



Creating Connections: Alberta's Addiction and Mental Health **ACTION PLAN**
2011–2016



Alberta Health
Services

Government
of Alberta ■

Introduction

Alberta Health and Wellness (AHW) and Alberta Health Services (AHS), supported by 16 ministries, have developed *Creating Connections: Alberta's Addiction and Mental Health Strategy (Strategy)* and *Creating Connections: Alberta's Addiction and Mental Health Action Plan 2011- 2016 (Plan)*. The *Plan* will improve access to and coordination of services and reduce the overall burden of addiction, mental health problems and mental illness affecting many Albertans.

The Strategy establishes five strategic directions, each with specific priorities, key results to be achieved, and supporting initiatives.

1. **Build healthy and resilient communities**
2. **Foster the development of healthy children, youth and families**
3. **Enhance community-based services, capacity and support**
4. **Address complex needs**
5. **Enhance assurance**

In addition, seven key enablers are identified as being critical to building the organizational capacity and infrastructure required to successfully address the strategic directions and priorities and to achieve the desired key results. Enablers, by definition, encompass a set of activities that apply to all of the strategic directions.

1. **Policy direction and alignment**
2. **Individuals with lived experience and family engagement**
3. **Funding and compensation frameworks**

4. **Workforce development**
5. **Research, evaluation and knowledge translation and use**
6. **Leverage technology and information sharing**
7. **Cultural safety, awareness and competency**

The *Plan* is organized as follows:

- I. **The Strategic Directions and Enablers.**
- II. **Key Results, Performance Measures and Targets:** The performance measures will evolve over time as the data collection and evaluation systems are developed and refined. It is acknowledged that key results (outcome measures) are not achievable at the outset. The focus initially will be on getting the systems operational and collecting baseline data.
- III. **Initiatives:** Specific initiatives and associated sub-tasks define the scope of activities required to achieve the desired key results.

IV. Action Roles, Responsibilities and

Accountabilities: The respective roles of AHW, AHS, and other ministries and agencies are identified. Note that it is implicit in the *Plan* that other ministries, non-government organizations (NGOs), service providers and individuals with lived experience will be actively engaged in planning and implementation.

- V. **Action Schedule:** The initiatives are prioritized and scheduled. Emphasis is placed on the first three years of the plan. The schedule will be reviewed and updated annually to ensure it is aligned with the business planning and budget approval processes of AHW, AHS, and ministry partners. An evaluation will take place in the fifth year of the plan (2015-2016).
- VI. **Other Action Considerations:** This section identifies some areas that require alignment with ongoing work of the Government of Alberta (GoA).

Note: When GoA is identified in an action, it means those GoA ministries most directly involved with that action.

1.0 Build Healthy and Resilient Communities

1.1 Promotion and Prevention

Create environments where Albertans live, learn, work and play to build protective factors for mental well-being, resiliency and health, and to reduce risk factors that contribute to addiction, mental health problems and mental illness.

KEY RESULTS

- ▶ More Albertans will experience an enhanced or greater sense of mental well-being.
- ▶ The percentage of Albertans living with mental illness will be reduced.
- ▶ The percentage of Albertans living with an addiction will be reduced.
- ▶ Stigma will decrease, and the public's acceptance and understanding of people with addiction, mental health problems and mental illness will increase.

PERFORMANCE MEASURES AND TARGETS

Potential measures – data not currently collected:

- ▶ number of zones and cities that have integrated screening for addiction and mental health issues in perinatal visits;
- ▶ number of zones and cities that have integrated screening for mental health issues in early childhood programs; and
- ▶ number of school boards that have included addiction and mental health in their curriculum for Grades 1-9.



HIGH PRIORITY INITIATIVES	Primary Action	Supportive Action
<p>1. Early childhood, maternal and family health: Enhance/develop programs and services that promote early childhood, maternal and family health.</p> <p>1.1 Prenatal and at-birth screening for all children and mothers, including those “at-risk.” Q1/2011-12 to Q4/2012-13.</p> <p>1.2 Home visitation programs and services for “at-risk” families. Q1/2011-12 and ongoing.</p> <p>1.3 Community resources for parents. Q1/2012-13 to Q4/2012-13.</p>	<p>‣ Alberta Health Services (AHS)</p>	<p>‣ Alberta Health and Wellness (AHW)</p> <p>‣ Alberta Children and Youth Services (ACYS)</p> <p>‣ Alberta Education (AE)</p> <p>‣ Alberta Justice and Attorney General (AJAG) - Safe Communities – Gang Strategy</p>
<p>2. Build capacity and resiliency in “at-risk” populations:</p> <p>2.1 Create and strengthen outreach promotion and prevention services for “at-risk” and under-served populations. Q2/2011-12 and ongoing.</p> <p>2.2 Identify gaps in outreach promotion and prevention services for rural and remote areas. Q2/2011-12 to Q3/2012-13.</p>	<p>‣ AHS</p> <p>‣ AJAG – Safe Com</p>	<p>‣ AHW</p> <p>‣ AE</p> <p>‣ Alberta Housing and Urban Affairs (AHUA)</p> <p>‣ ACYS</p> <p>‣ Alberta Seniors and Community Supports (ASCS)</p> <p>‣ Non-government organizations (NGOs)</p>
<p>3. Healthy and resilient schools: Support programs to promote wellness and mental well-being in the school environment, building capacity for healthy and resilient children.</p> <p>3.1 Align and advance evidence-informed models for health promoting school approaches. Q2/2011-12 and ongoing.</p> <p>3.2 Enhanced dedicated policies and resources for wellness promotion. Q2/2011-12 and ongoing.</p>	<p>‣ AHS</p> <p>‣ AE</p>	<p>‣ AHW</p> <p>‣ ACYS</p> <p>‣ NGOs</p>

HIGH PRIORITY INITIATIVE TIMELINE

1. Early childhood, maternal and family health

- 1.1 Prenatal and at-birth screening
- 1.2 Home visitation services for “at-risk” families
- 1.3 Community resources for parents

2. Build capacity and resiliency in “at-risk” populations

- 2.1 Outreach promotion and prevention services for “at-risk” and underserved populations
- 2.2 Identify gaps in outreach promotion and prevention services for rural and remote areas

3. Healthy and resilient schools

- 3.1 Evidence-informed models for health-promoting school approaches
- 3.2 Enhanced dedicated policies and resources for wellness promotion

Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
➤ AHS	✓	✓	✓	✓	✓	✓	✓	✓								
➤ AHS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
➤ AHS					✓	✓	✓	✓								
➤ AHS/Safe Com		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
➤ AHS/Safe Com		✓	✓	✓	✓	✓	✓									
➤ AHS/AE		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
➤ AHS/AE		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: In the action schedules, Q1 – Q4 refers to the first to fourth quarters of the government’s fiscal year which begins April 1 and ends March 31 of the following year. The areas marked with “✓” represent the quarters in which actions will be implemented.

OTHER PLANNING CONSIDERATIONS

- Early Childhood Mapping Project (AE)
- Raising Children Website (AE)
- Triple P Parenting Program (ACYS)
- Early Childhood Cross-Ministry Initiative (ACYS)
- Parent Link Centres (ACYS)
- Children’s Mental Health Action Plan (AHW/AHS)
- Positive Futures Framework (AHW/AHS)
- Action on Inclusion (AE)
- Early Childhood Screening (AHW)
- Perinatal Health Strategy (AHW/AHS)
- Interdepartmental Committee on Family Violence and Bullying (ACYS)
- Alberta Gang Crime Reduction Strategy (AJAG)
- FASD Cross Ministry Committee (ACYS/AHW)
- Alberta Tobacco Reduction Strategy (AHW/AHS)
- Alberta Alcohol Strategy (AHW/AGLC/AHS)
- Alberta Safer Bars Council (AGLC)
- Alberta Mentoring Partnership (ACYS/AE)
- A Call to Action: Alberta Suicide Prevention Strategy (AHS)
- Active Alberta Policy of Alberta Tourism, Parks and Recreation (ATPR)

1.2 Primary Health Care

Improve the capacity of and access to quality addiction and mental health services within the primary health care environment.

KEY RESULTS

- All Albertans will have access to a quality primary health care system that provides addiction and mental health services and has effective links to other tiers/components of care within the health system, as well as with community supports throughout the province.
- Patients/clients and those defined as family will be active partners in addressing their addiction and mental health care needs and improving their mental well-being, i.e., primary health care will help people make changes in their lifestyle and living environments — a more holistic approach.
- Access to addiction and mental health care in the primary health care setting will be supported by partners such as nutritionists, pharmacists and school staff, and delivered by primary health care providers, including physicians, other professionals and, in some cases, peer support groups.
- Addiction and mental health services will be provided within each primary care network (PCN) depending on the needs of the target community and at the appropriate level within the primary health care environment.

- Addiction and mental health services will be provided by knowledgeable primary health care providers.
- A greater percentage of addiction and mental health patients will have an ongoing relationship with primary health care providers, including but not limited to, physicians, nurse practitioners, psychologists, home care nurses, psychiatric nurses, pharmacists, social workers and community care workers.
- Primary health care services will be delivered in a culturally appropriate, safe and sensitive manner (e.g., First Nations, Métis and Inuit community liaison workers).

PERFORMANCE MEASURES AND TARGETS

Potential measures – data not currently collected:

- number of individuals per 1,000 population who access addiction and mental health services through primary health care in rural areas;
- number of addiction and mental health staff (funded by AHS) working within PCNs;

- PCN stakeholder ratings of satisfaction regarding access to addiction and mental health services – survey would need to be developed, distributed and coordinated;
- PCN stakeholder satisfaction with access to specialist services – survey would need to be developed, distributed and coordinated;
- Wait time: percentage of people seen within X number of days for specialized addiction and mental health services – this measure would have to be implemented and measured once services are specified; and
- Stakeholder satisfaction with access to psychiatric consultations and other specialized addiction and mental health services - survey would have to be developed, distributed and coordinated.

HIGH PRIORITY INITIATIVES

1. Improve access to quality addiction and mental health services within the primary health care environment for populations such as seniors, First Nations, Métis and Inuit, and people living in remote areas.

- 1.1 Design and create a number of integrated addiction and mental health options/models within the existing provincial primary health care framework. Q3/2011 -12 and ongoing.
- 1.2 Support primary health care providers with the resources and tools needed to enhance addiction and mental health competency. Q2/2012-13 to Q4/2013 -14.
- 1.3 Explore the use of other types of providers within the primary health care environment. Q1/2012 -13 to Q1/2014 -15.
- 1.4 Develop and implement provincial utilization of care pathways and practice guidelines for addiction and mental health care within the primary health care setting. Q1/2011-12 and ongoing.
- 1.5 Develop and implement the use of screening tools for primary care physicians and clinicians to assess individuals suspected of having and/or identified with addiction and mental health concerns, and implement reciprocal referral and access protocols between primary care physicians and specialized addiction and mental health services. Q3/2011-12 to Q3/2012-13.
- 1.6 Enhance and expand the infrastructure and use of technology, including Telehealth, for consultation and support. Q4/2011-12 to Q4/2012 -2013.

Primary Action

- AHS
- AHW

Supportive Action

- AHUA
- ASCS
- Aboriginal Relations (AR)
- Solicitor General and Public Security (SGPS)
- Safe Communities (Safe Com)
- AE
- Alberta Infrastructure (AI)
- Primary care physicians
- NGOs
- Peer support

2. Improve access to alternate levels of care, including psychiatric consultations and other specialized addiction and mental health services.

- 2.1. Set access standards to care (i.e., amount of time between x and y for emergent, urgent and scheduled visits). Q1/2011-12 to Q2/2013 -14.
- 2.2. Support practice redesign and process improvement within primary health care and specialist services. Q1/2011-12 and ongoing.
- 2.3. Identify addiction and mental health population that is currently not being served, and develop and implement support services and protocols to improve access to primary health care. Q4/2012-13 and ongoing.

- AHS
- AHW

HIGH PRIORITY INITIATIVE TIMELINE

1. Improve access to addiction and mental health services within primary health care

	Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1.1 Integrated options/models within provincial primary health care framework	➤ AHS/AHW			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1.2 Enhance addiction and mental health competency development for primary health care providers	➤ AHS/AHW						✓	✓	✓	✓	✓	✓	✓				
1.3 Explore the use of other types of providers within the primary health care environment	➤ AHS/AHW					✓	✓	✓	✓	✓	✓	✓	✓	✓			
1.4 Provincial utilization of care pathways and practice within the primary health care setting	➤ AHS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1.5 Screening tools for primary care physicians and clinicians, and reciprocal referral and access protocols	➤ AHS			✓	✓	✓	✓	✓									
1.6 Infrastructure and use of technology for consultation and support	➤ AHS/AHW				✓	✓	✓	✓	✓								

2. Improve access to alternate levels of care and specialized services

2.1 Set access standards to care (i.e., amount of time between x and y for emergent, urgent and scheduled visits)	➤ AHW/AHW	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
2.2 Support practice redesign and process improvement within primary health care and specialist services	➤ AHS/AHW	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.3 Identify addiction and mental health populations currently not being served	➤ GoA								✓	✓	✓	✓	✓	✓	✓	✓	✓

OTHER PLANNING CONSIDERATIONS

- ▶ Build on the strengths of the following projects and frameworks:
 - Alberta's 5-Year Health Action Plan, 2010-2015, Section 3: Strengthening Primary Health Care (AHW/AHS)
 - Primary Health Care Strategy (AHW)
 - Safe Com Prevention Framework, Gang Strategy, Integrated Justice Services Project (AJAG)
- ▶ Involve the Innovative Compensation Branch, (AHW) and consider the work/findings of:
 - Clinical Pathways for Depression (AHS);
 - Children's Mental Health Standards Sub-Working Group (AHS); and
 - Children's Mental Health Action Plan (AHW/AHS).
- ▶ Consider Aboriginal elders in the delivery of health and healing services.

2.0 Foster the Development of Healthy Children, Youth and Families



2.1 Full Continuum of Services for Children, Youth and Families

Provide all children, youth and their families, including those “at-risk” and “in care”, with access to the full continuum of services with strong links to community treatment and community supports.

KEY RESULTS

- There will be reduced incidence and severity of addiction and mental illness from generation to generation.
- There will be reduced incidence of the symptoms of dysfunction impacted by addiction, mental health problems and mental illness, such as family violence and other crimes.
- Addiction, mental health problems and mental illness will be detected earlier, and intervention will be started sooner.
- Children, youth and families will be satisfied with the quality of addiction and mental health services.
- Access standards for children’s mental health services will be implemented, monitored and met.
- Where clients are served by more than one ministry and/or service provider, there will be evidence of enhanced collaboration.

PERFORMANCE MEASURES AND TARGETS

Recommended measures – data currently collected:

- client and stakeholder satisfaction ratings with services provided; and
- percentage of children seen within acceptable time period as per the Children’s Wait Time Standards.

Potential measure – data not currently collected:

- percentage of clients, families and stakeholders that report improved access, coordination and supports for special populations; and
- Alberta specific prevalence rates for addiction and mental health disorders.

Note: To measure incidence and earlier detection and intervention, a large-scale population survey would need to be conducted regularly.

HIGH PRIORITY INITIATIVES

- 1. Special populations of children, youth and families.** Address the unique needs of special populations (complex needs, significant risk, children in care) by:
- 1.1 Establish local, regional (zone), cross-sectoral committees supporting a wraparound model of care for children, youth and families, including seniors, with complex needs. Q4/2011 -12 to Q2/2013 -14.
 - 1.2 Identify a range of addiction and mental health services to be provided locally by geographic teams and offered via outreach for children, youth and families. Q1/2012 -13 to Q2/2013 -14.
 - 1.3 Identify specialized service requirements, and set up centres of excellence to support local service. Q1/2012-13 to Q4/2013-14.
 - 1.4 Develop a provincial bed plan, including acute/emergency care, residential and community-based treatment homes (group homes). Q3/2012 -13 and ongoing.

2. Implement access standards for children's addiction and mental health services for emergent care, urgent care and scheduled visits.

- 2.1 Develop a comprehensive, coordinated and integrated referral and access strategy for local, regional (zone) and provincial children and youth addiction and mental health services. Q3/2011-12 to Q3/2012-13.
- 2.2 Identify, develop and implement clinical standards of practice for diagnostic or case mix of children, youth and families accessing services. Q2/2011-12 to Q2/2014-15.
- 2.3 Develop a comprehensive approach to infant and preschool screening to identify issues and target early intervention services. Q1/2011-12 to Q1/2013 -14

Primary Action

- AHS
- AHW
- ACYS
- ASCS

Supportive Action

- AE
- Safe Com
- SGPS
- AHUA
- Alberta Employment & Immigration (AE&I)
- AI
- Other service providers
- Clinical services
- NGOs

- AHS
- Professional colleges

- AHW
- SGPS
- ACYS
- AE
- AR
- Safe Com
- AE&I
- AHUA
- AJAG
- ASCS

HIGH PRIORITY INITIATIVE TIMELINE

1. Special populations of children, youth and families

- 1.1 Cross-sectoral committees for children, youth and families (including seniors) with complex needs.
- 1.2 Identify services to be provided locally by geographic teams and offered via outreach.
- 1.3 Specialized service requirements and centres of excellence.
- 1.4 Provincial bed plan.

Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
➤ AHS/ACYS/ASCS				✓	✓	✓	✓	✓	✓	✓						
➤ AHS					✓	✓	✓	✓	✓	✓						
➤ AHS					✓	✓	✓	✓	✓	✓	✓	✓				
➤ AHS							✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

2. Access to addiction and mental health services

- 2.1 Referral and access strategy for children and youth addiction and mental health services.
- 2.2 Clinical standards of practice.
- 2.3 Comprehensive approach to infant and preschool screening initiative.

➤ AHS			✓	✓	✓	✓	✓									
➤ AHS/AHW		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
➤ AHS	✓	✓	✓	✓	✓	✓	✓	✓	✓							

OTHER PLANNING CONSIDERATIONS

- Children's Mental Health Action Plan (AHW/AHS)
- Children's Mental Health Standards Sub-Working Group (AHS)
- Action on Inclusion (AE)
- Children and Youth with Complex Needs (AE)
- FASD Cross-Ministry Committee (ACYS/AHW)
- Early Childhood Screening (AHW)
- Perinatal Health Strategy (AHW/AHS)
- Youth Homelessness Cross-Ministry Committee (ACYS)

3.0 Enhance Community-Based Services, Capacity and Supports

3.1 Community-based Services

Improve the quality of life for clients/patients and families by enhancing the capacity of community-based addiction and mental health services, and by improving the effectiveness of specialized and inpatient care.

KEY RESULTS

- Individuals with addiction, mental health problems and/or mental illness will live effectively in their communities supported by an appropriate range of community services, including housing and wraparound care.
- Clients will have timely access to services and increased quality of life and overall functioning.
- An integrated basket of fundamental addiction and mental health services, including a comprehensive crisis response, will be available across the province.
- Non-governmental organizations will be effectively engaged in service planning and delivery.
- Emergency departments, and acute and tertiary inpatient services will be used appropriately.
- Clients will be effectively reintegrated into the community after an inpatient admission.
- Timely and equitable access and rapid reinstatement to specialized services supported across the province.

PERFORMANCE MEASURES AND TARGETS

Potential measures – data not currently collected:

- validate tier model for addiction and mental health services with core stakeholder groups, and determine percentage agreement on what services are considered fundamental – survey would have to be developed, distributed and coordinated;
- extend access standards for child and adolescent addiction and mental health services to all populations, and monitor percentage of scheduled cases seen within 30 days, and percentage of urgent cases seen within two weeks;
- accreditation – addiction and mental health services meet accreditation standards for quality;
- number of case managers in community/outpatient programs;
- number of clients seen in community/outpatient programs (number of new admissions per year);
- number of outreach workers in addiction and mental health services;

- number of step-down spaces from inpatient services;
- ratio of step-down spaces to inpatient beds;
- number of community housing and rehabilitation spaces; and
- stakeholder acceptance of framework – survey would have to be developed, distributed and coordinated.



HIGH PRIORITY INITIATIVES	Primary Action	Supportive Action
<p>1. Define and deliver fundamental services — a basket of addiction and mental health services.</p> <p>1.1 Define and reach agreement on an integrated service delivery framework of fundamental services to be available throughout the province. Q2/2011-12 to Q1/2012-13.</p> <p>1.2 Work with other ministries and NGOs to identify key roles and responsibilities of partners involved in supporting individuals and families who are accessing and receiving services. Q3/2011-12 to Q1/2013-14.</p> <p>1.3 Develop clinical pathways and service funding agreements that support continuity of access and care by appropriate providers. Q1/2011-12 and ongoing.</p>	<ul style="list-style-type: none"> ‣ AHS ‣ SGPS ‣ AJAG - Safe Com; ‣ GoA 	<ul style="list-style-type: none"> ‣ AHW ‣ AHUA ‣ ACYS ‣ ASCS ‣ AE ‣ AE&I ‣ NGOs
<p>2. Expand community-based services capacity.</p> <p>2.1 Implement chronic disease management. Q3/2011-12 to Q1/2013-14.</p> <p>2.2 Increase the capacity of community-based addiction and mental health teams through process improvement, additional outreach capacity and peer support programs. Q3/2012-13 and ongoing.</p>	<ul style="list-style-type: none"> ‣ AHS ‣ AHW ‣ AHUA ‣ AJAG - Safe Com ‣ AE&I 	<ul style="list-style-type: none"> ‣ AHW ‣ Alberta Supports (AS) ‣ AE ‣ ACYS ‣ ASCS ‣ AR ‣ SGPS ‣ Peer support ‣ NGOs
<p>3. Enhance the range of community-based alternatives to inpatient care to support step-up and step-down services.</p> <p>3.1 Address the variance within crisis services across the province and establish community-based crisis stabilization units where appropriate. Q4/2011-12 to Q4/2013-14.</p>	<ul style="list-style-type: none"> ‣ AHS ‣ AHW 	<ul style="list-style-type: none"> ‣ AHUA ‣ Safe Com ‣ ACYS ‣ ASCS

HIGH PRIORITY INITIATIVES	Primary Action	Supportive Action
<p>3.2 Define and reach agreement on components of care (e.g., day hospital, acute home care, supportive living and designated assisted living (DAL)) required to provide alternatives to acute inpatient care. Q4/2011-12 and ongoing.</p> <p>3.3 Build on existing successes, and expand specialized centres focused on rehabilitation of clients with more severe and complex needs. Q4/2011-12 and ongoing.</p>		<p>‣ SGPS</p> <p>‣ NGOs</p> <p>‣ Police</p>
<p>4. Tertiary care framework: Establish and reach agreement on the definitions, care models and utilization criteria for specialized addiction and mental health services, including the role of provincial facilities.</p> <p>4.1 Complete a systemic review (i.e., review and evaluate) of current services and supports to establish system recommendations for enhancement and process improvement. Q1/2011-12 to Q1/2012-13.</p> <p>4.2 Establish definitions and care models for specialized addiction and mental health services within the province. Q1/2011-12 to Q1/2012-13.</p> <p>4.3 Establish protocols to improve equitable access for all Albertans to specialized provincial programs. Q2/2012-13 to Q4/2013-14.</p>	<p>‣ AHS</p> <p>‣ AHW</p>	
<p>5. Integrated case management: Employ integrated case management to enhance the delivery of client-centred housing and addiction and mental health services. Q2/2012-13 to Q2/2013-14.</p>	<p>‣ AHS</p> <p>‣ AHUA</p> <p>‣ AS</p>	<p>‣ AHW, AE, ACYS, ASCS, Safe Com</p> <p>‣ AE&I, AJAG, AR, SGPS, NGOs, individuals with lived experience and families, peer support</p>

HIGH PRIORITY INITIATIVE TIMELINE	Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<p>1. Define fundamental services</p> <p>1.1 Service delivery framework.</p>	‣ AHS		✓	✓	✓	✓											

HIGH PRIORITY INITIATIVE TIMELINE

- 1.2 Roles and responsibilities of partners.
- 1.3 Clinical pathways and funding agreements.

2. Community-based services

- 2.1 Implement chronic disease management.
- 2.2 Increase capacity of community-based teams.

3. Range of community-based alternatives to support step-up and step-down services

- 3.1 Variance within crisis services across Alberta.
- 3.2 Components of care to create alternatives to acute inpatient care.
- 3.3 Specialized centres for clients with more severe and complex needs.

4. Tertiary care framework

- 4.1 System recommendations for enhancement and process improvement.
- 4.2 Definitions and care models for specialized services.
- 4.3 Protocols for equitable access to specialized provincial programs

5. Integrated case management

Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
‣ AHS/AHW			✓	✓	✓	✓	✓	✓	✓							
‣ AHS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
‣ AHS			✓	✓	✓	✓	✓	✓	✓							
‣ GoA							✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
‣ AHS				✓	✓	✓	✓	✓	✓	✓	✓	✓				
‣ AHS				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
‣ AHS				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
‣ AHS/AHW	✓	✓	✓	✓	✓											
‣ AHS	✓	✓	✓	✓	✓											
‣ AHS						✓	✓	✓	✓	✓	✓	✓				
‣ AHS						✓	✓	✓	✓	✓						

OTHER PLANNING CONSIDERATIONS

- Recognize that police and municipalities need to be part of this priority.
- Coordinate with initiatives being developed within the Housing and Community Supports priority to

create capacity for clients to step down to permanent supported housing.

- Patient Navigation Strategy (AHW)
- Clinical Pathways for Depression (AHS)

- Continuing Care Strategy (AHW)
- Alberta Supportive Living Framework (ASCS)

3.2 Rural Capacity and Access

Improve capacity and timely access to addiction and mental health services for those Albertans living in rural or remote areas.

KEY RESULTS

- Regardless of where they live, clients and families will have access to the addiction and mental health services they need either locally, at regional hubs, or at tertiary care centres.
- There will be seamless coordination of client care across the continuum of services (i.e., across the five tiers in the service delivery model).
- The specific services available in rural communities, at regional hubs, and in metropolitan areas will be clearly defined, and the resources required to effectively deliver the services will be in place.
- PCNs will be expected to include addiction and mental health services within their service mandates.

PERFORMANCE MEASURES AND TARGETS

Potential measures – data not currently collected:

- number of community drug coalition members in Alberta;
- number of community drug coalitions in Alberta;
- number of hours rural addiction and mental health services are open per year;
- number of new registrations for rural addiction and mental health services;
- wait times for rural clients to access:
 - rural addiction and mental health services;
 - urban addiction and mental health services not available in rural areas (specialized tertiary services like Opioid Dependency Program);
- percentage of Albertans that have access to fundamental services within an hour of travel; and
- number and percentage of PCNs that include addiction and mental health services within their mandates.



HIGH PRIORITY INITIATIVES	Primary Action	Supportive Action
1. Rural community capacity building: Increase the capacity of rural communities to provide addiction and mental health wraparound services including providing enhanced rural access to tertiary care and provincial addiction and mental health services. 1.1 Continue to support community partners and NGOs as vehicles for communities to address identified community needs related to addiction and mental health. Q2/2011-12 and ongoing. 1.2 Analyze and provide equitable access to addiction and mental health community outreach services based on individual community needs. Q2/2011-12 and ongoing.	▶ AHS ▶ AE	▶ AHW ▶ AS ▶ AR ▶ ACYS ▶ AE&I ▶ AHUA ▶ AJAG ▶ Safe Com ▶ ASCS ▶ SGPS ▶ NGOs
2. Implement an integrated service delivery framework that identifies the various services available locally, at service hubs and at provincial service centres, and facilitate appropriate access for rural residents for addiction and mental health tertiary care (see Tertiary Care Framework). Q4/2011 - 12 to Q1/2013-14.		

HIGH PRIORITY INITIATIVE TIMELINE	Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Rural community capacity building																	
1.1 Support community partners and NGOs.	▶ AHS/AE		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1.2 Equitable access to community outreach services.	▶ AHS		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. Implement an integrated service delivery framework	▶ AHS/AHW				✓	✓	✓	✓	✓	✓							

OTHER PLANNING CONSIDERATIONS

- ▶ Tertiary Care Framework (AHS) ▶ Children's Mental Health Action Plan (AHW/AHS) ▶ Action on Inclusion (AE)

3.3 Housing and Community Supports

Partner with other ministries, stakeholders and service providers to facilitate ready access to a range of housing options and community supports that are matched appropriately to the continuum of needs of individuals impacted by addiction, mental health problems and/or mental illness.

KEY RESULTS

- Clients will have timely access to appropriate housing and community support services delivered in the right locations by the right providers.
- There will be increased clarity and understanding on the part of clients, their families, and service providers, of the range of housing options and community support services available, and of methods to navigate the system to ensure access to these services.
- Clients will be satisfied with the supports provided and the quality of the places in which they live, which will include a sense of permanence and predictability.
- Clients will be able to live and thrive to their full capacity within the community.
- The number of homeless people will be substantially reduced.
- Access to safe, stable, and affordable housing will result in reduced reliance on health and other community support services.
- Government, other funders and the public will have increased confidence that they are getting a good return on investment in housing and community supports for clients with addiction, mental health problems and/or mental illness.

PERFORMANCE MEASURES AND TARGETS

Potential performance measures – data not currently collected:

- number of housing options currently available by type (using agreed-upon definitions);
- number of housing options in development by type;
- wait time for placement by type;
- client satisfaction with housing provided, including appropriateness and wait time;
- client quality of life measures following placement;
- proportion of services within an adopted Housing Supports Continuum that are accessible to addiction and mental health clients in each zone; and
- survey of providers to determine their understanding of the services they provide within the housing continuum.

HIGH PRIORITY INITIATIVES	Primary Action	Supportive Action
<p>1. Housing and supports framework: Establish and reach agreement on a clear framework of supportive housing, treatment and care options, provider roles and funding accountabilities.</p> <p>1.1 Refine and reach agreement on a comprehensive continuum of housing options and community services for specific populations (e.g. seniors) needing addiction and mental health support. Q2/2011-12 to Q1/2012-13.</p>	<ul style="list-style-type: none"> ‣ AHS ‣ AHUA ‣ ASCS 	<ul style="list-style-type: none"> ‣ AHW ‣ ASCS ‣ AS ‣ AE&I ‣ NGOs ‣ Municipalities
<p>2. Housing and service gaps: Use a housing and supports framework to map available housing options to identify major housing and service gaps.</p> <p>2.1 Map the range of housing options and services available for AHS clients across Alberta with addiction, mental health problems and/or mental illness. Q1/2012-13 to Q4/2012-13.</p> <p>2.2 Identify major housing and service gaps across the age span and level of need. Q2/2012-13 to Q4/2012-13.</p> <p>2.3 Develop initiatives to target areas of known need. Q1/2011-12 and ongoing.</p> <p>2.4 Complete projections of need for supportive living beds for addiction and mental health clients. Q1/2011-12 to Q4/2011-12.</p>	<ul style="list-style-type: none"> ‣ AHS ‣ AHUA ‣ AJAG ‣ SGPS 	<ul style="list-style-type: none"> ‣ AHW ‣ ASCS ‣ AS ‣ AE&I ‣ ACYS ‣ NGOs
<p>3. Community-based tertiary rehabilitation and services: Review specialized centres focused on tertiary rehabilitation, concurrent disorders, and psychiatric care services to ensure needs are being met, and expand access to appropriate community residential treatment spaces.</p> <p>3.1 Using a housing and supports framework, develop strategies and approaches to better serve those who require robust, ongoing treatment, rehabilitation and support in order to remain stable in the community. Q3/2011-12 and ongoing.</p> <p>3.2 Build on existing successes to expand specialized centres focused on rehabilitation of clients with intense and complex needs. Q3/2011-12 and ongoing.</p>	<ul style="list-style-type: none"> ‣ AHS ‣ AHW ‣ ASCS ‣ GoA 	<ul style="list-style-type: none"> ‣ AR ‣ NGOs

HIGH PRIORITY INITIATIVES

- 3.3 Establish an integrated case management approach supported by effective system navigation to facilitate the delivery of client-centred housing, and addiction and mental health services. Q1/2012-13 to Q2/2013-14.
- 3.4 Increase support for wraparound services to encourage supportive housing operators to accommodate higher-needs clients. Q1/2012-13 and ongoing.
- 3.5 Build on existing work and continue to develop mechanisms and protocols to allow for the more effective sharing of information and data required for effective integrated case management. Q1/2012-13 and ongoing.

Primary Action

Supportive Action

HIGH PRIORITY INITIATIVE TIMELINE

Primary Action Responsibilities

2011-12

2012-13

2013-14

2014-15

Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4

1. Housing and supports framework

- 1.1 Comprehensive continuum of housing options and community services

▶ AHS/AHUA/ASCS

✓ ✓ ✓ ✓ ✓

2. Housing and service gaps

- 2.1 Range of housing options and services

▶ GoA

✓ ✓ ✓ ✓

- 2.2 Housing and service gaps

▶ AHS/AHUA

✓ ✓ ✓ ✓

- 2.3 Initiatives to target areas of known need

▶ AHS/AHUA

✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓

- 2.4 Projections for supportive living beds

▶ AHS/AHUA

✓ ✓ ✓ ✓

HIGH PRIORITY INITIATIVE TIMELINE	Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
3. Community-based tertiary rehabilitation and services																	
3.1 Strategies to serve those who require robust, ongoing treatment, rehabilitation and support	➤ AHS/AJAG			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.2 Specialized centres	➤ AHS			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.3 Integrated case management approach	➤ AHS					✓	✓	✓	✓	✓	✓						
3.4 Increase support for wraparound services	➤ GoA					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.5 Mechanisms to support information sharing	➤ AHW/AHS/GoA					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

OTHER PLANNING CONSIDERATIONS

Build on the strengths of the following cross-ministry projects and frameworks:

- ▶ A Plan For Alberta – Ending Homelessness in 10 Years (AHUA)
- ▶ Alberta Municipalities Community Plan (Alberta Municipal Affairs)
- ▶ Integrated Justice Services Project (AJAG)
- ▶ Alberta Supportive Living Framework (ASCS)
- ▶ Continuing Care Strategy (AHW)
- ▶ Alberta Supports has two test centres, led by AHUA, that are in approval stages:
 - Housing First – coordinated discharge project to connect mental health clients with appropriate community-based supports; and
 - Homeless Outreach Support Services project to develop a coordinated case management process.
- ▶ Youth Homelessness Cross-Ministry Committee (ACYS)
- ▶ New facility types will need to be registered for services to be compensated when provided in these facilities.
- ▶ New services models may require the expansion/extension of Alternate Relationship Plans (ARPs) and new health services codes.

4.0 Address Complex Needs

4.1 Complex Needs

Ensure that people with complex service needs have access to a full range of appropriate addiction and mental health services and supports.

KEY RESULTS

- ▶ People with complex needs will be able to live and thrive to their full capacity within the community.
- ▶ People with complex needs will be matched appropriately with the right level and intensity of care.
- ▶ People with complex needs and their families will understand what services are available and know how (or be supported) to navigate the system to get the services they need.
- ▶ People with complex needs will have ready access to preventative services they need to avoid going into crisis.
- ▶ Barriers to accessing a seamless continuum of services will be identified and mitigated.
- ▶ Appropriate and timely access to community-based services will reduce pressure and bottlenecks in the health and in the justice systems – acute care, addiction and mental health services, continuing care, etc.

PERFORMANCE MEASURES AND TARGETS

Potential performance measures – data not currently collected:

- ▶ number of alternate level of care (ALC) patients occupying inpatient beds and type of placement for which they are waiting;
- ▶ number of community housing spaces by type;
- ▶ wait time for placement by type;
- ▶ definitions and guidelines are established for complex cases (yes/no);
- ▶ number of clients who received funding over the number who applied;
- ▶ protocols are in place for complex needs cases (yes/no);
- ▶ cross-ministry team is in place (yes/no); and
- ▶ integrated care plan has been developed (yes/no), implemented (yes/no).



HIGH PRIORITY INITIATIVES

- 1. High priority service gaps:** Identify and mitigate high priority service gaps, specifically community-based, crisis, residential care and day hospital services throughout the province.
- 1.1 Identify and map existing policies and services related to individuals with complex needs provided by various government ministries and community agencies. Q3/2011-12 to Q4/2012-13.
 - 1.2 Building on a housing and supports framework, increase access to: community-based residential crisis care; behavioural rehabilitation; housing options that facilitate individuals with complex needs to live successfully in community settings, and suitable settings with hardened and securable infrastructure. Q4/2011-12 to Q1/2014-15.
 - 1.3 Increase supports for families, friends and caregivers of individuals with complex needs. Q4/2011-12 to Q2/2013-14.
 - 1.4 Enhance opportunities for individuals with complex service needs to access education, training and employment. Q1/2011-12 and ongoing.
 - 1.5 Enhance opportunities for individuals with complex needs to participate in meaningful life activities. Q3/2011-12 and ongoing.
 - 1.6 Strengthen and implement focused services for people with complex needs to prevent them from entering the corrections and criminal justice system, and provide appropriate treatment and rehabilitation for those already within the system. Q1/2012-13 to Q2/2014-15.
 - 1.7 Coordinate with other ministries, the delivery of a range of services and supports. Q1/2012-13 to Q2/2014-15.
 - 1.8 Identify specialized services targeting complex addiction and mental health issues. Q1/2012-13 to Q3/2014-15.
 - 1.9 Develop standards of practice including protocols in meeting the needs of population, including step up and step down services. Q1/2012-13 to Q2/2013-14.
 - 1.10 Establish timely access to safe and secure community residential addiction and mental health services targeting the hard-to-serve and those with intermittent escalation of chronic addiction and mental health conditions. Q1/2012-13 to Q1/2014-15.
 - 1.11 Enhance peer support programs and services. Q1/2011-12- Q2/2012-13.

Primary Action

- AHS
- AS
- Alberta Alliance for Mental Illness and Mental Health (Alliance)

Supportive Action

- AHW
- AR
- ACYS
- AE
- AHUA
- AJAG
- Safe Com
- ASCS
- SGPS
- NGOs
- Peer Support

HIGH PRIORITY INITIATIVES

2. Coordinated and shared responsibility: Establish a clear government framework with a shared responsibility model that includes supporting provincial policy to enable GoA ministries and service sectors to come together to work in an integrated, coordinated manner for the benefit of people with complex needs.

- 2.1 Conduct a situation analysis that incorporates the work accomplished to date, and clearly define key issues, mandates, priority populations, gaps, funding options and case study scenarios. Q2/2011-12 to Q4/2011-12.
- 2.2 Establish a case management process to address the issues, gaps, and policies identified in the situation analysis. Q1/2011-12 to Q4/2011-12.
- 2.3 Address policy, service standards and agreements, mandate and funding issues. Q1/2012-13 to Q4/2012-13.
- 2.4 Develop pathways of care with identified standards and roles and responsibilities of partnering ministries and agencies. Q1/2011-12 to Q4/2013-14.
- 2.5 Establish a provincial inter-ministerial coordination committee responsible for the development and oversight of protocols, service agreements and identification of supports to assist local/regional providers in meeting the needs of hard-to-serve, complex needs groups. Q1/2011-12 and ongoing.

Primary Action

- AHW
- AS

Supportive Action

- AHS
- AHW
- AR
- ACYS
- AE
- AHUA
- AJAG
- Safe Com
- ASCS
- SGPS
- NGOs

3. Integrated system case management model: Formalize and implement an integrated system case management model for people with complex needs. Q1/2011-12 and ongoing.

- AHS

- AHW
- AS
- AR
- ACYS
- AE
- AE&I
- AHUA
- AJAG
- Safe Com
- ASCS
- SGPS
- NGOs

HIGH PRIORITY INITIATIVE TIMELINE

1. High priority service gaps

- 1.1 Map policies
- 1.2 Access
- 1.3 Supports
- 1.4 Access to education
- 1.5 Meaningful activities
- 1.6 Prevent entering criminal justice system
- 1.7 Cross-ministry coordination
- 1.8 Specialized services
- 1.9 Standards of practice
- 1.10 Secure residential services
- 1.11 Peer support

Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
▶ AHS/AS			✓	✓	✓	✓	✓	✓								
▶ AHS/AS				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
▶ AHS/AS				✓	✓	✓	✓	✓	✓	✓						
▶ AHS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
▶ AHS			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
▶ AH/AJAG - SafeCom					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
▶ AHS/AS					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
▶ AHS					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
▶ AHS					✓	✓	✓	✓	✓	✓						
▶ AHS					✓	✓	✓	✓	✓	✓	✓	✓	✓			
▶ AHS	✓	✓	✓	✓	✓	✓										

2. Coordinated and shared responsibility

- 2.1 Situation analysis
- 2.2 Case management process
- 2.3 Policy, mandate, funding issues
- 2.4 Pathways of care
- 2.5 Inter-ministerial coordination committee

▶ AHW/AS		✓	✓	✓												
▶ AHW/AS	✓	✓	✓	✓												
▶ AHW/AS					✓	✓	✓	✓								
▶ AHS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
▶ AHW	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

3. Integrated system case management model

▶ AHS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
-------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

OTHER PLANNING CONSIDERATIONS

- ▶ Adults with Complex Needs (ASCS)
- ▶ Continuing Care Strategy (AHW)
- ▶ Children and Youth with Complex Needs (AE)
- ▶ FASD Cross Ministry Committee (ACYS/AHW)
- ▶ Patient Navigation (AHW)
- ▶ Action on Inclusion (AE)
- ▶ Student Health (AE)
- ▶ Children's Mental Health Action Plan (AHW/AHS)
- ▶ Integrated Justice Services Project (AJAG)

5.0 Enhance Assurance

5.1 Assurance

Continue to develop robust and appropriate oversight policies, supporting structures and mechanisms to foster quality and client/patient safety.

KEY RESULTS

- The public will have access to safe, effective and responsive services, programs and practices.
- The public will have high levels of confidence in the safety and quality of the addiction and mental health system.
- Common quality and patient safety standards, evaluation mechanisms and reporting processes will be used to monitor and report on system performance across all service areas.
- Appropriate oversight, accountability, consumer protection, awareness and education mechanisms will be in place.
- Clients and their families will be effectively engaged to provide feedback on the effectiveness of programs and services.
- Addiction and mental health services will be delivered by competent and capable service providers guided by a comprehensive policy and regulatory framework.

PERFORMANCE MEASURES AND TARGETS

Recommended measure – data currently available:

- An annual system level performance report is completed.

Potential measures – data not currently collected:

- a competency-based workforce plan is developed and implemented;
- percentage of zones that follow accreditation-based Required Organization Practices (ROPs);
- stakeholder ratings of the effectiveness of policy, regulatory and legislative frameworks to support strategy objectives—survey would have to be developed, distributed, and coordinated; and
- percentage of public indicating confidence in the safety and quality of the addiction and mental health system—survey would have to be developed, distributed, and coordinated.



HIGH PRIORITY INITIATIVES	Primary Action	Supportive Action
<p>1. Workforce development, monitoring and deployment: Continue to develop and implement a plan to ensure addiction and mental health services are delivered by competent and capable service providers.</p> <p>1.1 Develop a competency and professional development framework. Q1/2011-12 to Q3/2011-12.</p> <p>1.2 Establish standards and guidelines for the type and level of care offered in the primary health care environment. Q2/2012-13 to Q4/2012-13.</p> <p>1.3 Use the competency and professional development framework to monitor and inform continuing professional development priorities for service providers within AHS and AHS-funded organizations. Q1/2012-13 and ongoing.</p> <p>1.4 Review the roles of service providers, regulated and non-regulated, under health professions legislation. Q1/2011-12 to Q4/2012-13.</p> <p>1.5 Work with Alberta Advanced Education and Technology and educational institutions to ensure programs contain the right level of content related to addiction, mental health problems and mental illness. Q1/2012-13 to Q4/2013-14.</p>	<ul style="list-style-type: none"> ‣ AHW ‣ AHS 	<ul style="list-style-type: none"> ‣ Advanced Education and Technology (AAET) ‣ GoA ‣ Professional colleges ‣ Post-secondary institutions ‣ Alberta Medical Association (AMA) ‣ College and Association of Registered Nurses of Alberta (CARNA) ‣ College of Registered Psychiatric Nurses of Alberta (CRPNA) ‣ Other professional associations ‣ NGOs
<p>2. System performance framework: Develop and implement a comprehensive framework for system performance in consultation with AHS, contractors, regulatory bodies and consumers.</p> <p>2.1 Work with accrediting, professional, licensing and other bodies to continue to improve quality assurance and patient safety standards, processes and procedures for addiction and mental health services. Q2/2011-12 to Q1/2013-14.</p> <p>2.2 Implement a comprehensive system performance framework to monitor, evaluate and report on addiction and mental health outcomes, programs and services. Q1/2012-13 to Q4/2013-14.</p> <p>2.3 Engage consumers and their support systems in monitoring and evaluation at the system, program and service levels. Q1/2011-12 to Q4/2013-14.</p> <p>2.4 Adopt and refine <i>The Patient Safety Framework for Albertans</i> (the <i>Framework</i>) and quality dimensions developed by the Health Quality Council of Alberta (HQCA) and apply the <i>Framework</i> and dimensions across all publicly funded providers of addiction and mental health services. Q1/2011-12 to Q2/2012-13.</p>	<ul style="list-style-type: none"> ‣ AHW ‣ AHS 	<ul style="list-style-type: none"> ‣ AAET ‣ Professional colleges ‣ Post secondary institutions ‣ AMA ‣ CARNA ‣ CRPNA ‣ other professional associations ‣ NGOs ‣ HQCA

HIGH PRIORITY INITIATIVES

3. Policy, regulatory and legislative framework: Refine and align the policy, regulatory and legislative framework to support overall objectives of the *Strategy* by ensuring policy alignment, common standards, seamless information sharing and improved public awareness.

- 3.1 Conduct a situation analysis to identify policy barriers and/or issues. Q1/2012-13 to Q4/2012-13.
- 3.2 Initiate educational activities for providers, clients and families to improve the level of understanding regarding current access to and sharing of information. Q3/2011-12 to Q2/2012-13.
- 3.3 Develop an overarching clinical services standards document that establishes common standards, reporting, and clear accountability mechanisms to ensure a consistent and appropriate standard of care, including residential care. Q1/2012-13 and ongoing.

Primary Action

- ▶ AHW
- ▶ AHS

Supportive Action

- ▶ AHS
- ▶ AE&I
- ▶ AE
- ▶ ACYS
- ▶ NGOs

HIGH PRIORITY INITIATIVE TIMELINE

1. Workforce development, monitoring and deployment

- 1.1 Competency framework
- 1.2 Standards for primary health care
- 1.3 Professional development priorities
- 1.4 Roles of providers
- 1.5 Curriculum

Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
▶ AHS/AHW	✓	✓	✓													
▶ AHS/AHW						✓	✓	✓								
▶ AHS/AHW					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
▶ AHW	✓	✓	✓	✓	✓	✓	✓	✓								
▶ AHS/AHW/AAET					✓	✓	✓	✓	✓	✓	✓	✓				

2. System performance framework

- 2.1 Quality assurance and safety standards
- 2.2 System performance framework
- 2.3 Consumer engagement
- 2.4 Patient safety framework

▶ AHW/AHS		✓	✓	✓	✓	✓	✓	✓	✓							
▶ AHS/AHW					✓	✓	✓	✓	✓	✓	✓	✓				
▶ AHW/AHS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
▶ AHW/HQCA	✓	✓	✓	✓	✓	✓										

HIGH PRIORITY INITIATIVE TIMELINE

3. Policy, regulatory and legislative framework

	Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
3.1 Policy barriers	▸ AHS/AE					✓	✓	✓	✓	✓							
3.2 Educational activities	▸ AHW/AHS			✓	✓	✓	✓										
3.3 Clinical service standards	▸ AHW					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

OTHER PLANNING CONSIDERATIONS

- Strong coordination with Workforce Division of AHW is required.
- Link with the Cross-Ministry Information Sharing Initiative to explore their Web-based AE&I sessions.
- *Mental Health Amendment Act* and Community Treatment Order Steering Committee (AHS/AHW)

First Nations, Métis and Inuit (FNMI)

The Government of Alberta, through the *Strategy*, will address the unique needs and circumstances of First Nations, Métis, and Inuit (FNMI) populations and communities within each of the five strategic directions and related priorities.

KEY RESULTS

- Addiction and mental health services for FNMI people will be universally available throughout Alberta and appropriately resourced, commensurate with needs and effective approaches to health service delivery across Alberta.
- Based on common goals, all necessary partners will support the health and well-being of FNMI people in Alberta through a coordinated, holistic approach.
- Respect for the diversity of FNMI populations in Alberta will be demonstrated in the development and implementation of addiction and mental health programs and services for FNMI people.
- Services will reflect community needs and protocols, and will include the following qualities:
 - integrated, community-based service delivery;
 - inclusive of culturally-based wellness workers; and
 - capacity-building approaches.
- FNMI people will be engaged in defining priorities for the well-being of FNMI populations in Alberta through research, and in planning, managing and

delivering services. The workforce will engage the cultural diversity of FNMI people and respond to their unique needs.

- Data collection and information systems will generate more accurate data specific to the health status and needs of FNMI people. Systems will be established to identify, monitor and reduce barriers to the health system and to produce more positive health outcomes for FNMI people.

PERFORMANCE MEASURES AND TARGETS

Potential performance measures – data not currently collected:

- number and brief description of FNMI collaborations/meetings held;
- number of implemented programs that have completed the FNMI Program Development and Implementation Checklist; and
- FNMI stakeholder satisfaction in services provided - survey would have to be developed, distributed and coordinated.



HIGH PRIORITY INITIATIVES	Primary Action	Supportive Action
<p>1. Practices to support strategic initiatives: Seek FNMI engagement in the development and implementation of key strategies and initiatives, and use the FNMI Program Development and Implementation Checklist Tool (the <i>Tool</i>) to ensure addiction and mental health strategies and initiatives have been considered through an FNMI lens.</p> <ul style="list-style-type: none"> ‣ Apply the <i>Tool</i> throughout the process of developing structures, mechanisms and capacity. ‣ Enhance service delivery by systematically identifying and addressing gaps in service delivery. ‣ Identify key strategies and initiatives to address the priority addiction and mental health needs of Aboriginal people. ‣ Customize services to meet the needs of FNMI people and communities. 	<ul style="list-style-type: none"> ‣ AHW ‣ AHS ‣ AR 	<ul style="list-style-type: none"> ‣ NGOs
<p>2. Supportive housing: Address systemic barriers to supportive housing for both First Nations on-reserve populations and FNMI off-reserve populations.</p>	<ul style="list-style-type: none"> ‣ AHW ‣ AHUA ‣ AJAG ‣ AR 	<ul style="list-style-type: none"> ‣ AHS
<p>3. Enhance cultural safety of services to FNMI people: Establish cultural safety for FNMI clients within the health care system to create an environment for effective treatment.</p> <ul style="list-style-type: none"> ‣ Enhance involvement of FNMI people in the workforce of the health system through strategies for the recruitment, retention and development of the FNMI workforce within the addiction and mental health system. ‣ Enhance cultural competence among addiction and mental health care providers. 	<ul style="list-style-type: none"> ‣ AHW ‣ AR 	<ul style="list-style-type: none"> ‣ AHW
<p>4. Bilateral service arrangements: Consider bilateral arrangements with First Nations and Métis Settlements to improve services and access to services.</p>	<ul style="list-style-type: none"> ‣ AHS ‣ AR 	<ul style="list-style-type: none"> ‣ AHW

HIGH PRIORITY INITIATIVES

5. Informed policy and practice: Ensure informed policy and practice for FNMI addiction and mental health through data collection, identification of best practices for FNMI populations, research, program evaluation and information sharing strategies including translation of research into practice.

Primary Action

- AHW
- AR

Supportive Action

- AHS

6. FNMI engagement: Work with First Nation, Métis and other Aboriginal governments and organizations to develop and implement strategies to achieve key results for FNMI populations in the field of addiction and mental health.

- AHW
- AR
- AJAG

- AHS

OTHER PLANNING CONSIDERATIONS

➤ Aboriginal Wellness Strategy (AHW)

➤ Need ADM discussion on Aboriginal-focused strategies in other ministries

1. Policy Direction and Alignment

HIGH PRIORITY INITIATIVES

- 1. Policy direction and alignment:** Refine and align provincial government policy, programs and services to ensure they achieve their overall objective(s).
- 1.1 Review major provincial policies through an addiction and mental health lens. Q1/2011-12 and ongoing.
 - 1.2 Establish a coordinated and integrated framework that includes a clear provincial policy and governance framework to enable GoA ministries and sectors to come together to work in an integrated, coordinated manner for the benefit of those with complex needs. Q2/2011-12 to Q4/2012-13.
 - 1.3 Conduct a situation analysis to identify policy barriers and/or issues. Q3/2011-12 to Q4/2012-13.
 - 1.4 Initiate educational activities for providers, clients and families to improve the level of understanding regarding current access to, and sharing of information. Q3/2011-12 to Q3/2012-13.

Primary Action

- AHW
- GoA

Supportive Action

- AHS
- GoA
- Executive Council
- Mental Health Patient Advocate
- Individuals with lived experience and their families
- NGOs

HIGH PRIORITY INITIATIVE TIMELINE

1. Policy direction and alignment

- 1.1 Policy direction and alignment
- 1.2 Provincial policy and governance framework
- 1.3 Identify policy barriers
- 1.4 Education regarding information sharing

Primary Action Responsibilities

2011-12

2012-13

2013-14

2014-15

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	✓	✓	✓	✓	✓	✓	✓								
		✓	✓	✓	✓	✓	✓								
		✓	✓	✓	✓	✓									

OTHER PLANNING CONSIDERATIONS

- Requires cross-ministry structures and mechanisms to enhance coordination, integration and policy alignment including the work of Alberta Supports.

2. Individuals With Lived Experience and Family Engagement

HIGH PRIORITY INITIATIVES	Primary Action	Supportive Action
1. Engage individuals with lived experience and their families in planning at the system, program and service levels, as well as in monitoring and evaluation. Q1/2011-12 and ongoing. 1.1 Establish a client and family council to connect with individuals with lived experience and their families. 1.2 Identify opportunities for individuals with lived experience and their families to be proactively involved in the services they use.	▶ AHS ▶ Alliance	▶ AHW ▶ ASCS ▶ AR ▶ ACYS ▶ Culture and Community Spirit (ACCS) ▶ Mental Health Patient Advocate

HIGH PRIORITY INITIATIVE TIMELINE	Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Individuals with lived experience and family engagement	▶ AHS/Alliance																
1.1 Client and family council	▶ AHS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1.2 Client involvement in services they use	▶ AHS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

OTHER PLANNING CONSIDERATIONS

- ▶ The World Health Organization, in *Empowerment in Mental Health—Working Together Toward Leadership* (October 2010)
- ▶ Advisory Council on Addiction and Mental Health (AHS)
- ▶ Youth Advisory Panel (ACYS)

3. Funding and Compensation Frameworks

HIGH PRIORITY INITIATIVES	Primary Action	Supportive Action
1. Funding and compensation frameworks: Review funding and compensation models to optimize access to addiction and mental health services and supports, to streamline processes, and to optimize the use of available resources. 1.1 Work with Innovative Compensation Branch, Health Workforce Division, AHW and AHS to explore alternative funding models for physicians and other service providers. Q4/2011-12 to Q4/2012-13. 1.2 Establish targets and long-term funding plan to support the <i>Strategy</i> . Q1/2012-13 to Q4/2012-13. 1.3 Review current addiction and mental health funding practices within all ministries, and identify options for efficiencies, equity and quality. Q1/2011-12 to Q4/2011-12.	▶ AHW	▶ AHS ▶ GoA

HIGH PRIORITY INITIATIVE TIMELINE	Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Funding and compensation frameworks																	
1.1 Alternative funding models for physicians and other providers.	▶ AHW				✓	✓	✓	✓	✓								
1.2 Targets and long-term funding plan	▶ AHW					✓	✓	✓	✓								
1.3 Options for efficiencies, equity and quality	▶ AHW					✓	✓	✓	✓								

4. Workforce Development

HIGH PRIORITY INITIATIVES	Primary Action	Supportive Action
<p>1. Workforce development: Build upon existing work to implement a comprehensive, proactive workforce development action plan that will ensure organizational sustainability.</p> <p>1.1 Define the competencies required, and provide access to competency-based professional development programs. Q1/2011-12 to Q4/2011-12.</p> <p>1.2 Strengthen professional communities of practice by using technology and other means to link health care professionals. Q3/2011-12 to Q4/2012-13.</p> <p>1.3 Improve the level of understanding of addiction, mental health problems and mental illness within the primary health care environment. Q2/2011-12 to Q4/2013-14.</p> <p>1.4 Explore the creation and deployment of new provider roles within the addiction and mental health environment. Q1/2012-13 and ongoing.</p> <p>1.5 Enhance partnerships and training opportunities with NGOs and community support agencies, and establish practice standards for all partners with competency-based models for the training and supervision of all addiction and mental health professionals. Q1/2012-13 to Q1/2014-15.</p> <p>1.6 Coordinate with universities and other post-secondary institutions and professional colleges to conduct long-term workforce planning and to design appropriate curricula. Q1/2012-13 to Q4/2013-14.</p>	<p>‣ AHS</p> <p>‣ AHW</p>	<p>‣ Mental Health Commission of Canada (MHCC)</p> <p>‣ Health professions</p> <p>‣ Associations</p> <p>‣ Primary care physicians and other primary care providers</p> <p>‣ NGOs</p>

HIGH PRIORITY INITIATIVE TIMELINE	Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Workforce development																	
1.1 Competency-based professional development	➤ AHS/AHW	✓	✓	✓	✓	✓	✓	✓	✓								
1.2 Professional communities of practice	➤ AHS			✓	✓	✓	✓	✓	✓								
1.3 Increase level of understanding among Alberta’s primary health care providers	➤ AHS/AHW		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
1.4 Deployment of new provider roles	➤ AHS					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1.5 Establish practice standards	➤ AHS					✓	✓	✓	✓	✓	✓	✓	✓	✓			
1.6 Long-term workforce planning	➤ AHS/AHW					✓	✓	✓	✓	✓	✓	✓	✓				

OTHER PLANNING CONSIDERATIONS

- Strong coordination with AHW, Workforce Division is required.
- Engage colleges of the regulated health professions involved in the delivery of care to addiction and mental health patients.
- Linkages with AAET.

5. Research, Evaluation and Knowledge Translation and Use

HIGH PRIORITY INITIATIVES	Primary Action	Supportive Action
1. Enhance and continuously increase knowledge and understanding of the nature and context of addiction and mental health issues for individuals, children and families, and apply this knowledge and evidence to inform policy, service planning and delivery, and staff development. 1.1 Increase support for addiction and mental health research to advance our understanding. Q1/2011 -12 and ongoing. 1.2 Enhance the use of evidence-based knowledge and practice across the full continuum of addiction and mental health services. Q3/2011 -12 and ongoing. 1.3 Deploy effective knowledge transfer mechanisms and vehicles, e.g., Web-based tools and mechanisms. Q4/2011 to Q1/2014-15.	▶ AHS	▶ AHW ▶ AET ▶ ACYS ▶ AHUA ▶ SGPS ▶ ASCS ▶ Safe Com ▶ Addiction and Mental Health Research Partnership Program ▶ NGOs

HIGH PRIORITY INITIATIVE TIMELINE	Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Research, evaluation and knowledge translation and use																	
1.1 Support for research	▶ AHS/AHW	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1.2 Evidence-based knowledge and practice	▶ AHS			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1.3 Knowledge transfer mechanisms	▶ AHS				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

OTHER PLANNING CONSIDERATIONS

- ▶ Alberta Innovates
- ▶ Alberta Centre for Child, Family and Community Research (ACYS)
- ▶ Child and Youth Data Laboratory (ACYS)

6. Leverage Technology and Information Sharing

HIGH PRIORITY INITIATIVES	Primary Action	Supportive Action
1. Leverage technology to better support information sharing: This initiative will enhance the technology infrastructure to support the expanded use of new technologies and enhance management and service delivery through new technology. <ul style="list-style-type: none"> 1.1 Work with Alberta Infrastructure and AHS to identify priorities for technology infrastructure. Q1/2012-13 to Q2/2012-13. 1.2 Expand and standardize the information access of all addiction and mental health service points. Q1/2011-12 to Q4/2012-13. 1.3 Review GoA infrastructure and technology strategies to ensure addiction and mental health are considered. Q1/2012-13 to Q4/2012-13. 1.4 Align information technology/information management (IT/IM) plans and initiatives with AHS and Alberta Infrastructure. Q1/2012-13 to Q4/2012-13. 	▶ AHW	▶ AHS ▶ Service Alberta ▶ AI ▶ SGPS ▶ Physicians

HIGH PRIORITY INITIATIVE TIMELINE	Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Leverage technology and information sharing																	
1.1 Identify priorities for technology infrastructure	▶ AHW					✓	✓										
1.2 Expand and standardize information access	▶ AHW	✓	✓	✓	✓	✓	✓	✓	✓								
1.3 Provincial infrastructure and technology strategies	▶ AHW					✓	✓	✓	✓								
1.4 Align IT/IM plans with AHS and AI	▶ AHS/AHW					✓	✓	✓	✓								

OTHER PLANNING CONSIDERATIONS

- ▶ AHW IT Planning Team involvement is required to clarify IT planning requirements for AHS and AHW iteration of the five-year provincial IT plan.

7. Cultural Safety, Awareness and Competency

HIGH PRIORITY INITIATIVES	Primary Action	Supportive Action
<p>1. Address the unique needs of the FNMI populations as well as the increasing cultural diversity in Alberta. Q3/2011-12 and ongoing.</p> <p>Consider cultural context and the following key questions as the strategic directions are implemented:</p> <p>1.1 What does data tell you about these populations in relation to the initiative in question?</p> <p>1.2 What policies, frameworks and legal issues may need to be considered?</p> <p>1.3 Does the strategy identify specific issues/needs of these populations in relation to the potential initiative?</p> <p>1.4 Does the initiative reflect cultural sensitivity?</p>	<p>➤ AHS</p> <p>➤ AR</p>	<p>➤ AHW</p> <p>➤ NGOs</p> <p>➤ Peer support</p>

HIGH PRIORITY INITIATIVE TIMELINE	Primary Action Responsibilities	2011-12				2012-13				2013-14				2014-15			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Cultural safety, awareness and competency	➤ AHS/AHW/GoA/AR			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

OTHER PLANNING CONSIDERATIONS

- How will the perspectives of these populations be obtained, and how will governments, communities and organizations be engaged in the development and implementation of research, policy, programs, and services?
- Welcoming and Inclusive Communities Cross-Ministry Committee (AE&I)
- Interdepartmental Committee on Family Violence and Bullying (ACYS)
- Alberta Gang Crime Reduction Strategy (AJAG)
- SafeCom (AJAG)

Creating Connections: Alberta's Addiction and Mental Health ACTION PLAN 2011–2016

ISBN 978-0-7785-8323-3 (print)

ISBN 978-0-7785-8324-0 (online)