

This measure represents the time it takes to access adult addiction outpatient treatment services, expressed as the number of days that 9 out of 10 clients have attended their first appointment since referral or first contact. The lower the number the better, as it demonstrates people are waiting for a shorter time to receive adult addiction outpatient services.

Trend Legend:

Target achieved

Improvement

Stable: ≤3% deterioration between compared quarters

Area requires additional focus



Addiction Outpatient Treatment Wait Time, Q2 2017-18



Addiction Outpatient Treatment Wait Time Trend by Zone (90th Percentile)

Zone Name	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	Q2 2016-17	Q2 2017-18	Trend	Q2YTD 2017-18	2017-18 Target
Provincial	18	15	13	15	14	13	■	14	12
Urban									
Calgary Zone	21	9	5	6	6	0	★	1	12
Edmonton Zone	17	14	0	0	0	0	★	0	12
Rural									
South Zone	13	20	21	26	28	21	■	21	12
Central Zone	20	16	14	15	14	14	▲	14	12
North Zone	16	16	19	27	22	24	●	24	12

Addiction Outpatient Treatment Wait Time Trend by Zone (Average)

Zone Name	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	Q2 2016-17	Q2 2017-18	Q2YTD 2017-18
Provincial	7.0	6.5	5.8	7.3	7.1	5.8	6.5
Urban							
Calgary Zone	7.7	7.4	7.9	11.4	11.3	7.7	9.8
Edmonton Zone	6.4	5.1	1.2	0.9	0.7	0.2	0.5
Rural							
South Zone	5.0	7.8	7.8	8.7	9.0	6.9	7.3
Central Zone	7.3	6.2	6.0	6.2	6.2	5.8	5.6
North Zone	7.5	7.3	8.2	11.1	10.3	10.3	10.7

Understanding Our Results

Provincially, wait times for outpatient addiction treatment has shown improvement from the same reporting period as last year.

Although, North Zone demonstrates a deterioration, Q2 wait time (24 days) has improved since Q1 (26 days) and previous year (27 days). Work continues to address issues related to the complexity and acuity of cases referred and wait times in areas without walk-in clinics.

Urban: Both Edmonton and Calgary zones have experienced a significant improvement from last fiscal year. The vast majority of clients in both urban settings 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.

Rural: Although the overall provincial volume of new enrolments is not increasing, the volume of new enrollments in the Central Zone has a big increase. Wait times in rural areas can be influenced significantly by service models used to serve populations in rural and remote areas, such as the use of traveling clinics and services that are not operated 5 days a week. Additionally, waiting time will increase with staff vacancies. Although there is a higher turnover rate of staff in remote communities, active recruitment is underway.

Total Enrollments

	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Provincial
FY 2015-16	1,760	4,617	3,468	4,957	3,528	18,330
FY 2016-17	1,820	4,457	3,565	4,668	3,546	18,056
Q2 2016-17	419	1,095	874	1,177	871	4,436
Q2 2017-18	425	1,063	976	1,144	846	4,454

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), eClinician, as of February 14, 2018

Notes:

- This quarter is a quarter later due to requirements to follow-up with patients after end of reporting quarter.
- Average wait time is also provided to provide further context for the interpretation of the wait time performance measure. Trend and target are not applicable.
- Results may change due to data updates in the source information system or revisions to the measure inclusion and exclusion criteria.

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 reducing demand on healthcare services including the social and economic costs associated with mental illness and substance abuse, as well as reducing the personal harms associated with these illnesses.

AHS PERFORMANCE MEASURE

Wait Time for Addiction Outpatient Treatment represents the time it takes to access adult addiction outpatient treatment services, expressed as the number of days that 9 out of 10 clients have attended their first appointment since referral or first contact. This excludes opioid dependency programs.

UNDERSTANDING THE MEASURE

AHS continues to work towards strengthening and transforming our addiction and mental health services.

Getting clients the care they need in a timely manner is critical to improving our services. This involves improving access across the continuum of addiction and mental health services and recognizing that there are multiple entry points and that these services assist different populations with different needs and paths to care.

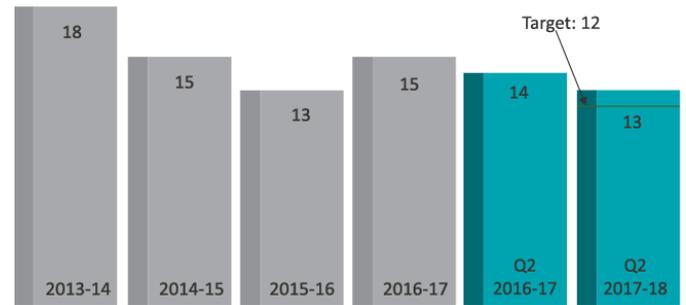
The lower the number the better, as it demonstrates people are waiting for a shorter time to receive adult addiction outpatient services.

HOW WE ARE DOING

Provincial results indicate that we have improved compared to the same period last year.

The most recent data for this measure is one quarter behind the reporting period due to various reporting system timelines.

Wait Time for Addiction Outpatient Treatment (in days):
Quarterly Comparison: ■ Improvement



Source: AHS Addiction and Mental Health

WHAT WE ARE DOING

Below are examples of initiatives 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, bed-based addiction and mental health services, and activities related to the opioid crisis.

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

Work is on schedule to complete the Provincial Mental Health Diversion Standards.

The percentage of children offered scheduled community mental health treatment within 30 days dropped to 74% in Q3 year-to-date (YTD) 2017-18 compared to 81% in Q3 YTD 2016-17. However, this is a slight improvement from Q2 YTD 2017-18 (70%). The number of enrolments in scheduled children's mental health services increased by approximately 12% compared to Q3 2016-17.

The percentage of children aged 0 – 17 years who are offered an appointment for scheduled community mental health treatment within 30 days of referral. Time is from appointment booking to first offered appointment with a mental health therapist.

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

- In the Central Zone, mental health therapists were hired in ten schools which has enhanced access by enabling direct referrals to community therapists.
- Recruiting new child psychiatrists within community clinics to enhance access to specialized psychiatric consultations for children in the Edmonton Zone.
- Continued planning on Centralized Intake that will be accessible 24/7 in the Edmonton Zone.
- Establishing a process in the North Zone emergency departments to review challenges and barriers to accessing children's mental health services in the emergency department.
- Investigating the use of alternative methods, including Telehealth, to provide children's mental health services in the South Zone.
- AHS is partnering with Canadian Mental Health Association to assist in recruitment and training for a peer support network for rural communities in the Calgary Zone.
- Rural clinics (e.g. Claresholm Addiction and Mental Health) continue to participate in the rural intake line in the Calgary Zone. This line provides patients and providers with timely information and access to addiction and mental health resources in the communities.

AHS is working with AH and community partners to address the opioid crisis. This work also supports the Minister's Opioid Emergency Response Commission. Q3 highlights include:

- Nearly 10,000 take home Naloxone kits were dispensed to Albertans in Q3. Since July 2015, nearly 38,000 kits have been dispensed – including kits dispensed by the Alberta Community Council on HIV agencies.
- Based on AHS data collected since January 2016, as of December 31, 2017, over 2,800 overdose reversals (naloxone administered to reverse effects of an opioid overdose) were voluntarily reported in Alberta.

- New Opioid Dependency Treatment (ODT) clinics were operationalized in Grande Prairie, Centennial Centre, High Prairie, and Bonnyville. The expansion of existing ODT Programs in Fort McMurray, Calgary and Edmonton are underway. These services are also provided in Cardston and through telehealth in Ponoka, Wetaskiwin, Rocky Mountain House, Stettler, Camrose, Wainwright, Sylvan Lake, Olds and Drayton Valley.
- The number of unique clients in AHS Opioid Dependency Programs increased from 1,361 in Q2 to 1,492 in Q3.
- AHS has agreements with health leaders from Piikani Nation, Kainai Nation, and First Nations Inuit Health Branch (federal) to address the opioid crisis within Indigenous communities and urban settings to provide related services on and off reserve.
- Work is underway to develop a pan-Strategic Clinical Network pathway (opioid dependency treatment, acute pain management, and chronic non-cancer pain management).

Clinical care pathways outline a sequence of activities for specific diagnosis groups or patient populations to maximize quality of care, efficient use of resources and improve transitions of care.

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