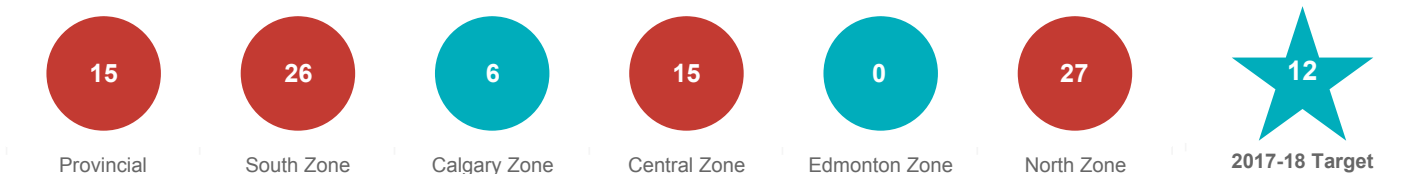


Monitoring how long clients wait to receive addiction outpatient services is an important component of describing and ultimately improving access. The lower the number, the better, as it demonstrates people are waiting for a shorter time to receive addiction outpatient services.

### Legend

Target achieved ★  
Improvement ■  
Stable than prior period ≤3% ▲  
Area requires additional focus ●

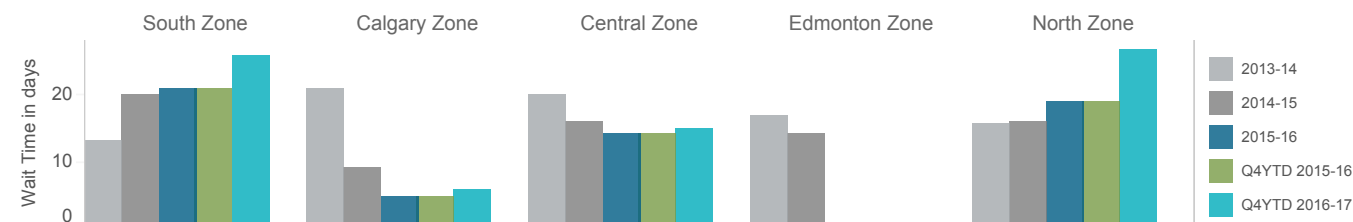
## Addiction Outpatient Treatment Wait Time, Q4YTD 2016-17



## Addiction Outpatient Treatment Wait Time Trend by Zone

Zone Name	2013-14	2014-15	2015-16	Q4YTD 2015-16	Q4YTD 2016-17	Trend	2017-18 Target
Provincial	18	15	13	13	15	●	12
South Zone	13	20	21	21	26	●	12
Calgary Zone	21	9	5	5	6	★	12
Central Zone	20	16	14	14	15	●	12
Edmonton Zone	17	14	0	0	0	★	12
North Zone	16	16	19	19	27	●	12

## Addiction Outpatient Treatment Wait Time by Zone and Fiscal Year



## Total Enrollments

Zone Name	2013-14	2014-15	2015-16	Q4YTD 2015-16	Q4YTD 2016-17
Provincial	19,818	19,533	18,424	18,424	17,881
South Zone	1,682	1,556	1,759	1,759	1,817
Calgary Zone	5,086	4,764	4,617	4,617	4,453
Central Zone	3,201	3,517	3,468	3,468	3,547
Edmonton Zone	6,379	6,097	5,051	5,051	4,538
North Zone	3,470	3,599	3,529	3,529	3,526

Source: Addiction System for Information and Service Tracking (ASIST) Data Research View for Treatment Service, Standard Data Product, Clinical Activity Reporting Application (CARA), Geriatric Mental Health Information System (GMHIS), as of July 26, 2017

### Notes:

1. This quarter is a quarter later due to requirements to followup with patients after end of reporting quarter.

2. The vast majority of clients (in both urban settings – Edmonton and Calgary) are walk-ins. The large downtown clinic offers walk-in services but the satellite services (suburban clinics) generally do not offer walk-in services and are scheduled. These larger clinics have higher volumes and may impact the overall zone percentile rank.

## Objective 4: Improve access to community and hospital addiction and mental health services for adults, children and families.

### WHY THIS IS IMPORTANT

Timely access to addiction and mental health services is important for preventing health care, social and economic costs associated with mental illness and substance abuse, as well as the personal harms associated with these illnesses.

AHS continues to work towards strengthening and transforming our addiction and mental health services. Getting clients the care they need when they need it is critical to improving our services. This involves improving access across the continuum of addiction and mental health services and recognizing there are multiple entry points into addiction and mental health services and that these service serve a variety of different populations with different needs and paths to care.

### AHS PERFORMANCE MEASURE: Access to adult addiction outpatient services

**Access to adult addiction outpatient services** is defined as the waiting time for adult (18 years or older) addiction outpatient treatment services delivered directly by AHS, expressed as the number of days within which 90% of clients have attended their first appointment from the time of referral to first contact.

### UNDERSTANDING THE MEASURE

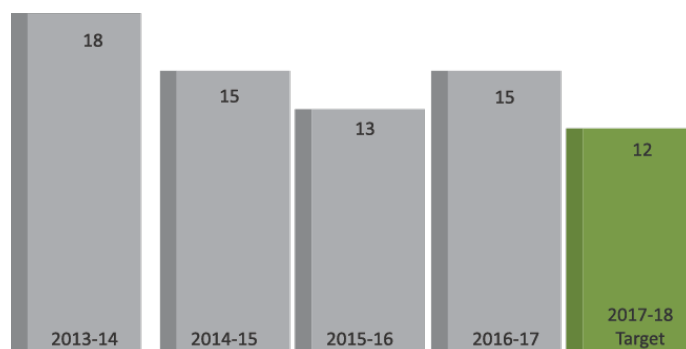
Monitoring how long clients wait to receive addiction outpatient services is an important component of describing and ultimately improving access.

### HOW WE ARE DOING

The lower the number the better, as it demonstrates people are waiting for a shorter time to receive adult addiction outpatient services.

#### Access to adult addiction outpatient services

Q1 data will be reported in Q2.



The most recent data for this measure (access to addiction services) will always be one quarter behind the reporting period due to various reporting systems. Provincial results indicate that compared to 2015-16 (13 days), access to adult addiction outpatient services deteriorated in 2016-17 (15 days).

Although access to adult addiction outpatient treatment has decreased in the past year, it is important to note that clients continue to be served quickly in this service setting. Nine out of 10 clients wait 15 days or less to receive this service and some of the largest clinics offer walk-in services.

While addressing mental health wait times has been an AHS priority, data for the measure has not been consistently captured. Variance explanation will be provided in Q2 when Q1 data is available.

### WHAT WE ARE DOING

The following are examples of key initiatives underway to improve addiction and mental health services across the province. Some of these are designed to improve access to adult outpatient services, access to scheduled children's mental health services and bed-based addiction and mental health services, and support activities related to the opioid crisis.

Work is underway to evaluate the capacity needs for addiction and mental health beds across the province.

Work continues to develop the Provincial Mental Health Diversion Standards with two standards developed to date. The Provincial Diversion Working Committee supports prevention and intervention programs within communities so that whenever possible, communities and individuals can have access to mental health, social and support services before law enforcement needs to be involved.

Individuals who have been sexually assaulted in parts of the South Zone have additional options for care and access to a specialized team of physicians with the Medicine Hat Sexual Assault Response Team (SART). This team provides medical care and sexual assault examinations to individuals 14 years of age and older, within 96 hours of the assault.

In the Calgary Zone, an Addiction and Mental Health Rural Coordinating Committee was created to address global priorities and standardize clinical processes and services in rural communities. Rural clinics are participating in the Rural Centralized Intake Line which provides patients and providers with timely available information and access regarding addiction and mental health resources in their communities.

The Calgary Zone Community Paramedic City Centre Team is improving access to mobile health care services. There were 339 patient events relating to addictions and mental health in Q1. The team also partnered with the AHS Opioid Dependency Clinic.

### Objective 4: Improve access to community and hospital addiction and mental health services for adults, children and families (Continued)

North Zone is focusing efforts on implementing the Fort McMurray Wellness & Recovery Plan. A key messaging campaign, *Recovery Takes Time*, was launched in the Regional Municipality of Wood Buffalo. The Wellness Team provided supports in the community, local schools, outlying areas, and at the one year anniversary Fort McMurray wildfire event. The Indigenous Health Travel Team went to five outlying communities to increase access to health services, assist in health care navigation, and provide psychosocial support to individuals and families.

The percentage of children offered scheduled community mental health treatment within 30 days remained stable from the same period as last year (75%). Enrollment increased approximately 15% from Q1 2016-17.

AHS continues to address challenges in access to scheduled children mental health services by:

- Augmenting staff numbers to address wait-times.
- Providing services for families waiting for an appointment, such as community-based parenting programs and supports (e.g. Strongest Families Institute).
- Providing professional development in schools to increase capacity to support children with milder concerns.
- Developing centralized access and intake to services.
- Opening a new clinic in Edmonton (Access Open Minds) which offers a centralized option for youth ages 11 to 25.
- Continuing planning on the new Centralized Intake that will be accessible 24/7 in the Edmonton Zone. A location and floor plan has been developed.

AHS is working with AH and community partners to address the opioid crisis. Highlights for this quarter include the following:

- In Q1, over 6,700 Take Home Naloxone kits were dispensed to Albertans. Since July 2015, over 24,000 kits were dispensed, which includes kits dispensed by the Alberta Community Council on HIV (ACCH) agencies.
- In Q1, 585 overdose reversals were voluntarily reported in Alberta. Based on AHS data collected since January 2016, as of June 30, 2017, 1,707 overdose reversals were voluntarily reported in Alberta.
- A new Opioid Dependency Program (ODP) operated by AHS opened a clinic in Grande Prairie in May 2017 providing outpatient medication assisted treatment and addiction counselling to individuals with opioid use disorder. These services are provided throughout the province including Edmonton, Calgary, Fort McMurray, and Cardston and through telehealth currently available

in Ponoka, Wetaskiwin, Rocky Mountain House, Stettler, Camrose, Wainwright, Sylvan Lake, Olds & Drayton Valley. The Grande Prairie ODP is co-located in the Northern Addiction Centre that also provides detoxification and residential addiction services.

- Opioid Dependency Treatment e-Preceptorship training program is under development in collaboration with the Office of Continuing Medical Education and the College of Physicians & Surgeons of Alberta.
- Primary care physicians will be able to consult by phone with expert opioid dependency physician specialists beginning in August.
- In the South Zone, AHS is a key member of the Lethbridge Coalition on Opioid Use and was involved in community consultations to establish a supervised consumption service in the community in Q1.

Additional initiatives related to addiction prevention can be found under Objective 8.