

An abstract graphic on the right side of the page. It features a large green shape at the top right, a blue teardrop shape in the middle, and a purple trapezoidal shape at the bottom right. These shapes are connected by thick black lines that form a stylized, organic structure.

16-YEAR-OLD DOROTHY

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 Dorothy. Her circumstances meet the criteria for a **systemic review**. Dorothy was receiving services through a Voluntary Service Agreement at the time 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.

Dorothy'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 Dorothy.

Respectfully,

[Original signed by Terri Pelton]

Terri Pelton

Child and Youth Advocate (Alberta)

ABOUT DOROTHY AND HER FAMILY

Dorothy¹ was 16 years old when she was found deceased in her community. The Office of the Chief Medical Examiner concluded that she died of combined opioid and methamphetamine intoxication. Dorothy was receiving services through a **Voluntary Service Agreement**² at the time of her passing.

Dorothy was a spirited and confident First Nation youth. She loved animals, music, and dancing. Dorothy was the youngest of Angela and Zack's two children. Her parents used substances, and at times, their relationship was violent. They separated when Dorothy was four years old. Dorothy and her sister, Camille, lived with their grandmother, Daisy, when their parents could not care for them.

SUMMARY OF DOROTHY'S EXPERIENCES WITH GOVERNMENT SYSTEMS

Dorothy from Birth to 12 Years Old

Dorothy was born healthy and received routine medical care throughout her childhood. In her first four years, Child Intervention was involved with her family twice because of emotional injury related to family violence. Angela and Zack ended their relationship. The children remained with their mother, who accessed community-based resources and involvement ended.

When Dorothy was six years old, Angela and her children moved to their First Nation. Child Intervention received a report about abandonment after Dorothy and Camille were left in a nearby city in their grandmother's care and their mother had no contact with them. Caseworkers located Angela, who made private arrangements for Daisy to care for the children and involvement ended. Shortly after, Child intervention received a report that Daisy was having difficulty meeting their needs but was able to continue caring for them after connecting to financial supports and involvement ended.

Dorothy began school in her First Nation and was moved to a new school when she lived with Daisy. She was an engaged student who did well in elementary.

Dorothy and Camille briefly returned to their mother's care and shortly after, Child Intervention received a report about neglect and emotional injury related to Angela's substance use. She agreed that the children could return to Daisy's and involvement ended. The following year, Daisy obtained guardianship of Dorothy and her sister. Angela and Zack both continued to use substances and had limited contact with their children.

Dorothy from 13 to 16 Years Old

At 13 years old, a man connected with Dorothy online. She met him in the community. He gave her substances and assaulted her. The police were notified, and charges were laid. Dorothy briefly worked with a therapist before refusing further support.

Shortly after, Child Intervention received a report about neglect related to Daisy's ability to keep Dorothy safe. She said that she found it challenging to manage her granddaughter's behaviours because she often left home without permission. A safety plan was developed that included Dorothy improving communication with her family. Her negative behaviours decreased, she stayed home more and regularly told her family where she was; involvement ended.

In junior high school, Dorothy's challenging behaviours escalated and her school attendance was impacted. Daisy told school staff that her granddaughter had emotional outbursts that she could not manage, and Dorothy was referred to school-based mental health services. They could not be arranged because of her poor attendance. She had suicidal ideation and was connected to outreach mental health supports but refused ongoing services.

Dorothy began a new school in Grade 9 that was able to offer more specific and culturally appropriate supports to improve her attendance. She had physical outbursts towards her peers and was suspended. Dorothy briefly worked with a school-based therapist before refusing further support. Shortly after, she stopped attending school.

Over the next eight months, Child Intervention received concerns that 15-year-old Dorothy was living on the street, using substances, and her mental health was deteriorating. It was determined that the concerns did not meet the criteria for an **Intake**. She had several overdoses and suicide attempts. Dorothy was hospitalized twice under the *Mental Health Act (MHA)* and confined twice under the *Protection of Children Abusing Drugs Act (PChAD)*. She was discharged to Daisy's care with recommendations to access addiction and mental health supports, which she refused.

A *Protection of Sexually Exploited Children Act (PSECA)* Intake was initiated following concerns that Dorothy's substance use had escalated to include methamphetamine and that she was being exploited. Dorothy entered into a Voluntary Service Agreement. PSECA caseworkers met with her and discussed ways to keep her safe from exploitation and reduce her substance use. Meetings were coordinated with PSECA caseworkers, Dorothy, and outreach mental health services. Dorothy attended these meetings but often declined to safety plan.

Over the next 3 months, 16-year-old Dorothy's substance use escalated to include

1. All names in the report are pseudonyms.

2. Bolded terms are defined in Appendix A.

fentanyl and her mental health deteriorated. She overdosed three times and was hospitalized under the *MHA* twice. During her second hospitalization, Dorothy started medication to help with her opioid use. She was connected with outreach addiction and mental health supports and discharged to Daisy's care with recommendations to continue accessing their services, which she refused.

PSECA caseworkers met with Daisy and representatives from her First Nation to discuss cultural supports and treatment options; however, resources were limited. Addictions treatment was recommended, but Dorothy refused.

The following month, Dorothy attempted suicide using her opioid treatment medication. She was taken to the hospital, assessed and treated. Doctors noted that she was at a high risk of a subsequent overdose and developed a safety plan with her and Daisy that included locking up all sharp objects and medications. Dorothy was discharged to her grandmother's care.

Three weeks later, 16-year-old Dorothy was found deceased in the community. The Office of the Chief Medical Examiner concluded that she died of combined opioid and methamphetamine toxicity. A wake and funeral were held in her honour. Dorothy is deeply missed by those who knew and loved her.

TIMELINE OF SIGNIFICANT EVENTS

Birth to 12 Years Old	13 to 16 Years Old
• Birth – 4 Years Old · Child Intervention involved 2 times • 6 Years Old · Child Intervention involved 3 times · Grandmother obtained guardianship	• 13 Years Old · Assaulted · Charges laid · Therapy · Child Intervention involvement · School attendance declined • 14 Years Old · Suicidal ideation · Substance use began · Connected to mental health supports; declined services · Stopped attending school • 15 Years Old · Child Intervention received concerns; Intake not completed · Several suicide attempts and overdoses; living on the street · Hospitalized under the <i>Mental Health Act (MHA)</i> 2 times · Confined under the <i>Protection of Children Abusing Drugs Act (PChAD)</i> 2 times · Methamphetamine use · Sexual exploitation · Child Intervention involvement · Intake under the <i>Protection of Sexually Exploited Children Act</i> · Voluntary Service Agreement · Connected to mental health and addiction supports, declined services • 16 Years Old · Fentanyl use · Overdosed 3 times · Hospitalized under the <i>MHA</i> 2 times · Opioid medication treatment · Suicide attempt 16-year-old Dorothy passed away

FINDINGS

Children and Family Services

Child Intervention was involved with Dorothy and her family several times during her early childhood. When the concerns escalated, caseworkers arranged for her grandmother, Daisy, to care for the children, and Daisy became their legal guardian when Dorothy was seven years old. When Dorothy was 13 years old, Child Intervention assessed Daisy's ability to keep her safe and completed a safety plan with them, after which Dorothy's behaviours and circumstances improved.

When Dorothy was 15 years old, Child Intervention received concerns that she was living on the street, using substances, and her mental health was deteriorating. It was determined that the concerns did not meet the threshold for an Intake. The Enhancement Policy Manual (EPM) provides practice guidance for determining if a child is in need of intervention, based on the nature of the safety concerns, the child's well-being, and existing strengths and safety within the family, which were not followed. Since this time, the Ministry of Children and Family Services has strengthened its policy and practice guidance related to Intake.

Sixteen-year-old Dorothy received services under the *Protection of Sexually Exploited Children Act (PSECA)*. Despite limited success, caseworkers worked with other professionals to coordinate services and improve Dorothy's engagement.

Health and Mental Health and Addiction

Dorothy received routine medical care during her early childhood.

In her adolescence, she began using substances and her mental health declined. Dorothy was connected to various addiction and mental health services. Later, she was confined multiple times for suicidal ideation and substance use under the *Mental Health Act* and the *Protection of Children Abusing Drugs Act*. She resumed using substances after returning to the community following discharge. Despite efforts made to address barriers and meet her where she was at, Dorothy's engagement was minimal which made service delivery challenging.

Education

In elementary school, Dorothy was an engaged student and did well.

During junior high school, Dorothy's attendance declined as her mental health and substance use worsened. Attempts by school staff to encourage her attendance and connect her school-based mental health services were unsuccessful. By Grade 9, Dorothy stopped attending school.

THEMES TO TRACK

1) Implementation and consistency of policy and practice expectations

The practice guidelines outlined in the Enhancement Policy Manual related to determining if a child is in need of intervention were not followed.

2) Suicide

Dorothy had significant mental health concerns, and she attempted suicide for the first time when she was 15 years old. She made repeated attempts prior to her passing.

3) Toxic drug supply

Dorothy started using substances when she was 13 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

Intake

A report completed when Child Intervention Services receives a community or professional concern about possible risk to a child as per 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.

Voluntary Service Agreement (VSA)

An agreement made under the *Protection of Sexually Exploited Children Act (PSECA)* where a young person 16 years of age or older is willing and able to engage with community support programs to receive ongoing services or supports. Guardians and caregivers for youth and children are also able to access these services under the agreement.

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