

As we look toward the years ahead, in partnership with the Government of Alberta, Recovery Alberta is shaping the future of Alberta's mental health and addiction system. A system shaped by courage, compassion, and an unwavering belief in recovery. Together, we are proving that recovery is not only possible, but that it thrives when communities, provincial health agencies, and governments work in true partnership.

The past year has laid the groundwork for a generational shift. With the Compassionate Intervention Act and the



Mental Health Services Protection Amendment Act, the Government of Alberta has established the legal and ethical foundations for a system that restores dignity and hope. These milestones are more than legislative achievements, they are promises kept to Albertans who deserve access to care that meets them where they are and helps them find their way home.

This is a collective calling. It asks us to lead with integrity, creativity, and humility. It asks us to listen—to families, to frontline staff, to those with lived experience—and to let their voices shape the way forward. It asks us to cut red tape, build trust, and never lose sight of the human story behind every statistic.

Our goal is to make Alberta the best place in Canada to recover, to heal, and to begin again. Because in Alberta, **Recovery Works**.

[Original signed by]

Minister Rick Wilson

Minister of Mental Health and Addiction

A Message from our Recovery Alberta Chief Executive Officer and Board Chair

As I take a moment to reflect on the journey we've shared so far, what we have built together at Recovery Alberta is nothing short of remarkable. In a short time, we have turned an ambitious vision into a living, breathing system that is making a difference in the lives of thousands of Albertans every day.

Less than two years ago, the Government of Alberta set out a bold plan to reshape the health system. This plan created new provincial agencies designed to bring sharper focus to the care Albertans need most. Recovery Alberta was the first of these new agencies, charged with leading the province's work in recovery-oriented mental health, addiction, and correctional health services.

From the beginning, those who work in these fields have shown what it means to be trailblazers. With commitment, compassion, and courage, we transitioned to our new organization without losing sight of the people we serve.

And the results speak for themselves. strengthened.

In the last year alone, we served more than 17,500 psychiatric inpatient clients in hospitals, 151,000 outpatient clients in community clinics, 10,000 clients in addiction beds, and 20,000 clients in correctional health services. Behind each of these numbers is a person, a life changed, a family supported, a community

This year, we are proud that correctional health services are now fully integrated into Connect Care—making Alberta the first province in Canada to achieve this level of system-wide connectivity.



These accomplishments are the result of tireless collaboration, adaptability, and belief in what is possible. They reflect the skill and dedication of every person who has helped plan for, establish, and operate Recovery Alberta. The work ahead will ask us to be as innovative and collaborative as we were during our start-up phase, but it will also allow us to move from building to refining, from establishing to excelling.

Together, we continue to build something lasting: A system rooted in hope, and grounded in evidence, a system where we don't just say Recovery is Possible, we provide Albertans with the tools for tangible, lasting recovery.

[Original signed by]

Kerry Bales

Chief Executive Officer and Board Chair
Recovery Alberta

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Governance and Requirements

Governance

In 2024, the *Provincial Health Agencies Act* established provisions for the creation of Provincial Health Agencies (PHAs). Recovery Alberta: Mental Health and Addiction Services (Recovery Alberta) is the PHA responsible for delivering and overseeing comprehensive and accessible recovery-oriented mental health and addiction services to all Albertans, as well as all health services in the province’s correctional facilities. Recovery Alberta works closely with other PHAs in primary care, acute care, and assisted living, along with a variety of other organizations and contracted service providers, to deliver comprehensive and accessible healthcare to Albertans.

The Ministry of Mental Health and Addiction is responsible for leading the implementation of Alberta’s recovery-oriented system of care for mental health and addiction, as well as coordinating all Government of Alberta funding for prevention, intervention, treatment, and recovery mental health and addiction services across the province. The Minister of Mental Health and Addiction oversees the Department of Mental Health and Addiction, Recovery Alberta, the Canadian Centre of Recovery Excellence (CoRE), the Mental Health Review Panels, and the Compassionate Intervention Commission (Figure 1).

A Board governs Recovery Alberta, overseeing its business and affairs. The Board is accountable to the Sector Minister, the Minister of Mental Health and Addiction. The Board is responsible for ensuring that it carries out its responsibilities in compliance with relevant government policies, and departmental directives and legislation. The Sector Minister is responsible for setting strategic direction of the organization.



Figure 1: Ministry of Mental Health & Addiction Components

Legislative Requirements

According to the *Provincial Health Agencies Act*, Recovery Alberta is responsible for:

- Delivering or arranging for the delivery of mental health, addiction, and correctional health services.
- Overseeing the delivery of the above services through contracted service providers, if applicable, and ensuring accountability.
- Monitoring and evaluating the delivery of these services.

- Implementing the objectives in this approved Health Plan, approved Operational Plan, and approved additional plans.
- Establishing priorities related to the above services, and regularly assessing and modifying these priorities.
- Ensuring the above services are delivered in a manner that is responsible to the needs of individuals and communities, and supports the integration of healthcare services.
- Working with the Oversight Minister, Sector Minister, other PHAs, regional health authorities, service delivery organizations, and other service providers to coordinate the delivery of healthcare services.
- Ensuring the transfer of patients and the responsibility for their care within and between healthcare sectors is integrated, efficient, and safe.
- Consulting regularly with the Oversight Minister, Sector Minister, other PHAs, regional health authorities, and other persons and bodies on issues related to health services.
- Supporting reasonable access to quality mental health, addiction, and correctional health services.
- Assessing the health needs of the population related to mental health, addiction, and correctional health services.
- Promoting and protecting the health of the population, and working towards the prevention of disease and injury in the mental health, addiction, and correctional health services sectors.
- Exercising any powers and carrying out any duties, responsibilities, or functions delegated to Recovery Alberta by the Oversight Minister or Sector Minister
- Doing any other thing required by the Oversight Minister, the Sector Minister, or the regulations.

Recovery Alberta is required to prepare and submit a Health and Business Plan, and a report to the Minister of Mental Health and Addiction on an annual basis. The Health Plan component outlines how our organization intends to carry out its above responsibilities and measure its performance. The Business Plan component outlines our organization’s financial plan for the upcoming fiscal year. Recovery Alberta is also required to submit an Operational Plan, which breaks down the actions from the Health Plan into detailed steps and activities. Recovery Alberta reports on all the above plans to maintain transparency and accountability (Figure 2).

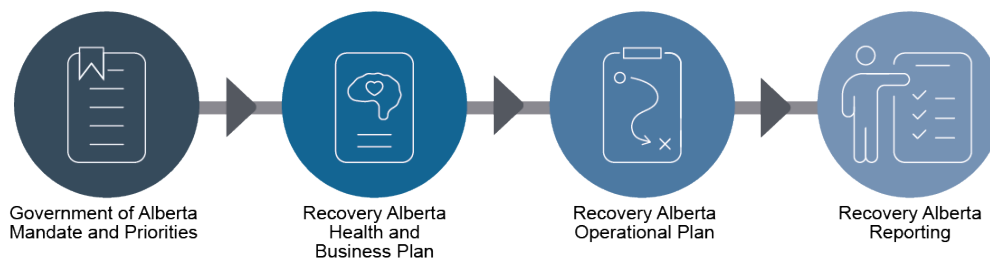


Figure 2: Recovery Alberta Accountabilities and Reporting

Refocusing Healthcare in Alberta

In November 2023, the Government of Alberta announced its plan to refocus healthcare in Alberta through the creation of entities responsible for mental health and addiction care, acute care, primary care, and assisted living. In 2024 and 2025, four new provincial health agencies (PHAs) were launched to deliver care to Albertans: Recovery Alberta, Primary Care Alberta, Acute Care Alberta, and Assisted Living Alberta (Figure 3). A shared-services organization, Health Shared Services, will be launched in late 2025 to provide corporate and clinical support to the new PHAs and service providers.

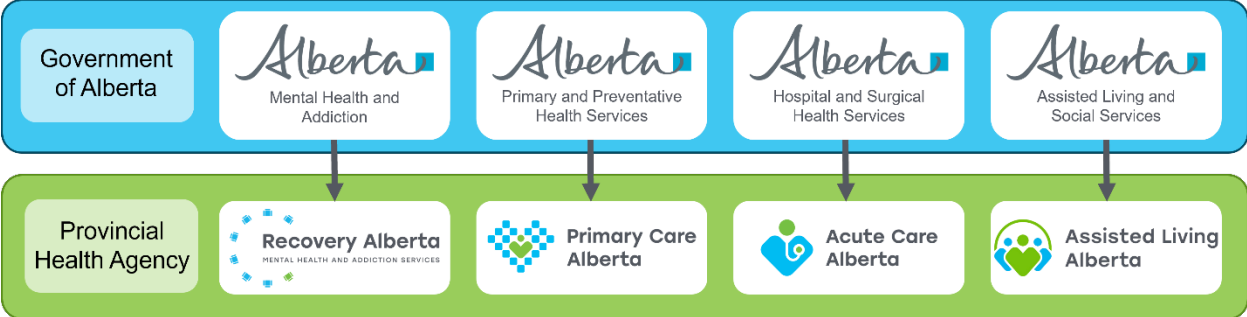


Figure 3: Provincial Health Agencies in Alberta

Refocusing work aims to improve health outcomes and access, provide seamless care between different healthcare providers, improve local decision-making, and prioritize the well-being and expertise of healthcare workers.

On July 1, 2024, Recovery Alberta became a legal entity and first PHA to launch. On September 1, 2024, Recovery Alberta assumed accountability for mental health, addiction, and correctional health services previously provided by Alberta Health Services (AHS). This includes services in acute care, standalone psychiatric hospitals, community outpatient, community outreach, community bed-based settings, and provincial correctional facilities. There were 10,000 AHS staff, approximately 800 physicians, and 600 clinical services contracts successfully transitioned into the new PHA without disrupting patient or client care. Services remained consistently stable and accessible across the province, provided by the same dedicated frontline staff in familiar locations, with no increase in wait times.

Who We Are

About Our Services

In 2025-2026, Recovery Alberta will receive \$1.46 billion in revenues to coordinate and deliver mental health, addiction, and correctional health services to Albertans. Services are provided by over 10,500 staff and over 800 physicians, as well as contracted service providers.

Recovery Alberta is focused on:

- Ensuring every Albertan struggling with addiction and/or mental health challenges is supported in their pursuit of recovery.
- Providing Albertans with access to a full continuum of recovery-oriented supports that help them improve overall health and sustain recovery.
- Improving mental health and addiction care for Albertans by further expanding access to treatment and recovery supports across Alberta.
- Providing and improving care across the continuum for clients in provincial correctional facilities

Recovery Alberta is the largest provider of mental health and addiction services in Alberta, and accountable for providing correctional health services in provincial correctional facilities.



Recovery-Oriented Systems of Care

Recovery-Oriented Systems of Care (ROSC) is a foundational component of Recovery Alberta's mental health and addiction programs and services. ROSC is a coordinated network of personalized services and supports providing a continuum of care options for people at risk of, or suffering from, addiction and mental health challenges. These systems are person-centered, and build on the strengths and resiliencies of individuals, families, and communities. Recovery-Oriented Systems of Care aim to improve the health, wellness, and quality of life for individuals living with mental health or substance use challenges.

Recovery-oriented systems of care prioritize the individual's needs and strengths, and seek to empower individuals to take an active role in their recovery journey, and promote collaboration among service providers, family members, and other support systems to ensure a coordinated and effective response. Recognizing that there are many pathways to recovery and well-being, everyone is encouraged to exercise the greatest level of choice and responsibility for their recovery and well-being. Recovery-oriented systems of care will support the long-term well-being and quality of life for individuals, families, and communities, by integrating a full spectrum of services that are person-centred, pragmatic, personalized, low-barrier, and reflective of individual strengths, culture, gender, personal qualities, and experiences. Recovery-oriented systems of care include a variety of supports and services along a continuum of care, including prevention, intervention, treatment, and recovery.

Recovery Alberta contributes to a system of care, coordinated by the Ministry of Mental Health and Addiction, that provides comprehensive mental health and addiction services across the continuum of care. For more information, please see the Government of Alberta's 2022 report [Toward an Alberta Model of Wellness](#) and 2025 publication [The Alberta Recovery Model](#).

Programs and Services

Recovery Alberta offers services spanning the continuum of care in a variety of settings (see Table 1, below).

▶ What is Recovery?

Recovery is a process where individuals improve their health and wellness, striving to reach their full potential.

- ▶ Recovery in mental health includes a process of achieving and maintaining remission or managing a mental health problem or illness, and living a satisfying, hopeful, and contributing life, even when symptoms are present.
- ▶ Recovery in addiction is a process of sustained action toward physical, social, and spiritual healing and wellness while consistently pursuing a substance-free life.

Table 1: Recovery Alberta Service Types

| Service Category | Definition | Service Types |
|--|--|--|
| Hospital Inpatient 742 beds | Inpatient psychiatry beds deliver assessment, stabilization and treatment to patients that require 24/7 psychiatrically supervised care in a safe and secure approved hospital. This includes patients with psychiatric or psychological disorders, and/or who require care related to psychoactive substance use. | <ul style="list-style-type: none"> • Acute • Psychiatric intensive care • Crisis stabilization • Specialty treatment |
| Standalone Psychiatric Hospital Facility 936 beds | Psychiatric hospital facilities are standalone facilities and deliver targeted psychiatric services across the continuum. These facilities include but are not limited to bed-based inpatient, outpatient, and day hospital care. This includes patients with psychiatric or psychological disorders, and/or who require care related to psychoactive substance use. | <ul style="list-style-type: none"> • Acute • Psychiatric intensive care • Rehabilitation • Concurrent disorders • Forensics • Day hospital • Specialty treatment |
| Community Outpatient Services 130+ clinics | Community located treatment services for virtual and in-person mental health, addiction or concurrent disorder conditions. This includes individual, group, and family services. A large range of clinical and peer supports allows clients to recover and maintain health in community. | <ul style="list-style-type: none"> • Walk-in / drop-in • Outpatient • Outreach or mobile • Peer recovery • Day programs • Specialized or focused teams • Day hospital • Urgent response • Court mandated • Complex case management • Virtual Addiction Medicine Services • In-person and Virtual Opioid Dependency Program • Telepsychiatry |
| Addiction Bed-based Services 1,414 beds | Addiction beds are located within self-contained community settings or separate units within a facility to provide treatment for clients with substance use disorders and behavioural addiction. Professional services include clinical care, assessment, counseling, treatment, and recovery. | <ul style="list-style-type: none"> • Detoxification or withdrawal management • Treatment and pre-treatment • Recovery • Protection of Children Abusing Drugs Act (PChAD) programs |
| Community Mental Health Bed-based Services (Supported Living) | Community mental health beds deliver both transitional and long-term services to clients with mental health needs. Providing targeted mental health recovery-oriented services within a bed-based environment to support the client's behavioral, social, physical, and medical needs along a continuum of support levels. | <ul style="list-style-type: none"> • Supported living transitional • Supported living long-term • Forensic transitional • Specialized population transitional |

| | | |
|---------------------------------------|---|--|
| 1,350 beds | | |
| Coordinated Access | Telephone or in-person service to provide rapid access to screening, needs assessment, consultation, service matching, and referral. | <ul style="list-style-type: none"> • 24/7 Access Edmonton • Access Calgary • Access Rural • Dedicated liaison positions |
| Correctional Health Services | Healthcare delivery in the 10 Alberta Provincial Correctional Centres (2 youth and 8 adult). | <ul style="list-style-type: none"> • Primary healthcare • Medication management • Addiction and mental health treatment • Public health • Dentistry |
| Health Promotion and Education | Services, products, and partnership opportunities to provide the public and contracted partners with information to promote mental wellness and prevent disease and injury. Often provided virtually, in schools, or through community organizations. | <ul style="list-style-type: none"> • Education development and delivery • Psychosocial recovery resource development • Mental health and addiction health promotion resource development and community partnership • Mental Health Capacity Building |

Data as of April 1, 2025

Mental Health

Recovery Alberta supports Albertans through the treatment of mental health and behavioural disorders, as well as by supporting overall mental wellness. In addition to the above (Table 1), Recovery Alberta offers specialized mental health programming. Examples include:

- **Mental Health Capacity Building (MHCB) in Schools:** A partnership between Recovery Alberta and schools that bolsters protective factors in children and youth by promoting mental, emotional, and social wellbeing, and protects against negative outcomes by strengthening resilience through skill development.
- **Police and Crisis Teams (PACT):** A community partnership between Recovery Alberta and law enforcement where mental health clinicians and police officers attend mental health crisis calls in urban, rural, remote, and Indigenous communities.
- **Community Treatment Orders (CTO):** A program intended to assist patients in maintaining compliance with treatment while in the community.
- **Mental Health Diversion Program:** A program diverting individuals charged with a minor criminal offence, and who have a suspected or diagnosed mental or concurrent disorder, from the criminal justice system to appropriate mental health treatment, addiction treatment, and social supports in their community.

Substance Use and Addiction

Recovery Alberta supports Albertans who use psychoactive substances and those struggling with addiction. We also support those with concurrent mental health and addiction issues. In addition to the above (Table 1), Recovery Alberta offers specialized addiction programming. Examples include:

- **The Opioid Dependency Program (ODP):** A community, in-person program that assists people living with opioid use disorder by providing evidence-informed opioid agonist treatment (OAT) medications.
- **Virtual Addiction Medicine Services (VAMS):** A community program offering virtual addiction supports across the province, consisting of the following programs:
 - **Virtual Opioid Dependency Program (VODP):** A virtual program providing OAT medications across the province, including same-day medication starts.
 - **Virtual Rapid Access Addiction Medicine (V-RAAM):** A program offering virtual addiction medicine physician consultations across Alberta for behavioural addictions and non-opioid substance use disorders.
- **Acute Care Addiction Recovery Program (ACARP):** A program that provides rapid access to recovery pathways for acute care patients at risk of substance-related harms.
- **Medical Detoxification and Residential Addiction Treatment Expansion (MDRATE):** A program that supports the operation of publicly funded medical withdrawal management, addiction treatment, and recovery services, with the goal of improving capacity and reach of addiction services in Alberta.
- **Opioid Agonist Therapy in Correctional Facilities:** A program to enhance accessibility and continuity of OAT and psychosocial supports in all 10 provincial correctional and remand centres.

Correctional Health Services

Recovery Alberta includes Correctional Health Services (CHS, Table 1), which provides care across the continuum in provincial correctional facilities. These facilities oversee adult clients and youth clients that are remanded and receive custodial sentences of 2 years less a day. CHS supports the health of all clients in these facilities and offers services that span public health, primary care, acute care, emergency care, mental health and addiction care, and more. In 2024-25, CHS is estimated to have provided care to over 20,000 clients admitted to these facilities. Since joining Connect Care on November 2, 2024, up to March 31, 2025, CHS has provided care to 10,184 unique clients through 9,117 admissions over these 5 months. This includes 21% of clients receiving opioid agonist therapy to treat opioid addiction and 25% of clients receiving screens for sexually transmitted and blood-borne infections.

New Programming

In addition to the above established programs, Recovery Alberta has been given the mandate to implement compassionate intervention (CI) services to comprehensively support people who are a harm to themselves or others as a result of addiction and substance use. To support these individuals, CI creates a pathway for parents, family members, guardians, healthcare professionals, and police or peace officers to request a treatment order or care plan. Once implemented, CI will also replace the Protection of Children Abusing Drugs Act (PChAD), which provides mandatory short-term stabilization, withdrawal management, and assessment for those under the age of 18. CI would replace and improve PChAD, allowing for longer-term treatment, an easier application process, and increased family involvement in a child's recovery. In 2026, the Government of Alberta will begin a 3-year construction project building two 150-bed CI centres for adults in Edmonton and Calgary that will be operated by Recovery Alberta.

Partnerships

Recovery Alberta delivers healthcare services in collaboration with other Provincial Health Agencies (PHAs) and Provincial Health Corporations (PHCs) in the newly refocused healthcare system, with the support of Health Shared Services. Many services in addiction and mental health are provided with the help of our contracted partners. In addition, Recovery Alberta works with a variety of groups to provide care, including community agencies, municipalities, foundations, law enforcement, educational organizations, patients and families, and Indigenous and local partners.

Enterprise Risks

Several risks may impact Recovery Alberta's ability to meet Health and Business Plan goals and objectives.

Access and Wait Times

Recovery Alberta is experiencing increases in demand across the continuum of care as Alberta's population grows and the demand for mental health and addiction-related care increases. A range of mental health and addiction services are needed to support all Albertans. Our commitment to improving access to services is illustrated through [Objective 1](#).

Patient Safety

Recovery Alberta aims to reduce the risk of preventable harm when delivering mental health, addiction, and correctional health services. Our commitment to client safety is illustrated through [Objective 3](#).

Sustainable Workforce

There are currently healthcare workforce pressures that limit the ability of Recovery Alberta, through our Health Shared Services Human Resources partner, to recruit and retain qualified providers. This affects the health of our workforce, as well as our ability to provide safe, high-quality programs and services. Our commitment to the health of our workforce is illustrated through [Objective 5](#).

Financial Sustainability

Recovery Alberta is mandated to maintain a balanced budget in an environment with increasing demand for services along with increasing costs associated with inflation, contracts, and staffing. Our commitment to fiscal responsibility is illustrated in [Objective 6](#).

Service Providers

Managing contracted services and ensuring legislative and regulatory compliance with contracted service providers is complex. As part of its legislative requirements, Recovery Alberta provides direct service delivery and oversees the delivery of services through contracted service providers. Recovery Alberta is also working to navigate partnerships with new emerging agencies and providers, including Health Shared Services, in a newly refocused healthcare system. Our commitment to accountability and transparency in our partnerships is illustrated in [Objective 2](#) and [Objective 4](#).

Goals

Goal: Access & Innovation

Recovery Alberta will continue to offer accessible mental health, addiction, and correctional health services to Albertans through directly operated programs and working in partnership with other organizations. We also commit to helping to support the implementation of new, innovative programming to better serve Albertans.

When reporting performance measures, we have provided historical data for 2023-2024 when possible. As a newly formed Provincial Health Agency, and with the transition from legacy systems to Connect Care (fully implemented in November 2024), high-quality historical data is not consistently available for all performance measures. All performance measures related to Objectives 1 to 4 use Connect Care data as their source, with the exception of “*Adult Acute Length of Stay / Expected Length of Stay*”, which also uses the Discharge Abstract Database (DAD). Performance measures in Objective 5 use Gallup survey data administered to Recovery Alberta employees and medical staff while Objective 6 uses Recovery Alberta finance data.

Objective 1: Provide patients and families with access to programs and services

Recovery Alberta is committed to ensuring Albertans struggling with addiction and/or mental health challenges are supported in their pursuit of recovery (see [About Our Services](#)). Recovery Alberta will continue to offer programs to support the mental health and addiction care of Albertans, and to provide services across the continuum of care in correctional health facilities. We commit to implementing innovative models of care and the continued implementation of recovery-oriented systems of care.

Actions to be accomplished by March 31, 2026

- 1.1 Collaborate with partners to consolidate provincial navigation services through 211 and create pathways with community partners.
- 1.2 Support the implementation of Compassionate Intervention in collaboration with the Government of Alberta and community partners in accordance with Government of Alberta legislation.
- 1.3 Offer and improve correctional health services programming across the province including primary care, public health, dentistry, and mental health and addiction services.
- 1.4 Offer and improve addiction and mental health programming across the province, including in hospitals, community bed-based facilities, outpatient settings, community outreach services, and virtual services (see Performance Measures).

Actions for Year 2 (2026-2027) and Year 3 (2027-2028)

- Establish a refined services footprint for Recovery Alberta
- Consolidate Recovery Alberta's Access phone lines

Objective 1 Performance Measures

| Measure | 2023-2024 | 2024-2025 | Target 2025-2026 |
|--|-----------|-----------|-------------------|
| Wait Time for Adult AMH Core Community Outpatient Services* : Median number of days from referral to first appointment for an adult (age ≥18) | 29 days | 29 days | Stable or improve |
| Wait Time for Youth AMH Core Community Outpatient Services* : Median number of days from referral to first appointment for a youth (age ≤ 17) | 20 days | 20 days | Stable or improve |
| Wait Time for Adult Addiction Treatment** : Median number of days from referral received to planned admission for an adult (age ≥ 18) | 46 days | 40 days | Stable or improve |

*Includes Recovery Alberta core treatment services offered in a community outpatient setting where a referral results in a scheduled therapeutic intervention. Excludes walk-in, single-session visits (same-day, non-urgent services with no scheduled follow-up), urgent and crisis services, and specialty community services.

**Includes 4 out of 5 Recovery Alberta bed-based addiction treatment locations.

Objective 2: Work with partners to ensure system integration and coordination to deliver patient care

Recovery Alberta will work with partners to ensure seamless patient care and complete refocusing efforts. We will work in partnership with the Government of Alberta, other Provincial Health Agencies (PHAs), contractors, community partners, and other organizations to create a strong and accessible healthcare system for Albertans.

Actions to be accomplished by March 31, 2026

- 2.1 Support ongoing system refocusing efforts including establishing key partnerships with Provincial Health Agencies (PHAs), Health Service Delivery Organizations, Provincial Health Corporations (PHCs), and the emerging Health Shared Services to ensure Recovery Alberta can meet its mandate.
- 2.2 Work across the continuum of care, and with other PHAs, to ensure appropriate referrals, discharges, and transitions from acute care for clients needing mental health and addiction care (see Performance Measure).
- 2.3 Work with the Ministry of Public Safety and Emergency Services and Ministry of Mental Health and Addiction to modernize agreements for Correctional Health Services
- 2.4 Undertake province-wide planning efforts, including collaboration with the Department of Mental Health and Addiction, the Canadian Centre of Recovery Excellence (CoRE), and other organizations.

Actions for Year 2 (2026-2027) and Year 3 (2027-2028)

- Continue to work with PHAs and Health Shared Services to provide seamless care to Albertans.
- Finalize agreements with the Ministry of Public Safety and Emergency Services and Ministry of Mental Health and Addiction for Correctional Health Services

Objective 2 Performance Measures

| Measure | 2023-2024 | 2024-2025 | Target 2025-2026 |
|---|-----------|-----------|-------------------|
| Adult Acute Length of Stay / Expected Length of Stay* : The ratio of the sum of the number of days all clients spend in acute care divided by the sum of all days typical patients are expected to stay, reported for discharged patients. | 1.33 | 1.31 | Stable or improve |
| Continuity of Opioid Agonist Therapy Treatment from Corrections to Community** : Percent of CHS clients who were prescribed OAT during their stay and who accessed OAT prescriptions and/or Recovery Alberta (V)ODP within 60 days of discharge. | - | 50.5% | Stable or improve |

*Includes clients in acute adult beds in acute inpatient and standalone inpatient settings. Excludes clients in sub-acute and forensic settings. Expected length of stay is reported for typical patient stays based on comparisons to similar clients in national databases, and is adjusted for factors such as age, sex, diagnosis and other conditions. A value less than one represents shorter than expected hospital stay and a value greater than one represents a longer than expected hospital stay.

**Includes clients with an OAT medication dispense (identified through Pharmaceutical Information Network data) and/or those who visited Recovery Alberta VODP or ODP clinics within 60 days post-discharge from CHS.

Goal: Safety & Accountability

The safety of patients, families, staff, and physicians is of the utmost importance to Recovery Alberta. We are committed to providing safe, high-quality services to Albertans. Programs and services are operated in a transparent fashion, with accountability to the Minister of Mental Health and Addiction and to Albertans.

Objective 3: Ensure programs and services provide safe, quality, and innovative care to Albertans

Recovery Alberta is committed to providing safe, quality services to Albertans in alignment with evidence-based best practices, Recovery Alberta policy, and Accreditation Canada requirements. We are also committed to creating a safe work environment for our staff and physicians as they provide care. We will work to improve the experience of Indigenous peoples needing care.

Actions to be accomplished by March 31, 2026

- 3.1 Establish Recovery Alberta's quality and safety requirements and begin work on a Clinical Quality Improvement Plan for the organization.
- 3.2 Support initiatives to better serve Indigenous clients and communities.
- 3.3 Develop provincial models of care for key service areas to modernize care across the province and leverage innovative practices
- 3.4 Undertake program-based evaluation, facilitate research, and disseminate results through knowledge mobilization work, including through partnerships with the Canadian Centre of Recovery Excellence.
- 3.5 Improve safety and quality of care for clients by improving compliance in required organizational practices and Recovery Alberta Policy (see Performance Measure).

Actions for Year 2 (2026-2027) and Year 3 (2027-2028)

- Complete a Clinical Quality Improvement Plan for Recovery Alberta and implement the plan
- Expand priority clinical transformation initiatives

Objective 3 Performance Measures

| Measure | 2023-2024 | 2024-2025 | Target 2025-2026 |
|---|-----------|-----------|-------------------|
| Suicide Risk Screen Completion Rate in Inpatient, CHS, and Addiction Bed-Based Services* : Percentage of clients that had a suicide risk screen administered upon admission. | - | 95.9% | Stable or improve |

*Includes admissions to Recovery Alberta acute inpatient, standalone inpatient, correctional health services, and addiction bed-based services. Excludes community outpatient services, supported living environments, and contracted addiction bed-based services.

Objective 4: Ensure accountability and transparency

Recovery Alberta believes in an evidence-informed and data-driven approach to decision making. We are committed to building and contributing to systems that support improved performance measurement, evaluation, and reporting on our programs and services. We ensure that services provided by or contracted through Recovery Alberta meet acceptable standards of care.

Actions to be accomplished by March 31, 2026

- 4.1 Develop a Performance Measurement framework to evaluate, measure, and monitor Recovery Alberta programs and services.
- 4.2 Undertake contract harmonization and streamlining of reporting requirements.
- 4.3 Establish appropriate relationship agreements with partners (for example, CoRE, Health Shared Services)
- 4.4 Collaborate with contracted partners in addiction treatment to ensure bedspaces are properly utilized (see Performance Measure)
- 4.5 Collaborate with other PHAs and healthcare partners to manage acute care Alternate Level of Care (ALC) pressures (see Performance Measure)

Actions for Year 2 (2026-2027) and Year 3 (2027-2028)

- Revise web interface for the public site and internal intranet site
- Determine how patient and family feedback is gathered and utilized

Objective 4 Performance Measures

| Measure | 2023-2024 | 2024-2025 | Target 2025-2026 |
|--|-----------|-----------|-------------------|
| Occupancy for Adult Addiction Beds* : Mean percentage of adult beds occupied at Recovery Alberta operated and contracted sites. | - | 84.4% | Stable or improve |
| Adult Alternate Level of Care in Acute Care** : Percentage of adult acute inpatient patient days occupied by an ALC client in acute and standalone hospitals. | 10.5% | 12.9% | Stable or improve |

*Includes both Recovery Alberta-operated and contracted providers, covering three adult bed types—withdrawal management, treatment, and recovery beds.

**Includes clients in acute adult beds in acute inpatient and standalone inpatient settings. Excludes clients in sub-acute and forensic settings. In a hospital setting, a client may be designated as Alternate Level of Care (ALC) if they occupy a bed but do not require the intensity of services provided in that care setting. The client requires a different, less acute level of care than the bed they are currently occupying.

Goal: Sustainability

Recovery Alberta strives to achieve a sustainable healthcare system that can respond to the growing needs of Albertans while maintaining standards in care and value for money. Our goal is to provide an efficient and effective publicly-funded entity for providing mental health, addiction, and correctional health services to Albertans.

Objective 5: Build and support an engaged, highly skilled workforce to achieve the service delivery mandate of Recovery Alberta

The quality of mental health, addiction, and correctional healthcare we provide for Albertans relies on the skills, expertise, and health of our workforce. Recovery Alberta works closely with our shared service partners to support our staff and physicians.

Actions to be accomplished by March 31, 2026

- 5.1** Undertake organizational redesign work to better serve Albertans
- 5.2** Support our staff and physicians through ongoing system change, continued refocusing work, and the ongoing establishment of Recovery Alberta as an independent organization.
- 5.3** Ensure workforce competency through training and education offerings (for example, trauma-informed care, Provincial Addiction & Mental Health Curricula & Experiential Skills (PACES), and Opioid Dependency Treatment training)

Actions for Year 2 (2026-2027) and Year 3 (2027-2028)

- Develop a Recovery Alberta strategy to recruit, retain, and enable our staff and physicians (e.g., Our People Strategy)

Objective 5 Performance Measures

| Measure | 2023-2024 | 2024-2025 | Target 2026-2027** |
|---|-----------------------------|-----------|--------------------|
| Recovery Alberta Employee Engagement*: Engagement Mean score from the Gallup survey of Employees | Gallup survey not completed | 3.42/5 | 3.50 |
| Recovery Alberta Medical Staff Engagement*: Engagement Mean score from the Gallup survey of Medical Staff | Gallup survey not completed | 2.66/5 | 2.75 |

*The Engagement Mean is calculated by Gallup as the mean score (on a 5-point scale) from 13 engagement questions administered in the survey. Engagement is defined as how committed an individual is to their organization, their role, their manager, and their coworkers.

**The next Gallup Survey will be performed in 2026-2027, so the target year has been adjusted.

Objective 6: Demonstrate fiscal responsibility through a balanced budget

Recovery Alberta will use multiple strategies to find savings and efficiencies that will allow us to work within current resource constraints, while also managing inflation and population growth pressures. Strategies include managing appropriate staff use and limiting discretionary spending.

Actions to be accomplished by March 31, 2026

- 6.1 Achieve a balanced budget by finding efficiencies, including looking at duplicative programming
- 6.2 Manage expenses by limiting discretionary spending, managing vacant positions, and achieving other efficiencies
- 6.3 Conduct program reviews and prioritize initiatives to achieve the required savings.
- 6.4 Support the transfer and establishment of budgets to Recovery Alberta as system refocusing progresses

Actions for Year 2 (2026-2027) and Year 3 (2027-2028)

- Continue to manage expenses through cost containment initiatives, reducing overtime, and managing vacant positions.
- Continue to align service delivery mandate and resource allocation.

Objective 6 Performance Measures

| Measure | 2023-2024 | 2024-2025 | Target 2025-2026 |
|---|-----------|-----------|------------------|
| Balanced Budget (within 1%)*: Total revenues less total expenses, divided by total expenses. | N/A | 1.1% | Within 1% |

* A positive number indicates a surplus.

Budget

Expense Growth

Population

According to the Government of Alberta’s Office of Statistics and Information, Alberta’s population will surpass 5 million people in 2025 (Figure 4). In 2025, Alberta’s population is expected to increase 3.2% from 2024, and 15.1% from 2020. It is projected to reach over 7 million within the next 25 years. To support the needs of this growing population, healthcare expenses will also increase.

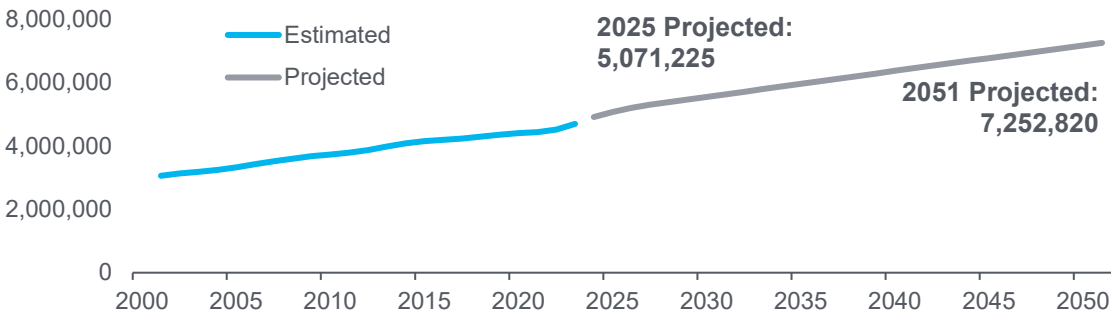


Figure 4: Alberta’s Estimated and Projected Populations Over Time

2025-2026 Expenses by Object

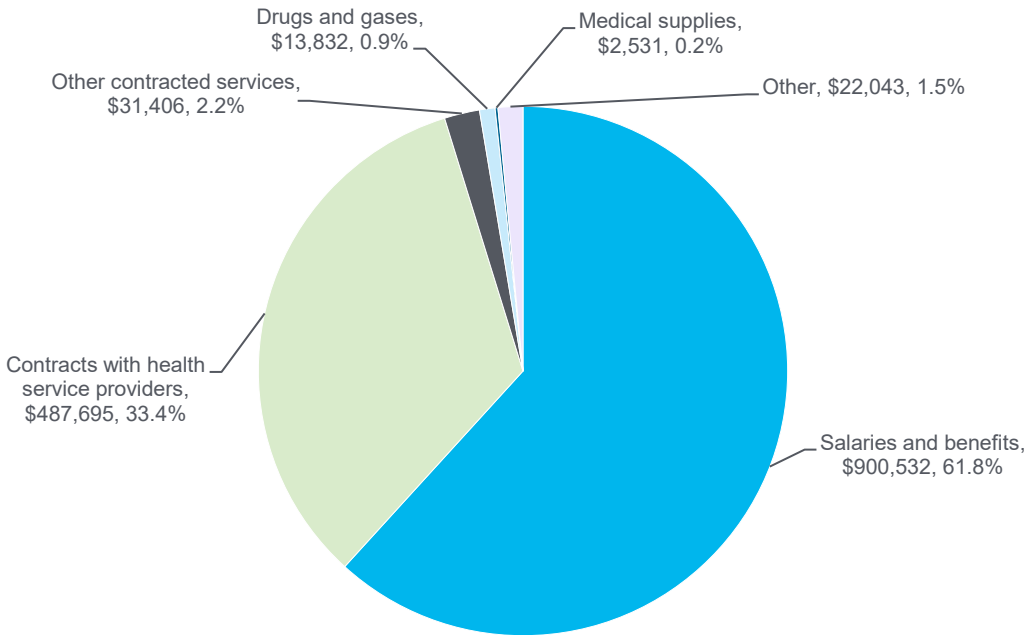


Figure 5: Recovery Alberta’s 2025-2026 Expenses by Object (in \$ thousands)

Salaries and benefits are Recovery Alberta's largest budget item, representing 62% of costs. This cost increased 6.8% in 2025-2026 compared to 2024-2025. All of Recovery Alberta and AHS's collective bargaining agreements expired on March 31, 2024. AHS' Human Resources Labour Relations team, on behalf of Recovery Alberta, has engaged in collective bargaining with the United Nurses of Alberta (UNA), Health Sciences Association of Alberta (HSAA), Alberta Union of Provincial Employees (AUPE) General Support Services, AUPE Auxiliary Nursing, and Alberta Union of Nurse Practitioners (AUNP).

Collective bargaining can impact Recovery Alberta's salaries and benefits expenses significantly, with 94% of Recovery Alberta staff FTE in unionized positions as of April 1, 2025.

Recovery Alberta and contracted providers are experiencing higher costs in medical supplies, drugs, linen, and other supplies. These increases are more closely linked to the Consumer Price Index and global inflation pressures. Inflationary adjustments are provided to contracted providers.

2025-26 Budget

In 2025-2026, Recovery Alberta's total revenues and expenses will be \$1.46 billion, an increase of 4.6% from the prior fiscal year's budget. This increase in funding supports the new compassionate intervention program, ongoing work to refocus the healthcare system, and additional funding to partially address some wage and capacity pressures.

Table 2: 2024-25 and 2025-26 Budget (in \$ thousands)

| (\$ in thousands) | 2024-2025 Approved Budget (Jul 1, 2024 – Mar 31, 2025) | 2024-2025 Annualized Budget | 2025-2026 Annualized Budget | Change in Annualized Budget | % Change |
|---|--|-----------------------------------|-----------------------------------|-----------------------------------|-------------|
| Revenues | | | | | |
| Mental Health & Addiction Transfers | | | | | |
| MHA Base operating grants | 726,840 | 1,257,320 | 1,334,617 | 77,297 | 6.1% |
| Other operating | 60,601 | 104,143 | 91,036 | -13,107 | -12.6% |
| Other government transfers | 9,304 | 16,007 | 17,333 | 1,326 | 8.3% |
| Fees and charges | 3,485 | 5,977 | 3,000 | -2,977 | -49.8% |
| Donations, and non-government contributions | 1,671 | 2,867 | 2,867 | – | – |
| Other income | 4,188 | 7,186 | 9,186 | 2,000 | 27.8% |
| Total Revenues | 806,089 | 1,393,500 | 1,458,039 | 64,539 | 4.6% |
| Expenses | | | | | |
| Continuing care | 3,909 | 6,797 | 6,833 | 36 | 0.5% |
| Community care | 380,524 | 659,106 | 692,342 | 33,236 | 5.0% |
| Acute care | 210,360 | 366,534 | 387,831 | 21,297 | 5.8% |
| Diagnostic and therapeutic services | 64,595 | 111,908 | 116,212 | 4,304 | 3.8% |
| Population and public health | 2,792 | 4,833 | 4,777 | -56 | -1.2% |
| Research and education | 3,218 | 5,458 | 4,327 | -1,131 | -20.7% |
| Information technology | 24,633 | 42,007 | 42,486 | 479 | 1.1% |
| Support services | 88,213 | 149,698 | 157,389 | 7,691 | 5.1% |
| Administration | 27,845 | 47,159 | 45,842 | -1,317 | -2.8% |
| Total Expenses (Schedule) | 806,089 | 1,393,500 | 1,458,039 | 64,539 | 4.6% |
| Operating Surplus (Deficit) | – | – | – | – | – |

2024-2025 financial and statistical reporting has been restated for the full 2024-2025 year.

2025-2026 Revenues

Recovery Alberta is primarily funded by the Ministry of Mental Health and Addiction through base operating and restricted funding transfers. Other government transfers are related to funding received and revenue earned from other government entities apart from the Ministry of Mental Health and Addiction. Fees and charges are mainly collected from other Canadian jurisdictions for services provided to out-of-province patients. The main source of donations is

received from our Foundation partners (for example, Alberta Children’s Hospital Foundation, Stollery Children’s Hospital Foundation, and Mental Health Foundation). Other income is related to recoveries for services provided to third parties and through an investment income allocation from Alberta Health Services.

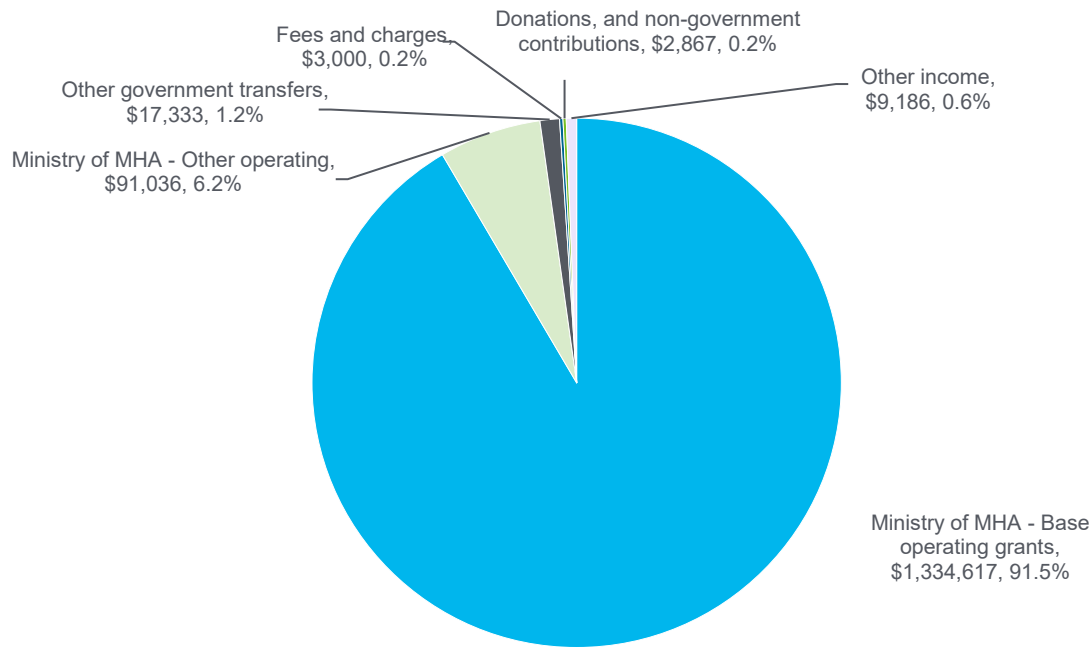


Figure 6: Recovery Alberta’s 2025-2026 Revenue (in \$ thousands)

2025-2026 Expenses

Recovery Alberta’s major distinguishable activities and services are shown as *Expenses by Function* below. This distribution does not significantly change year-to-year.

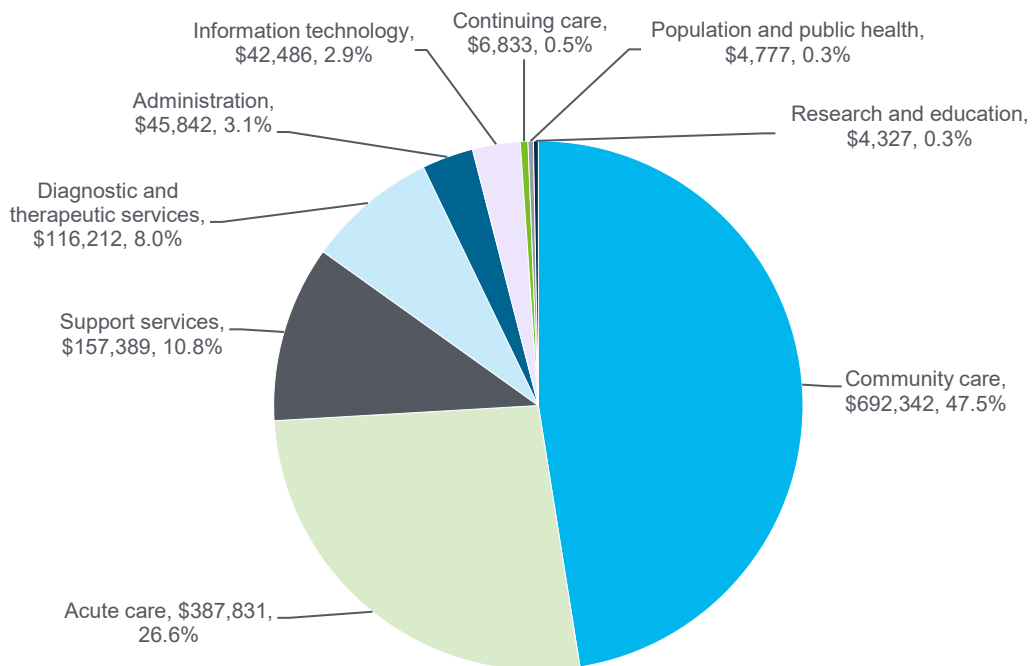


Figure 7: Recovery Alberta’s 2025-2026 Expenses by Function (in \$ thousands)

Definition of Expenses by Function

Continuing care comprises mental health and addiction psychiatric long-term care.

Community care comprises community bed-based services such as withdrawal management, addiction treatment, and mental health supports. The provision of mental health and addiction services via outpatient, virtual, and outreach services.

Acute care comprises predominantly of mental health and addiction patient-care units.

Diagnostic and therapeutic services comprise rehabilitation services such as physiotherapy, occupational therapy, respiratory therapy and speech-language pathology, and diagnostic and pharmacy services.

Population and public health comprise primarily health promotion and some harm reduction services.

Research and education comprise of primarily costs pertaining to formally organized mental health and addiction research and education.

Information technology comprises costs pertaining to the provision of service and consultation in the design, development, implementation, security, and support of information-technology services and systems.

Support services comprise building maintenance operations (including utilities), materials management (including purchasing, central warehousing, distribution, and sterilization), housekeeping, patient registration, health records, food services, emergency preparedness, and infection prevention and control.

Administration comprises human resources, finance, communications and general administration. General administration includes senior executives and many functions such as planning and development, quality assurance, patient safety, insurance, privacy, public relations, risk management, internal audit, legal, and coordination of virtual health services.