

DATE: November 29, 2022

Mr. Abid Mavani
Fatality Inquiry Coordinator
Justice and Solicitor General
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Edmonton, Alberta T5J 3S8
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Dear Abid:

Re: Nevaeh Charette – Public Fatality Inquiry, Response to Recommendations

Thank you for providing the Honourable Judge T.W. Achtymichuk's report. This letter is to provide a response to the three recommendations impacting AHS.

Recommendation #2

AHS standardize the practice of, and dedicate staff and other resources to, the follow up by direct contact with youth and their families about recommendations and referrals that are made after a person is discharged from an assessment or treatment at a hospital or elsewhere, for mental health issues like suicide risk.

Response

AHS accepts this recommendation in principle

AHS has a provincial policy to guide clinicians to collaborate with client/client supports and their next responsible care provider to facilitate transitions in care with a supporting discharge plan and safety plan (if required).

AHS has a provincial policy to guide clinical practice for clinicians to follow up with clients (youth and adult, guardians where applicable) within seven days of discharge from an addiction & mental health (AMH) inpatient program. Follow up communication, using available methods, is initiated in all cases after discharge.

As of Oct 21, 2022, AHS has implemented a suicide risk alert across inpatient and emergency/urgent care environments in the AHS clinical information system that alerts providers of a client's suicide risk across encounters. The continued expansion of Connect Care will ensure increased visibility of this alert.

Recommendation #3

AHS consider options for increasing the reliability of health professionals being available to provide in-person mental health clinical and other support services in small or isolated communities when it is needed.

AND

Recommendation #4

AHS continues to develop, implement, and evaluate, both during and after the COVID pandemic, the existing new programs giving youth more direct access to mental health support services using warm hand-offs for referrals and more wrap around services.

Response

AHS accepts these recommendations

AHS has developed, implemented, and continues to evaluate centralized Access Services for Addiction and Mental Health. This service centrally screens, triages, schedules, refers, and coordinates clinical services to address the identified AMH need presented and is available throughout the province. AMH scheduled clinical services are provided face to face or virtually depending on the need/location of the client.

AHS is adding additional clinical Addiction and Mental Health resources to the local service area to augment access to AMH services in Central Zone. This includes scheduled and non-scheduled/drop-in appointments in collaboration with other community service providers (e.g., Integrated Youth Hubs, CMHA, primary care, etc.). This approach is also being expanded throughout province as resources and funding are made available.

AHS continues to explore provincial application and expansion of collaborative care approaches with these and other community and cross-ministerial partners to enhance warm hand-offs and wrap around services for children, youth, and families.

Sincerely,

"Original Signed"

Dr. Francois Belanger
Vice President Quality and Chief Medical Officer
Alberta Health Services

"Original Signed"

Deb Gordon
Vice President & Chief Operating Officer, Clinical Operations
Alberta Health Services

CC: Mauro Chies, Interim Chief Executive Officer, Alberta Health Services