

Terms of Reference

Addiction & Mental Health Provincial Advisory Council

1. Purpose

The following Terms of Reference (TOR) will outline operations of the Alberta Health Services (AHS) Addiction & Mental Health Provincial Advisory Council (Council) in accordance with the *Amended [Bylaw for Alberta Health Services Establishing the Addiction & Mental Health Provincial Advisory Council](#)* (Bylaw). As required by Article 14.1 of the Bylaw, these Terms of Reference shall comply with and are subordinate to the [Regional Health Authorities Act](#), [Community Health Councils Regulation](#), and the [Community Health Councils \(Ministerial\) Regulation](#) (collectively, the Legislation), and the Bylaw, including the respective limits of authority in the Legislation and Bylaw.

The majority of the topics outlined in this TOR are specifically governed by the Legislation and the Bylaw, and as such, the content of these TOR is intended only to summarize and/or provide further information or detail.

The TOR are not intended to conflict with the Legislation and the Bylaw. In case of conflict, the TOR shall be interpreted to the extent possible so as to eliminate the conflict having regard, firstly, to the paramourcy of the Legislation and, secondly, to the Bylaw.

The AHS Addiction and Mental Health Provincial Advisory Council (AMH PAC) reports to the [Community Engagement Committee](#) (Committee) of the [AHS Board](#) (Board). It is a provincial Council representing the health needs of Albertans within the addiction and mental health system.

Council has been established under Legislation for the purpose of advising the Board and AHS leadership on system-level addiction and mental health needs and priorities. In carrying out this advisory role, Council will engage with the provincial addiction and mental health community stakeholders to gather system-level perspectives. Council is established, and members are appointed, by the Board. The Board has legislated authority to disestablish Council by submitting for approval to the Minister of Health (Minister) a proposal for disestablishment and winding up of Council affairs. Upon written approval of the proposal by the Minister, the Board shall pass a Bylaw to disestablish the Council in accordance with the approved proposal. Additionally, the Minister has the legislated authority to give direction to the Board to disestablish Council.

2. Council Objects, Functions and Duties

Council will provide advice on addiction and mental health system policies, strategies and planning to the Board and AHS addiction & mental health provincial program leadership. Council is guided by AHS standards and tools and supported by Permanent Resource Persons.

In accordance with the Bylaw, Council acts in an advisory and engagement role. Council supports two-way dialogue between Albertans and AHS to address addiction and mental health matters throughout the Province. Therefore, Council will:

- a) Consider and provide evidence-based suggestions to AHS in the development of AHS' addiction and mental health plans for meaningful patient/client participation that:
 - i. improves the quality of services and patient/client satisfaction through effective addiction and mental health service planning;
 - ii. prevents stigma and discrimination faced while accessing and navigating the healthcare system; and
 - iii. enhances and creates opportunities to work towards a collaborative and integrated partnership among patients/clients, their family members, service providers, and policy makers.

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- b) Provide a forum for patients/clients, families, and communities to identify existing and emerging addiction and mental health issues; and
- c) Provide advice to AHS on ways to improve quality, access and sustainability of addiction and mental health services in Alberta.

The Council shall:

- a) Seek and appropriately consider evidence and information from Albertans when advising on planning, delivery and evaluation of addiction and mental health services;
- b) Engage residents by talking to members of the community and advising on what they are hearing about addiction and mental health services in their area;
- c) Provide ongoing feedback about what is working well in the addiction and mental health system and areas for improvement;
- d) Consider information provided by AHS and identify issues or trends from a system perspective;
- e) Review key performance indicators for the AHS addiction and mental health system;
- f) Provide feedback to AHS about strategies to further engage the community on addiction and mental health care delivery;
- g) Develop annual priorities and commitments for review by the Committee; and
- h) Develop an annual report for review by the Board as outlined in Article 11.1 of the Bylaw.

Advisory

The voluntary role of Council is advisory, rather than advocacy, in nature. The difference between these two roles is considered as follows: An *advisor* seeks to inform a process, while an *advocate* seeks to ensure a particular outcome. While the Council is not a board or comprised of elected officials, its focus on bringing the community voice to health planning is vital in both creating a better health system and in supporting Albertans where they live. Council operates at a system-wide level to improve addiction and mental health system access and supports.

Expectations

Council meetings are conducted respectfully with an emphasis on listening and understanding to ensure all members have an opportunity to participate and that all perspectives are heard. It is the responsibility of the Chair to manage conflict when it arises, respectfully and in a timely manner. Additional participation expectations for all Council members are as follows:

- a) Demonstrate an interest in addiction and mental health, representing regional voices and bringing forward lived experience perspectives;
- b) Attend scheduled meetings and notify the Council Coordinator in advance if unable to attend;
- c) Travel to in-person meetings and submit appropriate expenses for reimbursement (see Section 10 below);
- d) Be prepared for meetings by reviewing meeting materials in advance;
- e) Demonstrate respect for fellow Council members, AHS representatives, presenters, and members of the public and act in accordance with the [AHS Code of Conduct](#);
- f) Act in good faith;
- g) Disclose any disagreement or conflict, real or perceived, to the AHS Council Coordinator (role outlined in Section 5 below) as soon as possible and as required by the Legislation and the Bylaw;
- h) Act as a representative on behalf of Council on other AHS committees as appointed and bring forward topics from these committees to Council as appropriate;
- i) Consistently use e-mail as a means of communication and participate in virtual meetings (e.g., Telehealth, Zoom, Skype) as appropriate; and
- j) Actively participate in Council work between Council meetings.

Council activities are to align with priorities approved by the Council that guide the work of the group and develop the agendas.

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Conflict of Interest & Confidentiality

Political Activity:

- a) AHS is a politically neutral organization and does not support or endorse any political party or candidate at any level of government;
- b) Council is a public body and an extension of AHS. Members representing Council in-person, on social media, or in any other setting are to remain non-partisan; and
- c) The [AHS Political Activity policy](#) recognizes the personal right of AHS representatives to participate in political activities. Council members participating in political activities shall not do so as Council or AHS representatives. For example, individuals participating in an electoral campaign or publicly endorsing a political candidate shall do so as individual citizens and refrain from using their membership on Council to further a political outcome.

Conflict of Interest:

- a) Recognizing that Council members have interests outside of AHS, they are expected to fulfill their responsibilities in a manner that avoids involvement in any potential, apparent or real conflict of interest situations;
- b) Members are to promptly disclose and address any real or perceived conflicts should they arise;
- c) In the course of carrying out member duties, no member shall take part in a decision or action that may further a private interest of the member, of any person directly associated with that member, or a minor child of that member, in accordance with Article 7.1 of the Bylaw and *Community Health Councils Regulation*;
- d) Should a conflict arise during the course of a meeting, the member must make a verbal declaration of that interest and must withdraw from the meeting without participating in the discussion or voting on the matter, in accordance with Article 7.2 of the Bylaw and the *Community Health Councils Regulation*;
- e) Members and AHS employees who interact with Council shall act honestly, in good faith, leaving aside personal interests to advance the public interest;
- f) No member shall use the office or power of the Council or as a member to influence a decision to be made by, or on behalf of, the Council or the Board to further a private interest, whether real or perceived, of the member, a person directly with the member, or a minor of the member in accordance with Article 7.3 of the Bylaw and the *Community Health Councils Regulation*;
- g) To mitigate real or perceived conflicts, AHS employees, physicians, Alberta Health employees, and other members who have identified conflict may not serve in the capacity of Chair; and
- h) In the event that a conflict has been identified, it may be necessary to request the affected Council member to step down from the Council and any other associated AHS volunteer activities.

Confidentiality

Members will:

- a) Receive confidential information and will not distribute or relay confidential information outside of their role as a Council member;
- b) Seek clarity when needed to confirm that the information they wish to share is intended for a public audience;
- c) Ensure confidentiality shall encompass both AHS information and that shared in confidence by other members of Council (i.e., personal health information);
- d) Sign a confidentiality agreement in accordance with the [Alberta Evidence Act](#) and the [Health Information Act](#); and
- e) New members shall use AHS e-mail accounts for official Council business in accordance with confidentiality and privacy policies.

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Diversity and Inclusion

- a) All who are part of or who interact with AHS are protected from discrimination on the grounds of race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status and sexual orientation ([Alberta Human Rights Act](#)); and
- b) Members who demonstrate discriminatory behaviour in conflict with AHS policies and the *Alberta Human Rights Act* will be asked to relinquish their membership on the Council.

3. Membership

Eligibility

The Advisory Council shall be appointed by the Board. There shall be eight (8) to eighteen (18) voting members on the Council. The membership will be comprised of volunteers who:

- a) Are 18 years of age, or older;
- b) Are ordinarily a resident of Alberta;
- c) Are patients/clients and family members with significant lived experience with the addiction and mental health system and have demonstrated interest in the health of the community and in health issues generally; and
- d) Represent the provincial perspective with broad representation across Alberta and within each AHS Zones including urban and rural centres.

Term

- a) The term of office for Council members will be served in either 2-year terms or 3-year terms, to a maximum of six (6) consecutive years, unless otherwise determined by the Board. All Council members will have voting rights; and
- b) On expiry of the first term, all Council members must express interest in additional term(s) and be re-appointed in accordance with Article 6.3 of the Bylaw, for any second and subsequent terms as determined by the Board.

4. Distinct Roles

Chair

The Chair will represent the majority of views on Council and communicate Council views and priorities to AHS executive leaders and the Board. To ensure adequate succession planning and set up new Chairs for success, a member may not serve as Chair in the last year of their last term. Chairs who have completed their term will mentor the new Chair in collaboration with the Council Coordinator (see Past Chair).

- a) The Chair will be nominated from their respective Council membership on a two-year cycle. Nomination will be undertaken in accordance with Robert's Rules of Order Election Process. The name of the Council Chair will be submitted to the Board for appointment to a two-year term; and
- b) Members with two years remaining in their final term will not be eligible for a two-year Chair term, as members are unable to serve in the role of Chair in the final year of their term. Such members may serve a one-year Chair term to enable them to assume the role of Past Chair in the final year of their final term.

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Chair Duties

Providing leadership, the Chair will:

- a) Endeavour to make the work of Council meaningful for all members;
- b) Act as a spokesperson for Council at events or in the media, as appropriate;
- c) Participate in regular meetings and planning activities with AHS leads and the Council coordinator outside of the public Council meetings;
- d) Strive to utilize the skills and experience of all members to their potential;
- e) Facilitate a safe and equitable environment for all Council members; and
- f) Communicate Council needs, concerns, and ideas to the Council Coordinator in a timely manner.

Ensuring proper Council function, the Chair will:

- a) Ensure each meeting is planned effectively, conducted according to the Bylaw and Terms of Reference, and that matters are dealt with in an orderly, efficient manner;
- b) Jointly plan meeting agendas, Council priorities and Council activities with AHS program representatives and the Council Coordinator;
- c) Jointly capture recommendations for meeting agenda items from Council members with the Council Coordinator;
- d) Act as the conduit between the Council and AHS, including addiction and mental health provincial program leadership and the Board; and
- e) Manage any conflicts of interest in partnership with AHS as they are presented.

Membership and Recruitment

When recruiting members to Council, the Chair or another public Council member will:

- a) Review and vet received Expression of Interest documents in consultation with the Council Coordinator and AHS Permanent Resource Person(s) and participate in candidate interviews; and
- b) Strive for diversity of membership on Council.

Council of Chairs

The Chair will:

- a) Participate in quarterly and ad hoc Council of Chairs meetings and report meeting outcomes back to Council members; and
- b) Provide insight and feedback to AHS on consultation projects presented to the Council of Chairs.

Past Chair

Upon completion of term as Chair, members will assume title of Past Chair for one year. Past Chairs participate in mentorship and guidance activities for new Chairs outside of public Council meetings to ensure new Chairs are set up for success. Past Chairs will:

- a) Be responsible for providing guidance, advice and support to the current Chair and Council during transition; and
- b) Support the Chair in their position through mentoring, advising and analysis of Council development procedures.

Vice Chair

The Vice Chair will be elected from Council membership on a two-year election cycle. If a member is unable to assume the Vice Chair role for a two-year period, a one-year election cycle may be considered. The Vice Chair is responsible for supporting the Chair in effective Council leadership, function, and recruitment. The Vice Chair will carry out Chair duties in absence of the Chair, including acting as the spokesperson for Council when the Chair is not available. Vice Chairs may attend Council of Chairs meetings when the Chair is not available and are invited to participate in one Council of Chairs

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meeting per year. The Vice Chair may consider expressing their interest in the role of Chair should the current Chair resign, or their term expire.

Alumni

Those members who complete their term with Council will be offered the option to join the Alumni. Alumni are not additional Council members, as approved by the Board. Instead, they are non-voting stakeholders who have expressed interest in continuing to be engaged in opportunities and conversations offered through AHS. Alumni will be held to the same policies and guidelines as other Council members. This would include signing confidentiality agreements and following the *AHS Code of Conduct*. AHS may involve Alumni through:

- a) Invitations to AHS and Council-hosted community events; and
- b) Invitations to participate in advisory work with AHS.

5. Support to Council

Council will be supported by Permanent Resource Persons, the AHS Council Coordinator, and AHS Community Engagement and External Relations.

Permanent Resource Persons

AHS addiction and mental health provincial program leadership will participate in Council meetings in a non-voting, ex officio capacity to assist Council in achieving its objectives. Permanent Resource Persons are individuals appointed by virtue of their role within their organization and are submitted to the rules and regulations of their organizational positions. Duties of Permanent Resource Persons include:

- a) Attendance at all Council meetings and events;
- b) Sharing AHS strategies, updates, and plans in a timely manner;
- c) Participation in development of Council commitments, priorities, and activities to ensure alignment with AHS addiction and mental health provincial planning and operational priorities;
- d) Identification and provision of opportunities for Council participation, input and engagement;
- e) Reporting back to Council how input was used; and
- f) Acting as a champion for Council and encouraging other AHS teams to connect.

Provincial Advisory Council Coordinator

The Provincial Advisory Council Coordinator is a member of the AHS addiction and mental health provincial program or another provincial program as appropriate. Council Coordinator duties include:

- a) Acting as the main point of contact for the Council;
- b) Providing guidance to both members and AHS teams on matters relating to Council;
- c) Managing Council process, progress, and issues in partnership with Council Chair;
- d) Advising Council on how activities can be aligned with AHS priorities and leadership teams;
- e) Receiving recommendations for meeting agenda items from Council members;
- f) Navigating AHS systems and providing channels for Council ideas and concerns;
- g) Working with the Chair to lead recruitment, plan Council activities and events, and to develop Council agendas;
- h) Guiding Council in priority setting and work planning;
- i) Ensuring Council has access to relevant and timely information;
- j) Providing tools and materials to help with Council work;
- k) Coordinating presentations and content for meetings and ensuring follow-up;
- l) Seeking out information requested by Council where appropriate;
- m) Providing orientation to new members and Chairs; and
- n) Recording meeting minutes for public meetings.

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AHS Community Engagement & External Relations

AHS Community Engagement & External Relations assists with Council support through:

- a) Logistical and process supports to Council;
- b) Onboarding and orientation support for members;
- c) Collaborating with Council and AHS to plan activities;
- d) Creating awareness of Council across AHS and to the public;
- e) Promoting Council through communication channels (e.g., social media, public service announcements, etc.);
- f) Managing Council of Chairs meetings and activities in collaboration with the Co-chairs;
- g) Coordinating Council deliverables and authoring Council documents to be submitted to the Board; and
- h) Seeking out opportunities for Council involvement.

Further information on all roles can be found in the [Advisory Council Handbook](#).

6. Participation and Conduct

Attendance

Attendance is expected at a minimum of 75 per cent of meetings in any twelve-month period unless extenuating circumstances arise. If members are unable to attend Council meetings, they are expected to communicate their circumstances as soon as possible to the Chair or Council Coordinator. Consistent absenteeism without explanation may result in removal from Council.

Where a member is consistently absent, the member will be contacted by the Chair or designate to determine whether the absence(s) were excusable and determine commitment to continuing with Council. Failure to communicate with or provide sufficient explanation of absenteeism to the Chair or Council Coordinator may result in the initiation of the termination process from Council, as set out in Article 6.8 of the Bylaw.

Conduct

The [AHS Code of Conduct](#) outlines the values, principles and standards of conduct that guide our actions and interactions. All Council members and AHS staff are to exhibit behavior in accordance with the Code of Conduct, including:

- a) Treating people with respect, compassion, dignity and fairness;
- b) Being open, honest and loyal;
- c) Acting ethically and upholding professional standards;
- d) Taking responsibility for our own actions and expecting the same of others; and
- e) Respecting confidentiality and privacy.

Members may be asked to relinquish their Council membership if their behaviour is found to be in conflict with the AHS *Code of Conduct* or *Conflict of Interest* policies. Members who are unable to follow Code of Conduct guidelines during Council meetings will be subject to removal from the meeting by the Council Chair and potential subsequent action in accordance with AHS Management and Human Resource processes.

Resignation

Members wishing to resign from Council during their term should communicate this intention in writing to AHS in a timely manner. An exit interview will be offered and is conducted by AHS Community Engagement & External Relations to support transparency.

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7. Meetings

Meeting Elements

Council shall approve the agenda and adopt the minutes for each Council meeting. To align with the [purpose](#) of Council, the following elements are taken into consideration when developing meeting schedules, events, and agendas:

- a) Reporting on interactions or activities related to addiction and mental health;
- b) Sharing addiction and mental health issues or concerns with AHS and identifying emerging issues or trends;
- c) Receiving presentations from AHS and community groups;
- d) Addressing items brought forward by AHS and providing advice and feedback as requested;
- e) Prioritization of requests from AHS that include opportunities for Council members to contribute meaningfully to AHS projects and outcomes; and
- f) Council commitments and priorities to guide activities.

Frequency

The Council shall:

- a) Meet at least four (4) times per year with a portion of each meeting open to the public; and
- b) Convene other informal meetings and working sessions as required.

Location

In-person meetings will alternate between Edmonton and Calgary. Council meetings may be held using a virtual format, such as Zoom, as appropriate.

Travel will be required to attend in-person meetings. Travel costs incurred in accordance with [AHS Travel, Hospitality, and Working Session Expenses policy](#) will be reimbursed (see Section 10).

Meeting Minutes

Public meeting agendas and minutes will be prepared and master copies maintained by the Council Coordinator. Agendas and minutes will be forwarded to Community Engagement & External Relations for posting to www.AHS.ca/AdvisoryCouncils website.

Extenuating Circumstances

Council will work with AHS to accommodate extenuating or unforeseen circumstances that may impact meeting schedules, elements, format, or location.

8. Committees

Council Sub-Committees

Council may form sub-committees to achieve time-limited work, or to seek expertise not available within the current Council. These sub-committees or project groups will:

- a) Be established at scheduled Council meetings with approval of attending members;
- b) Be established for a maximum length of time, appropriate to the need;
- c) Outline scope, membership, objectives, and deliverables. For example, the sub-committee will not have authority to make financial decisions on behalf of AHS, but may advise on processes for partnering with AHS to gather community input on a specific project;
- d) Report back to Council on progress;
- e) Provide a written report (if appropriate) to Council upon completion of their specific task or project; and
- f) Fulfil such deliverables as requested by Council.

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AHS Committees

Council members may sit on AHS program or project committees as appropriate.

9. Recruitment and Vacancy Management

A province-wide recruitment process will take place as-needed, facilitated by AHS Community Engagement & External Relations and in collaboration with the Chair and Council Coordinator. As Council vacancies arise, recruitment will take place as outlined in Article 6.3(a) of the Bylaws.

Members will be recruited to represent the diversity of the geographic area. Individuals with lived addiction and mental health system experience will be preferred over individuals who have a singular concern regarding addiction and mental health services, in keeping with the mandate of Council.

10. Remuneration of Council Members

Council members are not entitled to remuneration; however, the Approver, as defined in the [AHS Travel, Hospitality, and Working Session Expenses policy](#), may authorize the payment of expenses incurred by members of the Council such as approved travel cost and expenses related to meetings in alignment with AHS Travel, Hospitality, and Working Session Expenses policy, and which, in the opinion of the Approver, are reasonable.

11. Reporting

Council will report through the Chair and Vice Chair to the Committee.

12. Terms of Reference

These terms of reference may be reviewed and revised:

- a) Every three years; or
- b) As required by the Board.

13. Evaluation

- a) Council will conduct a yearly review of activities for inclusion in its annual report to the Board;
and
- b) Council will participate in a regular satisfaction survey to be administered by AHS annually.

Appendix A – Legislation, Bylaws and Policies

[Regional Health Authorities Act](#)
[Community Health Councils Regulation](#)
[Community Health Councils \(Ministerial\) Regulation](#)
[Alberta Evidence Act](#)
[Alberta Human Rights Act](#)
[Health Information Act](#)
[Addiction & Mental Health Provincial Advisory Council \(Amended\) Bylaw](#)
[AHS Conflict of Interest Bylaw](#)
[AHS Political Activity Policy](#)
[AHS Travel, Hospitality, and Working Session Expenses Policy](#)
[AHS Code of Conduct](#)
[Advisory Council Handbook](#)