



16-YEAR-OLD CALLA

AN INVESTIGATIVE REVIEW

Office of the Child and Youth Advocate, Alberta
September 2026

LEGISLATIVE AUTHORITY

Under my authority and duty as identified in Section 9(2)(d) of the *Child and Youth Advocate Act (CYAA)*, the following is an individual investigative review regarding Calla. Her circumstances meet the criteria for a **systemic review**. Calla and her family had received Child Intervention through an Assessment within two years of her 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. Releasing individual reviews ensures that each young person's circumstance is reported in a consistent manner and provides increased transparency and public accountability. I believe that this is in the public interest. I will review and report annually on themes identified across the investigative reviews and include recommendations.

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.

Calla's experiences were unique, and she left a lasting impression on those who knew and loved her. My heartfelt condolences go out to her family and those who cared about Calla.

Respectfully,

[Original signed by Terri Pelton]

Terri Pelton

Child and Youth Advocate (Alberta)

ABOUT CALLA AND HER FAMILY

Calla¹ was 16 years old when she was found deceased in her home. The Office of the Chief Medical Examiner concluded that she died from opioid intoxication. Calla and her family had received Child Intervention through an **Assessment**² within two years of her passing.

Calla was a compassionate youth with a great sense of humour. She loved to draw and wanted to work in the trades or with animals after high school. Calla's mental health declined in her adolescence, and she began using substances at 14 years old.

Calla was the youngest of Drew and Halle's three children. Her parents separated when she was six years old. Drew used substances, which impacted his relationship with Calla.

SUMMARY OF CALLA'S EXPERIENCES WITH GOVERNMENT SYSTEMS

Calla from Birth to 14 Years Old

Calla had limited systems involvement in her first 11 years. She was born healthy, received routine medical care, and was an average student in elementary school.

Calla's parents separated when she was six years old. She and her siblings, Lisa and Troy, primarily lived with their father, and regularly saw their mother. The following year, Child Intervention received a report about neglect and emotional injury related to Drew's substance use and criminal involvement. He was arrested, and arrangements were made for Calla and her siblings to stay with Halle. After an initial meeting between caseworkers and Drew, his whereabouts became unknown. A safety plan was developed with Halle that included her applying for a Parenting Order and having a sober caregiver for the children. Calla and her siblings did not receive additional supports to address the impact of the concerns before involvement ended.

The following month, the Parenting Order was granted, giving Halle day-to-day care of the children, with Drew having supervised visits. Over the next four years, Calla had limited contact with her father because of concerns about his substance use.

When Calla was 12 years old, her mental health declined. She had low motivation, difficulty focusing, and emotional outbursts. Calla went to two counselling sessions that focused on addressing her grief and loss related to her limited relationship with Drew. She declined further support and was provided with information about community-based mental health resources.

In junior high school, Calla's attendance was poor; there were limited efforts to encourage her engagement. When she was 14 years old, Child Intervention received a report about emotional injury related to her sister's substance use; Lisa was connected to addiction services. Additional concerns were received about Calla's substance use, which were not addressed before intervention involvement ended. Soon after, she began using fentanyl with her sister.

Calla saw her pediatrician regularly and was diagnosed with an anxiety disorder and attention-deficit/hyperactivity disorder. She was prescribed medications for her mood, focus, and anxiety. Calla said that she had auditory and visual hallucinations and was referred to a psychiatrist.

Calla from 15 to 16 Years Old

Calla began working with a psychiatrist who adjusted her medications and developed safety plans to address her mental health concerns. She was referred to a hospital-based youth mental health program because of her hallucinations.

Calla's relationship with her sister was contentious, and she moved to her grandmother Faye's home, where her father lived. Soon after, Child Intervention received a report about neglect and physical and emotional injury. Calla was using fentanyl with Drew, and they had a physical altercation. A safety plan was developed that included Drew moving out of Faye's home, and Calla meeting with a crisis-based addiction and mental health therapist. She refused addiction supports but took part in harm reduction planning.

The following week, Calla was admitted to a hospital-based youth mental health program where she remained for one month. While there, she attended high school classes and went to therapy that focused on her substance use and improving her coping skills. Calla was assessed and diagnosed with eating, trauma, and substance use disorders, and cognitive delays. Doctors indicated that her hallucinations appeared to be stress and substance-use-related. Health professionals met with Calla, her mother, and caseworkers to discuss her treatment plan and develop a safety plan that included increased in-home supervision and various strategies to discourage her substance use.

Calla was referred to community-based mental health services and discharged to an inpatient youth addiction program. She left the next day, saying she did not want to stop using substances. Her family was given information on the *Protection of Children Abusing Drugs Act (PChAD)*, and a relapse prevention plan was developed that included harm reduction strategies, the use of naloxone, and meeting with an outpatient addiction counsellor.

Over the next four months, Calla was taken to the hospital and confined twice in a *PChAD*

1. All names in the report are pseudonyms.

2. Bolded terms are defined in Appendix A.

facility because of her substance use. While there, she met with a program addiction counsellor, started suboxone therapy, and took part in groups focused on her substance use and well-being. Calla refused to attend a residential addiction treatment program and was discharged to Halle's care.

Calla attended a three-week specialized school-based addiction and mental health program where she worked with a counsellor and completed some high school courses. After finishing the program, she was connected to an outpatient addiction counsellor, whom she met with twice before refusing further support. She was referred to therapeutic services, but she and her family could not be reached to schedule an initial appointment. Soon after, intervention involvement ended.

Calla was registered at an outreach school for Grade 11 but did not attend. She continued to meet with her psychiatrist but did not take her medication consistently.

Approximately two months after her 16th birthday, Calla was found deceased in her home. The Office of the Chief Medical Examiner concluded that she died from opioid intoxication. A funeral was held in her honour, and she is deeply missed by those who knew and loved her.

TIMELINE OF SIGNIFICANT EVENTS

Birth to 14 Years Old	15 to 16 Years Old
• Limited systems involvement in first 11 years • 6 – 7 Years Old • Parents separated • Father had primary care of children • Child Intervention involvement • Mother obtained Parenting Order • 12 Years Old • Mental health declined • Therapy • School attendance declined • 14 Years Old • Child Intervention involvement • Substance use began • Pediatrician • Diagnosed with an anxiety disorder and attention-deficit/hyperactivity disorder • Prescribed medication	• 15 Years Old • Psychiatrist • Child Intervention involvement • Hospital-based youth mental health program • Assessed • Diagnosed with eating, trauma, and substance use disorders, and cognitive delays • Therapy • Inpatient youth addiction program • Left the next day • Hospital visits because of substance use • Confined 2 times under the <i>Protection of Children Abusing Drugs Act</i> • Specialized school-based addiction and mental health program • Outpatient addiction counsellor • 16 Years Old • Registered at outreach school • Psychiatrist 16-year-old Calla passed away

FINDINGS

Children and Family Services

Child Intervention became involved with Calla and her siblings when she was seven years old. Concerns were regarding neglect and emotional injury related to their father's substance use. Although their physical safety was addressed by their mother applying for a Parenting Order, Calla and her siblings would have benefited from supports to address the impact of the concerns on their well-being before involvement ended.

Over time, Calla's mental health worsened, and she began using substances. At 14 years old, Child Intervention became involved because of emotional injury related to her sister's escalating addiction. Additional concerns were received about Calla's substance use, which were not addressed before involvement ended. Calla would have benefited from an exploration of her substance use and its impact on her well-being.

When Calla was 15 years old, Child Intervention received a report about neglect and physical and emotional injury. Calla was using fentanyl with her father, and they had a physical altercation. During the Assessment, caseworkers worked with her family and collaborated with health professionals to inform planning and coordinate services.

Health and Mental Health and Addiction

Calla received routine medical care. She regularly saw a pediatrician and a psychiatrist who treated, monitored, and referred her to mental health services as needed.

At 15 years old, Calla's mental health declined, and she was promptly admitted into a hospital-based program to address it. She was assessed to help clarify her needs and the support she required. As her substance use escalated and mental health declined, she was consistently connected to a variety of addiction and mental health supports; however, she often refused services. Health professionals worked with her family and collaborated with caseworkers to share information, inform planning, and coordinate services.

Education

Calla was an average student in elementary school. By junior high school, her attendance declined; she received limited support to address barriers to her engagement. Calla would have benefited from increased efforts to encourage her participation in junior high school.

In high school, Calla's escalating substance use and mental health challenges made it difficult for her to consistently attend. She went to alternative school programming that provided her with additional support and encouraged her participation.

THEMES TO TRACK

1. Assessment

During the second Child Intervention involvement, Calla required an exploration of her substance use and its impact on her well-being.

2. Collaboration and information sharing

Child Intervention and Health professionals collaborated to inform planning and coordinate services.

3. Mental health and addiction services

Calla received timely and consistent mental health and addiction supports.

4. Educational supports

Calla required increased efforts to encourage her participation in junior high school.

5. Toxic drug supply

Calla began using substances at 14 years old and died from drug toxicity at 16 years old. The Advocate remains deeply concerned about the number of young people dying from drug toxicity.

APPENDIX A: GLOSSARY

Assessment

The gathering and analysis of information to determine whether a child is in need of intervention under the *Child, Youth and Family Enhancement Act*.

Systemic Review

Under the *Child and Youth Advocate Act*, the Advocate may conduct a public review when a young person is seriously injured or dies while (or within two years of) receiving designated services (*Child, Youth and Family Enhancement Act* intakes, assessments, post-18 supports, was in open or closed custody under the *Youth Criminal Justice Act*, and/or involvement under the *Protection of Sexually Exploited Children Act*) to determine if systemic issues are present.

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