



**North Zone
Addiction
and
Mental Health**

**Strategic Plan
2013 - 2016**

***A Strategic
Plan for the
Mental Health
and Well-
Being of
Northern
Albertans***

Published October 8, 2013

North Zone Addiction and Mental Health Strategic Plan 2013 – 2016

Statement of Accountability

The North Zone Addiction & Mental Strategic Plan was developed to align with Alberta Health Services strategic direction and priorities. Performance measures and other metrics are detailed in the Operational Plan to provide baselines for assessing achievements.

On behalf of the North Zone Executive Leadership Team, I declare that we are committed to achieving the results described in this three-year health plan.

**Shelly Pusch, Senior Vice President
North Zone**

March 3, 2014

Acknowledgements

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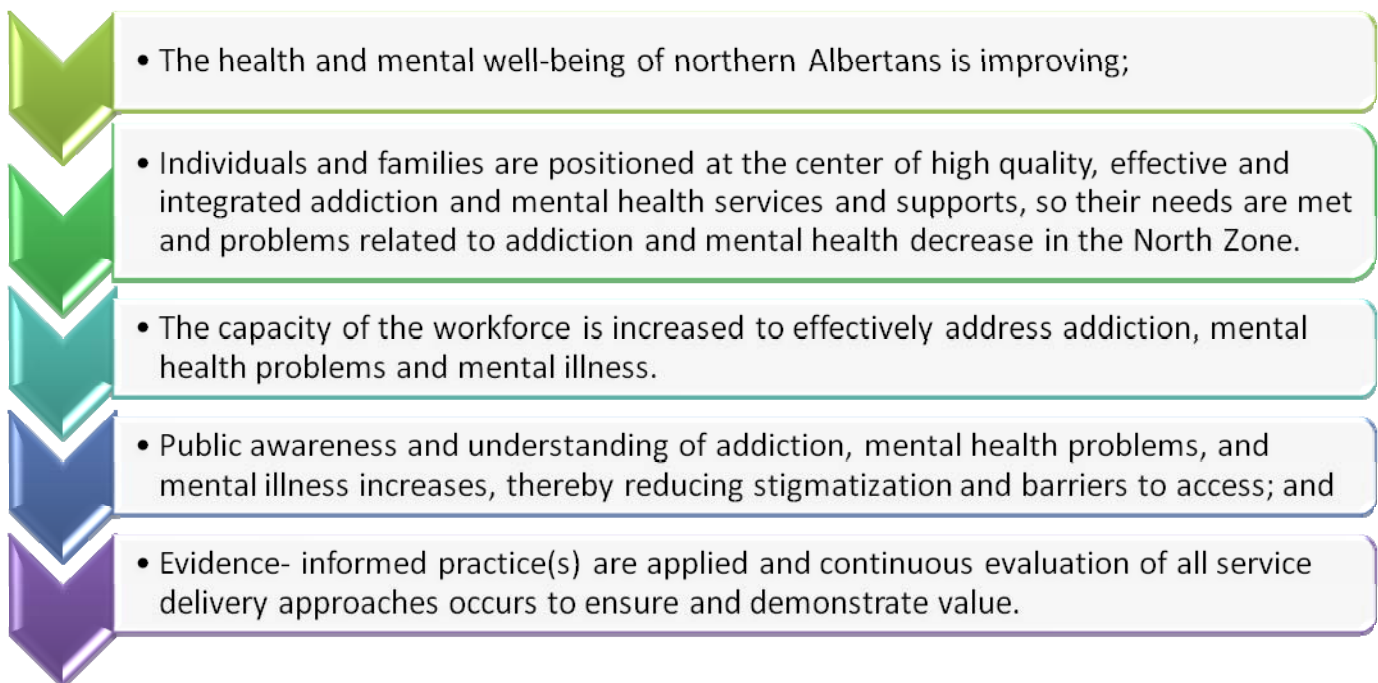
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Executive Summary

The prevalence, impact and consequences of addiction and mental illness are well known and can strike at any age and in any population. There is a need to evaluate and transform the North Zone addiction and mental health care given the increasing number of people experiencing addiction and mental health concerns across the North Zone. The time to act is now!

The North Zone Addiction and Mental Health team is committed to improving mental health and addiction care for Albertans living in the North Zone. This high level strategic plan demonstrates that commitment and is the result of an extensive stakeholder consultation and review of data. It describes the current system, identifies service gaps, and provides an overview of the six priorities and four enablers to the priorities that will inform the team's work over the next three years. The strategy was developed to align with Creating Connections, the Government of Alberta's Addiction and Mental Health Strategy and the Alberta Health Services Health and Business Plan 2013-2016.

Through this three-year plan, North Zone Addiction and Mental Health team is working to ensure that:



Through an extensive and collaborative planning process, six priorities were selected as focus areas to make a real difference in the lives of people with mental illness and addiction concerns. In addition, four (4) enablers to the priorities were identified as critical to building the organizational capacity and infrastructure required to successfully address the service delivery priorities and achieve the desired results.

Strategic Priorities: To provide common direction to North Zone Addiction and Mental Health programs and services, these are the 6 priorities selected:

1. Reduce death by suicide and intentional self harm in the North Zone.

2. Ensure the appropriate use of Emergency Department in addressing A&MH concerns
3. Improve the transition of patients from acute care back to the community.
4. Reduce the wait lists for community addiction and mental health services.
5. Address the capacity needs for inpatient psychiatry beds across the North Zone.
6. Support families and caregivers caring for individuals with complex addiction and mental health issues.

Enablers to Priorities: Four enablers were identified to support successful implementation of the six strategic priorities.

1. Funding and Compensation Frameworks
2. Leverage Technology and Information Sharing
3. Workforce Development
4. Research, Education and Knowledge Translation and Use

The success in meeting this strategic agenda over the next three years will be in large part due to the commitment and passion of northern Addiction and Mental Health leadership, staff, physicians, colleagues and partners. Funding requirements will need to be determined and may require the redeployment of current funds/allocation or new funds (grants, operational dollars, etc.) to ensure maximal impact for our clients and their families. This plan lays the foundation to enhance addiction and mental health service delivery across the care continuum and improve system access and capacity for North Zone clients, patients, and families.

Introduction

Mental illness and addiction is experienced by millions of people across Canada every day, either directly or indirectly. It is estimated that one in five Albertans will experience a mental illness at some point in their lifetime and the remaining four in five Albertans will have a friend, family member, or colleague who has been or will be affected. Furthermore, as many as 10 percent of people over the age of 15 may be dependent on alcohol or drugs and some are experiencing both mental disorders and substance abuse problems.

Addiction and Mental Health (A&MH) services in the North Zone are feeling the strain of the growing population and demands for care (including specialty care). In response to these growing service pressures, the North Zone embarked in a strategic planning process in 2012 by examining the unique A&MH challenges of the North Zone and working collaboratively to develop a strategic plan with a clear line of sight to the provincial priorities.

Purpose

The **North Zone Addiction and Mental Health Strategic Plan 2013-2016** provides an overview of the strategic priorities the North Zone intends to focus on over the next 3 years to respond to the challenges and pressures in addiction and mental health service delivery. This strategic plan is in alignment with *Creating Connections: Alberta's Addiction and Mental Health Strategy 2011-2016* and supports the vision, mission, values and strategic directions of Alberta Health Services (AHS) as a whole.

Alberta Health Services Vision, Mission, Values and Strategic Directions

AHS Vision:

To become the best performing, publically funded health system in Canada.

AHS Mission:

To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

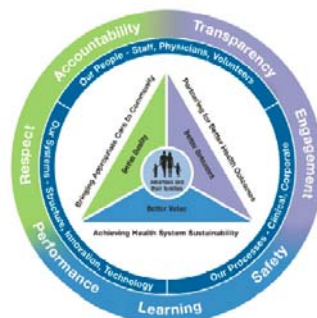
The main goals of the system are a focus on Access, Quality, and Sustainability for health services. These goals drive work throughout the organization and remain a focus of the development of the overall Addiction and Mental Health Strategic Plan for the North Zone.

AHS Values:

Alberta Health Services' core values have one thing in common: the quality of patient care. Our seven values - respect, accountability, transparency, engagement, safety, learning and performance - drive us, and unite us.

AHS Strategic Directions 2013-2016:

1. Bringing appropriate care to the community
2. Achieving health system sustainability
3. Partnering for better health outcomes



How the Strategy was Developed

Strategic plans cannot be created in isolation. As such, the North Zone Addiction and Mental Health Strategic Plan 2013-2016 was developed using a number of information gathering methods and sources to decide on future priorities and actions. These included:

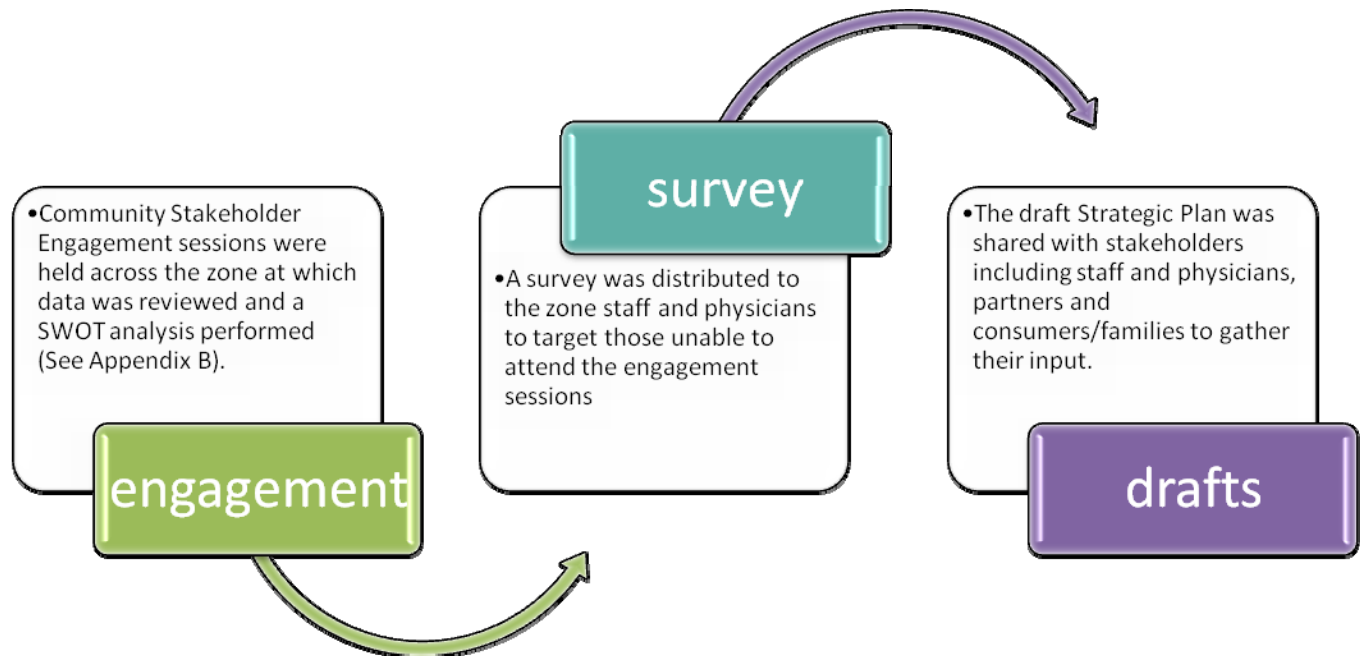
- Stakeholder engagement and consultation, including physician engagement
- SWOT Analysis (See Appendix B)
- Data collection and analysis
- Literature Review (See Appendix C)
- Provincial Addiction and Mental Health Strategic Plan (Creating Connections)
- AHS Health Plan and Business Plan 2013-2016

Note: The Strategic Planning timeline is available in Appendix A.

Stakeholder Engagement and Consultation

Throughout the strategic planning process, Alberta Health Services consulted with staff, physicians and other stakeholders about the implementation and delivery of addiction and mental health services in Northern Alberta. The overall goal of the consultation was to review data, share strategies, and identify what is working well and areas of improvement, all of which have been considered in the development of the North Zone Addiction and Mental Health Strategic Plan 2013-2016.

Stakeholder engagement occurred at three stages within the planning process:



Alignment with AHS Provincial Strategy

The North Zone Addiction and Mental Health Strategic Plan 2013-2016 was developed and influenced by many other strategic initiatives of Alberta Health Services. The following documents contributed substantially to the development of the Strategic Plan:

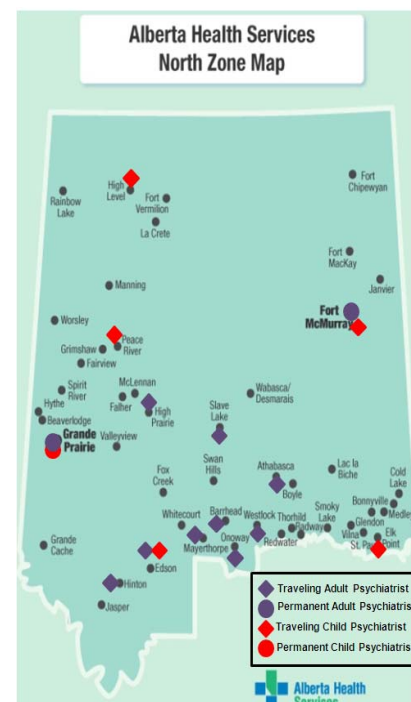
- Creating Connections: Alberta's Addiction and Mental Health Strategy 2011-2016.
 - Top 10 AHS Provincial Addiction and Mental Health priorities
- Alberta Health Services' Health Plan and Business Plan 2013-2016

Who We Are and What We Do

The AHS Addiction and Mental Health portfolio in the North Zone provides addiction and mental health services across the continuum of care to a population of over 447,000 people across a widely varied geographic area of approximately 448,500 km² (73% of Alberta's land mass).

The North Zone Addiction and Mental Health team includes:

- **AHS Staff:** A skilled and dedicated workforce of over 325 full time equivalents including therapists, counselors, nurse practitioners, registered nurses, licensed practical nurses, court liaison workers, outreach workers, coordinators, aides, and other staff in communities across the North Zone. (*Note: does not include contracted agency staff.*)
- **Adult Psychiatrists:** 10 adult psychiatrists are permanently located in Peace River, Fort McMurray, St. Paul, and Grande Prairie. Travelling psychiatrists regularly visit communities of High Prairie, Athabasca, Hinton, Slave Lake, Onoway, Mayerthorpe, Westlock, and Edson
- **Child Psychiatrists:** A full time child psychiatrist located in Grande Prairie and travelling psychiatrists who provide support in Edson, Fort McMurray, St. Paul, Peace River, High Prairie, Barrhead and High Level
- **Family Physicians:** Approx. 218



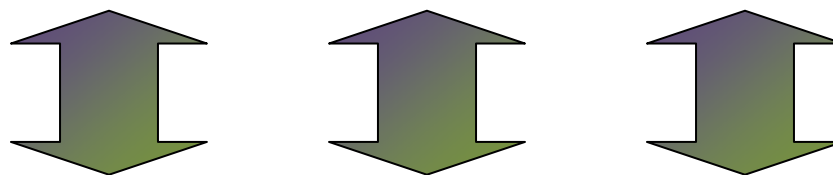
The Population We Serve

- The total documented population in this Zone is 466,135 (2012). There is significant diversity in the distribution of the population across the North, spanning from more highly populated areas to very remote populations.
 - There are 367 communities located over 16 Counties as well as 8 Métis Settlements, 31 First Nations and 96 Reserves in the North Zone.
- Major industries in the North include forestry, oil and gas and agriculture. The North has a large transient worker population that is significantly impacted by the bust and boom economy related to its major industries.
- The North has a relatively young population with only 8.8% of the population aged 65 or older compared to 10.9% for the province. The average age varies from younger populations in Fort McMurray to older populations in southeast rural communities in the zone.
- The average census family income per year is \$91,832 (Alberta average: \$98,240), although it ranges from \$77,507 in the North West to \$140,751 in the Fort McMurray area.
- Encompasses two regional hospitals: Queen Elizabeth II Hospital (Grande Prairie) and the Northern Lights Regional Health Care Centre (Fort McMurray). Smaller hospitals and health centers, Primary Care Networks, a Family Care Clinic, and independent primary care providers provide local care to residents throughout the North Zone.

Our Call to Action

Through detailed analysis and comprehensive discussions about the future of Addiction and Mental Health services in the North Zone, six (6) strategic priorities and four (4) enablers to the priorities have been identified. The strategic priorities identified for North Zone Addiction and Mental Health over the next three years are the organization's response to the important issues identified in the stakeholder engagement sessions, data analysis, environmental scan and literature review that was completed as part of the strategic planning process. These priorities address critical issues while considering the strategic directions outlined in the Creating Connections: Alberta's Addiction and Mental Health Strategy 2011-2016.

Strategic Priorities
<i>Six priorities will provide common direction to North Zone Addiction and Mental Health programs and services.</i>
1. Reduce death by suicide and intentional self harm rates in the North Zone
2. Ensure appropriate use of the Emergency Department in addressing A&MH concerns
3. Improve the transition of patients from acute care back to the community
4. Reduce the wait lists for community addiction and mental health services
5. Respond to the capacity needs for inpatient psychiatry beds across the North Zone
6. Support families and caregivers caring for individuals with complex A&MH issues



Enablers
<i>Four enablers will support successful implementation of the strategic priorities</i>
1. Funding and compensation frameworks
2. Technology and Information Sharing
3. Workforce Development
4. Research, Education, and Knowledge Transfer and Use

Strategic Alignment

AHS Mission	To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.		
AHS Vision	To become the best-performing, publicly funded health system in Canada.		
AHS Values	Respect, Accountability, Transparency, Engagement, Safety, Learning and Performance		
AHS Strategic Directions AHS 2013-2016 Health and Business Plan	Bringing Appropriate Care to Community	Partnering for Better Health Outcomes	Achieving Health System Sustainability
Creating Connections: Alberta's Addiction and Mental Health Strategy 2011-2016.	Strategic Directions: <ul style="list-style-type: none"> • Build healthy and resilient communities • Foster the development of healthy children, youth and families • Enhance community-based services, capacity and supports. • Address complex needs • Enhance Assurance 	Enablers: <ul style="list-style-type: none"> • Policy Direction and Alignment • Individuals with Lived Experience and Family Engagement • Funding and Compensation Frameworks • Workforce Development • Research, Evaluation and Knowledge translation and Use • Leverage Technology and Information Sharing • Cultural Safety, Awareness and Competency 	
Top 12 AHS Provincial Addiction and Mental Health priorities	<ol style="list-style-type: none"> 1) Postpartum Depression Screening 2) Primary Health Care Tools and Support 3) Coordinated and Consistent Access to Child and Adolescent A&MH Services 4) Bed Plan for Children's Mental Health 5) Basket of Fundamental Services for A&MH 6) Tertiary Care Framework 	<ol style="list-style-type: none"> 7) Expand Telemental Health 8) Conceptual Framework for Housing 9) Complex PDD 10) Workforce Development 11) System Performance – Outcome Measurement 12) Research, Evaluation and Knowledge Translation 	
North Zone Addiction and Mental Health Strategic Plan 2013-2016	Strategic Priorities <ul style="list-style-type: none"> • Reduce Death by Suicide and Intentional Self Harm • Appropriate use of the Emergency Department in addressing A&MH concerns • Transition of patients from acute care back to the community • Reduce wait lists for community A&MH services • Respond to the capacity needs for inpatient psychiatry beds • Support to Families and Caregivers caring for individuals with complex A&MH issues 	Enablers <ul style="list-style-type: none"> • Funding and Compensation Frameworks • Technology and Information Sharing • Workforce Development • Research, Education and Knowledge Translation and Use 	

Strategic Priorities, Goals and Key Strategies

Strategic Priority #1: Reduce Deaths by Suicide and Intentional Self Harm

North Zone Strategic Goals *(What do we want to achieve?)*:

S1.1 Save lives and reduce the number of deaths by suicide of males aged 15-39 by 10% in the North Zone by 2016.

S1.2 Prevent injury and reduce the rate of intentional self harm in females aged 15-54 years by 10% in the North Zone by 2016.

Rationale

Suicide and intentional self harm are significant public health problems that are largely predictable and preventable and touch the lives of many people living in the North Zone of Alberta.

The large majority (90%) of people who died by suicide had a health service in the year before their death (*Alberta Centre for Injury Control & Research, 2012*).

Deaths by suicide are 2.5 times higher in Aboriginal population and Aboriginals experience major depression at a rate that is twice the national average.

Albertans who died by suicide averaged more than twice the number of per-person health care visits in the year prior to their death (*Morrison & Laing, 2011*).

Death by suicide (and intentional self harm) is traumatizing for surviving family and friends.

North Zone

- The suicide rate in the North Zone of Alberta is above the Alberta provincial average (16.1/100,000 vs. 12.8/100,000).
- North Zone potential years of life lost to suicide (per 100,000) was 579.8 (2009), a value that was significantly higher than the Alberta average (418.6 years).
- In Alberta in 2011, there were 484 deaths by suicide (*DIMR, 2012*);
 - 72 of these deaths by suicide occurred in the North zone (15% of all deaths by suicide in the province).
 - 57 (79%) of the deaths by suicide were males,
 - 33 (58%) of these were of males aged 15-39 years.
 - 44% of the deaths by suicide occurred in the former Aspen health region,
 - 33% in former Peace Country, and,
 - 22% in former Northern Lights.
- Intentional self harm rates in the North Zone are the highest in the province at 271/100,000 in 2011/2012.

What We Know . . .

- Suicide rates have increased by 60 percent across the globe in the last 45 years (*World Health Organization, 2013*)
- Alberta has the second highest rate of suicide in Canada, (*CMHA 2012*)
- One death by suicide is estimated to cost between \$433,000 and \$4,131,000 (*CMHA, 2012*)

- In Alberta in 2011, there were 1193 admissions to Emergency department and inpatient beds due to acts of intentional self harm.
 - 761 (64%) intentional self harm admissions were females and 683 (90%) were females aged 15-54 years.
- Twenty-four percent of individuals who visited emergency for mental health/substance related were First Nations, the highest proportion between ages 25-34. Intentional self harm is one of the top three diagnoses.

A focused and coordinated plan of action is required in the North Zone to reduce the rates of suicide and intentional self harm. What follows are the goals, strategies and actions the North Zone plans to take to address the high suicide and intentional self harm rates over the next three years.



Strategies (*How are we going to achieve the goals?*):

- Prioritize suicide prevention activities in the North Zone across the lifespan.
- Enhance the capacity of physicians and health professionals for early identification and intervention of those at risk of suicide and/or affected by suicide in the North Zone.
- Provide support services for those impacted by suicide.
- Increase the quality, timeliness and usefulness of surveillance data regarding suicide and intentional self harm.
- Establish collaborative partnerships with other stakeholder groups working to address suicide across the North Zone.
- Ensure that staff and physicians are aware of and compliant with the AHS Suicide Risk Management Policy Suite.

Strategic Priority #2: Ensure the appropriate use of Emergency Department in addressing A&MH concerns

North Zone Strategic Goals (*What do we want to achieve?*):

S2.1 Decrease the Emergency Department (ED) visit rate for addiction and mental health concerns by reviewing the appropriate use of ED and providing alternate levels of service and intervention in the community.

S2.2 Improve the Addiction and Mental Health supports in the Emergency Departments (ED) across the North Zone. This would encompass potentially increased resources and ensures using existing optimal.

S2.3 Improve access to appropriate community based addiction and mental health services.

S2.4 Reduce the number of repeat visits to the Emergency Department within 7 days and 30 days of inpatient discharge for individuals seeking care for mental illness or substance abuse.

Rationale (Note: Information in this section reflects stakeholder feedback during the SWOT analysis)

Emergency departments (ED) are an appropriate point of access for some individuals experiencing a psychiatric emergency. However, many people in crisis turn to ED due to a lack of other available options. A lack of access to community addiction and mental health services and supports, primary health care and community-based psychiatric care are key reasons for ED visits. With long wait lists for service in the community, patients can deteriorate further while waiting to access service and present to the ED in crisis. Oftentimes, repeat ED visits are the result of limited housing supports and hospitals having insufficient information to refer individuals to more appropriate and long-term services and supports in the community.

In addition, when patients arrive to ED, appropriate intervention and support is not always available. There is a lack of expertise in ED staff and physicians to address A&MH needs with no consistent process in place across the North Zone for ED staff and physicians to access timely psychiatric expertise (psychiatrist, addiction and

What We Know . . .

- North Zone has the highest ED visit rate of 3,261/100,000 for A&MH related concerns in the province (2112/100,000) (AHS, 2013).
- 14,599 emergency room visits took place in the NZ for mental health and/ or substance related problems during fiscal year 2011/12. (A&MH Services: North Zone, 2013)
- Females are more likely to be treated in the Emergency Department for mental health and/or substance related problems in almost all age groups in the North Zone (A&MH Services: North Zone, 2013)
- Males in the North Zone had the highest rate of ED visits related to violence and purposely inflicted injuries (injury resulting from firearms, fights/brawls, sexual assault, cutting/piercing, maltreatment, drug/liquids, neglect/abandonment) compared to other zones across the province. (Alberta Health, 2013)
- Approximately 24% of the individuals visiting the ED for mental health and/ or substance related problems were identified as First Nations people with Treaty Status.
 - Highest proportion between ages 25-34
 - Highest number at St. Paul and High Level ED's
- Greatest number of visits related to:
 - Substance related disorder
 - Anxiety Disorders
 - Intentional Self harm
- In 2011/2012, percentage of individuals who visited an ED within 7 days for substance use and/or mental health problems following discharge from acute care hospital = 4% in NZ, slightly higher than the Alberta average of 3%. (AHS, 2013).
- In 2011/2012, the percentage of individuals who visited an ED within 30 days for substance use and/or mental health problems following discharge from acute care hospital = 7% in NZ, on par with the Alberta average. (AHS, 2013)

mental health professionals, etc.) for consultation purposes. A&MH education to ED staff and physicians requires enhancement along with a consistent A&MH protocol for the ED to ensure patients get the care they need when they need it.

The impact of the lack of support in the ED to manage patients with A&MH concerns is significant and can lead to:

- **High use of ED Services:** Patients are using costly ED services when a proportion of care that they seek can be provided in the community.
- **Under treatment or no treatment** because of lack of expertise in ED. People experiencing mental illness and addictions are presenting to the ED and often have complex health issues that require a multidisciplinary approach (unable to be provided in the ED).
- **Over admission to Inpatient Unit:** Patients may be admitted unnecessarily due a lack of mental health/addiction knowledge in providers in the ED. This becomes a problem when the psychiatrist is not available for consultation and children/youth/adults may be admitted to the hospital unnecessarily.
- **Discharge Problems:** Patients often leave the ED without referral due lack of knowledge of community resources and relationships with addictions and mental health programs.

Strategies (*How are we going to achieve the goals?*):

- Improve the Addiction and Mental Health supports in the Emergency Departments (ED) for patients with addictions and mental health concerns. This would encompass potentially for both increased resources and ensures using optimal.
- Enhance the flow of patients through the ED and from ED to an inpatient unit for patients experiencing A&MH issues.
- Enhance the flow of patients from the ED to community A&MH services.
- Improve the service coordination, communication, and collaboration between specialist mental health services, emergency departments and community A&MH services.
- Increase the quality, timeliness and usefulness of surveillance data regarding ED utilization for addiction and mental health related issues.
- Review and monitor the reasons for the ED visit to better understand why patients are accessing care in the ED and their existing linkages to community A&MH services.

Strategic Priority #3: Improve the Transition of Patients from Acute Care back to their Community

North Zone Strategic Goals *(What do we want to achieve?)*

S3.1 Establish consistent guidelines and processes (between zones and within the North Zone) for follow up with patients to ensure they have the support they require in the community following discharge from an addiction and mental health hospital admission.

S3.2 Reduce readmission to a hospital facility within 7 and 30 days (ED admissions and readmissions to inpatient) by ensuring people are properly connected to services in their community.

Rationale

The smooth and safe transition of patients with A&MH concerns from acute care back to the community in the North Zone is challenged with a lack of follow up/continuity of care, medication management, and housing supports. Without appropriate follow up care and continuity, the patient can face significant risk of adverse events during the transition from acute care back to their community. Poorly managed transition can lead to diminished health, avoidable complications, increased cost, and readmission to hospital.

The challenges with continuity of care during a transition from the acute care centre back to the community may be a result of, but not limited to, the following:

- Lack of communication and knowledge sharing between patients, caregivers, and providers before, during and after the acute care encounter.
- Lack of consistency in developing a transitional care plan; the care plan for the patient is not always clear from admission through to discharge and transition back to the community.
- Patients are being discharged from hospital quicker and more acute due to the capacity issues and service demands placed on acute care sites.
- Given the North Zone's large geographic area, health care providers in the acute care setting are often segregated and geographically removed from the patient's home setting.
- Home health care services may be underutilized or unavailable in the patient's home community.
- Primary care physicians often have little or no information about their patients' hospitalizations making it difficult for continuity of care in the community. The situation is even worse for those patients who have no primary care provider in their local community.

What We Know . . .

- In 2011/2012, 12% of patients were followed up (*30 days*) post discharge from Acute Care hospitals to community mental health or outpatient hospital services for individuals with substance use and/or mental health-related problems (*AHS, 2013*). This is lower than the Alberta average of 15% during the same time period.
- Percentage of repeat hospital admissions for mental illness in 2009-2010 = 9% in NZ (*Three or more episodes of care in general hospitals for select mental illness within one year*); slightly lower than Provincial average (10%). (*AHS, 2013*)
- The 30-day readmission for mental illness in 2010/2011 = 12% in NZ; higher than Alberta average of 10% during same time period. (*AHS, 2013*).
- Percentage of repeat hospital admissions (*two or more*) for substance use and/or mental health related problems during 2011/2012 year = 19% in NZ; slightly higher than the provincial average of 18%. (*AHS, 2013*).
 - 9% of readmissions occurred within 30 days.
 - 4% of readmissions occurred within 7 days.

- Primary care physicians are rarely visiting their patients when hospitalized. Care is being provided by hospitalists or physicians who only treat patients in the hospital. The removal of patients' primary care physicians in the hospital has led to an increased need for care coordination among providers that doesn't always occur.

Focused attention is required toward improving the transition of patients from acute care to community is for the North Zone residents to ensure optimal patient outcomes.

Strategies (*How are we going to achieve the goals?*):

- Enhance the follow up/after care and ongoing treatment capacity in the community
- Explore structured supportive housing options for patients.
- Develop clear pathways for transitioning patients from one care setting to another within the North Zone and between zones.
- Enhance the communication and linkages between primary care providers (family physicians), Aboriginal communities and A&MH programs/ psychiatrists.

Strategic Priority #4: Reduce the Wait Lists for Community A&MH Services

North Zone Strategic Goals (*What do we want to achieve?*):

S4.1 Ensure 90% of children/youth receive mental health treatment within 30 days.

S4.2 Reduce youth wait time to access community addiction services.

S4.3 Reduce the adult wait times for community mental health and addiction services.

Rationale

Timely access to addiction and mental health services is critical for successful prevention and treatment of children, youth and adults with addiction and mental illness. Community mental health and addiction services in the North Zone are struggling to meet demand for care which is leading to lengthy delays for patients to obtain services. Some North Zone residents face long waits when trying to access care in community and may go to the ED when in or near crisis. For people with mental illness and/or addiction issues, having to wait for care puts them at greater risk of relapse, crisis hospitalization, or even suicide attempts.

The following were cited by key stakeholders as problems that may be contributing to the long wait lists for community addiction and mental health services:

- Staffing has not increased at the same rate as the population growth and increasing demand
- Increased prevalence of addiction and mental health concerns and demand for care.
- Limited office space to run group programming
- Poor management of “no shows.”
- Lack of centralized referral system for community addiction and mental health services (one patient may be on more than one wait list thereby inflating the wait list)

Alberta Health Services has prioritized wait times for access to A&MH services and it also a priority for the North Zone. We need to make sure people are able to get the appropriate care and treatment they need in a timely manner.

What We Know . . .

- Percentage of children aged 0 to 17 years receiving scheduled mental health treatment within 30 days is not meeting target in NZ
- Median wait time in community mental health services for children and adolescents (0-17 years) =16 days in NZ in 2011/2012. (AHS, 2013); slightly higher than Alberta average of 14 days.
- During 2011/2012, an average of 68% of children (*aged 0-17 years*) were seen in community mental health services within 30 days of referral (AHS, 2013).
- Median wait time in community mental health services for adults (*18 years +*) =12 days in NZ in 2011/2012; slightly higher than the Alberta average of 11 days. (AHS, 2013)
- Youth wait time (days) for community addiction services in the North Zone in 2011/2012 (90th percentile) was the highest in the province: 19 days (Alberta average: 10 days) (AHS, 2013).
- Adult wait time for community addiction services in the North Zone in 2011/2012 (90th percentile) = 11 days (Alberta average = 8 days). (AHS, 2013)
- The rate per 100,000 population receiving mental health services in AHS North Zone was 4,599 in 2011/2012 compared to 3686 across the province. (AHS, 2013)
- Rate per 100,000 population receiving AHS addiction services in NZ was the highest in the province at 1,413/100,000 in 2011/2012.
- AHS contracted community addiction services admission rate was 330/100,000 in 2011/2012; higher than the provincial average (251/100,000). (AHS, 2013)

Strategies (*How are we going to achieve the goals?*):

- Develop a clear understanding of who is on the wait lists and the factors contributing to the length of the wait lists.
- Establish clear referral criteria for community addiction and mental health services to ensure patients are being referred to the most appropriate service.
- Enhance the concurrent service delivery models between addiction and mental health.
- Enhance mental health promotion and addiction and mental illness prevention activities across the North Zone.
- Expand the capacity of community A&MH services by partnering and leveraging the work of the Basket of Services Project, GAPMAP inventory and Complex Service Teams.

Strategic Priority #5: Address the Capacity Needs for Inpatient Psychiatry Beds across the North Zone.

North Zone Strategic Goals (*What do we want to achieve?*):

S5.1 Monitor and reduce the number of admissions to off service beds for addiction and mental health concerns.

S5.2 Increase access to adult and pediatric inpatient psychiatry beds for North Zone residents.

S5.3 Reduce the LOS of patients in 1) a designated psychiatry inpatient beds and 2) off-service A&MH patients across the North Zone.

S5.4 Reduce the number of days stayed in Alternate Level of Care for North Zone patients with addiction and mental health diagnoses.

Rationale

The North Zone currently has a total of 34 adult inpatient psychiatric beds and 0 pediatric psychiatry inpatient beds to support a population of over 447,000. This is not sufficient to address the needs of the population.

The Canadian Psychiatric Association recommends a ratio of 50 psychiatric beds per 100,000 population or 0.5 per 1000 population. Given this ratio, a total of 223.5 beds would be needed in the North Zone to comply with the Canadian Psychiatric Association's recommended bed ratios.

In addition, anecdotal stakeholder feedback indicates that some patients are being admitted to an inpatient bed unnecessarily due a lack of mental health/addiction knowledge in providers in the ED and limited access to psychiatry expertise after regular business hours. Without access to timely consults, ED physicians may hold a patient in ED or admit them until a consult can be completed.

What We Know . . .

- North Zone has: 34 adult psychiatry inpatient beds, 0 child/youth psychiatry inpatient beds, 4 youth detox beds 126 adult addiction inpatient beds, 6 Adult Community Mental Health beds. *See Appendix D for A&MH Beds staff across the Province as of March 31/13.*
- Compared to all zones, the North Zone has the lowest beds per 100,000 population ratio across the province (*see Appendix D*).
- In 2011/2012, the Mental Illness general hospitalizations age standardized rate for the North Zone was 620/100,000; significantly higher than the Alberta average (423/100,000) (*AHS, 2013*).

Strategies (*How are we going to achieve the goals?*):

- Participate in the provincial A&MH Bed Review.
- Develop a clear understanding of the utilization of inpatient psychiatric beds and off-service beds for A&MH in the North Zone and address capacity needs.
- Develop clear pathways for access to A&MH services (across all levels of care) within the North Zone and Edmonton Zone.
- Optimize the use of existing psychiatry inpatient beds by adopting innovative care models in acute care and streamlining the A&MH bed admission and discharge processes.
- Adopt innovative care models to provide A&MH care to patients in the community rather than admission to an inpatient unit.

- Enhance the involvement of A&MH management and service planning on capital projects across the zone to better forecast, plan and build appropriate infrastructure to meet the needs of the population.

Strategic Priority #6: Support Families and Caregivers caring for individuals with Complex A&MH Issues

North Zone Strategic Goals *(What do we want to achieve?)*:

S6.1 Increase access to caregiver supports in the North Zone by ensuring appropriate and timely resources and caregiver support programming are in place.

Rationale

Caring for a child or loved one with addiction and mental illness can be very rewarding, but the household disruption, financial pressure, and the added workload can also be overwhelming and result in significant stress for the caregiver and family. Caregiver stress can be particularly damaging, since it is typically a chronic, long-term challenge. Without adequate help and support, the stress of caregiving can lead to a wide range of physical and emotional problems, including heart disease and depression; all of which affects the caregiver's ability to provide care and keep the patient in the home.

Stakeholders cited that there is lack of awareness around existing programs and overall limited support available for families/caregivers caring for loved ones with complex mental health and addiction issues throughout the North Zone. It is essential that caregivers are cared for in a way that allows them to continue to care for their loved ones in their homes.

Strategies *(How are we going to achieve the goals?)*:

- Understand what currently exists to support caregivers and families (A&MH) and identify gaps in caregiver supports and programming.
- Develop caregiver burnout prevention, early identification and intervention supports throughout the North Zone.
- Increase the awareness and network of available caregiver supports and services.
- Establish guidelines for support to caregivers of individuals with addiction and mental illness to ensure they receive appropriate and timely support.



Enabler #1: Funding and Compensation Frameworks

North Zone Strategic Goals *(What do we want to achieve?)*:

E1.1 Review the current A&MH North Zone funding model to fully understand the allocation of funds in the North Zone A&MH department.

E1.2 Identify gaps across the North Zone and build the business case to senior leadership for an equitable funding formula that acknowledges the increased costs in providing A&MH services in the North Zone due to high needs, large geographical area and population distribution.

E1.3 Identify and execute cost saving and reinvestment opportunities.

E1.4 Increase revenue generation in the North Zone A&MH department.

Rationale

As with many departments of Alberta Health Services, financial pressure is an ongoing challenge for Addiction and Mental Health in the North Zone, especially in an environment of cut backs and reduced budgets. Over the years, the North Zone Addiction and Mental Health budget has not increased with the increase in population thereby preventing the ability to increase in staffing and expansion of programs to support the needs. The North Zone is challenged to address the A&MH needs of the population given the resources currently available. Although the North Zone has access to grant funding, there are challenges with grant funding being limited, time-bound, temporary and slow to access when following the application process.

Now more than ever, the North Zone needs to find ways to maximize efficiencies and develop innovative business models and identify opportunities for cost savings, revenue generation and reallocation of funds in order to deliver high quality addiction and mental health services across the zone.

Strategies *(How are we going to achieve the goals?)*:

- Collaborate with existing initiatives to understand where services are currently being provided, gaps in service, opportunities and the estimated cost of the opportunities (i.e. Basket of Services and Gap Map) and build a business case for an equitable funding formula.
- Establish partnerships with corporations in order to build the capacity of corporations to provide A&MH services to employees.
- Identify and execute cost savings and reinvestment opportunities.
- Increase the quality and timeliness of budget surveillance data including revenue generation and cost savings activities.
- Identify and execute revenue generation opportunities focusing on corporate partnerships and cost recovery from out of province and federal services.
- Review the Business and Industry Clinic (Residential Addictions Program) and identify opportunities for expansion and further corporate partnerships.



Enabler #2: Leverage Technology and Information Sharing

North Zone Strategic Goals (*What do we want to achieve?*):

E2.1 Increase access to Mental Health primary and specialty medical care for patients by increasing the clinical use of telehealth.

E2.2 Increase the use of telehealth to deliver patient/family and staff A&MH education events.

E2.3 Increase care provider access to patient information through electronic medical record expansion and integration.

Rationale

There are significant opportunities to enable more effective addiction and mental health services and to improve efficiency of existing services by leveraging existing technology available throughout the North Zone.

Telehealth technology is available in the North Zone, and it is not being utilized to its full capacity. Challenges to accessing telehealth due to increasing demand, lack of awareness of the technology, and a lack of administrative support required to address no shows, transcription and booking were cited as two major barriers to expanding telehealth use in the North Zone. There is an opportunity to work with the province to address these barriers and increase the capacity and use of telehealth and telepsychiatry technology to bring services closer to home for patients as well as to bring education and training opportunities to staff and patients/families.

		2010-2011		
Conference Type	Providing Zone	Unique Events Provided by Zone	Patients Seen in Events Provided by Zone	Case Reviews Discussed
Mental Health	AHS - Calgary Zone	281	245	81
	AHS - Central Zone	1,523	1,494	155
	AHS - Edmonton Zone	1,083	1,374	309
	AHS - North Zone	79	86	
	AHS - South Zone	117	227	1
	CASA	216	211	78
	Total	3,299	3,637	624

Source: Clinical Utilization Report Mental Health Telehealth, 2011



Source: Clinical Utilization Report Mental Health Telehealth, 2011

Strategies *(How are we going to achieve the goals?):*

- Establish collaborative partnerships with other stakeholder groups working to expand the use of telehealth services across the North Zone.
- Develop best practice guidelines, processes and financial support for clinical and educational telehealth use across the North Zone.
 - Identify sites for targeted telehealth expansion across the North Zone.
 - Increase awareness of telehealth technology and use amongst A&MH providers and residents across the North Zone.
 - Establish community of practice through telehealth to support staff.
 - Participate in the current initiatives for electronic medical record integration across the North Zone.
 - Increase access to other technologies including online education and peer support networks for staff and
- patients/families.
- Establish and monitor reports on telehealth and telemental health utilization across the zone.



Enabler #3: Workforce Development

North Zone Strategic Goals *(What do we want to achieve?)*:

- E3.1 Increase the number of full time staff working in A&MH across the North Zone.
- E3.2 Improve staff retention and reduce the turnover rate and vacancy rate for A&MH professionals across the North Zone.
- E3.3 Improve A&MH staff engagement rates across the North Zone.
- E3.4 Improve staff role clarity and consistency of responsibilities and titles across the North Zone A&MH staff.
- E3.5 Ensure access to the right staff in the right place to meet the needs of the population.



Rationale

Healthy and qualified staff and physicians are vital for the North Zone to provide timely and quality addiction and mental health services to patients. A combination of factors such as staff retirement, high turnover, high workloads, aging population, insufficient funding, high costs of travel, and an increased demand for A&MH professionals are contributing to the staff and psychiatrist recruitment and retention challenges in the North Zone. Understaffing and poor retention can lead to heavy workloads and low morale for the remaining staff which can result in a vicious cycle of further staff loss and increased recruitment difficulties.

Traditional human resource strategies have focused on increasing the supply of providers through initiatives such as increasing the number of training seats and targeted recruitment. However, given the current fiscal environment and increasing service demands, such strategies will not be enough to address the workforce challenges. We must increase attention toward ongoing monitoring of the HR environment and look at ways to use our workforce differently.

Strategies *(How are we going to achieve the goals?)*:

- Develop and implement an A&MH Recruitment and Retention Plan that attracts, retains, trains and develops highly qualified staff and psychiatrists who are enthusiastic about A&MH in the North Zone.
- Improve the quality and timeliness of A&MH Human Resource data across the North Zone.
- Conduct a comprehensive staffing review for A&MH across the zone to evaluate staff composition, job descriptions, rotations, vacancies, gaps in roles, etc.
- Create a staffing profile for the North Zone in relation to the level of service needed by the population, service users and access standards.
- Optimize the workforce by exploring alternative and innovative staff roles and staffing models for A&MH service providers that include cross-training, adopting a programmatic hire model, utilize staff to full scope of practice and implementation of the Workforce Concurrent Capabilities provincial initiative.
- Establish consistent processes for forms, standards, protocols, staff communication and staff meetings across the North Zone.
- Enhance the workplace wellness activities for A&MH staff and psychiatrists working in A&MH in the North Zone.
- Increase access to timely psychiatry expertise across the North Zone.

- Increase partnership with the HR department as it relates to recruitment in order to enhance the presence of A&MH management in the North Zone recruitment activities.

Enabler #4: Research, Education and Knowledge Translation and Use

North Zone Strategic Goals *(What do we want to achieve?)*

- E4.1 Enhance the knowledge and skills of primary care physicians and A&MH service providers.
- E4.2 Enhance the process for accessing specialized A&MH expertise and consultation.
- E4.3 Collaborate with A&MH Strategic Clinical Network (SCN), researchers and research centres focusing on addiction and mental health to continually improve A&MH services and patient outcomes.
- E4.4 Improve patient satisfaction outcomes.

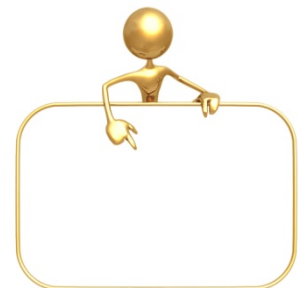
Rationale

In order to effectively prevent addiction and mental illness and provide quality care to patients and families experiencing addiction and mental illness, success will depend on all stakeholders having an adequate knowledge of current issues in addiction, mental health and mental illness. To do this, enhancement of education and knowledge exchange must be accomplished on four fronts:

- Firstly, all individuals living in Northern Alberta must be aware of the available A&MH programs and services available to them where they live.
- Secondly, individuals living with addiction and/or mental illness, as well as their families and caregivers, must be well informed in order to make educated choices in their care and treatment plans.
- Thirdly, all A&MH health care professionals must be up to date on new A&MH developments, practices and existing programs/services.
- Finally, other service providers, such as primary care family physicians, private practice mental health providers, teachers, first responders (EMS, police, fire) etc. must be familiar with addiction and mental health issues in order to recognize, refer (and treat in some cases) appropriately and in a timely manner.

Strategies *(How are we going to achieve the goals?)*:

- Increase the awareness of North Zone citizens (including health care providers) on the A&MH services available in the communities they live.
- Increase the addiction and mental health education and training opportunities available to patients, families, caregivers, A&MH staff, physicians, and community agencies.
- Enhance the education for patients, families and caregivers who are living with (or caring for someone) an addiction and/or mental illness.
- Strengthen A&MH physician and health care provider culturally sensitive orientation, professional development and competency-based training opportunities.
- Strengthen A&MH knowledge of primary care providers, teachers and community based agencies.
- Work collaboratively with A&MH SCN, universities and training institutions to enhance the research and training opportunities for A&MH professionals in the North Zone.
- Establish and communicate a care pathway for physicians and health providers to access timely A&MH expertise and consultation in the community.



The scorecard of performance measures enables the North Zone Executive to monitor progress in achieving the Plan's priorities and goals.

Strategic Priority/ Enabler	Goal	Performance Measures	Baseline (2012/2013)	Actual 2013- 2014	Actual 2014- 2016	Actual 2015- 2016
Strategic Priority						
Reduce Deaths by Suicide and Intentional Self Harm	S1.1 Save lives and reduce the number of deaths by suicide of males aged 15-39 by 10% in the North Zone by 2016.	<ul style="list-style-type: none"> Rate of Suicide Mortality (by age and sex) % Aboriginal Proportion of suicide mortality incidents among clients with a substance use or mental health diagnosis. Method of suicide mortality by gender 				
	S1.2 Prevent injury and reduce the rate of intentional self harm in females aged 15-54 years by 10% in the North Zone by 2016.	<ul style="list-style-type: none"> Rate of intentional self-harm (age and sex) % Aboriginal Number of repeat emergency room (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 by gender 				
	S1.3 Strengthen partnerships, to collaboratively address suicide, between North Zone A&MH, community services, First Nation Inuit Health Branch, First Nation, Métis and Inuit and on-reserve First Nation communities.	<ul style="list-style-type: none"> Number of formal partnerships (represented by an agreed upon Memorandum of Understanding) between North Zone A&MH and other non-AHS parties addressing suicide. 				
Ensure the appropriate use of Emergency Department in addressing A&MH concerns	S2.1 Decrease the Emergency Department (ED) visit rate for addiction and mental health concerns by reviewing the appropriate use of ED and providing alternate levels of service and intervention in the community.	<ul style="list-style-type: none"> Number and proportion of individuals accessing emergency rooms and volume of service (number of visits) for substance use and mental health problems in the North Zone. Number of repeat ED visits per year. 				
	S2.2 Improve the Addiction and Mental Health supports in the Emergency Departments (ED) for patients with addictions and mental health concerns. This would encompass potentially for both increased resources and ensures using optimal.	<ul style="list-style-type: none"> FTE of A&MH liaison supports working in and dedicated to Emergency Departments across the North Zone. 				
	S2.3 Improve access to appropriate community based addiction and mental health services.	<ul style="list-style-type: none"> Number of individuals enrolled in AHS community addiction and mental health programs in the NZ. Number of new admissions to community A&MH programs in NZ. 				
	S2.4 Reduce the number of repeat visits to the Emergency	<ul style="list-style-type: none"> Number and proportion of clients visiting the emergency 				

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	Department within 7 days and 30 days of inpatient discharge for individuals seeking care for mental illness or substance abuse.	room for substance use and/or mental health problems 7 and 30 days following acute care discharge				
Improve the Transition of Patients from Acute Care back to their Community	S3.1 Establish consistent guidelines and processes (between zones and within the North Zone) for follow up with patients to ensure they have the support they require in the community following discharge from an addiction and mental health hospital admission.	<ul style="list-style-type: none"> Transition guidelines and processes developed Number and proportion of discharged clients receiving follow-up after hospitalization for mental illness and or substance use within 7 and 30 days. 				
	S3.2 Reduce readmission to a hospital facility within 7 and 30 days (ED admissions and readmissions to inpatient) by ensuring people are properly connected to services in their community.	<ul style="list-style-type: none"> Number and proportion of clients with repeat hospitalizations for mental health and/or substance use problems. Number and proportion of 7- and 30-day readmissions for mental health and/or substance use problems 				
Reduce the Wait Lists for Community A&MH Services	S4.1 Ensure 90% of children/youth receive mental health treatment within 30 days.	<ul style="list-style-type: none"> Percent of children aged 0 to 17 years receiving mental health treatment within 30 days. Median wait time (days) in community mental health services for children (0-17 years). 				
	S4.2 Reduce youth wait time to access community addiction services.	<ul style="list-style-type: none"> Youth wait times for community addictions services. 				
	S4.3 Reduce the adult wait times for community mental health and addiction services.	<ul style="list-style-type: none"> Median wait time (days) in community mental health services for adults Median wait time (days) in community addiction services for adults 				
Address the Capacity Needs for inpatient psychiatry beds across the North Zone.	S5.1 Monitor and reduce the number of admissions to off service beds for addiction and mental health concerns.	<ul style="list-style-type: none"> Number of admissions to off-service beds for addiction and mental health concerns. Bed equivalents for off-service beds for patients with addiction and mental health concerns. 				
	S5.2 Increase access to adult and pediatric inpatient psychiatry beds for North Zone residents.	<ul style="list-style-type: none"> Number of appropriate occupancy, acuity, type of adult inpatient psychiatry beds in the North Zone. Number of appropriate occupancy, acuity, type of pediatric inpatient psychiatry beds in the North Zone. Inpatient psychiatry bed access pathway complete, approved and communicated across the North Zone and Edmonton Zone. 				
	S5.3 Reduce the LOS of patients in 1) a designated psychiatry inpatient beds and 2) off-service A&MH patients across the North Zone.	<ul style="list-style-type: none"> Inpatient Average LOS for A&MH patients in a designated psychiatry inpatient bed. Inpatient average LOS for off-service A&MH patients. 				
	S5.4 Reduce the number of days stayed in Alternate Level of Care for North Zone patients with addiction and mental health diagnoses.	<ul style="list-style-type: none"> ALC days for psychiatry inpatients and type of placement. ALC days for off-service A&MH patients and type of placement. 				

Support Families and Caregivers caring for individuals with Complex A&MH Issues	S6.1 Increase access to caregiver supports in the North Zone by ensuring appropriate and timely resources and caregiver support programming are in place.	<ul style="list-style-type: none"> % very satisfied or satisfied with the availability and access to caregiver supports across the North Zone (Caregiver survey). 				
Enablers						
Funding and Compensation Frameworks	E1.1 Review the current A&MH North Zone funding model to fully understand the allocation of funds in the North Zone A&MH department.	<ul style="list-style-type: none"> Per capita cost for A&MH in North Zone 				
	E1.2 Identify gaps across the North Zone where addiction and mental health needs are not being met and build the business case to senior leadership for an alternative funding formula that acknowledges the increased costs in providing A&MH services in the North Zone due to the large geographical area and population distribution.	<ul style="list-style-type: none"> Alternate funding formula for North Zone A&MH services 				
	E1.3 Identify and execute cost saving and reinvestment opportunities.	<ul style="list-style-type: none"> Cost saving and reinvestment plan 				
	E1.4 Increase revenue generation in the North Zone A&MH department.	<ul style="list-style-type: none"> Revenue generation plan Amount and proportion of funds recuperated from care provided to out of province patients 				
Leverage Technology and Information Sharing	E2.1 Increase access to Mental Health primary and specialty medical care for patients by increasing the clinical use of telehealth.	<ul style="list-style-type: none"> Number of events received by telehealth for mental health conference type. Number of events provided by telehealth for mental health conference type. Telehealth utilization dashboard 				
	E2.2 Increase the use of telehealth to deliver patient/family and staff A&MH education events.	<ul style="list-style-type: none"> Number of telehealth Mental Health events by site. 				
	E2.3 Increase care provider access to patient information through electronic medical record expansion and integration.	<ul style="list-style-type: none"> TBD 				
Workforce Development	E3.1 Increase the number of full time staff working in A&MH across the North Zone.	<ul style="list-style-type: none"> Total FTE of A&MH Staff in North Zone Total headcount of A&MH staff in North Zone 				
	E3.2 Improve staff retention and reduce the turnover rate and vacancy rate for A&MH professionals across the North Zone.	<ul style="list-style-type: none"> Turnover rate for A&MH professionals in NZ 				

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		<ul style="list-style-type: none"> • Vacancy rate for A&MH professionals 				
	E3.3 Improve A&MH staff engagement rates across the North Zone.	<ul style="list-style-type: none"> • % of North Zone A&MH staff who report an overall job satisfaction rating of satisfied or very satisfied (Staff/Physician Satisfaction Survey) 				
	E3.4 Improve staff role clarity and consistency of responsibilities and titles across the North Zone A&MH staff.	<ul style="list-style-type: none"> • # of distinct A&MH position titles in the North Zone • % of positions with a completed and reviewed job description 				
	E3.5 Ensure access to the right staff in the right place to meet the needs of the population.	<ul style="list-style-type: none"> • Completion of A&MH staff and physician recruitment and retention plan. 				
Research, Education and Knowledge Translation and Use	E4.1 Enhance the knowledge and skills of primary care physicians and A&MH service providers.	<ul style="list-style-type: none"> • Number of educational sessions for A&MH staff and physicians • Number of education sessions for patients and caregivers • Number of education sessions for primary care physicians • Number of education sessions to community agencies. 				
	E4.2 Enhance the process for accessing specialized A&MH expertise and consultation.	<ul style="list-style-type: none"> • % of North Zone Staff and physicians who report they are satisfied or very satisfied with the process for accessing specialized A&MH expertise and consultation. 				
	E4.3 Collaborate with A&MH Strategic Clinical Network (SCN), researchers and research centres focusing on addiction and mental health to continually improve A&MH services and patient outcomes.	<ul style="list-style-type: none"> • Number of formal partnerships (represented by an agreed upon Memorandum of Understanding) between North Zone A&MH and other non-AHS parties. • Number of collaborative North Zone A&MH and A&MH SCN collaborative projects. 				
	E4.4 Improve patient satisfaction outcomes.	<ul style="list-style-type: none"> • Patient Satisfaction dashboard 				

Monitoring Progress: Accountability, Continuous Improvement and Reporting

Accountability:

The Executive Director, Addiction and Mental Health for the North Zone is accountable for The North Zone Addiction and Mental Health Strategic Plan 2013 – 2016. A responsible lead will be assigned to each action listed in the accompanying operational plan. It is the responsibility of the responsible lead to ensure the action is completed in the target timeline, whether that includes doing the work themselves or delegating accordingly. Resources required for each action will be determined at the time the operations plan is drafted

A Continuous Improvement Cycle:

Addiction and mental health service planning is an ongoing activity that must be adjusted to the needs of the population over time. As such, a mid cycle review will be conducted to review and realign goals in the context of the current environment.

A Mid Cycle Review of the plan is scheduled to take place in December 2014.

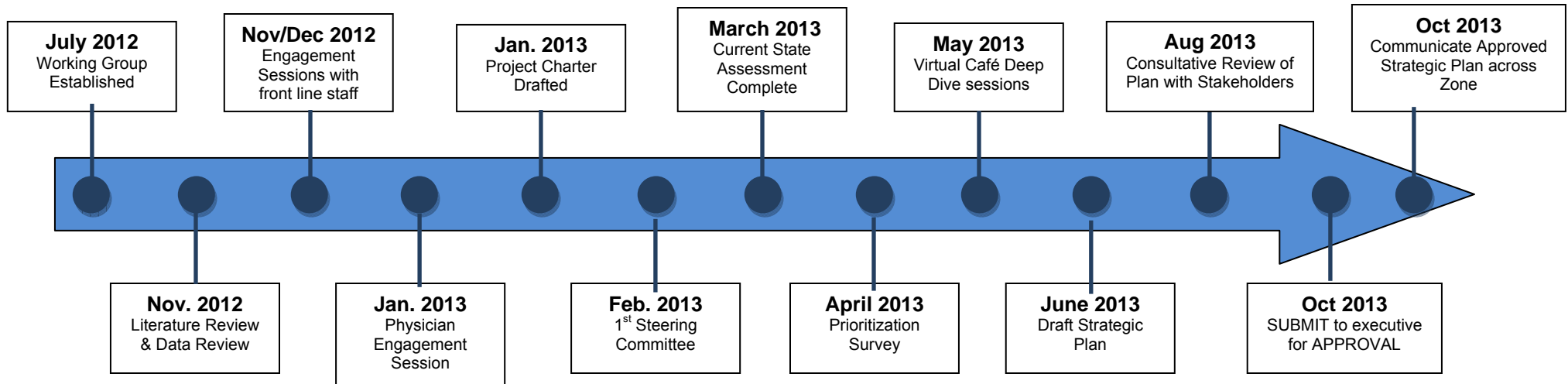
Reporting:

A biannual report will be generated and provided to North Zone executive to update on how the North Zone team is progressing against the strategic plan.

The responsible lead assigned to each action will be required to provide a report to the Steering Committee through the Chair (Executive Director, North Zone Addiction and Mental Health and Public Health) twice per year using a predetermine template. In each report, the responsible lead will verify progress against each action as well as any risks and issues that arise.

Appendix A: Strategic Planning Timeline

The following timeline provides an overview of the activities that occurred from July 2012 to September 2013 in the development of the *North Zone A&MH Strategic Plan 2013-2016*.



Appendix B: SWOT Analysis Summary

As part of this strategic planning process, a SWOT analysis was conducted at four (4) provider engagement sessions in Westlock, Grande Prairie, Fort McMurray and Peace River over the month of December 2012. In addition, a physician engagement session was conducted in February 2013 via telehealth. Feedback from over 100 A&MH stakeholders was provided as part of the engagement sessions. Representation at the sessions included a full continuum of services including school districts, child family services authority emergency services, acute care, physicians, etc. In addition to the engagement sessions, front line staff was also provided the opportunity to provide their feedback through their managers in a survey format and through a consumer focus group in Peace River.

The following is a summary of the responses from the stakeholders on the strengths, weaknesses, opportunities and threats facing the Addiction and Mental Health in the North Zone at the current time.

Strengths are internal characteristics, qualities, and capacities which support the North Zone A&MH portfolio's accomplishments.

Weaknesses are internal qualities that need to be improved (Internal to North Zone A&MH portfolio).

Opportunities refer to external activities or trends that the North Zone Addiction and Mental Health portfolio may leverage to grow or enhance its performance.

Threats are external activities or trends that threaten the current and future success of the North Zone A&MH portfolio.

Strengths

Strengths are internal characteristics, qualities, and capacities which support the North Zone A&MH portfolio's accomplishments.

The North Zone Addiction and Mental Health's key strengths include the demonstrated ability to provide high quality, necessary addiction and mental health services to help people with addiction and mental health issues live a fuller life in their community. Staff members are committed, skilled, and resourceful and seem to be aware of the key issues within the community they work. Although psychiatrist access is limited, where there are psychiatrists available they are very well utilized. The North Zone has established some solid inter and intra agency partnerships (especially in schools).

There is an increased focus on both addiction and mental illness prevention and early intervention with improved mental health promotion and public awareness on mental illness. It was also expressed that there is an increased focus on holistic approach to mental health and addiction and not just clinical services but a combined treatment of medication and psychosocial interventions.

The number of staff with mental health first aid training is increasing across the zone, including those with Aboriginal mental health first aid.

The North Zone is making some progress to increase capacity (i.e. increased telehealth use, depression pathway, distress line, post partum services, residential treatment, detox centre, increase in inpatient bed #'s). There are opportunities to continue to build on these strengths in the years to come.

Many AHS programs in operation today are working well (i.e. stress and anger management, trauma support groups, AHS outreach, FASD Networks, PARTY Program, access mental health, clubhouse). In addition, many unique staffing roles have been funded and include FASD worker, youth workers, consumer advocate (Canadian Mental Health Association), family school liaison, etc.

Although north zone is not meeting the 90% target of children/youth receiving mental health treatment within 30 days, the North Zone is making progress toward children mental health services AHS performance measure. Patient Satisfaction for A&MH AHS Performance measure for the North Zone in Q4 (11/12) was 95.6%, indicating that those who accessed addiction and mental health services were highly satisfied with the care they received.

Weaknesses

Weaknesses are internal qualities that need to be improved. (Internal to North Zone A&MH portfolio)

The weaknesses expressed most frequently included:

- **Staff and Psychiatrist Recruitment and Retention:** The North Zone A&MH has some specific issues related to the successful human resource management including recruitment and retention of a healthy workforce. Access to family physicians, psychiatrists, specialists, nursing and health services locally is a concern for many. The significant growth in the North Zone population and demand for A&MH services has not been matched with increases in staff and psychiatry FTE; this has led to challenges with a lack of human resources, increased workload, increased staff burn out, high staff turnover, long wait lists for community addiction and mental health care and consistently higher than provincial average use of Emergency Department (ED) utilization rates for A&MH concerns. A comprehensive strategy is required to address the recruitment and retention challenges in the North Zone. This strategy must include an approach to increase supply of health providers, as well as ways to use the workforce differently, linking with other community agencies to provide services in sparsely populated areas, create mentorship opportunities, staff wellness initiatives, all while considering the intergenerational differences in health care providers.
- **Long Wait Lists for Service:** The North Zone is experiencing high wait lists for access to child and adult community addiction and mental health services. Patients can deteriorate further while waiting to access service.
- **High Emergency Department Utilization rates for A&MH concerns:** The North Zone has the highest ED visit rate for addiction and mental health related concerns across the province. Patients utilize costly ED care when services are not readily available in the community and typically during times of crisis rather than accessing preventative care.
- **Staff and patients/families spend a considerable amount of time travelling to receive or provide care:** There is a need to reduce the time (and cost) that patients/families and staff spend travelling to receive or provide care. This can be achieved by increasing the use of technology (and telehealth) to deliver care in the local community.
- **Limited Staff Education and Training Opportunities:** Issues with a lack of debriefing and staff education and training opportunities were common amongst stakeholders. The education and training opportunities for staff are limited in the North Zone mainly due to the geographic distances required to travel to access training and education. There is the opportunity to expand the use of technology to bring education and training to staff and avoid the time and cost of travel.

- **Crowded Office Space:** Stakeholders expressed crowded office space and limited space available to run group programs. Group programming could help address long wait lists and staffing challenges.
- **Lack of Inpatient Beds:** There is an absence of pediatric psychiatry inpatient beds in the North Zone. In addition, there is a shortage of adult psychiatry inpatient beds causing an overflow of adult mental health patients onto other units. The receiving unit may not always have the expertise to deal with a patient with addiction and mental health issues.
- **Suicide and intentional injury rates in the north zone are high.** The high suicide and intentional injury rates are leading to pre-mature deaths, trauma for surviving family and friends. An increase in suicide prevention activities and monitoring of suicide data is needed.
- **Lack of Awareness of Available Programs and Services:** Community members are not always aware of the programs and services available in the community. There is an opportunity to utilize existing resources and tools to establish a directory of A&MH programs and services for communities as a way to improve service navigation and increase awareness of programs and services available in the communities.
- **Inconsistent Program/Service Availability:** There are inconsistencies in program and service availability across zone including variations in access to services after business hours (evenings and weekends).

Opportunities

Opportunities refer to external activities or trends that the North Zone Addiction and Mental Health portfolio may leverage to grow or enhance its performance.

The opportunities considered most important included:

- **Shift to Community Based Care:** Shift from expensive acute care services toward more community based care which corresponds to one of the strategic work streams of the AHS 2013-2016 Health and Business Plan.
Opportunity: Review the A&MH services currently being provided in acute care and look at opportunities to shift these services into the community (i.e. new models for effective community treatment and management, staff mix review, etc.)
- **Cross Sector Approach to Action:** A cross sector mental health and addiction strategy (Creating Connections) has been developed with clear strategic directions, enablers and priorities. Engaging cross-ministry partners enhances the potential to increase capacity, building synergy and reducing redundancy across the strategies and initiatives.
Opportunity: Stay closely aligned and connected to the provincial work to ensure that the North Zone can maximize the impact of the provincial strategy within the zone by leveraging learning and initiatives where possible.
- **Collaborative Partnerships:** Many collaborative partnerships are in place between AHS A&MH services and with community programs and agencies to meet the needs of the patient and families.
Opportunity: Although progress has been made to strengthen these partnerships, the need was expressed to continue to build and enhance the partnerships that exist to avoid duplication and ensure care is accessible and seamless. There are opportunities to enhance partnerships with Corporations/industry, Aboriginal programs, PCN's and family physicians, Churches and tribal councils, Residential facilities and acute care when transferring patients back to the community, Local private mental health professionals, Pharmacists, Housing

support, Services that target sexual minorities, Other provincial ministries, etc. There was another opportunity mentioned for cross training of staff to screen patients across programs and services and basic service navigation (i.e. Public health, EMS, schools, police, social services, etc.). There may be opportunities to look at co-locating services in a central location.

- **Utilizing Technology:** Leverage existing technology available throughout the North Zone to enable more effective services and to improve efficiency of existing services. This includes the expansion of telehealth (treatment and education), online/internet communications (computers, ipads, iphones), and improved use of social media, telephone and texting to communicate with communities, patients and families. The challenge in utilizing existing technologies is ensuring patient confidentiality at all times.
Opportunity: Increase the capacity and use of telehealth and telepsychiatry technology to bring services closer to home for patients as well as to bring education and training opportunities to staff and patients/families. Expand the use of social media, Skype, telephone, texting and the web to deliver health promotion messages, online therapy programs and service navigation tools to patients and families. Use internet technology to establish Communities of Practice for collaboration among service providers across the province and zone.
- **Standard Protocols for A&MH patients in Emergency Department (ED) and Transition from Acute care:** The transition of patients with A&MH concerns from acute care back to the community is challenged with a lack of follow up/continuity of care, medication management and housing supports. The care plan for the patient is not always clear from admission through to discharge and transition back to the community. There can be a lack of communication and knowledge sharing between the psychiatrist, mental health professionals and family physicians, which make the discharge process more challenging. For those patients who present to the Emergency Department (ED) for care, Emergency providers (Staff and physician) have limited A&MH knowledge, which can lead to 1) patients being admitted unnecessarily, 2) repeat presentations to ED, 3) patient undertreated or not treated and 4) gaps in discharge and linking patients to community supports.
Opportunity: Develop a clear protocol and standards for patients presenting with A&MH concerns in ED. Develop a discharge protocol for transition of clients from acute to community that involve the patient's family physician and leverage the patient's natural support system where possible. Improve A&MH competencies of Emergency Departments health providers. This may include ensuring availability of consulting psychiatrist for providers working in the ED.
- **High Aboriginal Population:** The North Zone has an overall Aboriginal population of 15.7%, which varies from 28% in the Northwest to 8% in the Southwest. The North Zone has the highest proportion of Aboriginal population in the province (Calgary 2.7%, Edmonton 5%, Alberta 5.8%) and in Canada (3.8%). The prevalence of addiction and mental illness is higher in Aboriginal populations (high prevalence of mental health illness and addiction problems, suicide rate is 2.5x higher among First Nations (ACICR, 2002), Intentional Self Harm (Suicide) Death Rate is 32.01 per 100,000 (2009) and Aboriginals experience major depression at twice the national average (Saman, 2008).
Opportunity: Partnerships with Aboriginal communities at the local and federal level are especially important in ensuring equitable and culturally sensitive access to addiction and mental health services for the North's Aboriginal people. Strong alignment with the Aboriginal Mental Health Plan currently in development for the North Zone is required.

- **Expanding the Addiction and Mental Health knowledge across all health providers:** Mental Health First Aid is available and is becoming more accessible to providers across the North Zone, however further training and expansion is required.
Opportunity: There is opportunity for North Zone to play a role in encouraging other areas of AHS and other sectors to complete the mental health first aid training (i.e. nurses, teachers, public health, Emergency Department (ED) staff and physicians, police, Persons with Developmental Disability [PDD], family physicians, social workers, Emergency Medical Services (EMS) etc.). This would train professionals across the zone to screen for A&MH issues to increase early identification and intervention leading to improved outcomes for patients and families. In addition, develop a mental health education and support program for family physicians to increase comfort level with treating and managing patients with addiction and mental health issues.
- **Creating Healthy Workplaces:** The booming oil industry has a significant presence in the North zone and there has been an increased demand on those working in this industry. This has led to an increase in workplace mental health and substance use problems.
Opportunity: These challenges, combined with other human resource challenges (e.g. recruitment and retention, shrinking labour force) provide opportunities for North Zone A&MH, unions and corporations to work together to create healthy workplaces and address the addiction and mental health issues through workplace wellness initiatives and partnerships. The workplace is an ideal environment to target a large number of people with mental health promotion and prevention/early intervention initiatives.
- **Increase in Self Managed Care:** As the traditional relationship between health providers and patients continues to evolve, individuals are becoming more actively involved in managing their own health.
Opportunity: There is the opportunity build on and leverage this shift and encourage patients to take more responsibility for their addiction and mental health care. The North Zone has several opportunities to enhance self-managed care through shifts in delivery through the Primary Care Networks and Family Care Clinics.

Threats

Threats are external activities or trends that threaten the current and future success of the North Zone A&MH portfolio.

The threats considered most important included:

- **Large Geographic Area:** The North Zone accounts for about 2/3 of the province in terms of square kilometers (73% of the provincial land mass) and less than 1/5 of the population in Alberta.
Implications: The sparse population over a large geographic area results in excessive travel time for staff and patients/families or inaccessible services in remote communities. Linking with other services through the development of a regional collaborative service model (Hub and spoke) that utilizes telehealth were options provided to reduce cost and travel for staff may be a strategy for the sparsely populated areas.

- **Scientific Advancements:** There are evolving approaches to mental health and addictions treatment, new pharmaceuticals, introduction of sophisticated diagnostics, and genetic based individualized treatment programs.
Implications: These innovations create the need for new skill sets, new resources, and access to advanced laboratory and diagnostic capacity all of which requires time and funds.
- **Shrinking Workforce:** Three factors contributing to a national and global labor shortage affecting the health care industry are the declining birth rate, increasing education requirements and baby boomers starting to retire.
Implications: The shrinking workforce combined with an aging population is creating significant challenges for health care recruitment and these challenges will continue for many years to come. Traditional human resource strategies have focused on increasing the supply of providers through initiatives such as increasing the number of training seats and targeted recruitment. However, these strategies will not be enough to address the workforce shortage requiring innovative workforce initiatives.
- **Economic Context:** As with health care systems around the world, financial pressure is an ongoing challenge for Alberta Health Service, especially in this time of limited and reduced budgets.
Implications: Public resources available to deliver government services, including the health care services provided by AHS are becoming increasingly scarce. Need to find ways to maximize efficiencies and develop innovative business models to deliver addiction and mental health services across the zone.
- **Dependence on government funding:** Funding for A&MH programs and services in the North Zone is not keeping up with needs of the population.
Implications: Wait lists are growing and Emergency Department (ED) visits are increasing. North Zone A&MH needs to assess the real demand for its services, look at a shift in staff mix, review the funding per capita and comparisons across zones, and be prepared to explore other opportunities for generating revenue.
- **Public Expectations:** Public expectations of health services are also rising as a result of improved access to information about health conditions and treatment options.
Implications: Public pressure is increasing to fund new technologies, drugs, and clinical interventions, regardless of evidence of their effectiveness or cost benefit. Although services are planned based on demographics and health needs, it is important to be aware of these broader expectations and demands for services. Public expectations significantly impact our ability to implement changes in current service delivery.
- **Lack of Family Physicians.** The North Zone is experiencing a lack of family physicians to provide early identification, treatment and monitoring of patients in the local community.
Implications: Without access to family physicians' in the community, patients utilize the ED's for primary care services. Partnerships with Primary Care Network's (PCN) and medical affairs to recruit more family physicians to the north and look at opportunities to 1) increase family physician comfort level in diagnosing, treating and monitoring patients with addiction and mental health concerns, 2) communicate the process to access psychiatrists specialist consults for family physicians an 3) create more knowledge sharing opportunities that connects health providers to psychiatric expertise.

□ Other threats mentioned included:

- Single parenting or 2 working parents is high in the north zone.
- Rising housing prices make affordable housing increasingly difficult to find and maintain which is frequently noted as a large barrier to those affected by Addictions and Mental Health concerns.
- Service demand for health services is increasing. Timely access to services and wait times are on both the public and the provincial and federal agendas.

Appendix C: Literature Review

Addiction and Mental Health Literature Review *as it applies to North Zone Programming*

November 2012

(.pdf available as separate file)



AMH Literature
Review.pdf

Appendix D: Addiction & Mental Health: Beds staffed and in operation as of March 31/13 (beds funded by AHS)

Data Element	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Alberta
Addiction Beds	53	274	67	290	126	810
Comm. Mental Health Beds	-	336	31	166	6	539
Stand alone Psychiatric Beds	-	153	330	495	-	978
Acute Care Psych Beds	72	238	50	230	34	624
Total A&MH Beds	125	1,001	478	1,181	166	2,951
Total Population (2012)	295,090	1,461,407	463,529	1,223,192	466,135	3,909,353
Mental Health Inpatient Beds per 100,000	24.4	26.8	82.0	59.3	7.3	41.0

Appendix E: References

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Appendix F: Glossary and Acronyms

Enabler – Critical components for building the organizational capacity and infrastructure required to successfully address the service delivery priorities and achieve the desired results.

Acronyms	
ED	Emergency Department
A&MH	Addiction and Mental Health
AHS	Alberta Health Services
FASD	Fetal Alcohol Spectrum Disorder
PCN	Primary Care Network
FTE	Full Time Equivalent
PDD	Persons with Developmental Disabilities
EMS	Emergency Medical Services