

AHS Report on Performance FY 2018-19

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 (excludes opioid dependency programs). 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 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	Q3YTD 2017-18	Q3YTD 2018-19	Trend	2018-19 Target
Provincial	Provincial	18	15	13	15	13	14	14	↔	11
Urban										
	Calgary Zone	21	9	5	6	0	0	0	☆	11
	Edmonton Zone	17	14	0	0	0	0	0	☆	11
Rural										
	South Zone	13	20	21	26	21	21	22	↓	11
	Central Zone	20	16	14	15	14	14	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	Q3YTD 2017-18	Q3YTD 2018-19
Provincial	Provincial	6.9	6.5	5.7	7.3	6.2	6.4	5.8
Urban								
	Calgary Zone	7.7	7.4	7.8	11.4	9.1	9.8	6.9
	Edmonton Zone	6.4	5.1	1.2	0.9	0.4	0.4	0.3
Rural								
	South Zone	5.0	7.8	7.8	8.7	7.5	7.9	8.4
	Central Zone	7.3	6.2	6.0	6.2	5.7	5.5	6.7
	North Zone	7.5	7.3	8.2	11.1	10.5	10.5	9.0

Total Enrollments

Zone	2015-16	2016-17	2017-18	Q3YTD 2017-18	Q3YTD 2018-19
Provincial	18,329	18,033	18,039	13,479	12,896
South Zone	1,760	1,818	1,747	1,275	1,235
Calgary Zone	4,616	4,454	4,386	3,285	2,894
Central Zone	3,467	3,560	3,814	2,841	3,086
Edmonton Zone	4,957	4,665	4,637	3,471	3,159
North Zone	3,529	3,536	3,455	2,607	2,522

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 April 30, 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.
- Enrollments have decreased due to higher client acuity and longer program stays resulting in less capacity.

Improve Patients’ and Families’ Experiences

Objective 4: Improving 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.

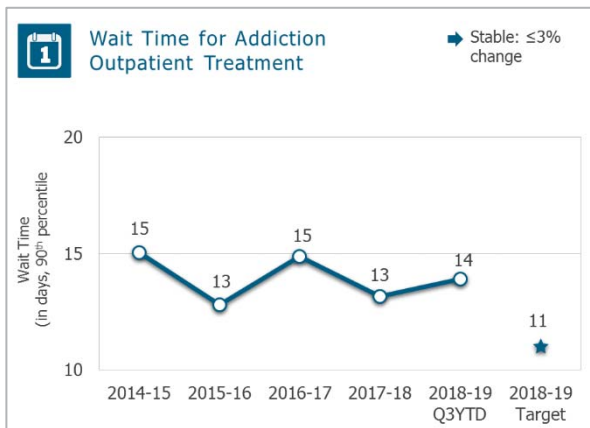
UNDERSTANDING THE MEASURE

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



Source: AHS Addiction and Mental Health

Since 2013-14 (18 days wait), we have shown significant improvement but have not achieved target in rural zones. However, target was achieved in urban zones (Calgary and Edmonton) where same day services are available. Work continues to address issues related to the complexity and acuity of cases referred and wait times in rural areas with limited or no access to walk-in clinics. Wait times can be influenced significantly by service models used, particularly in rural and remote areas. For example, the use of

travelling clinics and services that are operated fewer than five days a week can result in longer 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.

WHAT WE ARE DOING

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

- In 2018-19, AHS added 66 addiction and mental health spaces in the community to support placement for vulnerable Albertans.
- As part of the **Opioid Dependency and Crisis Response** program, treatment clinics opened in Grande Prairie and Fort McMurray. There are 118 communities in Alberta that have access to the service via Telehealth.
- In 2018-19, there were 2,220 new admissions and more than 3,100 total unique active clients in **Opioid Dependency Programs**; a 48% increase in clients from the same period last year (2,100). This includes Bonnyville and High Prairie.
- **Developmental Pathways** (formerly called InRoads) support health professionals providing addiction and mental health services in primary care and other settings. Eleven developmental pathways launched in 2018-19 with corresponding training modules accessible to all staff. A formal evaluation process is in development; results will be accompanied by a promotion plan for the 2019-20 fiscal year.
- The new **Addiction and Mental Health Day Hospital** in the Edmonton Zone opened on January 7, 2019. The Day Hospital provides programming that 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.

Responding to the opioid crisis is a priority for AHS. 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.

- The **Injection Opioid Agonist Therapy (iOAT)** program in Calgary opened in Q3 and is currently running at full capacity. Edmonton’s iOAT program opened in Q4 using two interim locations with limited capacity. 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 2018-19 at the Royal Alexandra Hospital in Edmonton and at the Peter Lougheed Centre in Calgary.
 - **Mental Health Virtual Health** uses technology to ensure clients receive help without leaving their community by linking them to mental health professionals. The demand for Virtual Health services continues to increase, with over 13,500 virtual encounters in 2018-19.
 - Virtual Health technology has been deployed through the **Rural Opioid Dependency Program (RODP)** to expand services, with 479 new admissions and 527 unique active clients in 2018-19.
 - AHS offers **supervised consumption services** in Calgary (Sheldon M. Chumir Health Centre) and Edmonton (Royal Alexandra Hospital).
 - In 2018-19, 82,832 **take home Naloxone kits** were dispensed to Albertans by AHS, the Alberta Community Council on HIV agencies, community pharmacies and other community organizations compared to 42,342 last year
 - In 2018-19, 5,745 **overdose reversals** (naloxone administered to reverse effects of an opioid overdose) were voluntarily reported in Alberta compared to 2,508 last year.
 - **Suboxone™** for opioid-dependent emergency department patients is fully implemented at 15 major emergency departments and urgent care centres. The AHS Emergency Strategic Clinic Network is engaged with 30 more sites across all zones.
 - Enhancements to the **Indigenous Urban Opioid Emergency Response** include collaboration with First Nations communities regarding harm reduction strategies and the opioid crisis. Opioid navigators/registered nurses have been hired at the Indigenous Wellness Clinic in Edmonton and the Elbow River Healing Lodge in Calgary.
 - The **Primary Health Care Urgent Response Initiative** utilizes a harm reduction module that teach evidence-based strategies for supporting a harm reduction approach within primary care settings. This module includes recommended practices for reducing the experience of bias and stigma faced by people who use drugs, their families, and other individuals with lived experience of opioid use. The module is intended for a broad multi-disciplinary audience including physicians, nurse practitioners, and other health care providers. It will build on foundational principles of harm reduction and work already accomplished through the revisions already made to the AHS Harm Reduction Policy.
- The percentage of children receiving scheduled community mental health treatment within 30 days increased to 73% in 2018-19 compared to 67% in 2017-18. The time is measured from referral to the first offered appointment with a mental health therapist.
- AHS offers a variety of addiction and mental health services to children, youth and their families in the community (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 communities to complete applications; 26 applications have been received and three have been completed and funded.
 - A new **centralized intake** model for same-day outpatient addiction services launched in 2018-19. Wait times for the first face-to-face appointment remains at zero days which means that patients are being seen upon arriving in the clinic.
 - 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. AHS' focus in 2018-19 was on enhancing staff knowledge and skills in trauma-informed practices.
 - Discussions continue in South Zone to develop **pediatric acute care teams** for adolescent AMH patients requiring a higher level of care. Various partnerships are being explored to support improved integration of services. Training modules will be released in spring 2019.
 - 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.
 - The **Mental Health Capacity Building (MHCB)** program provides services to over 65,000 students in 182 schools and 85 communities. The MHCB program is focusing on expanding to rural and remote areas with a focus on underserved populations such as Indigenous, Immigrant, Refugee, Ethno-Cultural and Racialized (IRER) and LGBTQ populations. MHCB staff will be available to refer children, youth, and families to early intervention and treatment services as needed. All 18 MHCB services will have First Nation Métis Indigenous (FNMI) programming.
 - 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 fully operational. The Navigator has been meeting with teams in the North Zone as well as tertiary care providers in Edmonton Zone to build relationships and pathways for children needing more specialized services.