



17-YEAR-OLD COHAN

AN INVESTIGATIVE REVIEW

Office of the Child and Youth Advocate, Alberta
March 2026

LEGISLATIVE AUTHORITY

Under my authority and duty as identified in Section 9.1 of the *Child and Youth Advocate Act (CYAA)*, the following is an individual investigative review regarding Cohan. His circumstances meet the criteria for a **mandatory review**. Cohan was receiving Child Intervention through a Permanent Guardianship Order at the time of his passing.

Investigative reviews are designed to improve the lives of young people by identifying ways to enhance services and supports, leading to system improvements and better outcomes for young people and their families.

The investigation process includes:

- Examination of critical issues
- Review of documentation and reports
- Review of policy and casework practice
- Personal interviews
- Other factors that may arise for consideration
- Notification and involvement of the young person's family, Band, Delegated First Nation Agency, community or cultural group, relevant Ministry, law enforcement agency, Office of the Chief Medical Examiner, Alberta Health Services, and any other person the Advocate considers appropriate.

In accordance with the *CYAA*, investigative reviews must be non-identifying. Therefore, the names used in these reports are pseudonyms (false names). Great care has been taken to protect their privacy; however, there is no guarantee that interested parties will be unable to identify them. Accordingly, readers and interested parties, including the media, should respect this privacy and not focus on identifying the individuals and locations involved in these matters.

Investigative reviews do not contain findings of legal responsibility or conclusions of law nor replace other processes that may occur, such as investigations or prosecutions under the *Criminal Code* of Canada. The intent of a review is not to find fault with specific individuals but to identify key issues and meaningful findings.

Cohan's experiences were unique, and he left a lasting impression on those who knew and loved him. My heartfelt condolences go out to his family and those who cared about Cohan.

Respectfully,

[Original signed by Terri Pelton]

Terri Pelton

Child and Youth Advocate (Alberta)

ABOUT COHAN AND HIS FAMILY

Cohan¹ was 17 years old when he was found unresponsive at his group home. Emergency medical services (EMS) responded, but attempts to resuscitate him were unsuccessful, and he passed away. The Office of the Chief Medical Examiner concluded that he died from combined opioid and methamphetamine toxicity. Cohan was receiving Child Intervention through a **Permanent Guardianship Order (PGO)**² at the time of his passing.

Cohan was a kind and gentle First Nation young man who loved and prioritized his family. He enjoyed reading and chose books to help him stay calm.

Cohan was part of a large, blended family, and he had a strong bond with his sister, Emery. Cohan's parents, Shane and Lauren, used substances, and they often separated and reconciled; Shane did not have involvement with his son. When Cohan was two months old, Lauren entered into a Custody Agreement, and he was placed in Jennifer's foster home, where he remained for 15 years.

SUMMARY OF COHAN'S EXPERIENCES WITH GOVERNMENT SYSTEMS

Cohan from Birth to 5 Years Old

Cohan was born healthy and discharged home. Over the next two months, he was taken to the hospital because of vomiting and diarrhea. On his last visit, he was admitted and received intravenous fluids for dehydration. He was diagnosed with a severe milk intolerance, and his formula was changed.

Child Intervention received a report about medical neglect; during Cohan's hospitalization, Lauren was seldom there. His condition worsened to include seizures and blood clots in his brain and legs, and a feeding tube was inserted. It was noted that Lauren used substances, had housing instability, and could not manage Cohan's significant medical needs. She entered into a **Custody Agreement**.

After spending one month in the hospital, Cohan was discharged and placed in Jennifer's foster home. Family visits were arranged, but Lauren and extended family members did not consistently attend. She had limited engagement with the case team, and Cohan was **apprehended**. Within weeks, he became the subject of a **Temporary Guardianship Order**.

Cohan developed kidney issues and had several ear and respiratory infections that were treated with medication. He was connected to a nutrition and feeding support

program and began working with a pediatrician, who followed him for 16 years. Lauren's engagement with the case team was sporadic, and at one year old, Cohan became the subject of a PGO.

By 17 months old, Cohan was walking, drinking, and eating on his own; he was tube-fed only when he was ill. Before his second birthday, his seizures had subsided, and his feeding tube was removed.

At two years old, Cohan was assessed. Results indicated that he had severe speech and communication delays. He began attending a playgroup to support his development and social skills, and had occupational therapy, physiotherapy, and speech and language pathology (SLP) supports. Cohan went to early education programming for two years, followed by Kindergarten, and had Individualized Program Plans (IPP).

When Cohan was three years old, his older sister, Emery, was moved to his foster home, and they lived together for six years. They had visits with their siblings and relatives, but their mother and grandparents did not attend consistently.

Cohan moved to regular school programming in Grade 1. Staff at his previous school developed a transition plan with recommendations that included close supervision and continuation of his existing supports. Only speech services were implemented and the IPP ended; the reason is unknown. Cohan was often late for school and struggled academically; efforts to work with his case team to address the concerns did not occur.

Cohan from 6 to 10 Years Old

By six years old, Cohan had difficulties with attention and hyperactivity. He had emotional and physical outbursts, which impacted his interactions. He was placed on medication and joined gymnastics to help manage his behaviours.

In Grade 2, Jennifer told teachers that she was concerned about Cohan's reading and writing; he did not receive additional classroom support. Caseworkers approved the purchase of a tablet so that he could use the same computer program at school and at home to develop these skills. Teachers noted concerns about his attendance, which were later addressed with his caregiver and caseworkers.

When Cohan was seven years old, he had the first of three fetal alcohol spectrum disorder (FASD) assessments. He did not meet the criteria for FASD and was diagnosed with attention-deficit/hyperactivity disorder (ADHD), impaired executive functioning, and it was noted that he was at risk of developing intermittent explosive disorder. Recommendations included a behavioural therapist, a pediatric psychiatrist, SLP supports, and a social skills group. Cohan continued to be followed by his pediatrician and had SLP services

1. All names in the report are pseudonyms.
2. Bolded terms are defined in Appendix A.

throughout elementary school. The other recommendations were not implemented. He had two subsequent FASD assessments, and his diagnoses remained unchanged.

Cohan had a psycho-educational assessment and was diagnosed with a learning disorder with impairments in math. Recommendations included a modified school program, small-group instruction, and strategies for completing work at home. Over time, his understanding of concepts improved.

Cohan received regular medical, dental, and optical care. In Grade 5, an SLP assessment noted that he was tongue-tied, and he had corrective surgery. Cohan's school attendance continued to be of concern, and educators worked with Jennifer to address it, but it did not improve. Caseworkers were not included in planning.

Emery was moved from Cohan's foster home because of a conflictual relationship with the other children. Caseworkers arranged regular visits for Cohan and his siblings. Their mother and grandmother requested visits, but their attendance was sporadic.

Cohan from 11 to 15 Years Old

When Cohan was 11 years old, he told school staff that he was frustrated with his family, had a conflictual relationship with his foster sibling, and wanted to harm himself. Caseworkers were informed, and they spoke with Cohan and Jennifer about the concerns. She indicated that Cohan previously had suicidal ideation, especially when upset. Cohan denied the concerns and said that he was happy at home. He did not receive additional support.

Cohan continued to have difficulties managing his emotions and had verbal and physical outbursts at home and at school. He had poor social skills, and at 12 years old, received the first of many out-of-school suspensions. Cohan voiced that he was exploring his sexual identity, and this was the source of some peer conflict. Youth work and counselling supports were arranged several months later. He continued to be late or absent from school, and educators were concerned about his level of engagement. His programming was adapted, and a plan was developed to encourage his attendance, where he would meet with the principal each morning.

Cohan's contact with his mother was infrequent because of her unstable circumstances; he subsequently declined to see her. Sibling visits were arranged, but Cohan often refused. When he was 13 years old, Cohan threatened a peer online. The police investigated, and charges were not laid after he agreed to write a letter of apology. The following year, he was charged with theft; the outcome of this charge is unknown.

Cohan briefly worked with a counsellor and was supported by his youth worker, which he found helpful. His school attendance remained sporadic, and in Grade 10, he was suspended for five days after a physical altercation with a peer. He had several emotional and physical outbursts and was transitioned to an outreach school.

Cohan had periods of stability during which he engaged with his supports and participated in recreational activities. At 15 years old, he was charged with assault and received a peace bond. Weeks later, he was taken to the hospital because he was intoxicated; he was restrained and sedated because of physical outbursts. It is unknown what supports he received. Cohan had regular police involvement for incidents of theft, physical assaults, and threatening others, but often there was insufficient evidence for charges.

At 15 years old, Cohan received a conditional sentence for assaulting this foster mother's relative. His terms included working with a probation officer, participating in assessments, attending school and counselling. Weeks later, he started counselling, and his therapist remained involved with him until his passing.

Cohan was moved from his foster home because of the assault charge. He stayed with 18-year-old Emery until a placement could be found. He restarted his ADHD medication and continued his education through an outreach school. Over two days, Cohan was taken to the hospital twice because of his escalating substance use and declining mental health. Each time, he refused treatment and was discharged with information about community-based mental health resources.

Soon after, Emery asked that Cohan be moved because of his substance use. He was taken to a shelter, then an inpatient treatment centre. He left many times and came back intoxicated. He self-harmed and attempted suicide. Cohan said he struggled with his past actions, having to leave Jennifer's home, and felt hopeless. He voiced his fears of being homeless or being placed in group care.

Cohan from 16 to 17 Years Old

While at the treatment centre, Cohan was supported to develop strategies to manage his emotions and impulses. He often left without permission and, while intoxicated, self-harmed. Days after his 16th birthday, Cohan attempted suicide. He was taken to the hospital and was seen by a team of medical professionals, including a psychiatrist and an addiction and mental health therapist. It was recommended that he maintain his existing supports, and a safety plan was developed that included strategies to calm himself like walks, music, and playing video games. He continued to have suicidal ideation, and his medications were adjusted. Weeks later, Cohan left the centre and did not return. He briefly lived with Emery while caseworkers searched for a placement.

Cohan attended a peace sharing circle for his outstanding charges and received sanctions that included writing an apology letter, completing community service hours, and attending a healthy relationships course. His probation officer, therapist, and youth worker shared information to inform planning, but often had challenges engaging Child Intervention, which impacted Cohan's ability to access programming that required guardian consent. Cohan was an avid reader and said that it helped him calm himself. Several times he asked caseworkers for a library card, but it was not arranged.

Cohan's substance use escalated and he was asked to leave Emery's home after an altercation that resulted in his arrest. He went to a detox center and was then placed in group care. Cohan did well with the structure in his placement but often left to use substances. He was taken to the hospital under the *Mental Health Act* for erratic behaviours and suicidal ideation. He was treated, prescribed medication and discharged to group home staff, who arranged for 1:1 staffing in his placement.

Sixteen-year-old Cohan was often confined in a **secure services** facility or under the *Protection of Children Abusing Drugs Act (PChAD)*. He told staff that he started using cannabis at 13 years old, and his use escalated to include methamphetamine and cocaine. Recommendations included addiction services but his circumstances remained unstable after his discharge, making them difficult to arrange. He had several placement moves because caregivers did not have the capacity to meet his needs, and he often stayed with Emery, his friends or in a shelter.

Cohan remained connected to his therapist and psychiatrist. He did not take his medication regularly because of his instability. He said that he wanted to be more involved with his culture and was given a smudge kit. Attempts were made to register Cohan in an Indigenous school, but there were waitlists. He was connected with Elders, went to sweat lodges and a community-based program that focused on substance use education, mental health awareness, and social and life skills.

Cohan was assessed and met the criteria for the Assured Income for the Severally Handicapped. Caseworkers and Cohan began planning for post-18 supports. He told his therapist and youth worker that he felt disconnected from his family and friends and was not doing well. They scheduled weekly appointments with him, and his therapist told him he could drop in whenever he was ready to access services.

Cohan stopped responding to his youth worker and therapist, and days after his last meeting with caseworkers, he was found unresponsive in his room at his group home. EMS responded but were unable to resuscitate him and he was pronounced deceased. The Office of the Chief Medical Examiner concluded that he died from combined opioid and methamphetamine toxicity. Cohan is deeply missed by those who knew and loved him.

TIMELINE OF SIGNIFICANT EVENTS

Birth to 5 Years Old	6 to 10 Years Old	11 to 15 Years Old	16 to 17 Years Old
<ul style="list-style-type: none"> • Birth – 1 Year Old <ul style="list-style-type: none"> · Multiple hospital visits · Hospitalized for severe dehydration <ul style="list-style-type: none"> · Seizures · Blood clots · Feeding tube · Kidney issues, respiratory and ear infections <ul style="list-style-type: none"> · Medication · Child Intervention involvement <ul style="list-style-type: none"> · Custody Agreement · Foster care · Apprehended · Temporary Guardianship Order · Permanent Guardianship Order • 1 – 5 Years Old <ul style="list-style-type: none"> · Feeding tube removed · Developmental and speech assessments <ul style="list-style-type: none"> · Occupational, physio and speech and language therapy · Early education program · Kindergarten <ul style="list-style-type: none"> · Individualized Program Plan (IPP) · Grade 1 <ul style="list-style-type: none"> · IPP ended · Speech supports 	<ul style="list-style-type: none"> • 6 – 7 Years Old <ul style="list-style-type: none"> · Physical and emotional outbursts <ul style="list-style-type: none"> · Medication · 3 fetal alcohol spectrum disorder (FASD) assessments <ul style="list-style-type: none"> · Diagnosed with attention-deficit/hyperactivity disorder (ADHD) and impaired executive functioning · Psycho-educational assessment <ul style="list-style-type: none"> · Diagnosed with learning disorder with impairments in math • 10 Years Old <ul style="list-style-type: none"> · Surgery to remove tongue tie 	<ul style="list-style-type: none"> • 11 – 13 Years Old <ul style="list-style-type: none"> · Suicidal ideation · Counselling · Substance use began • 14 – 15 Years Old <ul style="list-style-type: none"> · Youth justice involvement began <ul style="list-style-type: none"> · Multiple police interactions and physical assault charge · Several hospital visits for substance use and mental health-related concerns · Foster care placement ended · Housing instability 	<ul style="list-style-type: none"> · 3 hospital visits for substance use and mental health-related concerns · Conditional sentence for physical assault charge · Probation officer · Therapist · Housing instability · Several confinements under the <i>Protection of Children Abusing Drugs Act</i> and in secure services facility · Assessed <ul style="list-style-type: none"> · Met criteria for the Assured Income for the Severely Handicapped <p>17-year-old Cohan passed away</p>

FINDINGS

Children and Family Services

Child Intervention became involved with Cohan when he was two months old because of neglect; he became the subject of a Permanent Guardianship Order before his first birthday. As his needs increased, he had several assessments with recommendations, but their implementation was either delayed or did not occur. Cohan required timely implementation of assessment recommendations to promote his well-being.

Cohan's caregivers were primarily responsible for accessing services to meet his needs. At times, they faced challenges but did not receive additional support to address those barriers. In his adolescence, Cohan's service team increased to include a probation officer, a youth worker, and a therapist, who were significant and consistent supports. They had difficulty engaging Child Intervention in planning, which led to delays in services that required guardian consent. Cohan would have benefited from increased collaboration and coordination of services between Child Intervention and other professionals.

Health and Mental Health and Addiction

Cohan had several health issues shortly after birth and was hospitalized. Doctors and health professionals collaborated on planning to meet his needs. After his discharge, he was appropriately referred to community-based medical services.

Cohan received routine medical, dental, and optical care. From a young age, he had timely assessments and worked with specialists to identify his unique needs. He was promptly connected to therapeutic, psychiatric, and pharmaceutical supports. However, as he got older, he did not take his medication regularly. In his adolescence, he presented at the hospital multiple times for addiction and mental health-related concerns. He was assessed, treated, and referred to his existing supports before discharge. At times, he was referred to community-based services, but did not access them. Cohan would have benefited from a robust assessment of his holistic needs that was informed by his history of trauma and level of functioning. The assessment should have addressed the persistent nature of his addiction and mental health concerns to identify targeted supports.

Education

Cohan was assessed at two years old and attended an early education program. He had an Individualized Program Plan to address his language and communication delays. A transition plan was developed for Grade 1, but it was not implemented, which may have supported his academic success.

Cohan's attendance issues emerged in Grade 1; however, the concerns were not addressed with his caregiver or caseworkers in a timely manner. By Grade 5, the concerns

had escalated, and school staff worked with Jennifer to increase his engagement, but were not successful. Cohan would have benefited from earlier collaboration between educators and his case team to engage him in his education.

As Cohan's needs evolved, his outbursts increased. His school programming was adapted, and strategies were implemented to help build relationships with him to promote his attendance, with little success. He was expelled from school and subsequently transitioned to an outreach program. His engagement was poor, and he rarely attended after Grade 8.

Justice

Cohan had multiple interactions with the police and received many charges. He had a probation officer, who connected him to a therapist. They regularly met with Cohan and when his circumstances were unstable, made themselves available when he was ready to accept services. They collaborated with other professionals to arrange targeted supports. The Ministry of Public Safety and Emergency Services has been notified of this exemplary practice.

THEMES TO TRACK

1. Case planning

Cohan required case planning that included timely implementation of assessment recommendations to promote his well-being.

Cohan would have benefited from the implementation of a transition plan when he moved from early intervention programming to Grade 1.

2. Collaboration and information sharing

Cohan required increased collaboration and coordination of services between Child Intervention and other professionals.

In elementary school, Cohan required earlier collaboration between educators and his case team to address attendance concerns.

Cohan's probation officer and therapist collaborated on planning and were available to him when he was ready to accept services.

3. Assessment

In his adolescence, Cohan required a robust health assessment of his holistic needs that was informed by his history of trauma and level of functioning, and addressed the persistent nature of his addiction and mental health concerns.

4. Toxic drug supply

Cohan began using substances at 13 years old and died from drug toxicity at 17 years old. The Advocate remains deeply concerned about the number of young people impacted by drug toxicity.

APPENDIX A: GLOSSARY

Apprehended

The court grants the “Director” as defined in the *Child, Youth and Family Enhancement Act (CYFEA)* temporary custody of the child on reasonable and probable grounds that the child needs intervention in accordance with *CYFEA*.

Custody Agreement (CA)

A voluntary agreement between guardians and the “Director” as defined in the *Child, Youth and Family Enhancement Act*. Decision-making is shared and the young person is placed outside the home.

Mandatory Review

Under the *Child and Youth Advocate Act*, the Advocate must conduct a mandatory review when a young person dies who had an agreement or order under the *Child, Youth and Family Enhancement Act* at the time of or within two years of their death. A public report must be released within one year of being notified of the young person’s death.

Permanent Guardianship Order (PGO)

Under this order, the “Director” as defined in the *Child, Youth and Family Enhancement Act* becomes the sole guardian of a child. The order is sought when it is believed that the child cannot be safely returned to their guardian within a specified time frame.

Secure Services

The *Child, Youth and Family Enhancement Act* allows for the confinement of a child for up to 30 days for stabilization and assessment when the child is found to be an immediate danger to themselves or others.

Temporary Guardianship Order (TGO)

The court grants the “Director” as defined in the *Child, Youth and Family Enhancement Act* custody and guardianship of a child for a specific period. The child is in the care of Child Intervention Services, and guardianship is shared with the parent/ legal guardian.

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