

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, Q2YTD 2018-19



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

Wait Time Grouping	Zone Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q2YTD 2017-18	Q2YTD 2018-19	Trend	2018-19 Target
Provincial	Provincial	18	15	13	15	13	14	14	⇒	11
Urban										
	Calgary Zone	21	9	5	6	0	1	0	☆	11
	Edmonton Zone	17	14	0	0	0	0	0	☆	11
Rural										
	South Zone	13	20	21	26	21	21	27	↓	11
	Central Zone	20	16	14	15	14	15	16	↓	11
	North Zone	16	16	19	27	23	24	22	↑	11

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

Outpatient Treatment Wait Time Trend by Zone (Average)

Wait Time Grouping	Zone Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q2YTD 2017-18	Q2YTD 2018-19
Provincial	Provincial	7.0	6.5	5.8	7.3	6.3	6.6	6.1
Urban								
	Calgary Zone	7.7	7.4	7.9	11.4	9.1	9.8	7.5
	Edmonton Zone	6.4	5.1	1.2	0.9	0.4	0.5	0.3
Rural								
	South Zone	5.0	7.8	7.8	8.7	7.5	7.5	9.2
	Central Zone	7.3	6.2	6.0	6.2	5.8	5.7	6.8
	North Zone	7.5	7.3	8.2	11.1	10.5	10.8	9.3

Total Enrollments

Zone	2015-16	2016-17	2017-18	Q2YTD 2017-18	Q2YTD 2018-19
Provincial	18,329	18,033	18,019	9,053	8,655
South Zone	1,760	1,818	1,745	880	792
Calgary Zone	4,616	4,455	4,383	2,204	1,959
Central Zone	3,467	3,560	3,830	1,884	2,127
Edmonton Zone	4,957	4,664	4,610	2,286	2,100
North Zone	3,529	3,536	3,451	1,799	1,677

Sources: Addiction System for Information and Service Tracking (ASIST) Data Research View for Treatment Service, Standard Data Product 2. Clinical Activity Reporting Application (CARA), for results since Apr 1, 2013 3. Geriatric Mental Health Information System (GMHIS), for results since Apr 1, 2013 4. eClinician, for results since Jun 22, 2015 (ASE program) and Apr 20, 2015 (YASE program), as of January 31, 2019

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.

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.

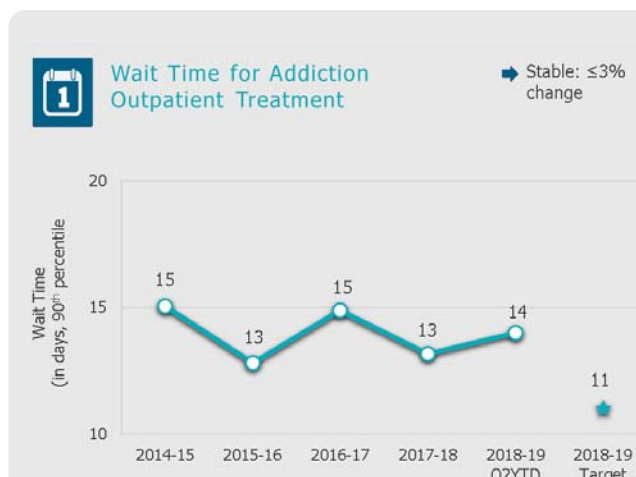
The lower the number the better, as it demonstrates people are waiting for a shorter time to receive adult addiction outpatient services.

HOW WE ARE DOING

Calgary and Edmonton Zones achieved target due to availability of same-day service. While the measure continues to be above target, nearly 70% of all clients (6,037 clients) were seen on the same day as they requested service.

AHS continues to focus on four populations:

- Children, youth and families,
- People with multiple and complex needs,
- Individuals requiring addiction services, and
- Indigenous people and communities.



Source: AHS Addiction and Mental Health

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

WHAT WE ARE DOING

AHS is investing in Enhancing Care in the Community so supports are more readily available to help with addiction and mental health needs.

AHS continues to implement initiatives to enable integrated access to addiction and mental health services.

- Responding to the opioid crisis is a priority for AHS. As part of the **Opioid Dependency and Crisis Response** program, treatment clinics opened in Grande Prairie and Fort McMurray. Services are also available for 65 rural communities through a telehealth service model.
- **Developmental Pathways** (formerly called InRoads) support health professionals providing addiction and mental health services in primary care and other settings. Eleven pathway learning modules went live in Q1. Improvements are being made to the reporting system to ensure accurate representation of uptake of modules both internally and externally.
- Construction and equipment procurement for the new **Addiction and Mental Health Day Hospital** in the Edmonton Zone wrapped up. Operations are on schedule to open in Q4. The Day Hospital will provide programming which patients can attend as an alternative to hospitalization. This allows patients to benefit from a therapeutic setting while being able to remain in their home.

The percentage of children who received scheduled community mental health treatment within 30 days (time from referral to a scheduled appointment with a mental health therapist) increased to 66% in 2018-19 Q3YTD compared to 63% in 2017-18 Q3YTD. AHS offers a variety of other addiction and mental health services to children, youth and their families in the community that are not included in this measure (i.e., specialized outpatient or community services, crisis and outreach services, etc.):

- The **Alberta Youth Suicide Prevention Plan** is being completed. The plan includes distinct approaches to address the unique needs of Indigenous populations.
- The **Honouring Life program** (formerly Aboriginal Youth and Communities Empowerment Strategy) supports resiliency, empowerment and holistic suicide prevention strategy initiatives. AHS is working with 16 communities to complete applications; two communities have received funding to date.
- A new centralized intake is on track to become operational in the Edmonton Zone in Q4. This will provide same-day access to outpatient addiction treatment for youth and adults.
- In Calgary Zone, Specialized Services is expanding the use of Parent Support Groups and gathering client feedback to better understand and tailor supports for parents to manage the burdens of care.
- Discussions continue in South Zone to develop **pediatric acute care teams** for adolescent AMH patients requiring a higher level of care.
- The **Mental Health Capacity Building** program is focusing on expanding to underserved child and adolescent populations. AHS will be adding 18 new program sites.
- The **Virtual Child and Youth Navigation Team** supports timely access to mental health treatment and referral services in the North Zone. Program and service delivery models are in development and network building activities commenced in Q3.
- In North Zone, a youth mental health day program is fully operational in Grande Prairie. The program acts as an outpatient program for students who have been experiencing serious problems because of substance use and/or mental health issues.

AHS is working with Alberta Health and community partners to address the opioid crisis and offer programs, services and supports for Albertans. Q3 highlights include:

- The **Injection Opioid Agonist Therapy (iOAT)** program in Calgary opened in Q3. Recruitment and renovations to support the opening of Edmonton's iOAT program is underway. Provincial medical and nursing protocols were approved and are in use.
- The **Addiction Recovery and Community Health (ARCH)** program provides core addiction services to admitted and emergency department patients. Programs were expanded in Q3 in both Edmonton (RAH) and Calgary (PLC).
- In Q3, there were 531 new admissions and more than 2,200 total unique active clients in **Opioid Dependency Programs** which is a 38% increase in clients from the same period last year (1,492 clients).
- **Supervised consumption services** are offered in Calgary (Sheldon M. Chumir Health Centre), Edmonton (Royal Alexandra Hospital), and Lethbridge. In Red Deer, temporary services are offered and focus on harm reduction specific to injections only.
- Central Zone is identifying effective ways to support improved opioid care through the **Primary Health Care Urgent Response initiative**. Education and training tools were released in Q3.
- Virtual Health technology has been deployed through the **Rural Opioid Dependency Program** to expand services, with 306 new admissions and 399 unique active clients in Q3 2018-19.
- Since April 2017, 85,807 **take home Naloxone kits** were dispensed to Albertans by AHS, the Alberta Community Council on HIV agencies, community pharmacies and other community organizations.
- Since April 2018, 4,850 overdose **reversals** (naloxone administered to reverse effects of an opioid overdose) were voluntarily reported in Alberta.
- A pilot to provide **Suboxone™** for opioid-dependent emergency department patients was completed at three pilot sites in Calgary Zone and Edmonton Zone. Eight sites are now operational with 17 more in the works.