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Fourth Session

Standing Committee on Public Accounts

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Fourth Session

Standing Committee on Public Accounts

Cyr, Scott J., Bonnyville-Cold Lake (UCP), Chair
Dach, Lorne, Edmonton-McClung (NDP), Deputy Chair

Barnes, Drew, Cypress-Medicine Hat (UCP)
Carson, Jonathon, Edmonton-Meadowlark (NDP)
Clark, Greg, Calgary-Elbow (AP)
Gotfried, Richard, Calgary-Fish Creek (UCP)
Hunter, Grant R., Cardston-Taber-Warner (UCP)
Kleinsteuber, Jamie, Calgary-Northern Hills (NDP)*
Littlewood, Jessica, Fort Saskatchewan-Vegreville (NDP)
Luff, Robyn, Calgary-East (Ind)
Malkinson, Hon. Brian, Calgary-Currie (NDP)
Miller, Barb, Red Deer-South (NDP)
Nielsen, Christian E., Edmonton-Decore (NDP)
Panda, Prasad, Calgary-Foothills (UCP)
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* substitution for Jessica Littlewood
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Also in Attendance

Swann, Dr. David, Calgary-Mountain View (AL)
Yao, Tany, Fort McMurray-Wood Buffalo (UCP)

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Standing Committee on Public Accounts

Participants

Ministry of Health
- John Cabral, Assistant Deputy Minister, Health Service Delivery
- Chris S. Nickerson, Chief of Staff, Office of the Deputy Minister
- Milton Sussman, Deputy Minister
- Andre Tremblay, Associate Deputy Minister

Alberta Health Services
- Nicholas Mitchell, Provincial Medical Director, Addictions and Mental Health
- Verna Yiu, President and Chief Executive Officer

8:30 a.m. Tuesday, November 20, 2018

[Mr. Cyr in the chair]

The Chair: Good morning, everyone. I would like to call this meeting of Public Accounts to order and welcome everyone in attendance today.

My name is Scott Cyr. I'm the MLA for Bonnyville-Cold Lake, and I am chair of the committee. I would ask the members, staff, and guests at the table to introduce themselves for the record, starting to my right.

Mr. Dach: Good morning. Lorne Dach, MLA, Edmonton-McClung, deputy chair.

Mr. Yao: Tany Yao, Fort McMurray-Wood Buffalo.

Mr. Barnes: Drew Barnes, Cypress-Medicine Hat.

Mr. Hunter: Grant Hunter, MLA, Cardston-Taber-Warner.

Mr. Panda: Good morning. Prasad Panda, Calgary-Foothills.

Ms Luff: Robyn Luff, MLA for Calgary-East.

Mr. Clark: Good morning. Greg Clark, MLA, Calgary-Elbow.

Dr. Swann: Good morning and welcome. David Swann, Calgary-Mountain View.

Mr. Cabral: Good morning. John Cabral, assistant deputy minister, health service delivery, Alberta Health.

Mr. Nickerson: Good morning. Chris Nickerson, chief of staff, deputy minister's office.

Mr. Tremblay: Good morning. Andre Tremblay, associate deputy minister, Health.

Mr. Sussman: Milton Sussman, Deputy Minister of Health.

Dr. Yiu: Good morning. Verna Yiu, president and CEO of Alberta Health Services.

Dr. Mitchell: Good morning. Nick Mitchell. I'm the provincial medical director for addictions and mental health with Alberta Health Services.

Mr. Wylie: Good morning. Doug Wylie, Auditor General.

Mr. Leonty: Eric Leonty, Assistant Auditor General.

Ms Renaud: Marie Renaud, St. Albert.

Dr. Turner: Bob Turner, Edmonton-Whitemud.

Mr. Carson: Good morning. Jon Carson, MLA for Edmonton-Meadowlark.

Mr. Kleinsteuber: Good morning. Jamie Kleinsteuber, MLA for Calgary-Northern Hills.

Ms Miller: Good morning. Barb Miller, MLA, Red Deer-South.

Ms Payne: Good morning. Brandy Payne, MLA for Calgary-Acadia.

Mr. Nielsen: Good morning, everyone. Chris Nielsen, MLA for Edmonton-Decore.

Dr. Massolin: Good morning. Philip Massolin, manager of research and committee services.

Mrs. Sawchuk: Good morning. Karen Sawchuk, committee clerk.

The Chair: Thank you.

We have Mr. Gotfried, who is teleconferencing into this meeting. Would you introduce yourself for the record, sir?

Mr. Gotfried: Certainly. Richard Gotfried, MLA, Calgary-Fish Creek.

The Chair: Thank you, Mr. Gotfried.

I have two substitutions: Ms Payne for the hon. Mr. Malkinson and Mr. Kleinsteuber for Mrs. Littlewood.

I have a few housekeeping items to address as well. Please note that the microphones are operated by *Hansard*. Please set your cellphones and other devices to silent for the duration of the meeting. Committee proceedings are being streamed live on the Internet and broadcast on Alberta Assembly TV. The audio- and video stream, the transcript of the meetings can be accessed via the Legislative Assembly website.

Let's move on to the approval of the agenda. Are there any changes or additions to the agenda?

Seeing none, would a member like to move that the agenda for the November 20, 2018, meeting of the Standing Committee on Public Accounts be approved as distributed? Mr. Clark. Any discussion on the motion? All in favour? Any opposed? On the phone? Thank you. The motion is carried.

Do any members have any amendments to the November 6, 2018, minutes?

If not, would a member like to move that the minutes for the November 6, 2018, meeting of the Standing Committee on Public Accounts be approved as distributed? Mr. Panda. Any discussion on the motion? All in favour? Any opposed? On the phones? Thank you. That motion is carried.

I would like to welcome our guests, who are here on behalf of the Ministry of Health and from Alberta Health Services to address the matter of mental health and addiction supports. Members should have the research report prepared by research services, the Auditor General briefing document as well as the status of the Auditor General recommendations document completed and submitted by the ministry and by Alberta Health Services.

The committee welcomes opening remarks not exceeding 10 minutes. Mr. Sussman, would you take the lead in this respect?

Mr. Sussman: Thank you and good morning. I'm happy to be here to share the work my department is doing to improve the addictions and mental health system in Alberta. With me at the table are Dr. Verna Yiu, president and CEO of AHS; associate deputy minister Andre Tremblay; John Cabral, the assistant deputy minister of health service delivery; Dr. Nick Mitchell, the senior medical director for addictions and mental health and the senior medical director for the addictions and mental health strategic clinical network; and Chris Nickerson, my chief of staff.

I'd like to start by thanking the office of the Auditor General for its work to improve Alberta's health system. My department takes the issues raised by the Auditor General very seriously, and addressing them has driven our work these past years. This includes the audit recommendations to establish an action plan to improve addictions and mental health services and better reporting on implementation progress.

For decades mental health has not received the attention or support it needs in our society. In recent years, I'm pleased to say, this has been changing. Stigma around mental health is slowly

disappearing, and many more Albertans are now seeking the mental health support they need. That's excellent, but this, in turn, really does increase the demand for mental health supports and services. We need to ensure our system is effective and efficient so that we can meet the growing demand. We can achieve this with a shared vision and a commitment to ensure these crucial services are integrated into every area of the health system and are connected and co-ordinated with other sectors and community service providers. To that end, we are making progress. The Valuing Mental Health: Next Steps plan is guiding our work. It is helping all of the stakeholders involved to focus mental health and support services on the areas where the improvements are most needed, specifically improving how services are connected and co-ordinated between hospitals, community clinics, private counselling services, schools, postsecondary institutions, and other sectors.

There are currently over 150 initiatives under way, driving substantial progress under each of the 18 actions in Valuing Mental Health: Next Steps. Our efforts are really focused on four key areas: better co-ordination of services so Albertans can get the support that they need, a stronger role for primary health care, more focus on early support and prevention, and making sure government has the right legislation and regulations in place to ensure safe, quality care. In all four areas a tremendous amount of progress has been made, from connecting people to information to help prevent illness to linking primary care to specialists to better respond to the opioid crisis.

A few tangible examples help show the progress being made. Alberta Health invested $1.4 million to expand the Calgary Urban Project Society's shared care mental health team. This initiative eliminated wait-lists for low-income and homeless Calgarians seeking primary and mental health services. Funding has also gone to the Native Friendship Centres to hire four navigators to connect people with life-saving treatment, harm reduction, and culturally sensitive wraparound services. The government has expanded school-based mental health resources with an additional $5 million in funding for the mental health capacity building initiative. This extra funding will mean over 100,000 students will be able to access counselling and the other services they need.

These initiatives are making it easier for people to navigate the health system and connect to the supports they need, actions with tangible results and better outcomes for Albertans.

Verna will now speak in more detail about some of the accomplishments to come out of this collaborative work.

Thank you.

Dr. Yiu: Thank you for inviting us here today, and I'd like to thank the office of the Auditor General also for his work over the years to help improve patient care efficiency in our health care system. AHS and its previous health authorities have implemented more than 83 per cent of the OAG recommendations to improve the health system. We are continuing our work with partners, stakeholders, and all Albertans to create a health care system that supports the mental health needs of Albertans. Our work is aligned with the goals and direction of the government of Alberta and the Ministry of Health and the priorities of Valuing Mental Health, which are directed to improving services and care for Albertans needing addictions and mental health care.

8:40

We are committed to making investments and improvements in this area and are taking action on the recommendations from the Auditor General's July 2015 report. These recommendations call for improved communication between care teams, enhanced access to mental health resources for those in crisis, and a better way to manage the demand for community supports. AHS has made good progress in making those changes. The Netcare system, for example, has expanded so that all care providers can include information about mental health visits. That means that both AHS and non-AHS community providers have a better picture of a person's overall well-being. Those systems will evolve further with the integration of connect care, our clinical information system, ensuring that patient information systems are integrated and seamless with other areas of the health care system. The first wave of implementation of connect care will start next year.

The Auditor General also called for improved mental health resources in hospital emergency departments. We've responded and are currently implementing the supports available, particularly in the rural areas and emergency departments, for children and youth, making sure that those who come to the emergency departments with a mental health issue are getting the care they need.

We're also growing capacity outside of the hospital system. In '17-18 AHS added addiction and mental health spaces in the community, and we now have a total of 3,815 spaces to support placement for vulnerable Albertans. This increased capacity has helped reduce wait times for those needing treatment. In the past five years the wait for adults seeking outpatient addiction treatment has gone down from 18 days to 13 days. The wait for a child in crisis is less than a day for a PCHAD bed.

In April 2017 we opened Access Open Minds in Edmonton, providing youth and young adults with walk-in addiction and mental health services. We also worked hard to increase services in remote and rural communities. Community teams brought mobile mental health services to 918 families in rural and remote areas last year, which is an increase from 218 the year before.

We've also increased mental health supports through telehealth, and the number of clients receiving care has grown by 42 per cent in the past three years.

Construction is under way to implement a new 24/7 addiction and mental health urgent care centre on a designated health site, including centralized intake for adult clients in the Edmonton zone.

We're working with foundation partners to create world-class centres of excellence for child and adolescent mental health in Calgary and in Edmonton. Over the past year we've increased our attention on improving lives and reducing harmful effects of substance use, including expanding programming to reduce harm associated with addiction. We now have a dedicated harm-reduction team responsible for the program that has seen more than 100,000 naloxone kits handed out in Alberta. They're now available at more than 1,700 sites across the province, and more than 5,800 lives have been saved. We're also providing access to treatment and increasing public awareness and education about substance abuse.

Our primary care physicians and nurses are helping Albertans with problematic opioid use and can now consult with an on-call specialist for advice on treatment and prescription alternatives.

We're taking action in the south zone, collaborating to improve and expand access to counselling, harm reduction, supervised consumption, and medication-assisted treatment for opioid dependency and other drugs.

The Calgary zone community paramedic program created the city centre team mobile paramedic program, who are providing better access to health services for people living with homelessness.

We have new opioid-dependency treatment clinics in Grande Prairie, High Prairie, Bonnyville, Sherwood Park, and Edmonton.

With the use of technology we're connecting with mental health patients virtually to provide consultation, case-review treatment counselling, and other supportive care.

Through the Centennial Centre for Mental Health and Brain Injury we're providing access to opioid dependency treatment to more than 65 communities across rural and suburban Alberta as a telehealth service.

We've made a lot of progress, but we know that our work isn't done here. We continue to build off this good momentum.

Thank you for your attention.

The Chair: Thank you very much, and thank you for the centre in Bonnyville. I know that my constituents very much appreciate that.

I would now like to call on the Auditor General for his remarks.

Mr. Wylie: Thank you, Chair. I'd like to thank the deputy and the CEO for their comments regarding our work. I'm very pleased to hear that progress is being made on our recommendations, so thank you.

I will take a couple of minutes to highlight and describe our July 2015 report on mental health services. In doing so, I'll identify the key messages included in that report. I want to do that, Chair, in committee because that is a report before you today, and I think it's important that you understand the high-level context and key messages coming out of that report.

The report includes the results of a follow-up audit and follow-up audit work we originally completed in 2008. Our work in 2008 comprised two components. First was an examination of systems to monitor and report on the results achieved in relation to the government's 2004 provincial mental health plan. This plan was subsequently replaced with a new provincial strategy in 2011. The second component of our audit examined systems used to deliver services across the province. Our focus was on in-patient and community-based care for adults.

Our report has four key messages. First, the ministry needed an action plan to implement its original and replacement strategies for mental health and addiction services. At the time of our audit work detailed analyses and monitoring of results against an action plan was not occurring. As a result, we were not able to determine the progress made by the ministry in implementing government strategies.

Secondly, there was disjointed care planning and delivery among health care providers and programs. Health care providers were treating patients in isolation, at times not knowing what services the patient was receiving from other providers. Between the various publicly funded providers of mental health and addiction services, there wasn't an integrated case management system. The audit also identified gaps in services. For example, emergency departments did not have access to patient information in the community mental health systems, and many rural emergency departments did not have access to mental health support services.

The third key message is that there was limited sharing of clinical information among service providers. Mental health information systems were incompatible and did not support integrated care delivery. This also resulted in inconsistent data capture and a lack of standard data definitions, which hampered the ability to monitor and benchmark performance.

The fourth key message is that there was a lack of co-ordination in front-line delivery of housing support services. The report points out that in many parts of the province patients, their families, and individual care providers were required to navigate the system on their own to find the right housing placement.

Chair, over the years we have devoted significant resources to audits in the health sector. In our July 2015 audit on mental health services we applied learnings from our audit of chronic disease management. We've framed our findings within the model described in our September 2014 report on that chronic disease management. The key message of that report was the need for focus on patient-centred care, care organized around the needs of patients rather than around the structure of the system. The importance of patient-centred care was also a key message in our Better Healthcare for Albertans report, which was released in 2017.

I'll close by reminding the committee that our report was completed over three years ago. I was pleased to see in the meeting briefing material that management has asserted to this committee that our recommendations will be fully implemented by July 2019. As you heard the deputy and the CEO indicate, much progress has been made.

I really look forward to the discussion today, Chair. Thank you.

The Chair: Thank you, sir.

The committee will follow a revised time-allotment format for questions. The first rotation provides nine minutes for each of the members of the Official Opposition and for the government members, followed by four and a half minutes for the third-party member. The second rotation will be nine minutes for the members of the Official Opposition and for the government members, four and a half minutes for the third-party member, and three minutes for the independent committee member. The third rotation provides five minutes each for the members of the Official Opposition and the government members.

Time permitting, following these rotations, we will hear from any independent, FCP, Liberal, or PC members in attendance wishing to participate. If none are in attendance, this time will rotate equally amongst the Official Opposition, government members, and third-party members, with the final few minutes designated for any outstanding questions to be read into the record and to consider any other business items.

We ask that officials at the table as well as those seated in the gallery provide their name before responding to questions. This is for the benefit of members who may be participating via teleconference, for those listening online, and for the *Hansard* recording.

I will now open the floor to questions from members. Mr. Yao.

8:50

Mr. Yao: Thank you very much. Thank you all for being here today. In this latest report on addictions and mental health support as well as in Better Healthcare for Albertans the theme is the same, and that is that it's about accountability and the lack thereof. In Better Healthcare for Albertans they talk about how things have not fundamentally changed in regard to organization, how things are overseen, how things are funded. We see scattered throughout discussions on poor links between funding and results. They didn't even talk about the five-year plan on mental health, that was prescribed a few years ago, and how our health services aren't following it. Can you tell us: do you have a plan, and are you following it? And why aren't you following the original plan that you had? Clarity on plans, I guess, would be nice.

Dr. Yiu: Well, maybe I'll speak to the Alberta Health Services accountability to the ministry and government. I think that, if anything, we actually are more aligned now than when I first joined Alberta Health Services back in 2012. I have an accountability letter that I received from the deputy, the minister has an accountability letter that is sent to the board chair, and obviously I'm accountable to the board of Alberta Health Services.

Within that accountability are clear deliverables. We are accountable for 13 performance measures. Our budget has also been placed into what we call envelope funding so that we actually have been given clear direction around different buckets of funding.

We are also given clear direction about percentages of spend, either above or under, that we must be held accountable on when we report quarterly to the deputy minister. So, from the perspective of accountability, I actually think that we have a lot of accountability, not just to government but also to Albertans.

We also have our quarterly reports, that we submit to the deputy, as well as an annual report, that we release publicly. We follow a three-year health and business plan, which was approved by the Minister of Health, and our health and business plan is from 2017 to 2020. It has four foundational strategies, of which one is actually patient-first and patient- and family-centred care. That's a very important aspect of our plan.

Mr. Tremblay: Andre Tremblay. We also, as a department, are required to develop and implement a business plan, an annual report, and an annual budget every year. Within that are specific strategies around addictions and mental health. As with any department in the government of Alberta, once we've identified those strategies and what those performance measures and indicators are related to strategies, we're accountable to deliver on those.

Mr. Yao: Alberta Health Services runs off a three-year business plan, and currently Alberta Health is running off an annual plan in dealing with these crises. So let's talk about the accountability: $233 million was pledged for addiction and mental health services. The report stated that "the funding will be used to expand access to community-based services for children and youth," yet in the 2017-2018 AHS annual report "the percentage of children offered scheduled community mental health treatment within 30 days dropped to 74 per cent . . . compared to 81 per cent." So fewer people are receiving or even being offered scheduled treatment within 30 days. Who is accountable for that? Are you?

Dr. Yiu: Well, maybe I'll try to address some of the issue, and maybe I'll pass it back to the ministry. But you're absolutely right, MLA Yao, that we are very concerned about the children's wait times as it relates to their access to services. There has just been a very, very significant growth over the past five years. We've actually seen an increase of 43 per cent of people who would actually need scheduled health clinic appointments. It is definitely by demand, and I think, before I pass it over to Dr. Mitchell, I just want to say that doing the same old same old, where we try to put Band-Aid strategies into how we deal with addiction and mental health demand, won't work.

Really, it requires the need to be further upstream and to really be working with our partners, with other ministries, with schools to really look at what it is we need to actually do to help children. One of the big strategies that has worked in multiple jurisdictions is about building resiliency in children.

With that, I'll pass it over to Nick so he can answer in a bit more detail.

Dr. Mitchell: Thank you, Dr. Yiu. We have a number of initiatives going on across the province to address service access and wait times for children and youth. Many of these are collaborative in nature; for example, working with local, regional collaborative service delivery and mental health capacity building bodies to try to increase access for prevention promotion and early identification services to children and youth.

We expanded our reach of telehealth to try to address wait times and access in rural and remote areas, where we may not have on-the-ground services, particularly after hours.

We've augmented mental health liaisons in the communities to try to support primary care networks and our community mental health services for bridging and navigation for individuals as they enter the system, to get them to the correct place. We see this demand increasing, and, as Dr. Yiu indicated, continuing to do things the same way will not meet the needs, so we're looking at innovative and novel solutions.

Mr. Yao: You mentioned your 13 measures that you use. Can I ask you: how come you don't put in wait times? Whether it's surgical, whether it's emergency wait times, whether it's access to mental health, why aren't any of those measures in there?

Dr. Yiu: Yeah. We spend a lot of time actually working with the ministry on sort of measures. You know, one of the things that we need to make sure that we deliver when it comes to measures is, actually, first of all, having good data that we can get access to across the province. Data is not always of high quality. That's the first thing. The second thing is to make sure that the data is actually meaningful. There are a lot of things that we can pull out, but at the end of the day, if it doesn't really impact on outcomes, does it really matter?

So we've actually divided our measures based on our health and business plan, which is basically based on what we call the quadruple aim, which is really about improving patient outcomes. It's about improving patient experience. It's about providing support for our people, because if you don't support our people, they can't provide the care. Then the fourth bucket is, really, around financial sustainability and being a sustainable program. Our measures are actually attributed to sort of those four categories. They're fairly high level.

We try to do a national benchmarking with our measures. Again, we're limited because CIHI, which is the Canadian Institute for Health Information, as an example, only has certain measures that they report on. We try to align with them so that we can actually have something that's comparable on a national basis. Understand that those are the high-level measures, but obviously under each of those high-level measures are lower measures that actually contribute to the performance of the higher measures.

So we've got a lot of measures, actually, within our system, and we're just trying to find meaningful ones that would actually reflect how we're doing as a system.

Mr. Yao: Wait times, I think, are meaningful.

This report, overall, is about – this meeting we have today is about addiction and mental health support. Can you explain to me who the model is that you guys prefer to use? Is it Vancouver? Is that your preferential jurisdiction that you guys want to imitate and hope to replicate?

Dr. Yiu: Is that from an opioid perspective?

Mr. Yao: Yeah, just opioids, addictions. Really, it's all compounding. Those extended surgical wait times also impact a lot of it, right? There are a lot of people who are on opioid addictions right now that are waiting over a year now for knee surgeries. Thirteen months, is that right?

Dr. Yiu: Maybe I'll just do fairly high level, and then I'll pass it over to Nick, who's really our expert when it comes to the addictions/mental health piece. I do have to say that when I go – I recently was in Saskatchewan, as an example, and also in Ontario giving some talks. I just have to say that Alberta is actually seen as the place to be when it comes to health care. In fact, I would say that people outside of Alberta are trying to emulate Alberta more than we are trying to emulate others. Now, that's not to say that we're not learning from others. Recently we invited the chief

medical officer from Scotland because we believe that there are some lessons from Scotland NHS that actually could apply to us in Alberta. But, absolutely, we're trying to learn from every jurisdiction.

Maybe I'll pass it over to Nick to sort of hone in on the addictions/mental health piece.

Dr. Mitchell: Sure. Thank you. When it comes to a model of care, I don't think that there is one specific one that we're pointing to. We look around for what best practices are and where we can learn and where we can integrate things into our health system, recognizing the unique challenges that are presented in Alberta. For example, we know . . .

The Chair: Sorry, sir. We're out of time on that one. If you wouldn't mind responding in writing with your answer, we'd appreciate it.

Ms Payne.

Ms Payne: Thank you. First, I guess I would start by saying, you know, thank you to each of you for making the time to come today as well as for the work that you do day in and day out. Having had the honour of working with many of you, I know how important this is to you and how seriously you take it.

Our government has made it clear that mental health supports and substance abuse treatment are a priority. In fact, one of the first actions that our Premier took was to create the Mental Health Review Committee, which, of course, led to the Valuing Mental Health report. Now, I think that one piece that's important to note is that that committee was formed in response to the Auditor General report in 2015, which found that the previous Conservative government failed to implement the previous plan to measure progress and track outcomes. In fact, past mental health reviews from the former government were completed in 2004 and 2011, and the Auditor General audits since then have highlighted the need for system change, integration and planning, and sharing information.

9:00

Now, system change is not easy. It takes time. I was wondering if the members present could talk a little bit about how the Valuing Mental Health: Next Steps implementation is coming along, what work is under way, and what you folks are doing to make sure that this time the work gets done.

Mr. Tremblay: I think in the last two years we've made some significant steps around two or three areas. Number one is creating a situation where health care providers that are focusing on addictions and mental health are actually providing stronger co-ordination between government and community agencies.

Navigation within the system has been identified as one of the key areas of focus for the valuing mental health strategy, so we have over 150 different groups that have come together, that are meeting on a regular basis, that are identifying gaps within our service delivery at a community level and at a health care facility level to identify what those gaps are and plug those gaps, which directly impacts the drawing down of wait times. After the release of the Valuing Mental Health report the department has also established an implementation structure across government and with AHS. This structure includes accountability to 11 different deputy ministers across government and, as I mentioned, over 150 stakeholders.

The government and its partners have created a child and youth mental health website. There are three new social detoxification beds within Calgary that have been established, additional funding for detox within Lethbridge, Red Deer, and Medicine Hat, and a series of grant funds for First Nations and Métis communities with respect to opioid addiction action plans. Performance measures have been identified as well with those over 150 partners to ensure that when we are co-ordinating service delivery, it's done in a way in which patients see a seamless transition between when they're originally diagnosed and when they're receiving treatment on the ground. There are also an additional 18 actions that have been directed towards extending service within Alberta and providing that important capacity within the metro areas and rural Alberta so individuals can access those supports.

Dr. Mitchell: Just on behalf of Alberta Health Services we've taken the opportunity of the Valuing Mental Health report to take direction to augment specific services. One example of that would be our opening of the Access Open Minds clinic in Edmonton, which provides early access and care co-ordination and navigation for children and youth.

We're also working across the province with communities to develop local service hubs and local models of care integration. Bonnyville is actually one of the examples that we like to point to, where we engage with the grassroots organizations to both identify what their needs are and what their resources are because oftentimes, well, they vary across the province, as you all know.

A third one I'd like to highlight is that we've taken this opportunity to really lead in harm reduction and change the way that we approach substance use and addictions within Alberta Health Services, to meet people where they're at, to be able to provide them with service that will help them on the path to recovery as opposed to requiring them to be abstinent before they enter into our services.

Ms Payne: Thank you, Mr. Chair. I'll turn the rest of my time over to Member Turner.

Dr. Turner: Thanks, and thank you to the ministry, AHS, and others. I was quite pleased to hear about the improvements that you're making in harm reduction, and I can attest to some of the improvements here in Edmonton. I think it's safe to say that Edmonton is actually leading the country in access to harm reduction services, including the country's only in-hospital harm reduction program. I've also been to Lethbridge and seen their programs, and I'm really impressed with that. I don't think it's a conflict of interest, but I actually have a naloxone kit in my car in case I were to need it. I haven't had to use it yet, thankfully.

I wanted to ask some questions about indigenous health as well as rural health. Rural Albertans have a unique challenge when it comes to accessing addictions and mental health supports. Working and living conditions in rural or remote areas differ from those in urban areas, and Albertans living in rural areas are at increased risk of various mental health issues, including suicide. What strategies are being developed to ensure that Albertans across the province have equal access to addictions and mental health supports?

Mr. Sussman: Alberta Health is working to address the health disparities and improve health services for indigenous Albertans by working with other ministries and partners, including the province's regional indigenous organizations, Alberta Health Services, the Department of Indigenous Services Canada, and other partners. Alberta Health has supported the health priorities that are identified through the Treaty 8 protocol agreement, the Blackfoot Confederacy protocol agreement, the Métis Nation of Alberta framework agreement, and the Metis Settlements General Council long-term governance and funding arrangements.

Examples of the work that's been done with the department's partners to improve indigenous health are establishing an indigenous integration committee to help guide and co-ordinate

actions, working with the Métis Nation of Alberta and the Metis Settlements General Council to develop health status information to identify community health needs and future planning, and engaging with Alberta's regional indigenous organizations through the protocol tables to address health priorities and improve health outcomes.

Under action (14) of Valuing Mental Health: Next Steps, Alberta Health is partnering with ministries and indigenous partners to pursue options to leverage AHS's telephone and other virtual or mobile platforms to provide services to underserviced Albertans in rural and remote communities with limited local clinical supports, especially indigenous communities, so that they can easily get the help when they need it. AHS has increased mental health telehealth services in each of the last three years, serving 7,830 clients in 2014 and 11,179 in 2016.

The Chair: Thank you, sir.

Mr. Clark.

Mr. Clark: Thank you, Mr. Chair, and thank you to Dr. Yiu and Mr. Sussman and all of you for being here. I'd like to start with the responses you gave to questions earlier and your earlier statements about performance measures. You've talked fairly extensively about that, but when I look at the ministry business plan from Budget 2018, there's one or, perhaps if we're stretching it, two performance measures related to mental health of all the performance measures in the extensive Ministry of Health. I'd just like to ask you: the two measures that we see in the business plan, one being the percentage of mental health patients with unplanned readmissions within 30 days of leaving hospital and the other being emergency visits due to substance use, are those the only two performance measures that you track as it relates to mental health?

Mr. Tremblay: We track other performance measures that aren't published within the business plan and the annual report. We can provide information on some of those at a later date. As you can imagine, there are all kinds of different ways that you can assess population health outcomes from a mental health perspective, but we are very selective in terms of what we put in our business plan.

Mr. Clark: I see that. Are these the two most important performance measures?

Mr. Tremblay: I think all performance measures have a level of importance within health care.

Mr. Clark: So why are these in the business plan and the others are not?

9:10

Mr. Sussman: As we've been working through Valuing Mental Health: Next Steps, we have been engaging with all of the partner organizations with Alberta Health Services to develop other reporting mechanisms. We are working with them. We're compiling the information. I think those will inform future business plans on what different measures we start to track.

Mr. Clark: So am I to take that as a commitment, then, that in future Ministry of Health business plans, that are published for all Albertans to see, we can expect to see both an increased number as well as a more targeted set of performance indicators?

Mr. Sussman: We'll have to work through what we can put in the business plan, but certainly we will have more robust reporting requirements that we will be making public related to addictions and mental health.

Mr. Clark: So, Mr. Tremblay, in response to my earlier question you said that you track a number of performance indicators that are not public. Can you give us some examples of what those are?

Mr. Tremblay: Sure. This is just a sampling of some of the performance measures that we do track: dispensation rate of antidepressant and antianxiety medications, emergency department data, hospital separation, mortality by cause of death, self-perceived mental health indications as well, presentation to ED for first identification of a mental health issue . . .

Mr. Clark: Thank you, sir. Can I ask you to please table a full list of those performance measures as well as . . .

Mr. Tremblay: I've already offered to do that, and I certainly can.

Mr. Clark: . . . results over time against those performance measures? Not just the measures themselves, but also results, please. Thank you.

When I look at the structure, I've got some questions about who's actually in charge. On page 8 of Valuing Mental Health you've got a nice table here that says that the executive steering committee reports through an advisory committee and a number of secretariats, but the annual report on page 19 says that Alberta Health leads, not the executive steering committee reporting to the Minister of Health, and you've also got this advisory committee. Can you tell me who ultimately is accountable for implementing Valuing Mental Health: Next Steps?

Mr. Sussman: Ultimately, the Department of Health is accountable for implementing the Valuing Mental Health: Next Steps report. I chair an executive steering committee with the deputies of other departments, and we have a large advisory committee of stakeholders that also . . .

The Chair: Thank you, sir.

Would you like that responded to in writing?

Mr. Clark: Sure, if there's a possibility to respond in writing. Thank you.

The Chair: Okay. Mr. Hunter.

Mr. Hunter: Thank you, Mr. Chair. I'd like to just maybe follow up on a question that my colleague just asked. When will the robust business plan with extended performance measures be published?

Mr. Sussman: Can you clarify? Are you talking about the report?

Mr. Hunter: You just said that in future the business plan will be more robust, so I'm just wondering when that's going to be presented.

Mr. Sussman: I believe what I indicated was that we would be looking at the information that we're pulling together that would inform future business plans but that we would also be providing additional information that we would be reporting publicly. It might be distinct from the business plan. We've committed to doing that. We're working through the timing.

Mr. Hunter: Do you have a timeline for that?

Mr. Sussman: Well, we're looking to work through with the committee members about what the appropriate measures are. We're hoping to do that quite soon.

Mr. Hunter: So you don't have a timeline?

Mr. Tremblay: I want to ask a question of clarification if I may. Are you talking about our annual business plan, which has mental health information in it, or are you talking about reporting specifically on the valuing mental health strategy, or are you talking about both?

Mr. Hunter: The first.

Mr. Tremblay: Our business planning cycle occurs in parallel and the timing is the same as the delivery of the budget.

Mr. Hunter: So you're going to have that by the next budget, then? Is that what you're saying?

Mr. Tremblay: We're going through all of these performance indicators, and we're in the process of completing the business plan, as with any other department. You know, we'll see what happens in terms of making adjustments to that business plan this year, and if not this year, then next year.

Mr. Hunter: Okay. You're going to table that, but can you give me the number of performance measures that you were about to read out? Just the number.

Mr. Tremblay: There are about a dozen higher level performance measures that I just started to list off. There would be submeasures within that, but in tabling this information, we can provide a number of how many performance measures we are working through. Whether they all are reflected in the business plan at the end: probably not.

Mr. Hunter: Why not?

Mr. Tremblay: Because mental health is one aspect of a broader business plan that reflects a cross-section of the entire health system, and there are some limitations with the number of performance measures that we can put in a business plan. But that doesn't mean that we aren't measuring those on the ground in terms of our progress on supporting mental health clients and patients in Alberta.

Mr. Hunter: The problem, Mr. Tremblay, is that if you don't put them in the business plan, how are we as the people who are responsible . . .

The Chair: Mr. Hunter, can you please go through the chair, sir?

Mr. Hunter: Sorry. Through the chair.

The Chair: Thank you, sir.

Mr. Tremblay: I think . . .

Mr. Hunter: Just a moment. Just let me finish the question. Sorry.

Mr. Tremblay: Of course. Yeah.

Mr. Hunter: How are we, as the people who are supposed to have oversight of this, supposed to know how to be able to measure this?

Mr. Tremblay: I think that's a legitimate question. I think there are two elements to evaluating whether we're moving the ball on mental health in Alberta. I see kind of two elements to this, and there are probably other ones. But I think, to get to your point, there is what we articulate in our business plan, which is absolutely correct. It's the document that departments use to identify whether they're making progress. We also have a valuing mental health strategy, so there's obligation by government to report on the progress made with that document and that strategy as well. That's something that we've identified that we'll need to report on in the future, and there's a responsibility for our department to do that.

The third element is what AHS is doing with regard to service delivery. They also have performance metrics that they use to assess the program delivery and service delivery aspects of mental health services in the province. So although the business plan is extremely important, there are other elements that we'll be required to report on as we make progress on the valuing mental health strategy and the services related to that strategy within AHS.

Mr. Hunter: Okay. Through the chair, the reason why I ask that question is because we've had three plans now, so far, over a decade, and we have not seen the implementation of any of those plans. So we're in a situation now as legislators where we have to ask: what have we done wrong, and what can we do better? Having just those two metrics in the business plan maybe is a low bar to set. I don't know. Maybe you're just saying: well, at least if we can do just two things, then we can see some movement on this. But I really do believe that in order for us to be able to say, you know, "Can we fix this?" we have to have all those measurables in there. That's the only reason why I asked that question.

Mr. Tremblay: Fair point.

Mr. Hunter: Thank you.

According to page 29 of the 2017-18 Health annual report, since the implementation of the valuing mental health strategy this government has been unable to lower the percentage of mental health patients with unplanned readmissions within 30 days of leaving the hospital. Why is this strategy not hitting your targets, and what steps are you taking to meet your next targets?

Dr. Mitchell: This is Nick Mitchell. You know, as a physician I never want to see my patients come back to the hospital after we've discharged them. Within Alberta Health Services we're looking at a number of different initiatives to link individuals to community supports because oftentimes readmissions will happen when individuals who leave the hospital can't get adequate follow-up or else the follow-up isn't timely. Now, that being said, sometimes things deteriorate, and they come back anyway, and we understand that. We have a number of different initiatives looking at trying to link people to community services and better care navigation that we're hoping will address this. In Edmonton and in Calgary we've looked at centralized co-ordination of our addictions and mental health services so that it makes a single point of contact to get everyone into all of our clinics.

9:20

We've worked on increasing the communication between our community mental health clinics and our hospitals because oftentimes when individuals are hospitalized for a mental health concern, they are hospitalized outside of the community they come from; hence, their follow-up will occur outside of the community they come from. So we are looking at ways of addressing this to try to increase community supports for individuals, particularly after they leave the hospital.

Mr. Hunter: And what have you come up with?

Dr. Mitchell: Well, as I say, we have . . .

Mr. Hunter: You said that you're looking for ways.

Dr. Mitchell: . . . the points of access. We also have implemented a policy within Alberta Health Services, that after admission individuals have follow-up within seven days, oftentimes that's by phone if they're outside of the community they were admitted in, to try to address if there are any immediate concerns that have happened after discharge so those can be addressed more proactively. Those are two examples.

Mr. Hunter: Okay. I want to actually make sure that I don't say just the negative. I want to talk about the positive. I think that telehealth is a fantastic idea. I'm glad that you guys are using that.

What about the use of nurse practitioners in terms of being able to create a model that's more robust?

Dr. Mitchell: Sorry. Nick Mitchell. I'm a little excited about this one.

I think that's a fantastic way to go, nurse practitioners, and expanding their scope of practice is something that we have done. One specific example is around the prescribing and management of opioid agonist therapy and management of people with opioid dependence. We have increased the number of nurse practitioners and the scope of nurse practitioners working within Alberta Health Services to try to meet that need. They are more cost-effective than physicians, and they can often help us in places where we don't have physicians.

Mr. Hunter: What have you increased it from, and to what?

Dr. Mitchell: I don't know if I have the actual numbers.

Dr. Yiu: Maybe what we can do is get the numbers for you.

Mr. Hunter: I'd appreciate that. That would be fantastic.

The government committed to establishing performance measure frameworks to track the results of the Valuing Mental Health report recommendations. We've still not seen this information. On page 15 of the 2017-18 Health . . .

The Chair: Thank you, Mr. Hunter. You can finish that maybe on your next rotation, sir.

Dr. Turner.

Dr. Turner: Thank you. Indigenous communities are dealing with the intergenerational trauma of colonialism and the residential school system as well as climate change. These communities are, unfortunately, disproportionately impacted by the opioid crisis. Culturally appropriate mental health care means acknowledging and understanding the factors that influence and continue to impact the well-being of these peoples. How is the government working with FNMI communities to meet the health care needs of their members?

Mr. Sussman: Sussman. Alberta Health is working to address the health disparities and improve the health services. As I mentioned earlier, we've been working with different regional indigenous organizations, Alberta Health Services, the Department of Indigenous Services Canada, and other partners. What we've really focused on is working with the priorities that have been identified by indigenous communities themselves through the Treaty 8 protocol agreement, the Blackfoot Confederacy protocol agreement, the Métis Nation of Alberta framework agreement, and the Metis Settlements General Council long-term governance and funding agreement.

We've been working with those committees. We've established an integration committee to help guide and co-ordinate actions under the valuing mental health plan. We've worked with the Métis Nation and the Metis Settlements General Council to develop health status information so that we could identify what those community health needs are. We're trying to work with those tables to identify what their priorities are, and then working with them to address them.

Dr. Yiu: Verna Yiu here. Maybe I'll just add a bit as well as Dr. Mitchell. You know, we've actually spent a lot of time over the past two years to really focus on our relationships and build trust with indigenous communities. Recently we signed a memorandum of understanding with Enoch Cree Nation, which we're really, really proud of, along with Alberta Health and FNIHB. It's basically an understanding about how we actually will work together to improve the health outcomes of those within the Enoch nation.

We've been invited out to Saddle Lake, also, about six months ago, and there has been a lot of very, very good work. Again, they've raised addiction mental health issues as one of their priorities, so we're trying to embed the AHS resources to help them develop some deliverables.

Within the organization we've mandated indigenous cultural competency training for all staff. This is a really important step for us because we think that in order for us to really embark on the truth and reconciliation journey, we need to first build awareness. So we're very, very proud of the fact that we've actually been spreading truth and reconciliation across the organization.

Specific to mental health: I'll pass that on to Dr. Mitchell.

Dr. Mitchell: Thank you. This is Nick Mitchell. Within addiction mental health we do have a focus on our First Nations and indigenous populations. The indigenous health program has two indigenous primary care clinics, one in Edmonton and one in Calgary, which include culturally appropriate AMH support services. We have honouring life, the aboriginal youth and community empowerment strategy enhancement, which is working to, again upstream, address some of the issues around colonization, intergenerational trauma to try to work out more of a preventative and promotional focus with our First Nations communities. We do work very closely with our population, public, and indigenous health group to build relationships with the individual nations and communities to see what their local needs are.

Dr. Turner: Thank you.

I'll pass it on to MLA Renaud.

Ms Renaud: Thank you. I'll sort of change gears a little bit. I think this question will be for Dr. Mitchell. Every day first responders are working on the front lines helping people through some of the most traumatic events of their lives. I mean, you just have to look at the news every night, and you can just see the impact it must take on our first responders just by being there. We've seen multiple stories recently: firefighters, paramedics. I know I've heard stories from our firefighters and paramedics in St. Albert who know someone who died by suicide. Can you tell us what you are doing to support first responders with PTSD and maybe describe the framework that has been put in place to monitor or evaluate the work that you're doing?

Dr. Yiu: Verna Yiu here. Maybe I'll just start, and I'll pass the hard questions to Dr. Mitchell.

We actually have a mental health task force and a psychological health and safety advisory committee in place for EMS. We absolutely understand that many of them actually have PTSD. It's a very, very difficult job that they do, and every single day multiple providers, I'm sure, are actually traumatized by what they encounter. So we've actually rolled out a mental readiness program

that's called the road to mental readiness. We actually brought this best practice program from the Department of National Defence. It's a resiliency program that's been used across the country, and not just for EMS. Actually, they've extended it to police programs and to other first responders. It's a very, very good program, and 100 per cent of our EMS staff actually have gone through this course. This was something that was mandated to us through the occupational health and safety program. We're very proud of the fact that we've actually been able to roll this out, and there's actually ongoing training, so it's not just a one-time thing.

We also have a suicide prevention course for EMS supervisors and team members, also peer support, which is actually a very strong program to provide peer supports to our EMS first responders.

Dr. Mitchell: Yeah. I just had another specific example. We see communities where this has been an issue, and there are often local initiatives that rise up. One example of that is Rocky Mountain House, where the local hospital actually took it upon themselves to enhance mental health supports to their own staff when they recognized a high degree of burnout. This is a problem for individuals in the health care system, and we recognize it, and we're trying to address it.

Ms Renaud: Thank you.

When a person is struggling with a mental health issue, certainly, we all know that it's not just the individual who is impacted. Supporting a loved one who is struggling is difficult. I know that in our constituency office we hear fairly regularly, unfortunately, about the toll that it takes on families. Parents and caregivers have let us know about the stigma, isolation, and desperation that they experience when their loved one's mental health spirals downwards. Can you tell me a little bit about the types of mental health supports provided to families, parents, caregivers affected by mental illness? Also, like my previous question, if you could address how you're evaluating progress and success.

9:30

Mr. Tremblay: Our department recognizes the important role of family and caregivers in terms of managing difficult circumstances around addictions and mental health. There was just over $530,000 from budget 2016-17 that was provided to the Canadian Mental Health Commission for mental health first aid training, which is being offered across the province free of charge. The MHFA is an evidence-based course which supports participants in responding to mental health crises, to mental health issues, and to addictions challenges. The training has been delivered to over 1,100 Albertans. Forty sessions were booked in fall 2018, so they're under way right now. Many of these participants are family members that are supporting individuals with addictions challenges and mental health challenges.

Maybe I'll turn it over to Verna to talk a bit about it from an AHS perspective.

Dr. Yiu: Yeah. Just to say that we absolutely understand the burden of caregivers. In fact, caregivers provide a huge source of health care to Albertans. We're very, very cognizant of that, and we also understand issues around caregiver burnout. It's a big problem. We work collaboratively with the Alberta Caregivers Association to provide tools and supports for families.

The Chair: Thank you for that.

Mr. Clark.

Mr. Clark: Thank you, Mr. Chair. I'd like to focus my questions on child mental health. In Valuing Mental Health, recommendation number 6 is "improve mental health and educational outcomes for children and youth" by enhancing school-based addiction and mental health programs, and number 17 is about increasing awareness for teachers, administrators, students in school and postsecondary. My questions for you are: what specific actions have been taken? I know you've mentioned this DMs' panel, and that's important. What I'm really interested in is: what does that look like on the ground? What specific actions and what outcomes are we seeing specifically within the education system?

Dr. Yiu: Maybe I'll start. As we said, we can't keep doing the same old same old when it comes to trying to work with children on addictions and mental health issues. We know that 70 per cent of addiction and mental health issues actually start during childhood, so it's very, very important to actually work upstream.

We've been working on something called the mental health capacity building program. We're really, really proud of this program. This is a program that we've now expanded, I think, to over 97 communities, over 100,000 children, and about 350 schools, expanding it as we go along. Essentially what it is is about building resiliency in children. It's providing tools and supports to actually help children deal with some of the stressors that they undergo, but it's also about providing tools and support for the families. This is another issue around the previous question that was on caregivers. This is a program we know works because this is based on best practices, and there have been many other jurisdictions that have built these types of resiliency programs for school-aged children. What we do know is that it does impact how they deal with their own struggles as they become adults. This is ultimately, I would say, the long-term goal that will have an impact on outcomes for adults who have addiction and mental health issues.

Mr. Clark: Yeah. Can I just ask: how widely deployed is that program currently?

Dr. Yiu: Yeah. It's about 350 schools so far – but there are many educational sessions beyond that – and 97 communities. We recently received another grant from Alberta Health to expand that to another 15 sites. We're actually going to be targeting the additional schools in some of the indigenous communities and the vulnerable population. We're actually quite excited about that work.

Mr. Clark: Are there particular challenges? I mean, Health is the largest ministry. Education is the second-largest ministry. Are there specific challenges in working within and between ministries in terms of accountabilities, funding? I imagine Community and Social Services may play a role there, perhaps Justice, so we're kind of talking about, like, 80 per cent of government here. Are there specific challenges there? Are there barriers that need to be broken down that are constraining this work?

Mr. Sussman: The executive steering committee that I mentioned earlier is really structured to address some of the barriers. I think there has been a propensity to fund different initiatives in different ministries, and we were finding that there was some duplication there and there was a lack of co-ordination in the Valuing Mental Health, in the creation of the next steps. That steering committee: one of the steps that the steering committee initiated was developing an inventory of all of the funding that has been provided to different organizations by different departments. We've just completed that inventory. Now the departments are working

together to develop a plan to really co-ordinate funding between ministries and to co-ordinate direction between ministries.

Mr. Clark: Can I ask just in my last few seconds here how you measure that progress? I know you've said that you've created this inventory. If you can table the measures that you use, the outcomes, and specifically if you can table that inventory of funding that you've said you've just created, I'd be very, very interested in seeing what that is and also what changes have been made as a result.

Mr. Sussman: The inventory has just been completed, but we can provide you information on that.

Mr. Clark: Thank you.

The Chair: Thank you.
Member Luff.

Ms Luff: Thank you, Mr. Chair. Thanks, everybody, for being here. I definitely am going to come at, I think, probably a similar question, but I'm going to try and come at it from a slightly different way. I certainly understand that you are all committed to implementing the Valuing Mental Health: Next Steps, but it is clear through work of the Auditor General over the course of the last, you know, 10 or 15 years that implementation of mental health plans has not come through necessarily.

In the Better Healthcare for Albertans report that the Auditor General did, they did note that "health services have . . . been influenced by isolated controversies, election cycles, and lobbying for local interests." I guess I'm curious if you're concerned that the potential of political change and leadership change poses any risks to the implementation of the valuing next steps plan. And then if you don't feel that that's a risk, what are perhaps some other risks that you've identified to implementing the Valuing Mental Health plan?

Mr. Sussman: I think that at this point the co-ordination going on between ministries and the close co-ordination that is going on between Alberta Health and Alberta Health Services are the best way to ensure that the work continues. Mental health is going to be a priority for Albertans. It is now, and it will be going forward, so I'm quite confident that if we can continue the work that we're doing across ministries and with AHS, we will continue to see progress.

We're always assessing the risks that come up with implementing any kind of large policy, but part of that is really developing the mitigation strategies to address those risks, to ensure that we're continuing to make progress. I think the robust governance structure, the fact that we have a large advisory committee that is actively engaged in moving this initiative forward, again, will help ensure that we are able to mitigate those risks.

Ms Luff: Are there any particular risks that you have identified that you're concerned about?

Mr. Tremblay: You know, just to pick up on the deputy's comment, I think the difference with this implementation has been engaging the broad group of stakeholders, service providers, and individual organizations delivering services on the ground. As I mentioned, there are about 150 or actually almost 200 of those organizations that we've engaged in this structure. The risk is not engaging them, because if we don't engage that broader stakeholder community, which is an extension of the service delivery model, then that's where lack of co-ordination and less than optimal service may result.

The Chair: Thank you, sir.
Mr. Barnes.

Mr. Barnes: Thank you, Mr. Chair. Thanks to everyone for being here today. On page 19 of the 2017 Health annual report it states that the "government established the Minister's Opioid Emergency Response Commission," which is supposed to "provide recommendations" for the opioid crisis. Could I ask Alberta Health Services to undertake in writing to provide which recommendations have been followed and a brief description of the results? Thank you, Dr. Yiu.

Unfortunately, it appears that the situation in regard to addiction is getting worse, not better. I want to reference something that Lethbridge police chief Rob Davis said in response to a CBC report. That report was called 'It's an Epidemic': Inexpensive Crystal Meth Eclipsing Opioids on the Prairies. The report states that opioids are being replaced by cheaper drugs, predominantly methamphetamines, and I'm wondering: does Alberta Health Services, does Alberta Health have any intention, any strategy for addressing these shifts from opioids to other dangerous substances?

9:40

Dr. Mitchell: Thank you. It is a challenge that we see, drug trends evolving, so we have a number of community-oriented education initiatives, stop the harm or drugsafe.ca, which provide information to Albertans. The challenge is always staying ahead of what the next new thing is. I've been a practising psychiatrist for eight years, and when I started, we didn't see crystal meth. Now, on any given day I bet you that half the people I see in the emergency department come in with crystal meth induced psychosis. It is a real problem that as things change and evolve, we have to always be adapting our strategies.

Regarding crystal meth specifically, it's a different beast than opioids. When people use crystal meth, they become acutely psychotic often, which is very different from an opioid overdose. It's very highly addictive, so people who use it once often find that they can't stop using it. But it's associated with the same sorts of social determinants of health. Our thought is that we can't address substance use as a rotating crisis with a different drug every time. We have to look at what those underlying social determinants of health are, those preventive, promotion steps that we need to take to address the underlying issues as opposed to responding to the crisis.

Mr. Barnes: Thank you, doctor. I appreciate that.

I want to switch gears a bit to information technology systems. One of the outstanding Auditor General recommendations was to improve information management in mental health and addictions. My colleague talked about how three different plans have been formulated and changed and not implemented. I know through other parts of Alberta Health Services that even though a billion dollars has been spent, our information technology isn't comparative to other jurisdictions. The Auditor General has provided a note. Can you provide an update on what has been done to do with family physicians in Alberta Health Services not having access to each other's health information systems, which could lead to them separately implementing their own treatment plans for the same patient? Ineffectiveness, redundancy, extra costs: where are we at with information technology systems, and how can we help mental health?

Mr. Sussman: I'll start off, and then I'll turn it over to AHS. AHS's provincial clinical information system, CIS, will provide a platform that will allow AHS to create a single electronic health record for every Albertan, ensuring that all AHS health providers have access to and contribute to the same information. And Verna will talk a little bit more about that.

Alberta Netcare gives health care providers access to provincial electronic health record information to enable better decision-making at the point of care and most efficient integrations in the future. In future, Alberta Netcare will create a consolidated view of patient information collected from Alberta Health Services, the community, and, where relevant, secondary-use repositories.

Mr. Barnes: Thank you, sir. What percentage of Albertans have access to Netcare? And you said "in the future." How far in the future?

Mr. Tremblay: Connect care is orientated towards the clinician. I think what you're asking for is what aspects of that that are most relevant to individual Albertans around their personal health information.

Mr. Barnes: Yes.

Mr. Tremblay: When is that going to be available? Is that what you're suggesting?

Mr. Barnes: Yes. Could you provide that in writing?

Mr. Tremblay: Yeah.

The Chair: Mr. Carson.

Mr. Carson: Thank you very much, and thank you, all, for joining us today. It's been a very informative committee meeting, so I appreciate that. Mental health crises don't always happen between 9 to 5, but emergency rooms are not always equipped to help people experiencing a mental health emergency after hours. Of course, timing can be critical with mental health and substance use issues. I'm just wondering what you are doing to address wait times for people experiencing mental health issues or in need of addictions supports.

Dr. Yiu: Verna Yiu here. I'm going to pass this very shortly to Dr. Mitchell. We've actually spent quite a lot of time developing resources and standardizing some of the approaches to mental health for emergency departments. I'll let Dr. Mitchell answer the specific pieces.

Dr. Mitchell: Sure. In the last number of years we've standardized the way that we do suicide mental health assessments in our emergency departments to try to make sure that regardless of where an Albertan presents, they'll be assessed in a consistent fashion. We're also enhancing our telehealth offerings to try to provide specialized service consultation where it's not currently available. One particular example we have is a 24-hour opiate dependency access line. Any physician in Alberta who is managing an individual who's opioid dependent can call and speak to a specialist, get advice on prescribing and treatment services. Those are a few specific examples.

Mr. Carson: Thank you.

Now, over the last three years I've had the opportunity to meet with many people within retirement residences, and one of the biggest concerns for the staff and the people retired in these communities is that as you age, social isolation becomes an issue, which has consequences in terms of mental health. Seniors are feeling that sometimes they're overlooked when they're getting checkups. So I'm just wondering what you're doing to ensure that they are getting the supports they need.

Mr. Sussman: Milton Sussman. An example of the supports for seniors is the mental health first aid for seniors training. There are over a thousand people who've signed up for these training sessions across Alberta, and many of those are in rural and smaller urban communities.

We're also training front-line workers, family caregivers, and others on how to identify and respond to emerging mental health issues amongst seniors. It's really trying to assist communities to help seniors who are struggling.

Outside of addictions and mental health, our department has also released a dementia strategy. Many of the actions identified in that strategy have been initiated and will be started shortly through government funding to community partners. In addition, our government is increasing funding for home care and community care as well as long-term and specialized dementia sites.

Dr. Mitchell: Within Alberta Health Services we have our strategic clinical network, that is focusing on seniors and seniors' health. They have been very involved in the development and implementation of the dementia strategy. We recognize that isolation is a risk factor not just for mental health, but it's actually an independent risk factor for morbidity and mortality, for death, in seniors. So it's something that as we're addressing dementia, it's embedded in some of those workflows and how we're addressing the other quality of life impacting conditions which are occurring in long-term care and continuing care.

Mr. Carson: Thank you.

Another issue that comes through my office a lot, whether it's this ministry or any other ministry, is that navigating the system is extremely complicated. So in terms of the health care system I'm just wondering what you are doing to address the complexity and make it easier for people to navigate when they're looking for mental health supports.

Dr. Mitchell: Nick Mitchell again. Within each of our zones we have specific initiatives oriented at simplifying access. In Calgary they have taken all their mental health services and co-ordinated them into a single point of access. That similarly is happening in Edmonton. Edmonton is opening their 24/7 access clinic, which has been announced. These access points: we collaborate extensively with community partners. We recognize that mental health services don't occur within the walls of AHS, Alberta Health Services, exclusively, so we also include information on those other community resources that would be useful to individuals.

Mr. Carson: Thank you.

The Chair: Thank you, sir.

Dr. Swann, you have two minutes, sir.

9:50

Dr. Swann: Thanks very much. I'll be brief. Thank you very much for what I'm hearing today and some signs of progress, if reactive and somewhat ad hoc, as I see it, without clear leadership, in this mental health implementation committee. I'll maybe read these into the record, and you could respond in writing because I only have two minutes. It's not clear the role that Alberta Health is playing versus Alberta Health Services in that committee. Who makes the

final decision on some of the changes with respect to measurement of performance? How are you measuring progress in collaboration?

I see that others have access to Netcare. Who has access to Netcare, and how do they get approval for access to Netcare so they can all share information on a patient?

How are you measuring outcomes? What's the quality of the care that we're actually giving, and can we show any sign that we're actually improving the outcome for these people? Is it compared to best practices? Are we getting similar outcomes? It's very difficult, obviously, to measure outcomes in addictions and mental health, but we need to start reporting on how well we're getting outcomes.

Finally, what's the incidence of mental health and addictions in this province? Is it increasing? It is decreasing? Which kinds of challenges are happening most, and how could we at the end of the day, at the end of the decade maybe be able to say: we're getting into more trouble, or we're getting into less trouble, and these seem to be the root causes? Are we addressing some of the root causes?

Of course, the news today: we're spending more than any other province in the country on health care. Why is that? I'm sure we're looking at those issues. Challenges, for sure.

The Chair: Thank you, sir.

Before I call on the members to read any outstanding questions into the record, I wish to address a matter that arose in the November 6 meeting respecting questions read into the record. It is the practice at the end of each meeting of the Public Accounts Committee to permit members to read into the record questions which they were not able to address on the record due to time restrictions with a request for a written response. Two of the questions from the November 6 committee meeting were in effect requests for documents related to actions between the Balancing Pool and the government of Alberta. It should be noted that a request for documents or records may only be made by the committee, not at the request of an individual member. It is not my expectation that the ministry or agency representatives who attended the November 6 meeting would provide the documents that were requested.

Mr. Panda.

Mr. Panda: Thank you, Chair. Can you give me an update on the over 100 activities within the valuing mental health plan that were started and are currently under way as well as the performance measures that were promised?

The Chair: Ms Payne.

Ms Payne: Thank you. Mental health and substance use patients often move between service providers to address their needs, and it is important that they have the relevant health information about their patients to ensure that they're providing appropriate care. The Auditor General recommended that information management in mental health and substance use be improved. What is the status update on this?

Mr. Clark: Any information related to the inventory of funding for education on mental health related to Valuing Mental Health recommendations 6 and 17, and any action plans and measures of progress relating to those same recommendations, please.

The Chair: Okay.

Ms Luff.

Ms Luff: Yeah. Page 22 of the annual general report states that there were "$50 million in grants to [develop increased] community-based delivery of addiction and mental health services." I would like some examples of where that money went and what the criteria and process were for applying for those grants.

The Chair: Thank you for that.

I'd like to thank the department and AHS officials who attended today and responded to the members' questions. We ask that the responses to the outstanding questions from today's meeting be provided in writing and forwarded to the committee clerk within 30 days.

Are there any other items for other business?

If not, moving on, the committee meets again tomorrow evening, November 21, with the office of the Auditor General respecting its November 2018 report. The committee meeting is scheduled from 6:30 p.m. to 7:15 p.m.

Would a member move that the meeting be adjourned? Mr. Hunter. All in favour? Any opposed? On the phone? Carried.

[The committee adjourned at 9:55 a.m.]

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