

This measure represents the time it takes to access adult addiction outpatient treatment services, expressed as the number of days that 9 out of 10 clients have attended their first appointment since referral or first contact. The lower the number the better, as it demonstrates people are waiting for a shorter time to receive adult addiction outpatient services.

**Trend Legend:**

Target achieved

Improvement

Stable: ≤3% deterioration between compared quarters

Area requires additional focus



### Addiction Outpatient Treatment Wait Time, Q1 2017-18



### Addiction Outpatient Treatment Wait Time Trend by Zone (90<sup>th</sup> Percentile)

Zone Name	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	Q1 2016-17	Q1 2017-18	Trend	Q1YTD 2017-18	2017-18 Target
<b>Provincial</b>	18	15	13	15	15	15	▲	15	12
<b>Urban</b>									
Calgary Zone	21	9	5	6	1	3	★	3	12
Edmonton Zone	17	14	0	0	0	0	★	0	12
<b>Rural</b>									
South Zone	13	20	21	26	28	21	■	21	12
Central Zone	20	16	14	15	15	14	■	14	12
North Zone	16	16	19	27	22	26	●	26	12

### Addiction Outpatient Treatment Wait Time Trend by Zone (Average)

Zone Name	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	Q1 2016-17	Q1 2017-18	Q1YTD 2017-18
<b>Provincial</b>	7.0	6.5	5.9	7.5	6.7	7.3	7.3
<b>Urban</b>							
Calgary Zone	7.7	7.4	7.9	11.4	9.0	11.7	11.7
Edmonton Zone	6.4	5.1	1.6	1.4	1.3	1.3	1.3
<b>Rural</b>							
South Zone	5.0	7.8	7.9	8.7	9.8	7.5	7.5
Central Zone	7.3	6.2	6.0	6.2	6.0	5.4	5.4
North Zone	7.5	7.3	8.3	11.2	10.6	11.0	11.0

### Understanding Our Results

Results for Q1 do not meet the provincial target of 12 days. However, there is no variation from baseline results for 2016-17. The increase in waiting time can be a result of a few factors including an increase in the complexity and acuity of cases referred, an increase in time required to address the opioid crisis, as well as higher wait times in the rural zones.

**Urban:** The vast majority of clients in both urban settings – Edmonton and Calgary – are walk-ins. The large downtown clinic offers walk-in services but the satellite services (suburban clinics) generally do not offer walk-in services and are scheduled.

**Rural:** Although the overall provincial volume of new enrolments is not increasing, the volume of new enrolments in the rural zones is increasing. Wait times in rural areas can be influenced significantly by service models used to serve populations in rural and remote areas, such as the use of traveling clinics and services that are not operated 5 days a week. Additionally, waiting time will increase with staff vacancies. Although there is a higher turnover rate of staff in remote communities, active recruitment is underway.

### Total Enrollments

	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Provincial
FY 2015-16	1,759	4,617	3,468	5,051	3,529	18,424
FY 2016-17	1,817	4,453	3,547	4,538	3,526	17,881
Q1 2016-17	445	1,146	901	1,179	839	4,510
Q1 2017-18	447	1,139	944	1,111	928	4,569

Source: Addiction System for Information and Service Tracking (ASIST) Data Research View for Treatment Service, Standard Data Product, Clinical Activity Reporting Application (CARA), Geriatric Mental Health Information System (GMHIS), as of November 2, 2017

**Notes:**

- This quarter is a quarter later due to requirements to follow-up with patients after end of reporting quarter.

- Average wait time is also provided to provide further context for the interpretation of the wait time performance measure. Trend and target are not applicable.

**Objective 4: Improve access to community and hospital addiction and mental health services for adults, children and families.**

**WHY THIS IS IMPORTANT**

Timely access to addiction and mental health services is important for reducing demand on healthcare services including the social and economic costs associated with mental illness and substance abuse, as well as reducing the personal harms associated with these illnesses.

**AHS PERFORMANCE MEASURE**

*Wait Time for Addiction Outpatient Treatment* represents the time it takes to access adult addiction outpatient treatment services, expressed as the number of days that 9 out of 10 clients have attended their first appointment since referral or first contact.

**UNDERSTANDING THE MEASURE**

AHS continues to work towards strengthening and transforming our addiction and mental health services. Getting clients the care they need in a timely manner is critical to improving our services. This involves improving access across the continuum of addiction and mental health services and involves recognizing that there are multiple entry points and that these services assist a variety of different populations with different needs and paths to care.

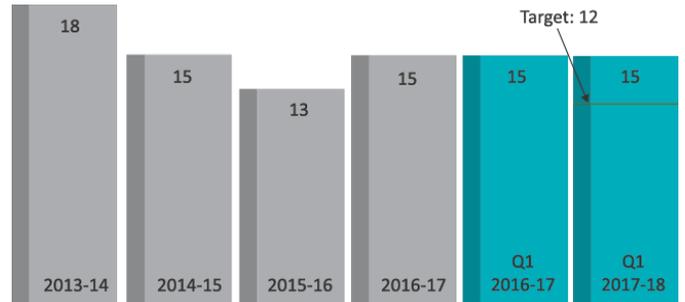
The lower the number the better, as it demonstrates people are waiting for a shorter time to receive adult addiction outpatient services.

**HOW WE ARE DOING**

Provincial results indicate that we have remained stable compared to the same period last year (15 days).

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

*Wait Time for Addiction Outpatient Treatment (in days):*  
 Quarterly Comparison: ▲ Stable: ≤3% deterioration



Source: AHS Addiction and Mental Health

**WHAT WE ARE DOING**

Below are examples of initiatives to improve addiction and mental health services across the province. Some of these are designed to improve access to adult outpatient services, access to scheduled children's mental health, bed-based addiction and mental health services, and activities related to the opioid crisis.

Work is underway to evaluate capacity needs for addiction and mental health beds across the province.

Work is on track to develop the Provincial Mental Health Diversion Standards with two standards developed to date. The Provincial Diversion Working Committee supports prevention and intervention programs within communities to enable access to mental health, social and support services before law enforcement needs to be involved.

AHS is partnering with the Canadian Mental Health Association to develop a peer support network for rural communities. In the Calgary Zone, rural clinics are participating in the Rural Centralized Intake Line. This line provides patients and providers with timely information and access to addiction and mental health resources in their communities.

The Calgary Zone Community Paramedic City Centre Team is improving access to mobile healthcare services. There were 272 patient events related to addiction and mental health in Q2.

## AHS Q2 2017-18 Performance Report

North Zone continues to focus on implementing the Fort McMurray Wellness & Recovery Plan. Key activities in Q2 included establishing a new rotation schedule for the Indigenous Health Travel Team to allow for longer hours of operation in rural communities. In addition, pathways to address complex mental health needs for children and youth were created between AHS and Fort McMurray school districts.

The percentage of children offered scheduled community mental health treatment within 30 days dropped to 70% for Q2 YTD 2017-18 compared to Q2 YTD 2016-17 (76%). AHS continues to address challenges in access to scheduled children mental health services by:

- Providing services to over 65,000 students in 182 schools and 85 communities. Over 3,800 referrals were made to community-based services and over 900 referrals were made to more intensive treatment since September 2016 (Mental Health Capacity Building in Schools initiative).
- Recruiting new child psychiatrists within community clinics to enhance access to specialized psychiatric consultations for children in the Edmonton Zone.
- Continuing planning on the Centralized Intake that will be accessible 24/7 in the Edmonton Zone.
- Establishing a process in the North Zone emergency departments (ED) to review challenges and barriers to accessing children's mental health services in the ED.
- Investigating the use of alternative methods, including Telehealth, to provide children's mental health services in the South Zone.

AHS is working with AH and community partners to address the opioid crisis. This work also supports the *Minister's Opioid Emergency Response Commission*. Q2 highlights include:

- Over 5,900 take home Naloxone kits were dispensed to Albertans in Q2. Since July 2015, nearly 28,000 kits have been dispensed, which includes kits dispensed by the Alberta Community Council on HIV agencies.

- Over 600 overdose reversals (naloxone administered to reverse effects of an opioid overdose) were voluntarily reported in Alberta in Q2. Based on AHS data collected since January 2016, as of September 30, 2017, 2,330 overdose reversals were voluntarily reported in Alberta.
- New Opioid Dependency Treatment (ODT) clinics were operational in Grande Prairie, Centennial Centre, High Prairie, and Bonnyville. The expansion of existing ODT Programs in Fort McMurray, Calgary and Edmonton are underway. These services are also provided in Cardston and through telehealth in Ponoka, Wetaskiwin, Rocky Mountain House, Stettler, Camrose, Wainwright, Sylvan Lake, Olds and Drayton Valley. The Grande Prairie ODT program is co-located in the Northern Addiction Centre that also provides detoxification and residential addiction services.
- AHS has scheduled collaborative meetings with health leaders from Piikani Nation, Kainai Nation, and First Nations Inuit Health Branch to address the opioid crisis within Indigenous communities and urban settings.
- Primary care physicians can consult with an opioid dependence specialist on-call for advice regarding prescribing drugs, as well as treating patients with existing opioid dependency. This consultation service was launched in Q2 and is operated by RAAPID (Referral, Access, Advice, Placement, Information & Destination). Callers receive a follow-up call from a physician working at the Edmonton or Calgary Opioid Dependency Program clinics.
- The Rural Opioid Dependency Program, operating out of Centennial Centre, began expanding to new communities in May 2017 and now has 71 clients enrolled in the program within 11 communities.
- Work is underway to develop a pan-Strategic Clinical Network pathway (opioid dependency treatment, acute pain management, and chronic non-cancer pain management). Clinical care pathways outline a sequence of activities for specific diagnosis groups or patient populations to maximize quality of care, efficient use of resources and improve transitions of care.

Additional initiatives related to addiction prevention can be found under Objective 8.