System Level Performance for Addiction and Mental Health in Alberta: 2010/11 – Executive Summary

The development of the third *System Level Performance for Addiction and Mental Health in Alberta 2010/11* report was a collaborative effort from key stakeholders in the area of addiction and mental health across Alberta and was led by Knowledge and Strategy, Addiction and Mental Health (AMH) within Alberta Health Services (AHS). These efforts embodied the AHS core values of respect and engagement to produce a report reflecting the values of transparency, accountability, safety, learning and performance. A conscientiousness effort was made to align the content of this report with broader strategic directions set forth by AHS and Alberta Health and Wellness (AHW). These strategic documents include *Creating Connections: Alberta’s Addiction and Mental Health Strategy*, the *Alberta Health Services Strategic Direction 2009—2012*, and *Becoming the Best: Alberta’s 5-year Health Action Plan, 2010—2015*. Moreover, the content of the report was structured to fit within the Alberta Quality Matrix for Health framework. Measures were also selected from the Performance Monitoring Framework for Alberta’s Addiction and Mental Health System. This collaborative and strategically guided approach enables the report to provide an assessment of the overall performance of the addiction and mental health system in Alberta.

In 2010/11, stakeholder discussions and strategic priorities for AMH and, more broadly, AHS resulted in focusing the report on key strategic measures within the addiction and mental health system for AHS. These measures reside within the health quality dimensions of accessibility, acceptability, appropriateness and effectiveness. The measures that were selected within these dimensions are summarized at the end of this document. As with all evaluations, the findings have limitations (which are identified throughout the report); regardless, the report provides meaningful and useful information for assessing and enhancing the performance of the addiction and mental health system. The following are highlights from the report.
ACCESSIBILITY

SERVICE UTILIZATION

The number of individual Albertans (children, youth and adults) receiving mental health services (in emergency rooms, outpatient services, acute care hospitals, psychiatric facilities and community mental health clinics) increased slightly between 2006/07 and 2010/11. Over the same period, however, the rate of individuals accessing these services declined slightly. The number of individual Albertans (youth and adults) receiving direct AHS addiction treatment services (detoxification, outpatient and residential) declined between 2006/07 and 2010/11. During the same period, the number of admissions to AHS-funded addiction treatment agencies increased. While there were fluctuations in addiction service utilization rates across the zones over the past five years, there was an overall decrease in the use of addiction services, particularly those provided directly by AHS. When interpreting utilization findings, it is important to note that it is common for Albertans to access addiction and mental health services from other sources not captured in this data (e.g., family physicians, private counselling, community groups).

Measuring service utilization is important, although there is limited ability to ascertain what contributes to fluctuations in utilization as well as the appropriateness of the services accessed. Several factors have been suggested, including gender, age, socio-economic status, initial emergency room presentation for a mood or psychotic-related disorder, changes in referral patterns and the availability of services from other providers such as primary care. Changes in signage and communication resulting from the transition of former AADAC to AHS may have also affected referrals or public awareness of addiction services.

Moving forward, new data are being collected (such as Personal Health Numbers) and paired with enhanced data sharing at the zone, provincial and national levels. While it will take time to develop these processes, the data enhancements will allow better tracking of clients across the continuum of care, and more complete reporting of information on service access and volume.

WAIT-TIMES FOR SERVICES

Reducing wait-times for service is a priority for government and the provincial health system and wait-times for youth are a focus. The 2010/11 target for children and adolescents (zero to 17 years) receiving community mental health treatment within 30 days was 85%. This included all scheduled, urgent and emergent cases and was limited to children enrolled in programs at community mental health clinics across Alberta. The majority (80%) of Albertans aged zero to 17 years receiving community mental health treatment in 2010/11 were seen within 30 days from the time of referral (note, this is a Tier 1 measure for AHS). Results are also reported for adult wait-times for both mental health and addictions services.

1 In 2010/11, the Tier 1 measure for % of children receiving mental health treatment within 30 days included scheduled, urgent and emergent cases and was limited to children enrolled in programs in community mental health clinics across Alberta. Starting April 1, 2011, this Tier 1 measure focuses only on cases with a scheduled level of urgency for service.
Many efforts are in place to reach the wait-time target for youth. For instance, one of the primary goals of the Children’s Mental Health Plan (CMHP) is to improve access to mental health care for infants, children, youth and their families. Once fully implemented, it is anticipated that the CMHP will have a positive impact on access to mental health services. Other innovations and initiatives are also in place in numerous service sites across AHS to improve wait-times for youth, such as Zone Integrated Service Operation Plans, which address the health needs and priorities, or Access Improvement Measures (AIM), which assist with access, efficiency and clinical care improvements.

ACCEPTABILITY

CLIENT SATISFACTION

How clients experience the care they receive is increasingly recognized as a central dimension of service quality. Clients’ experience in care will influence how fully they participate in the service and the outcome of their treatment. The 2010/11 results indicated that 93% of clients were satisfied with the addiction and mental health services they received (note, this is the Tier 1 measure for AHS). The results were also on the high end of what is reported in the literature on client satisfaction with addiction and mental health services, which ranged from 58% to 100%.

Client satisfaction with community addiction and mental health services will be a Tier 1 performance measure for AHS for the next four years through 2014/15. This provides the opportunity to gather consistent data from across the province on client experience with care. It also offers the opportunity to strengthen and standardize the instrument used, as well as the sampling and data collection methods; these improvements are vital to meeting the performance measurement needs at the system level.

APPROPRIATENESS

CONTINUITY OF CARE: CLIENT FOLLOW-UP AFTER HOSPITALIZATION AND REPEAT HOSPITAL ADMISSIONS

People with addiction and/or mental health problems are seen increasingly by a variety of service providers in a constellation of agencies and primary care centres. When people receive care from numerous sources, ensuring continuity can be difficult. Client follow-up post-hospitalization and repeat hospital admissions are two measures of continuity. Since 2006/07, the proportion of clients with addiction and mental health problems that were discharged from acute care and received follow-up in a community mental health clinic or hospital outpatient facility has fluctuated, showing year-to-year increases with a slight decline in 2010/11. At present there is an array of transitional processes in the Alberta health zones to ensure follow-up with clients with substance use disorders and/or mental health problems that are discharged from acute care.

The percentage of Albertans with repeat hospital admissions within 30 days remained relatively stable between 2006/07 and 2010/11 at about seven percent. It is important to discern why some individuals experience repeat hospitalizations for mental illness (including substance abuse) and why some
individuals are readmitted to acute care facilities within a very short time frame. Further analysis of provincial and zone data in Alberta is required to assess these factors in relation to client risk for repeat hospitalization and early readmission. It should be noted that a readmission to a hospital may be the most appropriate course of treatment, so caution is warranted in interpreting findings.

Due to challenges in information technology, results reflect only a fraction of the care continuum in Alberta. Clients discharged from acute care will also access follow-up services in other areas of the addiction and mental health treatment system, or in sectors outside of provincial health (e.g., community support and self-help). Future work in the development of clinical pathways for AMH will inform follow-up and readmission policy and practice. Moreover, guidelines and recommendations for follow-up of discharged clients is an area of focus for pathway development.

**Delayed Discharges**

When individuals are clinically ready to move to a less resource-intensive level of care but cannot be discharged, this results in a delay. Delayed discharge clients create a major barrier to client flow through the mental health system. In Alberta, clients who experienced a delay waited an average of 29 days before discharge, with nearly half of discharges occurring within one to seven days. The foremost barrier to discharge was the lack of available facility beds (e.g., long-term care beds) and delays occurred most often when clients were awaiting alternative level of care (ALC) services. Ensuring timely discharge is a key factor in providing appropriate care for those individuals with mental illness requiring periodic stabilization in acute care.

One of the priorities for AMH is to reduce the number of clients that are considered ALC; specifically, there is a target to reduce the percentage of ALC inpatients by 50%. To reach this target, the AMH Implementation Priorities report, states that it is essential to

...develop community-based infrastructure and services inclusive of complex, intensive and independent care options. This will require addressing identified gaps in treatment, housing, and supports for specialized and complex mental health populations, including clients under age 65 with cognitive disorders, clients with pervasive developmental disorders, clients with concurrent disorders, and clients with chronic mental illness who have behavioural and safety management needs.

**Effectiveness**

**Treatment Outcomes**

The need to implement practical means of monitoring, evaluating, and improving treatment outcome is a key issue in today's addiction and mental health system. Treatment outcomes are commonly measured by examining clients’ improvement following treatment. Currently, evidence of treatment outcomes is often difficult to access, is captured inconsistently, manually, or in limited areas, or does not exist and
therefore must be gathered specifically for an evaluation. The Health of the Nations Outcome Scales (HoNOS) can provide a ready source of treatment outcome information. In the populations assessed using the HoNOS pre- and post-treatment, improvements were found in both overall score as well as in each of the four subscales.

This report represents the first time HoNOS data from the Calgary and Edmonton Zones have been merged and analyzed. Although there are some current limitations to the combined results, the information remains valuable in assessing the effectiveness of the addiction and mental health services in these zones. Moving towards a more consistent outcome measurement was a key recommendation from previous editions of this report, and the current results are a major step forward towards a standardized outcome measurement methodology. As the HoNOS is rolled out and established across the province, zone level results will provide a broad picture of overall effectiveness for the addiction and mental health system in Alberta. Learnings gained from implementing the HoNOS can now be applied to additional outcome measures.


One area where early intervention can have a significant impact is in reducing intentional self-harm. The rate of intentional self-harm in the province in 2010/11 was 281 per 100,000 Albertans, or approximately one in 355 people. This rate has remained relatively stable over the last five years. Differences in rates of intentional self-harm across the zones in Alberta highlight the need for continued attention to regions of greater concern. Similarly, the high rates in Albertans under the age of 25, especially for females, highlight the need for prevention and early intervention work targeted at youth and young adults.

There are a number of initiatives currently taking place across the province that may contribute to the prevention of intentional self-harm and suicide. For instance, Alberta has implemented a comprehensive suicide prevention strategy. The strategy includes goals such as enhancing mental health and well-being among Albertans, improving interventions and treatment for those at risk of suicide, improving interventions and support for Albertans affected by suicide, increasing efforts to reduce access to lethal means of suicide, and increasing evaluation and continuous quality improvement activities.

**S U M M A R Y**

In summary, the current report provides evidence regarding the addiction and mental health system through a variety of measures across numerous domains of quality. Future efforts will focus on current and emerging AHS Tier 1 measures. Another area of focus is on implementing knowledge transfer mechanisms at various levels and to celebrate successes and identify improvement opportunities.
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<th>Health Quality Matrix Dimension</th>
<th>Broad Measure</th>
<th>Selected Measure(s)</th>
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| Accessibility                  | Service Utilization | Number and proportion of individuals accessing acute care, emergency and community services for substance use and mental health problems  
Number and proportion of individuals receiving specialized residential and outpatient addiction services  
Number and proportion of individuals accessing emergency rooms and volume of service (number of visits) in emergency rooms for substance use and mental health problems |
|                                | Wait-times for Services | Number and proportion of children and youth served within an “acceptable time” in addiction and mental health services  
**Tier 1 Measure:** Percent of children aged zero to 17 years receiving mental health treatment within 30 days  
Number and proportion of adults served within an “acceptable time” in addiction and mental health services |
| Acceptability                  | Client Satisfaction | **Tier 1 Measure:** clients indicating overall satisfaction with addiction and mental health services  
Number and proportion of clients indicating overall satisfaction with detox services |
| Appropriateness                | Client Follow-up after Hospitalization | Number and proportion of discharged clients receiving follow-up after hospitalization within 30 days |
|                                | Repeat Hospital Admissions | Number and proportion of clients with repeat hospitalizations for mental illness  
Number and proportion of 30-day readmissions for clients with substance use or mental health problems  
Number and proportion of 30-day readmissions for clients with schizophrenia and depression (planned and unplanned)  
Number and proportion of clients visiting the ER for substance use and/or mental health problems following acute care discharge |
|                                | Delayed Discharges | Reasons for delayed discharge among clients receiving acute care mental health services  
Number of delayed discharge cases for clients receiving acute care mental health services  
Number of accumulated discharge days for clients receiving acute care mental health services  
Average discharge days for clients receiving acute care mental health services |
| Effectiveness                  | Treatment Outcomes | Change in severity from admission to discharge.  
Proportion of clients with moderate or severe problems at admission compared to discharge |
|                                | Early Intervention: Self-Harm | Rate of intentional self-harm  
Number of repeat ER visits for intentional self-harm  
Proportion of intentional self-harm incidents among clients with a substance use or mental health diagnosis  
Method of intentional self-harm |

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2 In 2010/11, the Tier 1 measure for % of children receiving mental health treatment within 30 days included scheduled, urgent and emergent cases and was limited to children enrolled in programs in community mental health clinics across Alberta. Starting April 1, 2011, this Tier 1 measure focuses only on cases with a scheduled level of urgency for service.