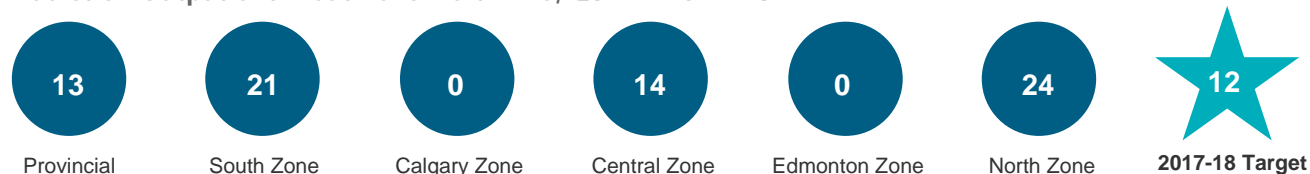


AHS Report on Performance FY 2017-18

WAIT TIME FOR ADDICTION OUTPATIENT TREATMENT (in days)

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.

Addiction Outpatient Treatment Wait Time, Q3YTD 2017-18



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

Wait Time Grouping	Zone Name	2013-14	2014-15	2015-16	2016-17	Q3YTD 2016-17	Q3YTD 2017-18	Trend	2017-18 Target
Provincial	Provincial	18	15	13	15	15	13	↑	12
Urban									
	Calgary Zone	21	9	5	6	6	0	☆	12
	Edmonton Zone	17	14	0	0	0	0	☆	12
Rural									
	South Zone	13	20	21	26	27	21	↑	12
	Central Zone	20	16	14	15	15	14	↑	12
	North Zone	16	16	19	27	26	24	↑	12

Trend Legend: ☆Target Achieved ↑Improvement ⇌Stable: ≤3% relative change compared to the same period last year ↓Area requires additional focus

Addiction Outpatient Treatment Wait Time Trend by Zone (Average)

Wait Time Grouping	Zone Name	2013-14	2014-15	2015-16	2016-17	Q3YTD 2016-17	Q3YTD 2017-18
Provincial	Provincial	7.0	6.5	5.8	7.3	7.2	6.4
Urban							
	Calgary Zone	7.7	7.4	7.9	11.4	11.1	9.8
	Edmonton Zone	6.4	5.1	1.2	0.9	0.8	0.4
Rural							
	South Zone	5.0	7.8	7.8	8.7	9.1	7.9
	Central Zone	7.3	6.2	6.0	6.2	6.2	5.3
	North Zone	7.5	7.3	8.2	11.1	11.0	10.6

Total Enrollments

Zone	2015-16	2016-17	Q3YTD 2016-17	Q3YTD 2017-18
Provincial	18,329	18,050	13,215	13,550
South Zone	1,760	1,819	1,305	1,276
Calgary Zone	4,617	4,457	3,286	3,283
Central Zone	3,467	3,560	2,608	2,988
Edmonton Zone	4,957	4,665	3,482	3,425
North Zone	3,528	3,549	2,534	2,578

Sources: 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 (for results since Jun 2015) as of April 11, 2018

Notes:

- The results are reported 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.

Improving access to community and hospital addiction and mental health services for adults, children and families.

Timely access to community addiction and mental health services will help Albertans address health issues as early as possible to avoid escalation of the issues and the need for higher level services. Many of the initiatives noted below address the priorities identified in the Valuing Mental Health: Next Steps report.

- ❖ In 2017-18, AHS added 54 addiction and mental health spaces in the community to support placement for vulnerable Albertans.
- ❖ Diversion refers to the redirection of individuals with mental illness from the criminal justice system, whenever appropriate, to mental health, social and support services. Provincial Mental Health Diversion Standards were completed and will be implemented in ten locations.
- ❖ Primary care physicians and nurse practitioners helping Albertans with problematic opioid use can now consult with an on-call specialist for advice on treatment and prescription alternatives, as well as treating patients with existing opioid dependency.
- ❖ The Calgary Zone Community Paramedic Program created the City Centre Team mobile paramedic program to provide better access to health services for people living with homelessness. The number of patient events in 2017-18 was 1,743, compared to 886 events in 2016-17.
- ❖ Construction is underway to implement a new 24/7 addiction and mental health Urgent Care Centre on a designated hospital site, including centralized intake for adult clients in the Edmonton Zone. It is expected to be completed in fall 2018.

Over the past year, AHS has increased attention on improving lives and reducing the harmful effects of substance use, including expanding programming to reduce harm associated with addiction, improving access to treatment, and, increasing public awareness and education.

- ❖ New Opioid Dependency Treatment clinics were opened in Grande Prairie, Centennial Centre for Mental Health and Brain Injury in Ponoka, High Prairie, Sherwood Park, Northgate (Edmonton). In addition, expansion plans are already underway new services in High Prairie, Bonnyville and Edmonton.
- ❖ Mental Health Virtual Health provides a variety of clinical mental health services to clients using technology. These services include consultation, case review, treatment, counselling, and other supportive care. The number of patient encounters within Mental Health Virtual Health for 2017-18 was 11,326, a slight increase from 2016-17 (11,179).
- ❖ The Centennial Centre for Mental Health and Brain Injury, which operates a Rural Opioid Dependency Program, provides access to opioid dependency treatment to 56 communities across rural and suburban Alberta as a telehealth service.
- ❖ The expansion of existing programs in Fort McMurray, Calgary and Edmonton are underway. 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 by almost 50 per cent from 1,664 in 2016-17 to 2,464 in 2017-18.
- ❖ Provincially, there are 1,500 sites distributing naloxone, including community pharmacies, harm reduction agencies, emergency departments and urgent care. More than 42,000 naloxone kits were dispensed in 2017-18 (nearly 11,000 kits dispensed in 2016-17).
- ❖ Based on AHS data collected since January 2016, over 3,600 overdose reversals (naloxone administered to reverse effects of an opioid overdose) were voluntarily reported in Alberta.

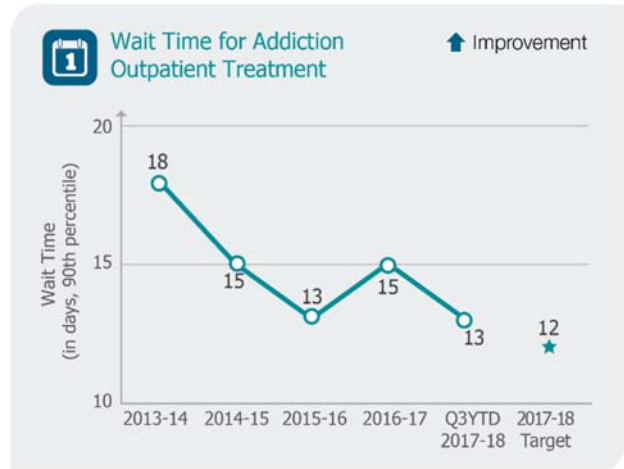
- ❖ A national guideline was released that described strategies for treatment of opioid use disorders and recommended Suboxone® as the preferred treatment. To align with the guideline, the Emergency SCN™ is developing a province-wide strategy that will enable effective transfers to community or primary healthcare providers for follow-up and patient care.
- ❖ In response to the opioid crisis, work on a pan-SCN™ pathway (opioid dependency treatment, acute pain management and chronic non-cancer pain management) is underway. Funding from Health Canada was awarded and work will commence in the fall of 2018.

The percentage of children offered scheduled community mental health treatment within 30 days dropped to 74 per cent in 2017-18 compared to 81 per cent in 2016-17. Time is measured from referral to first offered appointment with a mental health therapist. Many initiatives are underway to enhance access to children’s addiction and mental health services, including:

- ❖ In addition to the opening of the Access Open Minds clinic, zones are recruiting mental health therapists for services in schools and child psychiatrists in community clinics to enhance access to psychiatric consultations for children.
- ❖ Rural areas are investigating the use of alternative methods, such as telehealth and peer support networks, to provide and support children’s mental health services.
- ❖ Mental Health Capacity Building in Schools provides services to over 65,000 students in 182 schools and 85 communities. Over 3,800 referrals were made to community-based services and over 900 to intensive treatment since September 2017.
- ❖ SCNs™ are creating a ‘journey map’ of what children, youth and their families with addiction and/or mental health issues experience in the emergency department to identify areas of improvement.
- ❖ SCNs™ are also working across ministries on a full-continuum model of school mental health.

MEASURING OUR PROGRESS

WAIT TIME FOR ADDICTION OUTPATIENT TREATMENT is 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.



Source: AHS Addiction and Mental Health

For this measure, the lower the number, the better, as it demonstrates people are waiting a shorter time to receive adult addiction outpatient services. The most recent data is a quarter behind the reporting period due to various reporting system timelines.

Wait times for outpatient addiction treatment has shown improvement compared to last year. Work continues to address issues related to the complexity and acuity of cases referred and wait times in areas without walk-in clinics.

Wait times can be influenced significantly by service models used, particularly in rural and remote areas. For example, the use of traveling clinics and services that are not operated five days a week can result in shorter wait times. Additionally, wait times can increase with staff vacancies. Although, there are challenges with recruiting and retaining staff in remote communities, active recruitment is underway.