

Objective 2: Improve sustainability and integration of addiction and mental health care in communities and across the service continuum.

Addiction and mental health (AMH) conditions involve a complex interplay of genetics, personality, childhood experiences, trauma and social determinants of health. These factors result in a diverse range of needs that require comprehensive, culturally-appropriate, well-coordinated and integrated services within AHS and with partner organizations and ministries. Using a recovery-oriented approach, AHS empowers Albertans experiencing substance use and mental health issues to use their strengths, skills, family, natural supports and the community to live the life they choose by respecting their choices, autonomy, dignity and self-determination.

PERFORMANCE RESULT SUMMARY



Provincial
Q1YTD 2021-22
Trend: ↘

Unplanned Mental Health Readmissions

This measure monitors the percentage of patients who are unexpectedly readmitted to hospital within 30 days of discharge following mental health care. The **lower the percentage the better**, as it demonstrates appropriate discharge planning and follow-up community care. As of Q1YTD, the percentage of unplanned mental health readmissions (12.7%) remained stable compared to the same period last year (12.8%).

ACTIONS AND ACHIEVEMENTS

AHS remains committed to enhancing access to AMH services to provide a range of appropriate supports to all Albertans regardless of where they live in the province. Timely access to addiction and mental health services helps Albertans address health issues as early as possible to avoid escalation and the need for more complex levels of service.

- To support expanded and appropriate use of the AMH Helpline, care pathways are being developed to improve transitions and collaboration between other Health Link teams. Pathways are already operational for the Dementia Advice Line and AlbertaQuits program. Work continues to finalize the pathway for the Rehabilitation Advice Line which is expected to launch in Q3. This work supports timely identification and treatment of underlying mental health symptoms and conditions. As of Q2YTD, 12,825 calls were answered by the AMH Helpline.
- As of Q2YTD, no new addiction beds have been added. Contract negotiations are underway and expanded capacity is expected by the end of the fiscal year.
- As of September 30, 2021, construction of the new Calgary Centre for Child and Adolescent Mental Health continues to make great progress. The foundation has been poured and work is progressing

on design and equipment planning. The new facility will be home to a mental health walk-in service, intensive outpatient therapy and a day hospital program which supports mentally healthy futures for children and adolescents in the community. Construction is expected to be completed in 2022-23.

Child and Youth Services

Best practice literature demonstrates that child and youth mental and emotional well-being can be developed, nurtured and supported through promotion and prevention efforts. The following efforts are underway across the service continuum for children and youths:

- CanREACH is an innovative program that empowers physicians to identify and treat pediatric mental health conditions in the community. Evidence shows that CanREACH-trained physicians use specialized services less often than their peers, and the referrals they do make are more appropriate. Two sessions were delivered to 81 participants in the first half of 2021-22. In total, 10 sessions have been delivered to 359 participants since the program launched in June 2019. Thirty-three per cent of trained physicians are from rural communities.
- The Child and Youth Health Services (CYHS) initiative focuses on priorities related to AMH and

pediatric rehabilitation services, including collaborative intake, access and triage, and care for children, youth and families with complex needs. A partnership with Rural Central Access was established to support an integrated approach. Implementation planning continued in the first half of 2021-22. A final grant proposal was submitted to Alberta Health in Q2.

- Personalized Community Care (PCC) is a provincially-accessed, community-based placement and treatment program for youth up to 19 years of age who are receiving child intervention services. The PCC program supports youth to stabilize and recover from mental health crises through intensive treatment to improve their functioning and well-being. This is a joint initiative with Alberta Health and Children's Services. Implementation planning of the new program took place in the first half of 2021-22.
- The Youth Community Support Program (YCSP) provides a step-down service for youth and their families who are being discharged from acute inpatient mental health settings. YCSP aims to fill a gap in the continuum of services for youth 13-17 years of age with complex mental health diagnoses, who frequently access acute services. Program evaluations show that all youth involved in the program in Calgary and Edmonton demonstrated improved mental health and decreased reliance on emergency services during and after their time in the program.
- The *Protection of Children Abusing Drugs Act* (PChAD) is an Alberta law that helps children under the age of 18, whose use of alcohol or drugs will likely cause significant psychological or physical harm to themselves or others. One of the ways AHS supports this high-risk group is by providing a 10-day inpatient program aimed at detoxifying, stabilizing and assessing each patient to ensure appropriate supports are in place to facilitate a successful discharge. As of September 30, 2021, 312 clients were admitted to the program.

Opioid Response and Addiction Recovery

Responding to the opioid crisis remains a priority in Alberta. AHS works collaboratively with patients and partner organizations to offer community-based

programs, services and supports in response to the opioid crisis and other emerging needs.

- AHS Opioid Dependency Programs (ODP) clinics have served more than 800 clients so far this year by providing medical outpatient treatment to clients dependent on opioids. AHS also supports 11 community clinics across the province, including sites in Fort McMurray, Grande Prairie and Cardston. Enhancements are being made to psychosocial services in all OPD clinics and, as of September 30, 2021, an additional 200 clients have received psychosocial supports through non-AHS clinics.
- AHS supports urgent opioid response needs in urban centres through community-based programs that enable holistic Indigenous wellness. In Edmonton, teams facilitated community outreach work related to Hepatitis C treatment and Naloxone training with Friendship Centres and other community agencies (Naloxone is a medication used for the treatment of an opioid overdose). In Calgary, an Opioid Navigator works closely with the Elbow River Healing Lodge and the Addiction Recovery and Community Health (ARCH) program to support traditional healing and successful client discharges and transitions to community supports.
- Distribution of naloxone kits continues to be an effective strategy to address the opioid poisoning crisis. A Naloxone Community of Practice launched in June 2021 to engage in collaboration, networking and information sharing on best practices in naloxone distribution and access. During this reporting period, 61 new community-based Naloxone distribution sites registered to participate in the naloxone program and more than 84,200 kits were distributed. As of Q2YTD, the number of voluntarily reported reversals, where naloxone was administered to reverse effects of an opioid poisoning (8,119), increased by 75 per cent compared to the same period last year (4,634).

In addition to the opioid response work above, there are other initiatives that are supporting the long-term recovery of Albertans.

- Investment in addiction treatment and recovery services is a priority for the Government of Alberta. As of September 30, 2021, AHS has added 4,000

facility-based AMH spaces in communities across the province. Once operational, improvements are expected in both access and wait time metrics.

- AHS supports the government’s commitment to establish more addiction treatment spaces in Edmonton, Calgary and Lloydminster. Contracted service providers will be used to increase residential treatment capacity. Contract negotiations are underway to implement new spaces.
- Phase 1 investments resulted in 24 new medical detox beds, 109 new residential treatment beds and seven residential recovery beds, as well as 38 beds moved from social detox to medical detox. Seven restricted funding agreements (RFAs) have been executed with contracted agencies.

Virtual Supports

Increasing and evaluating the use of virtual care technology to support AMH services – specifically for vulnerable, rural and remote populations – is an essential element of sustainable mental health care in Alberta. While in-person care is still available when required, supports can often be provided virtually, effectively decreasing travel and wait times.

- As pandemic conditions have stabilized, AHS has seen a gradual return to in-person mental health services. As of September 30, 2021, 48 per cent of outpatient visits were completed virtually, compared to 64 per cent at the onset of the COVID-19 pandemic. While the number of virtual (telephone and video) visits have started to decline, the frequency is still significantly higher than pre-pandemic levels (15%).
- Psychiatrist virtual consultations have improved equity and accessibility to specialty evaluations in emergency departments across the province. As of September 30, 2021, one virtual psychiatry consultation initiative has prevented more than 8,500km in patient transfers and preliminary survey results indicate high patient and provider satisfaction.
- AHS continues to develop and offer public resources and tools to support mental health and wellness. To date, over 13,000 Albertans have registered with Togetherall (a free, online peer-to-peer mental health

community) and there are nearly 60,000 subscribers to the Text4Hope and Text4Mood programs, which send advice and encouragement via text to promote skill-building and resilience. Participation in Transform Your Stress virtual workshops (1,135) also increased compared to the in-person workshop hosted pre-COVID-19 (485).

- AHS is progressing work on a centralized virtual access service to support improved access to AMH assessment, screening and intake in rural (North, Central and South) zones. This project encompasses several improvement initiatives, including coordinated intake, clinical decision support and engagement with community service providers. A draft implementation plan was developed in the first half of 2021-22.

Psychosocial Supports

AHS is collaborating with partners to provide psychosocial supports that meet the mental, emotional, social and spiritual needs of patients, families, communities and Albertans. Psychosocial supports may help to lessen the broader impact of COVID-19.

- The Provincial Family Violence Treatment Program is a court-mandated offender treatment program that aims to deliver consistent, comprehensive assessment and treatment services to prevent intimate partner violence. Contracted service providers and AHS staff work with community partners in areas such as law enforcement, Crown prosecutors, probation, children’s services and victim services as part of a coordinated community response. The program is operational in 26 communities across the province as of September 30, 2021. The program responded to nearly 300 safety-check referrals this reporting period.
- DART (Domestic Abuse Response Team) provides 24-hour safety planning and immediate crisis intervention for patients experiencing domestic violence. The team completes a risk assessment and expedites patient connections with community services such as housing, legal aid, counselling and follow-up services. The program expanded to 17 new departments across 10 sites in the first half of 2021-22. AHS also facilitated education sessions for more than 100 healthcare providers and contracted agency staff across North, Central and Calgary Zones.

- AHS offers interactive workshops to the public on resiliency and stress. Led by certified professionals, HeartMath participants learn about the impact of emotions on the body and develop skills to address stress through communication, decision-making and basic breathing techniques. As of September 30, 2021, 33 virtual workshops have been delivered to approximately 680 participants. Twenty-four per cent of workshop participants were AHS employees. AHS is actively engaged in program promotion and advertising.
- AHS continues to facilitate psychological first-aid (PFA) training to support Albertans immediately after a disaster or emergency. AHS completed the translation of program materials and facilitated the first French webinar in April 2021. As of September 30, 2021, more than 2,700 participants have completed the training. There are currently 193 active PFA trainers, with 30 new trainers certified in the first half of 2021-22.

UNPLANNED MENTAL HEALTH READMISSIONS

Measure Definition:

The percentage of occurrences of a non-elective (unplanned) readmission to an acute care hospital for selected mental illnesses within 30 days of a patient being discharged for any of the selected mental illnesses.

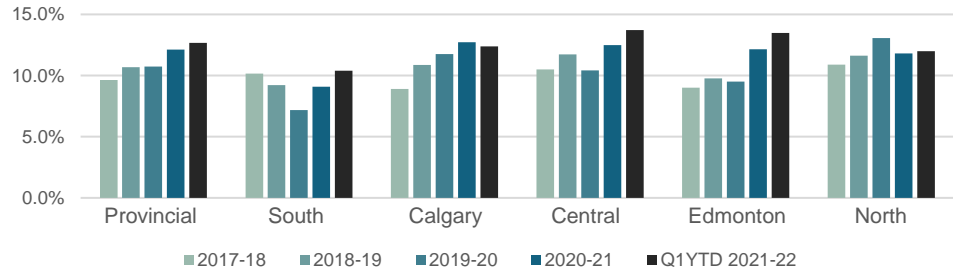
Why It's Important:

Hospital care for mental illnesses aims to stabilize acute symptoms with subsequent care and support being provided through outpatient and community programs. Monitoring readmissions can help evaluate the appropriateness of discharges and follow-up community care. The lower the percentage the better, as it demonstrates fewer patients are being readmitted after discharge.

Performance Summary:

12.7%
Provincial
Q1YTD 2021-22

Trend: →
(Compared to the same period last year)



Most Recent National Comparison (2019-20):

Using a similar definition, Alberta ranked 2nd among nine provinces for the lowest 30-day readmission for mental illness (AB = 13.0%; Canada = 14.2%; Best Performing Province = 12.0% (NS) (CIHI, 2020-21)).

Unplanned Mental Health Readmissions – Trend

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q1YTD 2021-22	Improvement Trend
Provincial	9.6%	10.7%	10.7%	12.1%	12.8%	12.7%	⇔
South Zone	10.2%	9.2%	7.2%	9.1%	9.9%	10.4%	↓
Calgary Zone	8.9%	10.9%	11.8%	12.7%	14.2%	12.4%	↑
Central Zone	10.5%	11.7%	10.4%	12.5%	12.2%	13.7%	↓
Edmonton Zone	9.0%	9.8%	9.5%	12.2%	12.0%	13.5%	↓
North Zone	10.9%	11.6%	13.1%	11.8%	13.2%	12.0%	↑

Total Discharges

Zone	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q1YTD 2021-22
Provincial	19,320	21,462	23,207	23,207	5,368	6,486
South Zone	1,960	2,060	2,262	2,154	500	573
Calgary Zone	6,508	7,819	8,605	8,890	1,978	2,505
Central Zone	3,339	3,507	3,989	3,792	868	1,088
Edmonton Zone	4,614	5,255	5,571	5,752	1,356	1,697
North Zone	2,899	2,821	2,780	2,619	666	623

Source: AHS Provincial Discharge Abstract Database (DAD), as of November 4, 2021.

Notes:

- This indicator is reported a quarter later due to requirements to follow-up with patients after the end of the reporting quarter.
- This indicator measures the risk-adjusted rate of readmission to hospital for patients discharged with selected mental illnesses.
- The methodology is adapted from the 2015 CIHI methodology and uses a constant 2018-19 Canadian average rate for adjustment calculations. Historical data has been restated using this methodology.