

## Chapter 26

# 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, such as a clinic or program), and community rehabilitation and residential services. The Authority provides most of these services in the city of Prince Albert.

By July 2023, the Authority continues to work on addressing recommendations we first made in 2018 about providing timely access to mental health and addictions services in Prince Albert and surrounding areas (i.e., Northeast integrated service area). The Authority implemented three recommendations and continues to work on the two remaining recommendations.

The Authority assessed client demand for mental health and addictions services by reviewing monthly wait lists. The Authority had 249 children and youth waiting for psychiatric services in Prince Albert and surrounding areas, with one individual experiencing severe symptoms waiting 130 days (4.3 months) and another individual with moderate symptoms waiting over 1,600 days (4.4 years) to see a psychiatrist. As a result of these assessments, the Authority identified staffing as a barrier to achieving their targets and received additional funding from the Ministry of Health in June 2023 to recruit additional staff.

The Authority identified clients who frequently use mental health and addictions services—it used support teams to better serve these clients. In addition, it periodically reviewed client files to determine whether staff document evidence of follow-up when mental health and addictions clients miss their scheduled appointments or treatment.

The Authority began developing a provincial strategy to implement a mental health and addictions IT system, but it has yet to finalize the strategy for all healthcare services and professionals (i.e., physicians). Having a complete client history of services provided would aid all healthcare providers in determining the next appropriate course of action for clients.

The Authority also began collaborating with the Ministry of Social Services to enhance access to housing options for mental health and addictions clients, but they have made little progress. Over 2,300 detox clients identified as homeless in Prince Albert and surrounding areas in 2022—a significant increase from just over 800 clients in 2017. Providing stable housing can lead to better outcomes for people living with complex mental health and addiction issues.



## 2.0 INTRODUCTION

*The Provincial Health Authority Act* makes the Ministry of Health responsible for the strategic direction of the provincial healthcare system, and makes the Saskatchewan Health Authority responsible for planning, organizing, delivering, and evaluating healthcare services, including mental health and addictions services.

The Authority established six integrated service areas within Saskatchewan for the delivery and management of health services. The Northeast integrated service area includes the city of Prince Albert and surrounding areas.

### 2.1 Focus of Follow-Up Audit

This chapter describes our second follow-up audit of management's actions on five outstanding recommendations we first made in 2018.

In 2018, we assessed the Saskatchewan Health Authority's processes to provide timely access to mental health and addictions services in Prince Albert and surrounding areas. Our *2018 Report – Volume 1*, Chapter 8, concluded that the Authority had effective processes, except in the areas reflected in our 10 recommendations.<sup>1</sup> By January 2021, the Authority implemented five of 10 recommendations.<sup>2</sup>

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 audit. Authority management agreed with the criteria in the original audit.

To carry out our follow-up audit, we discussed with management the actions taken, reviewed the Authority's policies and procedures, and examined other key documents (e.g., wait lists, corrective action plans). We observed the Authority's mental health and addictions IT system. In addition, we tested a sample of client files to determine whether the Authority followed up with clients who missed their appointments or treatment.

## 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 July 31, 2023, and the Saskatchewan Health Authority's actions up to that date.

<sup>1</sup> *2018 Report – Volume 1*, Chapter 8, pp. 103–125.

<sup>2</sup> *2021 Report – Volume 1*, Chapter 22, pp. 241–253.

### 3.1 Trying to Increase Capacity After Assessing Client Demand

***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**—Implemented

The Saskatchewan Health Authority assesses client demand for mental health and addictions services in the Northeast integrated service area by reviewing monthly wait lists. From these reviews, the Authority identified a lack of staffing as the main barrier to meeting client demand. As a result, it received additional funding from the Ministry of Health in June 2023 to recruit additional nurses, psychiatrists and psychologists, and to enhance emergency mental health nursing supports.

Each month, the Authority tracks the wait times for mental health outpatient and psychiatric services for adults, as well as for children and youth. The Authority sends these results to the Ministry of Health each month. We reviewed the wait times for children and youth and, as shown in **Figure 1**, the Authority had 249 children and youth waiting for psychiatric services, with one individual experiencing severe symptoms waiting 130 days (4.3 months) and one individual with moderate symptoms waiting 1,611 days (4.4 years) to see a psychiatrist.

**Figure 1—Number of Children and Youth Waiting for Psychiatric Services in the Northeast Integrated Service Area at July 2023**

Acuity Level	Children and Youth Waiting for Psychiatric Services	Longest Wait for Psychiatric Services (Days)
Very Severe	0	0
Severe	9	130
Moderate	215	1,611
Mild	25	1,011
<b>Total</b>	<b>249</b>	

Source: Adapted from information provided by the Saskatchewan Health Authority.

Additionally, the Authority tracks wait time data for both adult, and child and youth psychology. At July 31, 2023, the Authority had 299 child and youth clients waiting for psychology services (e.g., to see a psychologist).

Through its analysis, the Authority identified a lack of available staffing as the primary barrier to reducing wait times and meeting benchmark targets. There are a large number of vacancies in healthcare positions in the Northeast integrated service area—all three child psychiatric positions were vacant at July 2023. Therefore, it relies on part-time community psychiatry support, as well as from the Saskatoon integrated service area to provide psychiatric services to child and youth clients.



As a result, in July 2022, the Authority submitted a \$5.4 million enhanced funding request to the Ministry of Health for additional specialists (e.g., psychiatrists, psychologists), support staff (e.g., nurse practitioners, addictions counsellors), and for training.

In June 2023, the Ministry agreed to provide roughly \$1.9 million in additional funding to the Authority for the purposes of hiring additional psychologists, nurses, nurse practitioners, pharmacists, as well as to expand supports for current emergency mental health nursing (e.g., extend hours to support the psychiatrist on call) in the Northeast integrated service area.<sup>3</sup>

We found the Authority is actively trying to recruit staff across various specialities. However, as we found during our 2022 audit of filling hard-to-recruit healthcare positions at the Authority, it is encountering difficulties in recruiting staff for many specialized healthcare positions, including registered nurses and psychologists.<sup>4</sup>

Assessing client demand, and attempting to make necessary adjustments to help meet those demands, increases the likelihood of providing those suffering from mental health illnesses and addictions with timely access to services.

## 3.2 Strategy to Collect Client Information In Progress

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***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**—Partially Implemented

The Saskatchewan Health Authority began developing a provincial strategy to implement an IT system (referred to as the Mental Health and Addictions Information System [MHAIS]) to record mental health and addictions services provided to outpatient and inpatient clients, as well as services provided by healthcare professionals. At July 2023, the Authority has yet to finalize its implementation strategy.

In November 2022, the Authority, along with eHealth Saskatchewan and the Ministry of Health, developed a work plan to implement MHAIS provincially. The work plan sets out:

- Each project (e.g., hire IT personnel, implement IT system in provincial detoxification units, provide physician access)
- Project lead(s)
- Tasks (e.g., account creation, end-user training) with task leads
- Estimated hours for each task, as well as start and completion dates

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<sup>3</sup> The Ministry's funding will assist the Authority in recruiting about 10 additional healthcare positions.

<sup>4</sup> 2022 Report – Volume 2, Chapter 12, pp. 133–158.

We found the Authority and its partners have not fully developed the work plan. For example, it does not include plans (e.g., project leads, tasks, timelines) for implementing the MHAIS IT system for detoxification units and for healthcare professionals (i.e., physicians).

Full implementation of MHAIS across all mental health and addictions services can help the Authority capture all client information and services provided, giving it a complete client history of services. A complete client history of services provided and their impact on client health would aid all healthcare providers in determining the next appropriate course of action for clients.

### 3.3 Healthcare Teams Support Mental Health and Addictions Clients Who Frequently Use Services

***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—Implemented**

The Saskatchewan Health Authority identified clients who frequently use mental health and addictions services and used support teams to better serve these clients in the Northeast integrated service area.

The Authority tracks clients who frequently use mental health and addictions services. The Authority makes use of two support teams to serve these clients—the community recovery team and the police and crisis team.

#### **Community Recovery Team:**

The community recovery team is a multi-disciplinary team (e.g., addictions counsellor, community mental health nurse) with a capacity to serve approximately 30 clients at a time in the Northeast integrated service area. This team serves a specific group of clients with very complex needs by providing client-centred support to individuals with serious and persistent mental illness. Based on client needs, the team sets up regular appointments or provides support on an as-needed basis. The Authority does not mandate clients to use this team.

The Authority uses the clients' length of stay once admitted to inpatient units to determine whether the community recovery team helped clients recover or reduced the severity of their symptoms. It uses this metric because shorter client stays in inpatient units can be indicative of clients recovering from their mental health or addictions issues. It also results in a higher turnaround of beds, which makes needed resources available for other clients.

As of July 2023, the community recovery team actively served 31 clients (February 2021: 27 clients). For each of the four client files tested, we found that after the team initiated services with the clients, hospital admissions and the average length of stay once admitted



decreased. For example, one client stayed in hospital for 65 days in 2020–21. The client was admitted again in 2021–22 and 2022–23. Following receipt of services from the community recovery team, this client experienced shorter hospitalization stays at only 6 days in 2021–22 and 12 days in 2022–23.

#### **Police and Crisis Team:**

The police and crisis team combines a police officer (from Prince Albert Police Services) with a mental health and addictions professional, who respond to an emergency call to provide immediate intervention. The team responds to the situation, de-escalates the crisis, and links the client and/or family to appropriate services and support where needed.

The Authority tracks the number of diverted emergency calls each month (i.e., individuals assisted by the police and crisis team rather than taken to a hospital emergency department).

For July 2023, the Authority reported the police and crisis team responded to 25 calls. The team diverted 17 (72%) of these calls from a hospital emergency department by providing alternate services (e.g., outpatient mental health counselling).<sup>5</sup>

Using support teams who provide immediate and personalized care increases the level of mental health or addictions care provided to clients to better serve their specific needs.

### **3.4 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**—Partially Implemented

The Saskatchewan Health Authority and the Ministry of Social Services began meeting to collaborate on providing housing options for mental health and addictions clients, but they have made little progress.

In 2012, the Federal Government established the Reaching Home Community Advisory Board. Part of its mandate is to provide advisory services and assist in planning for homelessness reduction and prevention strategies in Prince Albert. The Board meets quarterly and includes members from the community (e.g., City of Prince Albert, Prince Albert Police Service), as well as government agencies (e.g., representatives from the Ministry of Social Services, Saskatchewan Housing Corporation). The director of the Authority's mental health and addictions unit in Prince Albert also attends the meetings, participates in discussions, and in decision-making.

We found the Board discussed shelter issues (e.g., lack of beds) and the potential establishment of more shelters.

<sup>5</sup> In November 2020, the police and crisis team responded to 47 calls and diverted eight (17%) of the calls.

The Authority is also part of a Youth Residential Supports Working Group with the Ministry of Social Services and the Ministry of Health. The working group meets quarterly. We found it discussed challenges (e.g., complex diagnosis, drug use) encountered with the youth population and concerns about facilities providing youth with residential supports being unable to support their needs.

While we found the Authority collaborated with the Ministry of Social Services on some issues, it has not made progress in enhancing housing options for mental health and addictions clients, especially for those with addictions.

In our original audit in 2017, we noted the Authority had 802 detox unit stays for clients in the Northeast integrated service area where clients identified as homeless in 2016–17. As shown in **Figure 2**, this number increased significantly—over 2,300 detox clients identified as homeless in 2022. These clients who identify as homeless make up 70% of all detox clients.<sup>6</sup> Management indicated they saw a large increase in detox clients who identified as homeless during the COVID-19 pandemic, as they had no other safe place to go.

**Figure 2—Number of Detox Clients who Identify as Homeless in the Northeast Integrated Service Area**

Year	Detox Clients Identified as Homeless <sup>A</sup>	Overall Detox Clients <sup>A</sup>	Percentage of Homeless Detox Clients Compared to Overall Detox Clients	Percentage Increase in Homeless Detox Clients
2021	1,512	2,672	57%	89%
2022	2,320	3,315	70%	53%

Source: Information provided by the Saskatchewan Health Authority.

<sup>A</sup> The number of detox clients may include clients who use detox services on more than one occasion.

From August 2022 to July 2023, the Authority had 15 clients who each stayed in the hospital for longer than 60 days in Prince Albert and surrounding areas. Based on the Authority's tracking, it noted:

- Five clients received secured housing with supports (e.g., Saskatchewan Income Support benefits) from the Ministry of Social Services
- Six clients needed longer hospital stays to stabilize them—all clients had stable housing in place upon discharge
- Three clients needed longer hospital stays to stabilize them and were unable to be transitioned into supported housing due to having concurrent disorders along with high risk behaviour (e.g., addiction, aggression, violence)
- One client was waiting for a long-term care bed

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

<sup>6</sup> The figure may include multiple stays of a single homeless client.



### 3.5 Monitoring Follow-Up With Clients

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***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**—Implemented

The Saskatchewan Health Authority periodically reviews mental health and addictions client files in the Northeast integrated service area to determine whether staff document evidence of follow-up when clients miss their scheduled appointments or treatment.

In September 2019, the Authority implemented a work standard requiring staff (e.g., clinicians) to attempt to contact outpatient clients during their scheduled appointment time or at least within 24 hours of their missed scheduled appointment.

During 2022, approximately 23% of clients did not attend their scheduled appointment or treatment.<sup>7</sup>

We tested 30 client files where clients did not attend their first scheduled appointment or treatment and found the Authority documented its attempt to follow up with all the clients in a timely manner (i.e., same day as the missed appointment). However, in two files where a client missed the first appointment, they also missed the rescheduled appointment or treatment. In these two instances, we found staff did not document their attempts to follow up with the clients in regards to the rescheduled appointments. Overall, we found a 95% compliance rate, which is consistent with the Authority's findings.

In March 2022, the Authority implemented a process to review client files to assess whether staff included documentation of follow-up with clients on their missed appointments. The Authority reviews 10 client files each quarter for each unit (e.g., adult addictions, adult mental health, child and youth addictions), except for the detox unit where staff conduct monthly reviews. The Authority expects 100% of files to include documentation of follow-up. If the review finds inadequate documentation, the Authority requires unit managers to submit corrective actions plans to the Director of Mental Health and Addictions.

For the three quarters between September 2022 and June 2023, we found the Authority reviewed 206 client files, of which 98% had clearly documented follow-up with clients after missing their scheduled appointment. We also found all files reviewed by the Authority in the detox unit clearly documented follow-up with clients.

We reviewed one of the two files requiring a corrective action plan and found it clearly documented the root cause for not meeting the target (i.e., new staff member unaware of the process for following up when a client misses an appointment) and the proposed actions (e.g., reviewing the work standard for missed appointments with the new staff member).

Timely follow-up helps ensure clients receive appropriate care. It also helps to avoid future hospital visits and reduce overall costs to the client and healthcare system.

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<sup>7</sup> In 2020, 23% of clients did not attend their scheduled appointment or treatment.