

Chapter 22

Saskatchewan Health Authority—Providing Timely Access to Mental Health and Addictions Services in Prince Albert and Surrounding Areas

1.0 MAIN POINTS

The Saskatchewan Health Authority provides three types of mental health and addictions services in Prince Albert and surrounding areas: inpatient (in a hospital), outpatient (outside a hospital), and community rehabilitation and residential services. The Authority provides most of these services in the city of Prince Albert. –

While the Authority has, since our 2018 audit, made improvements in its processes to provide timely access to mental health and addiction services in Prince Albert and surrounding areas, it has some more work to do.

By January 2021, the Authority implemented a provincial integrated health record system and a level of care assessment tool for outpatient mental health and addiction services. The Authority put in processes to improve the proportion of clients showing up for scheduled appointments and documented discussions with addiction clients about the post-detox support available to them. The Authority also enhanced monitoring of wait times for access to outpatient mental health and addictions services.

Key areas where further work is needed include the following:

- Formally assessing whether mental health and addictions services are meeting client demand. Mental health patients continue to wait longer than expected for counselling and psychiatry services in Prince Albert and surrounding areas. Doing an assessment of client demand relative to mental health and addictions services available will support getting the right services at the right place at the right time.
- Develop a strategy to collect mental health and addictions client service information in its health record system from healthcare professionals outside of the Authority (e.g., psychiatrists). This will help ensure complete information is readily available for client care.
- Collaborate with the Ministry of Social Services for enhanced access to housing options for mental health and addictions clients as stable housing can lead to better outcomes for people living with complex mental health and addictions issues.

Mental health and addictions clients getting the right treatment at the right time is important to recovery.



2.0 INTRODUCTION

While not everyone affected with mental illness requires treatment from healthcare professionals, for those who do, timely access to quality services is important.¹

This chapter describes our first follow-up audit of management's actions on the recommendations we made in 2018 about the Saskatchewan Health Authority's processes to provide timely access to mental health and addiction services in Prince Albert and surrounding areas.

2.1 Background

Under *The Mental Health Services Act*, the Minister of Health is responsible for the strategic direction of the mental health system in the province, and for establishing regions in which to organize and provide mental health services.

The Provincial Health Authority Act came into effect on December 4, 2017, amalgamating the existing health regions (including the former Prince Albert Parkland health region) into one, the Saskatchewan Health Authority. *The Provincial Health Authority Act* continues to make the Minister of Health responsible for the strategic direction of the provincial health care system, and makes the Authority responsible for planning, organizing, delivering, and evaluating healthcare services, including mental health and addictions services.

The Saskatchewan Health Authority established six integrated service areas within Saskatchewan for the delivery and management of health services as permitted by *The Provincial Health Authority Act*. The Northeast integrated service area includes the city of Prince Albert and surrounding areas.

2.2 Focus of Follow-Up Audit

This audit follows up on ten recommendations made in our *2018 Report – Volume 1*, Chapter 8 about the Saskatchewan Health Authority's processes to provide timely access to mental health and addiction services in Prince Albert and surrounding areas. We concluded for the 12-month period ended January 31, 2018, the Authority had, other than areas identified in our ten recommendations, effective processes.

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Authority's progress toward meeting our recommendations, we used the relevant criteria from the original 2018 audit. The Authority's management agreed with the criteria in the original audit.

¹ Commissioner, Mental Health and Addictions Action Plan, *A 10 Year Mental Health and Addictions Action Plan for Saskatchewan*, (2014), p. 8.

To complete this follow-up audit, we interviewed key staff, reviewed the Authority's policies and procedures, and examined other documents. We observed the Authority's mental health and addictions information system and reviewed the level of care utilization system assessment tool used for screening patients.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at January 31, 2021, and the Saskatchewan Health Authority's actions up to that date.

3.1 Formal Assessment of Supply and Demand for Mental Health and Addictions Services Not Done

We recommended the Saskatchewan Health Authority formally assess whether mental health and addictions services are meeting client demand and make adjustments where necessary in its Northeast integrated service area. (2018 Report – Volume 1, p. 113, Recommendation 1; Public Accounts Committee agreement February 26, 2019)

Status—Not Implemented

The Saskatchewan Health Authority has not formally assessed whether mental health and addictions services are meeting client demand in Prince Albert and surrounding areas (also referred to as the Northeast integrated service area). The Authority continues to struggle to provide mental health outpatient services in a timely manner. Long waits can lead to people's health condition getting worse, and in some cases, long waits can even contribute to death.

Mental health and addictions service capacity for Prince Albert and surrounding area has not changed a lot since our original audit in 2018. **Figure 1** shows that the number of beds remained the same. Since 2018, the occupancy rates for mental health inpatient beds has decreased for adults by about 10 percent and decreased for adolescents by about 30 percent. The social and detox beds occupancy rate remained high at 98 percent while the family treatment centre occupancy rate rose by almost 10 percent.

Figure 1—Northeast Integrated Service Area Beds and Occupancy Rate for 2016–17 and 2019–20

Facility	2016–17		2019–20	
	# of Beds	Occupancy Rate	# of Beds	Occupancy Rate
Victoria Hospital – Prince Albert Mental Health Centre Adult Unit – Prince Albert	29	86.5%	29	74.3%
Victoria Hospital – Prince Albert Mental Health Centre Adolescent Unit – Prince Albert	10	84.2%	10	64.4%
Social Detox – Prince Albert	6	98.0%	6	98.0%



Facility	2016–17		2019–20	
	# of Beds	Occupancy Rate	# of Beds	Occupancy Rate
Brief Detox – Prince Albert	8	98.0%	8	98.0%
Family Treatment Centre – Prince Albert	8	66.7%	8	75.6%
Approved Homes	43	Not available	43	Not available

Source: Ministry of Health 2016–17, 2017–18, and 2019–20 Mental Health Services and Addiction Service Program Data Reports.

The Authority tracks and reports to senior management on meeting the wait times for outpatient and psychiatry services in the Northeast integrated service area. **Figures 3, 4, and 5** show the statistics for 2019–20.

The Authority has developed triage guidelines for mental outpatient services (see **Figure 2**).² The guidelines set the suggested maximum length of client wait to first offered service (i.e., the first appointment the client gets with a counsellor or psychiatrist) based on seriousness of the presenting symptoms (acuity level). Clients assessed as having more medically urgent conditions are to be seen before those with less urgent conditions.

Figure 2—Target Timeframes for Outpatient and Psychiatry Services

Acuity	Service Response Target
T1 – Very Severe	Client seen within 24 hours
T2 – Severe	Seen within 5 days
T3 – Moderate	Seen within 20 business days
T4 – Mild	Seen within 30 days

Source: Ministry of Health, 2016–17 Community Program Profile.

The Authority has set a goal (i.e., target) that 50 percent of all clients should be seen by a psychiatrist within the service response targets set out in **Figure 2**.

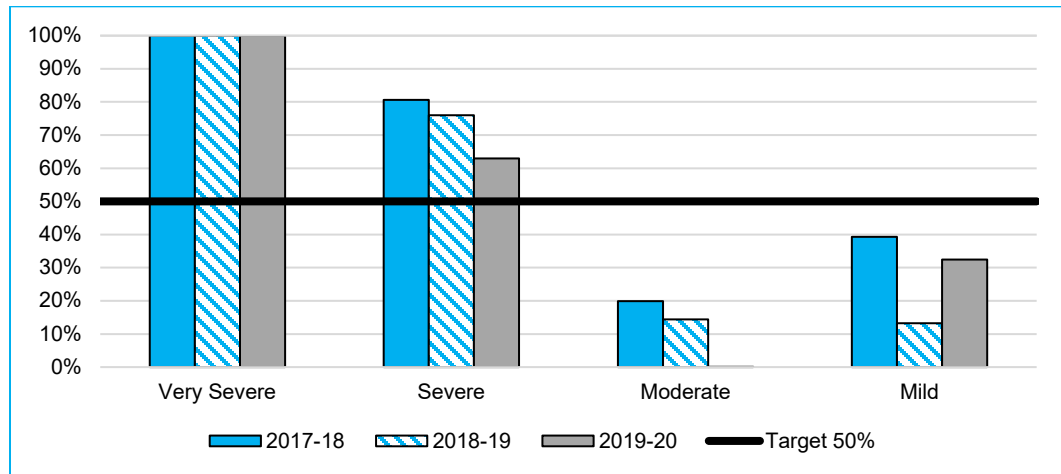
While it has had some improvements, the Authority has not improved its service delivery in many areas.

For example, **Figure 3** shows that for 2017–18 to 2019–20, the Northeast integrated service area met its goal for those children with a very severe or severe acuity but did not for those children with moderate or mild acuity. In 2019–20, 11 children had very severe or severe acuity levels while 161 children had moderate or mild acuity levels. More than 90 percent of the children with moderate acuity level had to wait more than 20 business days to see a psychiatrist for their first appointment, which is worse than 2017–18 (where about 80 percent of the children had to wait).

The Authority encountered psychiatrist shortages in Prince Albert and surrounding areas starting in 2017–18 and resorted to alternative delivery means (e.g., accessing psychiatrist services from Saskatoon) to provide these services. This significantly impacted the Authority's ability to deliver the same level of services as previously provided.

² A triage system is where clients are evaluated and categorized according to the seriousness of their injuries or illnesses to prioritize treatment and other resources. www.oxfordreference.com (26 March 2021).

Figure 3—Percentage of Child and Youth Clients Seeing Psychiatrists Within Triage Timeframes



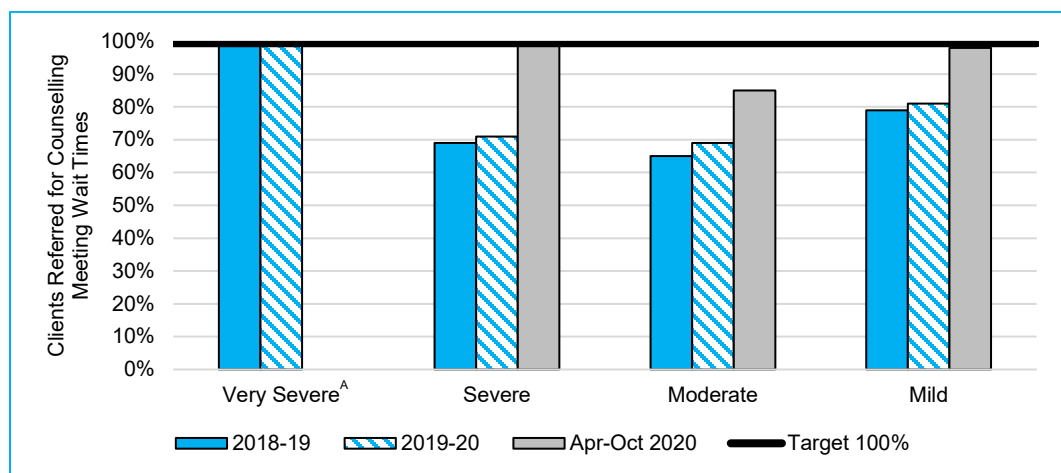
Source: Ministry of Health 2019–20 Mental Health Program Data, p.8.

Also, the Northeast integrated service area has not met its service response targets for adult and child mental health clients (with moderate and mild acuity) seeing a counsellor for their first scheduled appointment (see **Figures 4 and 5**).

We note the Authority does have walk-in mental health outpatient services available from 9:00 a.m. to 5:00 p.m. from Monday to Friday in Prince Albert where any client could receive immediate help from the next available counsellor without an appointment.

Figure 4 shows that the Northeast integrated service area has met the service response target for all adult clients classified as having a very severe acuity seeing an outpatient counsellor for their first appointment (see **Figure 2** for targets).³ However, it has not met the service response target for all adult clients classified in moderate or mild acuity levels seeing an outpatient counsellor for their first appointment from April 2018 to October 2020.

Figure 4—Percentage of Adult Clients Referred for Counselling Within Triage Timeframes



Source: Northeast Integrated service area data.

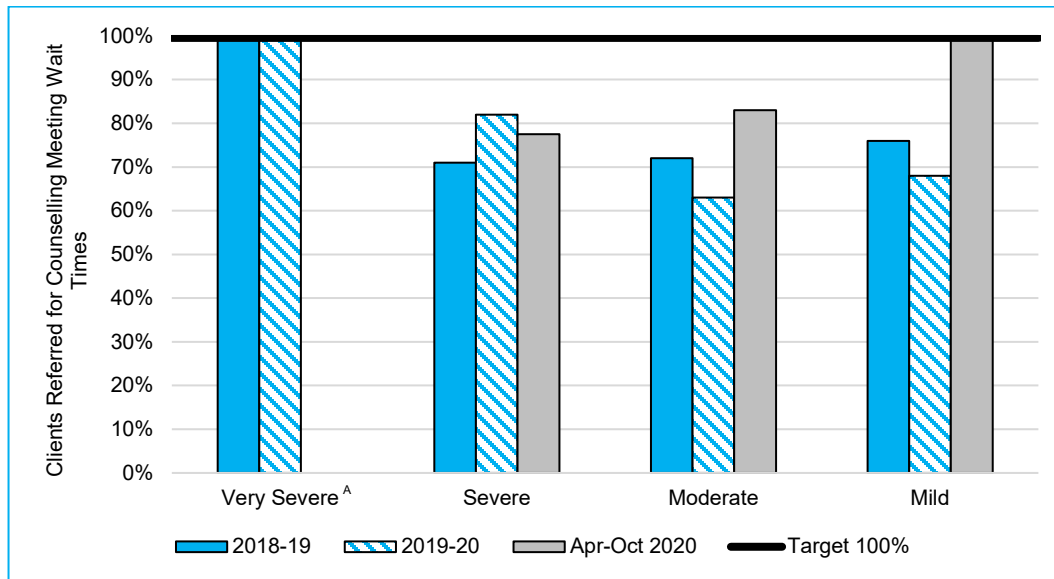
^A No Very Severe Acuity cases reported between April and October 2020.

³ The Authority set a goal that a counsellor in an outpatient clinic should see all clients within the service response targets set out in **Figure 2**. The Authority tracks and reports to senior management whether it meets these service response targets.



Similarly, **Figure 5** shows that the Northeast integrated service area has met the service response target in 2019–20 for child and youth clients classified as having a very severe and mild acuity when seeing an outpatient counsellor for their first appointment. However, from April 2018 to October 2020, it has not met the service response target for seeing an outpatient counsellor for their first appointment for all other child and youth clients classified at the severe or moderate acuity levels.

Figure 5—Percentage of Child and Youth Clients Referred for Counselling Within Triage Timeframes



Source: Northeast Integrated service area data.
^ANo Very Severe Acuity cases reported between April and October 2020.

Not doing a comprehensive reassessment of client demand relative to mental health and addictions services available, increases the risk of not providing those with mental health illnesses and addictions with timely access to service. A periodic comprehensive assessment for determining whether resources meet program objectives is good practice.

3.2 Integrated Client Files Improving

We recommended the Saskatchewan Health Authority implement a provincial integrated mental health record system to record services provided to mental health and addictions clients. (2018 Report – Volume 1, p. 113, Recommendation 2; Public Accounts Committee agreement February 26, 2019)

Status—Implemented

We recommended the Saskatchewan Health Authority develop a strategy to collect key mental health and addictions client information from healthcare professionals for the provincial integrated mental health record system. (2018 Report – Volume 1, p. 114, Recommendation 3; Public Accounts Committee agreement February 26, 2019)

Status—Not Implemented

The Saskatchewan Health Authority has implemented a provincial IT system (referred to as the Mental Health and Addictions Information System [MHAIS]) in Prince Albert and surrounding areas to record services provided to outpatient mental health and addictions clients. The Authority is progressing with rolling out its provincial IT system for inpatient and community rehabilitation and residential services. By January 2021, the Authority has yet to develop a strategy to collect key mental health and addictions client information in MHAIS from healthcare professionals.

At January 2021, MHAIS was used in all outpatient services across the province and the Authority had a planned implementation plan for inpatient services. MHAIS was being piloted by inpatient services in the Saskatchewan Hospital North Battleford and Battleford Union Mental Health facilities. This pilot for both facilities was expected to end in October 2021.

Full implementation of MHAIS across all mental and addiction services in the Authority would ensure that each client had one electronic file, making relevant and timely information available for that client seeking services from the Authority.

The Authority is still working to collect key mental health and addictions client information in MHAIS from healthcare professionals. Professionals, such as fee-for-service physicians, work independently of the Authority but provide services to Saskatchewan residents.⁴ The Authority has had ongoing discussions with general practitioners and fee-for-service psychiatrists about the use of MHAIS but no formalized strategy existed as of January 2021.

We also found that more mental health, alcohol, and drug addictions related services are being provided by fee-for-service psychiatrists, general practitioners, and other specialists than in 2016–17. **Figure 6** shows about a seven percent increase in the number of patients obtaining mental health, alcohol, and drug addictions treatment from fee-for-service practitioners.

Figure 6—Services From Fee-For-Service Practitioners to Mental Health and Addictions Patients in Northeast Integrated Service Area for 2016–17 and 2019–20

Related Diagnosis	2016–17		2019–20	
	Patient Count	# of Contacts ^A	Patient Count	# of Contacts ^A
Alcohol	1,016	2,208	878	2,018
Drug	2,512	12,054	2,889	14,707
Mental Health	20,820	67,241	22,329	72,868
Total	24,348	81,503	26,096	89,593

Source: Ministry of Health 2016–17 and 2019–20 Mental Health Services and Addictions Services Program Data Reports for the former Kelsey Trail, Mamaweeetan and Prince Albert Parkland health regions.

^A # of Contacts refers to the number of times a physician billed the province for a service provided to a patient.

Without a strategy to share and capture information on all mental health and addictions services provided by healthcare providers, the Authority does not have a complete client history of services. A complete client history of services provided and their impact on patient health would aid all healthcare providers in determining appropriate courses of action for patients.

⁴ Under the fee-for-service arrangement, the Ministry of Health directly compensates a physician at a pre-set rate for each specific insured service provided to a Saskatchewan resident.



3.3 New Care Model Used to Match Clients to Appropriate Services

We recommended the Saskatchewan Health Authority use a model to assist staff in better matching appropriate services to mental health and addiction clients' needs in its Northeast integrated service area. (2018 Report – Volume 1, p. 121, Recommendation 6; Public Accounts Committee agreement February 26, 2019)

Status—Implemented

The Saskatchewan Health Authority has implemented a level of care utilization system (LOCUS) assessment tool as part of its IT system. The use of this tool helps staff better match services to mental health and addiction clients.

The Northeast integrated service area uses MHAIS to record its outpatient services for mental health and addictions patients. A single patient profile within MHAIS allows the Authority to track an individual patient's use of mental health and addictions services across the Authority.

Upon client intake, staff are required to complete a LOCUS assessment to obtain a composite score (see **Figure 7**) and update/complete a client profile within MHAIS. LOCUS allows healthcare staff to assess patients with psychiatric problems to determine the level of care a patient should receive. Staff use the patient's LOCUS composite score to match services to the patient's level of service need and urgency.

Figure 7—Level of Care Utilization System (LOCUS) Patient Composite Scores

Level 1 – Recovery Maintenance and Health Management
Level 2 – Low Intensity Community Based Services
Level 3 – High Intensity Community Based Services
Level 4 – Medically Monitored Non-Residential Services
Level 5 – Medically Monitored Residential Services
Level 6 – Medically Managed Residential Services

Source: Saskatchewan Health Authority documentation.

We confirmed the Authority is providing patients seeking outpatient mental health and addictions services in Prince Albert and surrounding areas with composite scores and aligning the level of services with the associated score. Management generates reports from MHAIS to determine the extent to which staff are completing LOCUS assessments.

Since 2016, Northeast integrated mental health and addictions service staff have also received training and manuals on using LOCUS.

A stepped care model, such as LOCUS, allows the system to provide appropriate care while better managing resources.

3.4 Frequent Mental Health and Addiction Service Users Being Identified but Not Analyzed

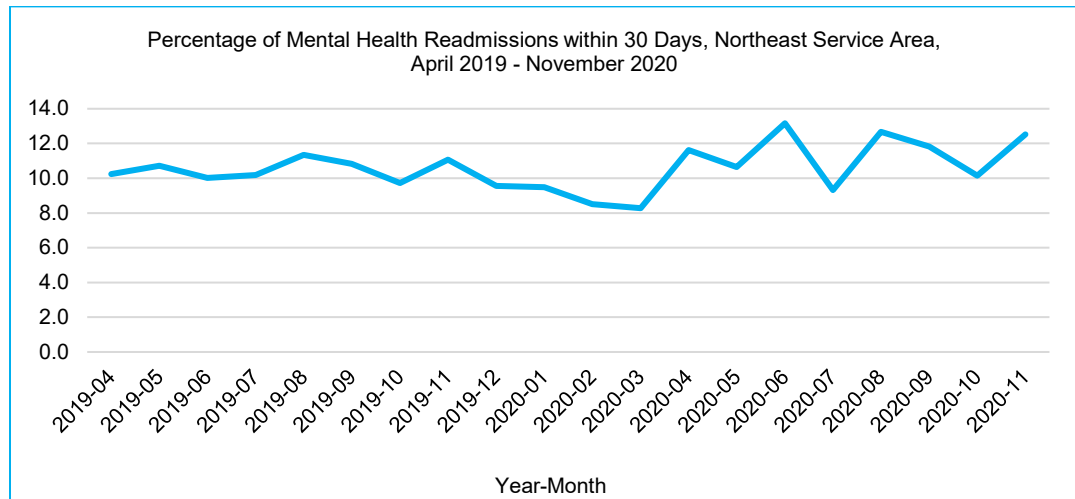
We recommended the Saskatchewan Health Authority identify and analyze clients who frequently use mental health and addictions services to determine how they may be better served in its Northeast integrated service area. (2018 Report – Volume 1, p. 114, Recommendation 4; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

The Saskatchewan Health Authority has implemented community support team to support mental health and addictions clients with complex needs in their community. However, the Authority has not improved the hospital readmission rate for mental health patients since our original audit in 2018.⁵

Figure 8 shows the readmission rates for mental health patients from April 2019 to November 2020. The average number of patients readmitted to hospital within 30 days over this time frame was 10.6 percent. In 2016–17, Prince Albert and surrounding area had an average readmission rate of around 10 percent for mental health patients.

Figure 8—Northeast integrated Service Area Mental Health Patient Hospital Readmission Rate from April 2019 to November 2020



Source: Adapted from Ministry of Health data.

Since 2018, the Authority has introduced processes to identify and track clients who frequently use mental health and addictions services in the Northeast integrated service area. MHAIS includes patient name, address and their medical history. The Authority uses its MHAIS to track clients who frequently use mental health and addictions services. The Authority makes use of its support teams to serve these clients.

In February 2019, the Authority implemented a community recovery team in Prince Albert. The community recovery team program serves a specific group of patients who have very

⁵ The mental health patient readmission rate is calculated by determining the proportion of discharged mental health patients who are readmitted within 30 days.



complex needs and for whom traditional mental health services are not frequent or intensive enough. In 2020, community recovery team identified 66 clients who are frequent users of the mental health and addictions healthcare system and provided direct support to counselling and other services. As of February 2021, community recovery team are working with 27 of these clients. The community recovery team has not yet developed any measures to gauge their success (e.g., extent of clients serviced kept out of hospital).

Analyzing clients who frequently use mental health and addictions services allows service providers to customize the care process for that individual to better serve their specific needs.

3.5 Housing Options Not Improved

We recommended the Saskatchewan Health Authority collaborate with the Ministry of Social Services to enhance access to housing options for mental health and addictions clients. (2018 Report – Volume 1, p. 120, Recommendation 5; Public Accounts Committee agreement February 26, 2019)

Status—Not Implemented

At January 2021, the Saskatchewan Health Authority has not made progress in collaborating with the Ministry of Social Services to enhance access to housing options for mental health and addictions clients. An initial meeting took place in December 2019 between the Authority and Ministry of Social Services, but no meetings have since taken place. Management informed us that, due to the COVID-19 pandemic, these discussions are on hold until November 2021.

The Authority and the Ministry of Social Services working together to provide stable housing, can lead to better outcomes for people living with complex mental health and addictions issues. In addition, providing stable housing outside of a hospital would avoid using costly hospital-based care when such care is not warranted.

3.6 Post-Detox Support Provided

We recommended the Saskatchewan Health Authority require staff to document the post-detox support arranged for detox clients in its Northeast integrated service area. (2018 Report – Volume 1, p. 122, Recommendation 7; Public Accounts Committee agreement February 26, 2019)

Status—Implemented

Since 2018, the Saskatchewan Health Authority has added a process for staff to document discussions with clients about the post-detox support available to them in the Northeast integrated service area.

The Authority's procedures require staff to document discussions with the client on post-detox support that is available, inquiring if they wish to pursue any of those options, and providing contact information or setting up referrals as needed.

For the 30 clients tested, we found staff had adequately documented their discussions with each client about post-detox support and took appropriate actions based on these discussions (e.g., made formal referrals or provided contact information).

Successful addictions treatment has several steps beyond just detoxification, including behavioral counselling and long-term follow-up to prevent relapse. Increased planned post-detox support can decrease the number of client re-admissions and substance use relapses.

3.7 Increasing Number of Clients Showing Up for Appointments But Not Documenting Follow-Up

We recommended the Saskatchewan Health Authority assess alternatives to decrease the number of mental health and addiction clients that do not show up for scheduled appointments or treatment in its Northeast integrated service area. (2018 Report – Volume 1, p. 123, Recommendation 8; Public Accounts Committee agreement February 26, 2019)

Status—Implemented

The Saskatchewan Health Authority has introduced changes that increased the number of clients showing up for scheduled appointments in the Northeast integrated service area.

Since our audit in 2018, the Saskatchewan Health Authority has implemented new ways to provide services to clients electronically and has reduced the number of clients not attending scheduled appointments.

For example, the Authority conducts a pre-screening phone call one week in advance of the scheduled appointment, which also acts as a reminder for the appointment. Also some treatments are now done virtually. By providing these services virtually, the clients do not have to travel as far (e.g., can stay in their homes or travel to a local facility instead of travelling to Prince Albert facilities), making it easier to attend appointments.

As shown in **Figure 9** during our original audit in 2018, we found between 12 percent to 39 percent of clients (depending on the service) did not show up for scheduled appointments or treatments. From January 1, 2020 to December 31, 2020, we found that between 5 percent to 28 percent of clients did not attend their scheduled appointments or treatments for those same services.

Figure 9—Number of Clients Not Showing up for Scheduled Appointments

Service Area	2017 # of no- show clients	2017 % of no-show clients	2020 # of no- show clients	2020 % of no-show clients	Change in # of no-shows between 2017 and 2020
Addictions Outpatient and Outreach Services	1,842	15%	1,982	22%	Increase
Mental Health Outpatient Services – New Clients		39%	535	28%	Decrease
Mental Health Outpatient Services – Follow-up Clients		22%	1,591	23%	No change



Service Area	2017 # of no- show clients	2017 % of no-show clients	2020 # of no- show clients	2020 % of no-show clients	Change in # of no-shows between 2017 and 2020
Addictions Inpatient Services – Family Treatment Centre	10	15%	6	5%	Decrease
Addictions Inpatient Services – Social Detox	98	12%	27	15%	Increase
Psychiatry Outpatient Services – New Clients			135	25%	
Psychiatry Outpatient Services – Follow-up Clients			938	24%	
			5,214	23%	

2017 Source: Taken from Provincial Auditor Saskatchewan *2018 Report – Volume 1*, chapter 8, p. 123.

2020 Source: Adapted from Saskatchewan Health Authority records.

Shaded cells indicate where the number of no-show clients were not readily available from the Authority.

During 2020, due to COVID-19, all in person appointments require staff to call the client ahead of time to conduct pre-screening questionnaires. This acts as a reminder for clients and provides them with an immediate opportunity to cancel/reschedule ahead of time. Knowing in advance that the client will not be able to attend their scheduled appointment allows the Authority to fill the available time.

Reducing missed appointments leads to less disruption in schedules and better use of staff capacity.

We recommended the Saskatchewan Health Authority document evidence of follow-up when clients do not maintain their scheduled mental health and addictions treatment in its Northeast integrated service area. (2018 Report – Volume 1, p. 123, Recommendation 9; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

Since 2014, the Saskatchewan Health Authority has had policies requiring follow up within a month with clients who have missed their scheduled appointment or treatment in the Northeast integrated service area. However, the Authority is not effectively documenting the follow-up process.

As noted in **Figure 9** from January 1, 2020 to December 31, 2020, 23 percent of clients did not attend their scheduled appointment or treatment.

For the 30 clients we tested that did not attend their scheduled appointment or treatment, we found five client files did not have documentation that any follow up occurred with the client (e.g., no evidence of a phone call). Of the 25 clients with documentation of follow up in their file, we found two did not have the follow up completed within a month as per the Authority's policies.

Timely follow-up to assess health status can avoid future hospital visits and reduce overall costs to the client and healthcare system.

3.8 Outpatient Wait Times Accurately Tracked

We recommended the Saskatchewan Health Authority accurately track and report wait times to access outpatient mental health and addictions services in its Northeast integrated service area. (2018 Report – Volume 1, p. 123, Recommendation 10; Public Accounts Committee agreement February 26, 2019)

Status—Implemented

The Saskatchewan Health Authority is tracking and reporting wait times to first access outpatient mental health and addictions services by scheduled appointment in its Northeast integrated service area.

As noted in **Section 3.1**, the Authority has developed triage guidelines and targeted timeframes for providing addictions and mental outpatient services. The Authority uses these target timeframes noted in **Figure 2** for prioritizing new clients (children/youth and adults) accessing outpatient clinic or psychiatry services.

The Authority tracks these measures monthly and reports to senior management whether it meets the service response targets (see **Figures 3, 4, and 5**).

Accurately determining these wait times to access outpatient mental health and addictions services provides better internal and public information about outpatient wait times, and in turn, aids in better decision making.



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