

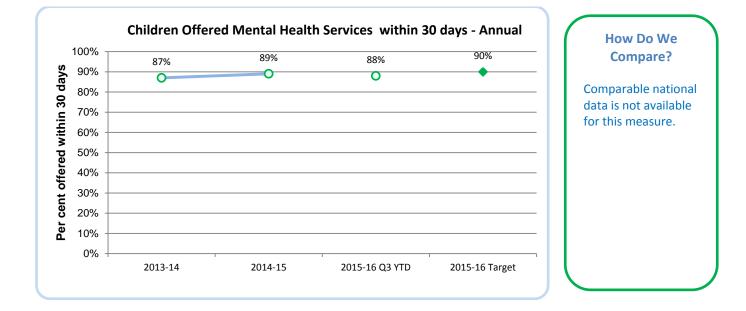
Children's Mental Health Access

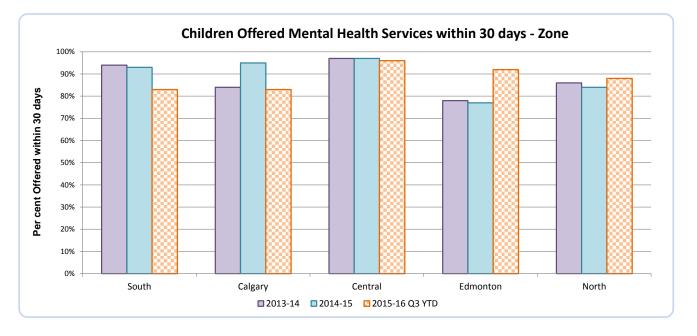
Measure Definition

Percentage of children aged 0 to 17 years offered scheduled community mental health treatment within 30 days from referral.

Understanding this Measure

Delays in treating mental illness can have negative consequences, including exacerbation of the client's condition. Research has shown that the longer children wait for service, the more likely they are to not attend their first appointment. One of the strategies associated with Addiction and Mental Health is to improve how children and youth access addiction and mental health services. Monitoring the percentage of children who have symptoms or problems that require attention but are not considered urgent or emergent can help in identifying system delays and assessing service capacity, while ensuring that children most in need of treatment receive it immediately.







Children's Mental Health Access – Actions

Provincial/ Strategic Clinical Network (SCN)	 The Addiction & Mental Health (AMH) SCN is developing guidelines for the management of youth presenting with suicidal behaviour and personality disorder traits. This work is in response to a Quality Assurance Review. Early scoping work is occurring on a School Mental Health Initiative that will encompass prevention, promotion and early intervention activities. 	Q3 pro zoi
South	 Participating on two Regional Collaborative School Delivery committees (cross ministerial initiative of school divisions, AHS AMH and Allied Health, and Child & Family Services) to streamline access to children's addiction mental health services. Review documentation processes with child/adolescent clinicians to ensure documenting both the "first available appointment offered" vs. "scheduled appointment." Some of the increased wait time for "first available appointment" is attributed to inaccurate documentation practices. Wait times currently meeting or exceeding targets Working on enhancing the intake and assessment process for child and adolescents presenting in the ED with high risk behaviors and to streamline appropriate referrals to unit or discharge. 	rer sho col sar yea Wa to he ser an
Calgary	 Completed the Brain Health integration planning which includes future needs for children and youth requiring mental health care and treatment across the continuum of care. A webpage is currently in development to share templates and tools across AHS. This work will be presented nationally at the Canadian Association of Pediatric Health Centers. 	pa he an eff res
Central	 Participation continues on three Regional School Delivery collaboratives with the Regional Collaborative School Delivery Model. Continuing to participate with Provincial AMH portfolio to explore possible enhancements to children's AMH resources and supports in response to rural Quality Assurance Review. 	Cu the acc chi
Edmonton	 The Strongest Families Institute will manage approximately 40 child and youth referrals per month to increase availability for other children and youth with more urgent mental health concerns to AHS community clinics. Planning progressed for Children's Mental Health Intake to integrate Youth Addiction Services, school-based referrals, and other specialized clinics for all ambulatory services to accommodate a 45% increase in demand. Single Session Walk-In Service is being utilized to increase access for children and youth aged 6-17 years, and their families to address issues at an early stage before they escalate into a crisis or impact interpersonal functioning. 	hea con inf oth reg tin rec me tre
North	 Participating on six Regional Collaborative School Delivery committees working to streamline access to children's addiction mental health services. Continue spread of Alberta Access, Improvement, Measures (AIM), and AHS Improvement Way (AIW) process improvement implementation. Suicide Risk Management protocol for children in schools developed in Fort McMurray has been spread to other sites in the zone and shared with Regional Collaborative Services Delivery teams. 	

IN SUMMARY

Q3 year-to-date, provincial and two zone results have remained stable or shown an improvement compared to the same period as last year.

Wait times for access to community mental health treatment services are used as an indicator of patient access to the health care system and reflect the efficient use of resources.

DID YOU KNOW

Currently, Alberta is the only province with access standards for children's mental health. There is no comparable information from other provinces regarding the wait times for children to receive community mental health treatment.



Children's Mental Health Access – Zone Details

Percentage of children aged 0 to 17 years offered scheduled community mental health treatment within 30 days from referral.

	2013-14	2014-15	Q3 YTD			
Children Offered Mental Health Services within 30 days			2014-15 Last Year	2015-16 Current	Trend *	2015-16 Target
Provincial	87%	89%	88%	88%	\rightarrow	90%
South Zone	94%	93%	96%	83%	\downarrow	n/a
Calgary Zone	84%	95%	95%	83%	\downarrow	n/a
Central Zone	97%	97%	97%	96%	\downarrow	n/a
Edmonton Zone	78%	77%	70%	92%	\uparrow	n/a
North Zone	86%	84%	83%	88%	\uparrow	n/a

*Trend: \uparrow Improvement \rightarrow Stability \downarrow Area requires additional focus

			Q3 YTD		
Number of new enrollments	2013-14	2014-15	2014-15 Last Year	2015-16 Current	
Provincial	7,456	7,947	5,637	6,542	
South Zone	1,450	1,697	1,161	1,250	
Calgary Zone	1,465	1,257	1,281	1,516	
Central Zone	1,170	1,257	917	1,043	
Edmonton Zone	1,852	1,562	1,139	1,215	
North Zone	1,519	1,616	1,139	1,518	