

Government of Gouvernement des Northwest Territories Territoires du Nord-Ouest

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MS. IULIE GREEN MLA, YELLOWKNIFE CENTRE

Oral Question 775-18(3): Mental Health and Addictions Plan

This letter is in follow up to the Oral Question you raised on June 6, 2019 regarding the Mental Health and Addictions Recovery (MWAR) Action Plan and whether the plan's monitoring and evaluation framework would measure outcomes.

As outlined in the monitoring and evaluation framework for the MWAR, the Department of Health and Social Services (the Department) commits to monitoring outcome indicators relevant to individuals, the population and the system. Measurement of outcomes in the area of health and social services are guided by the dimensions of quality. When developing relevant performance measures, the Department attempts to achieve a balance across the dimensions of quality, to ensure we provide a comprehensive assessment of performance that is outcome focused. This work will inform decision-making concerning continuous quality improvement, program efficiencies, and resource allocation.

Specifically, the monitoring and evaluation framework sets indicators around the following dimensions of quality:

- 1. Acceptability (also referred to as client-centered): To what extent do clients have a positive experience using health and social services?
 - · Acceptability focuses on the degree to which services are clientcentered; that is, care is provided in a manner that respects the client's needs, preferences, and expectations resulting in a positive client experience. It also considers how clients are supported in participating in their own care.
- 2. Accessibility: How easy is it for clients to obtain the services they need?
 - · Accessibility refers to how much effort clients have to expend to be able to access the services they need. It considers barriers to care such as ease of access to the service location, wait times, and coordination of care.

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- 3. Appropriateness: What services or treatment balances patient needs and preferences with evidence-informed practice to produce the best possible outcomes?
 - Appropriateness refers to the collaboration between the client and the care provider to determine the care that respects the needs and preferences of the client and is supported by evidence-informed practice.
- 4. Effectiveness: Is the treatment or intervention provided based on scientific knowledge and best practice to facilitate the optimal outcome for the client?
 - Effectiveness refers to the efficacy of the treatment or intervention in providing the best outcome for the client. The choice of treatment or intervention for the client is based on current scientific knowledge and evidence-informed practice.
- 5. Efficiency: Are health system resources used prudently?
 - Efficiency focuses on the extent to which resources (e.g. people, facilities, and equipment) expended on health services add value (directly or indirectly) for the client and minimize waste.
- 6. Safety, including Cultural Safety: To what extent to clients feel safe and respected when accessing programs and services?
 - Safety focuses on the degree to which services are offered in a safe, including culturally safe, and respectful way; that is, that care is provided in a manner that avoids harm to clients, such as racism or discrimination. It also considers the relationship between the health care provider and the client to ensure care is delivered in a way that fosters trusting, caring, and ongoing relationships.

Regarding specific indicators measuring outcomes, the following indicators are included in the monitoring and evaluation framework:

- % of respondents that report being satisfied or very satisfied with the overall experience with counselling services;
- % of respondents that report being satisfied or very satisfied with the skills and ability of their counsellor to provide professional support;
- % of respondents that report being satisfied or very satisfied with the overall changes in life since starting counselling services;
- Hospital stays for harm caused by substance use;
- Alcohol hospitalizations;
- Mental health hospitalizations;

- Populations hospitalized for self-injury;
- Average wait times for access to the NWT Community Counselling Program (CCP);
- Compliance to standards based on CCP audit reports; and
- Staff satisfaction survey results.

The ongoing monitoring does include the number of individuals who complete treatment. However, at this time we do not collect information on access to aftercare programming. It is also important to consider that maintaining sobriety may not be the most accurate measure of program success. Every person's healing journey is unique and for some sobriety may not be the end goal.

Thank you.

Glen Abernethy

Minister of Health and Social Services

c Mr. Tim Mercer Clerk of the Legislative Assembly

> Mr. David Hastings Legislative Coordinator, Executive