

June 10, 2024

Diane McLeod
Information & Privacy Commissioner of Alberta
Office of the Information and Privacy Commissioner of Alberta
410, 9925 - 109 Street
Edmonton, Alberta, T5K 2J8

Dear Commissioner McLeod,

RE: Amendment to the My Recovery Plan (MRP) Privacy Impact Assessment
Previous AHS File Number: 2650
Current AHS File Number: 545
OIPC File Number: 026457

I am writing to inform you of an amendment to the above noted Privacy Impact Assessment which your office has not yet reviewed. This amendment is an update to the PIA, changes or new additions are indicated in **red** text, and any deletions are marked with **strikethrough**.

The original Privacy Impact Assessment (AHS file #2650/OIPC file #026457) described My Recovery Plan (MRP) is a third-party website developed by Last Door Recovery Services (LDRS) to measure recovery capital. MRP will allow Alberta Health (AH) to track how Recovery Capital scores increase over time and what interventions are providing better health outcomes. Alberta Health Services (AHS) contracted service providers create and access client portals in MRP, in order to complete recovery capital assessments and create measurable treatment plans for Albertans seeking substance use treatment. In addition, MRP has a wait list function for tracking bed availability for contracted service providers. A client's recovery capital will be influenced by every intervention, treatment, or support provided, which should result in a measurable increase in recovery capital.

This amendment addresses the following changes:

- Removal of "Provincial" and "Zone" pertaining to Addiction & Mental Health throughout document.
- Removal of "clinician(s)" to "service provider(s)" throughout document.
- Alberta Health (AH) replaced with the Ministry of Mental Health and Addiction (MHA).
- Implementation of a My Recovery Plan reporting dashboard for the MHA to provide real-time data for reporting. MHA submitted a separate PIA to the OIPC on January 26, 2024.
- Section A(1) summary section changes to reflect current project scope.
- Addition of AHS operated bed-based addiction treatment services.
- Addition of researchers/research activities.
- Implementation of multifactor authentication (MFA) to confirm a user's identity.

- Implementation of security questions to confirm a client's identity when accessing the client portal.
- Alberta Health Services' Organizational Privacy Management Framework was conditionally accepted by the Office of the Information & Privacy Commissioner July 8, 2022 (AHS file #2232, OIPC file #009600).
- Section C(2)(b) Legal Authority and Purpose Table: Type of information is updated to capture current data element elements described in the respective process.
- Section C(3) Notice: Added the new AHS privacy collection notice poster. The old poster has been removed from the document.
- Section C(4)(a) Consent: Updates on the consent process.
- Section C(4)(b) Expressed Wishes: Updates on the expressed wishes process.
- Section C(6) Agreements: Tri-party Services Agreement has been amended to add an Information Sharing Schedule for the new reporting dashboard.
- Section D(1)(a) Access Registration: Separated process to describe Service Provider site access and AHS site access.
- Section D(1)(d) Access to Information by Role: Updated table to reflect current users, their respective roles and access types. Additional user roles added to support AHS operated bed-based addiction treatment services.
- Section D(2) Education and Training: Revised to reflect current education and training process.

Should you have any questions in this regard, please contact Helena Huynh at 587-774-9363 or via email at Helena.Huynh@albertahealthservices.ca.

Sincerely,
Alberta Health Services



Victoria E. Lane
Chief Privacy Officer and Legal Counsel

cc: Helena Huynh, AHS Information & Privacy Advisor

My Recovery Plan (MRP)

AHS Amendment Reference #545

Information & Privacy Advisor

Helena Huynh

AHS Responsible Affiliate

Victoria E. Lane
Chief Privacy Officer
780-735-1259

Expected Date of Implementation: In Production

This Privacy Impact Assessment Replaces the Following PIAs

PIA Name	OIPC File Reference #
N/A	N/A

Source / Destination Repositories and Their Associated PIAs

Source / Destination Repository	OIPC File Reference #
Business Intelligence (BI) Cluster	012857, 024705
Research Electronic Data Capture (REDCap)	004517
My Recovery Plan (Last Door Recovery Society PIA)	021622
My Recovery Plan Reporting Dashboard (Mental Health and Addiction)	032931

Section A – System or Practice Summary

Alberta Health Services (AHS) will be transitioning to a provincial service delivery refocus plan. Any references to AHS in this document are inclusive of the provincial refocus plans. A PIA review will be conducted in the future to ensure legislative compliance is met to reflect the organizational transition.

1. What does the information system or administrative practice do?

My Recovery Plan (MRP) is a clinical tool to assist clients who are experiencing substance ~~misuse disorder~~. MRP is a third-party web-based software solution site developed by The Last Door Recovery ~~Society Services~~ (LDRS) to measure recovery capital¹. ~~MRP is not a clinical electronic management record (EMR), the service providers will continue to use their designated EMR or other clinical record management system to record care interactions with clients.~~

MRP aligns with the following Recovery Oriented System of Care (ROSC) principles: ~~strengths-based, Self self-directed, collaborative decision-making,~~ 24 (1) (a); 24 (1) (b) MRP will allow the Ministry of Mental Health and Addiction (MHA) 24 (1) (a); 24 (1) (b) to track ~~how the change in Recovery Capital scores increase~~ over time and what interventions are providing better ~~health treatment~~ outcomes. The MHA 24 (1) (a); 24 (1) (b) has identified ~~bed-based~~ 24 (1) (a); 24 (1) (b) addiction treatment as the first priority for implementation and has mandated AHS implement MRP in all bed-based addiction treatment services. Participation in MRP is voluntary for clients and AHS will not refuse care if a client chooses not to engage with the software. The client can continue to obtain addiction-related health care services.

~~Alberta Health Services (AHS) contracted~~ Through their own service provider portal, AHS addiction treatment service providers (contracted and operated) collect client information in MRP and complete a Recovery Capital (RECCAP) assessment to measure an individual's recovery capital. Based on their RECCAP assessment score, goals and tasks are suggested to a client and in collaboration with the service provider, goals and tasks are identified for the client to focus on for the next 30-45 days. A RECCAP assessment is completed every 30-45 days, with new goals and tasks selected each time. MRP allows service providers using MRP to customize the goals and tasks, and resources to align with their programming. 24 (1) (a); 24 (1) (b)

24 (1) (a); 24 (1) (b)
24 (1) (a); 24 (1) (b) As part of the intake process, a client portal is created for the client so they can ~~Clients may have access to their individual RECCAP assessment score and check off their goals and tasks as needed.~~ 24 (1) (a); 24 (1) (b) In addition, MRP has a wait list

¹ Recovery Capital is defined as "all identifiable resources, internal and external, that a person may call upon to enter recovery and rely upon to help navigate their ongoing journey."

function for tracking bed availability for **bed-based** 24 (1) (a); 24 **addiction treatment** service providers.

The data will be stored in a secure online platform hosted on an Amazon AWS cloud platform hosted in Canada. Data will be **extracted from the AWS on a nightly basis and sent** to AHS via GlobalScape and pulled into the BI Cluster for analysis **and reporting.** 24 (1) (a); 24 (1) (b)

24 (1) (a); 24 (1) (b) Aggregate and non-identifiable data **following the AHS Non-Identifying Health Information Privacy Standard** will **also** be reported to **the MHA AH** via a dashboard **created by LDRS.**

~~LDRS is~~ **AHS will be** completing an implementation evaluation of MRP, **with a focus on AHS sites that are utilizing MRP.** 24 (1) (a); 24 (1) (b) **Data will be collected from AHS-operated service providers and possibly clients, as determined in the evaluation framework.** 24 (1) (a); 24 (1) (b)

24 (1) (a); 24 (1) (b) **No health or personal information will be collected. Surveys will be circulated, via REDCap to AHS staff and clients for evaluation purposes. The survey does not contain identifiable information.**

24 (1) (a); 24 (1) (b)

2. **Why does the project need to collect, use, or disclose health information to achieve its objectives?**

A client's recovery capital will be influenced by every intervention, treatment, or support provided, which should result in a measurable increase in recovery capital. This will help identify which treatment and interventions are most effective. Through the use of MRP, AHS will be able to measure a client's recovery capital and track its impact on treatment outcomes. AHS will be able to link recovery capital scores to health service utilization **in the BI Cluster** and therefore be able to determine if an improved recovery capital score leads to decreased health service utilization **(for example)**. Linking to health service utilization will also help identify and address service gaps.

3. Who are the key players?

a. Alberta Health Services

- ~~Provincial~~ Addiction & ~~and~~ Mental Health (AMH) 24 (1) (a); 24 (1) (b)
24 (1) (a); 24 (1) (b)
- Information Technology
- AHS contracted and AHS operated bed-based addiction treatment services

b. Non-Alberta Health Services

- The Last Door Recovery Society (LDRS) (vendor)
- 24 (1) (a); 24 (1) (b) The Ministry of Mental Health and Addiction (MHA)
24 (1) (a); 24 (1) (b)
- Clients (patients)
- Researchers with Research Ethics Board (REB) approval

4. Where will health information be stored and accessed?

Data is stored on an external Amazon web services (AWS Central, Cloud based service) in Montreal, Canada. Controlled through application credentialing. There is no failover to United States, only available in Canada. Users can log-in to the service provider portal ~~the client portal~~ with a unique username and password, multifactor authentication (MFA) is used to confirm a user's identity. Clients have their own username and password for accessing the client portal.

Section B – Organizational Privacy Management

~~Alberta Health Services' Organizational Privacy Management Framework was submitted to the Office of the Information & Privacy Commissioner in November, 2019 (AHS File 2232, OIPC 009600).~~

Alberta Health Services' Organizational Privacy Management Framework was conditionally accepted by the Office of the Information & Privacy Commissioner July 8, 2022 (AHS file #2232, OIPC file #009600).

Section C – Project Privacy Analysis

1. Information Listing:

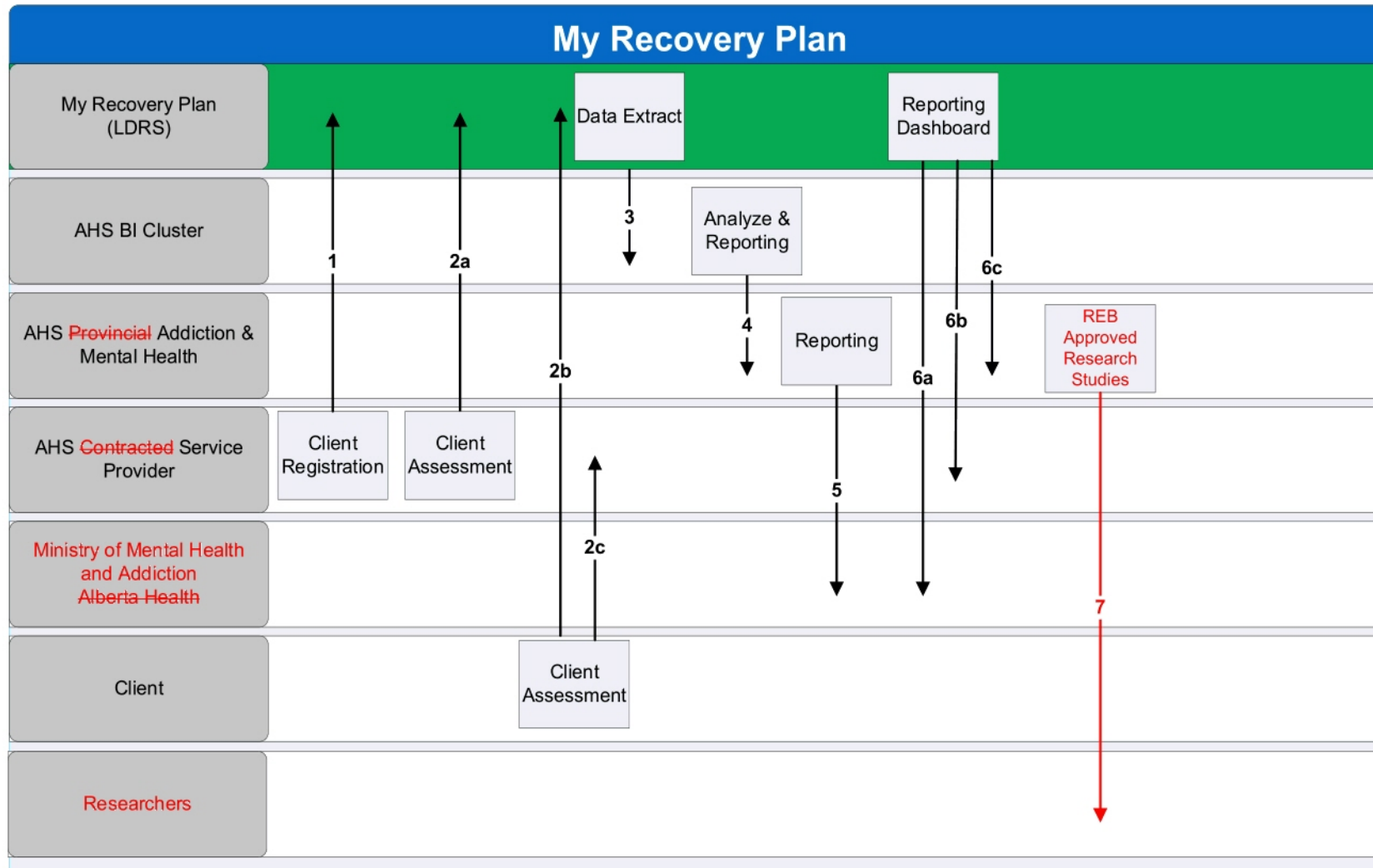
For the full list of data elements, please see **Appendix 1**.

Type of Information	Data Elements	What is the purpose for the collection, use or disclosure of each data element?	Source of Information
Demographics	First & Last Name Preferred Name Gender and gender identity (Gender, Choose not to disclose, Female, Gender Fluid, Intersex, Male, Non-Binary, Not Listed, Questioning, Transgender Male, Transgender Female, Two-Spirit) DOB Ethnicity (African/Black/Caribbean, Asian (East/SE), Asian Indian, Caucasian, Inuit, Latin American, Metis, Middle East/Arab, Non-Status First Nation, Other Asian, Other Pacific Islander, Status First Nation, Unknown, Other (comment)) Priority Population (None, Person with a disability, Involved with Justice System, Pregnant, 2SLGBTQ2SIA ⁺ , Veteran, Active Duty Military, Dual Diagnosis/Co-occurring Other (describe)) Recovery Path Email Phone Number Postal Code Username Preferred Communication Method	<ul style="list-style-type: none"> Identifies client Method of contact Some data elements will be used to check for duplicate clients in MRP (Last name; preferred name or first name; DOB; email; phone; postal code) 	Client BI Cluster My Recovery Plan

Type of Information	Data Elements	What is the purpose for the collection, use or disclosure of each data element?	Source of Information
	Enrollment Date Discharge Date Reason for Discharge Alumni Status Referral Source Wait List Agency Referral Source Intake Referred by Alberta Referral Source MRP ID Collection Statement		
	Employment Status Legal status Quality of Housing Active Drug Usage How old you were when you started using drugs Length of current episode Process Addictions Opioid Agonist Treatment (OAT) Returning client	<ul style="list-style-type: none"> Outcome data 	Client BI Cluster My Recovery Plan
Clinical (Diagnostic, Treatment & Care)	Navigator (Clinician-Service Provider) name;	<ul style="list-style-type: none"> Provide health services 	Clinician-Service Providers
	Bed assignment	<ul style="list-style-type: none"> Provide health services 	Clinician-Service Providers
	Case Notes	<ul style="list-style-type: none"> Provide health services 	Clinician-Service Providers
	Program History Start Date	<ul style="list-style-type: none"> Outcome data 	Client
	Rec-Cap Assessment	<ul style="list-style-type: none"> Outcome data 	Client
	Recovery Capital Scores	<ul style="list-style-type: none"> Reporting 	My Recovery Plan
	Sub-domain scores	<ul style="list-style-type: none"> Reporting 	My Recovery Plan
	Goals and Tasks	<ul style="list-style-type: none"> Outcome data 	My Recovery Plan, Clinician-Service Providers & eClient

2. Information Flow Analysis

a. Information Flow Diagram



b. Legal Authority and Purpose Table

Flow #	Flow Description	Type of Information	Purpose	Legal Authority
1	AHS Contracted service provider completes client registration and creates client MRP portal.	Client demographics, name, Reference email, phone number, postal code, gender, date of birth, ethnicity, priority population, Recovery Path, Quality of Housing, Active Drug Usage, Process Additions Addictions, Employment Status, Legal Status, Are you on any Opioid Agonist Treatment, Referral Information, Collection Statement, Admission Date, Preferred Communication Method, Discharge, Reason for Discharge, Alumni Status, Wait List Referral Information, Length of Current Episode current-life-situation	To allow client to use MRP. Some of these data elements will be used to check for duplicate accounts (name, email, phone number, postal code).	Health Information Act Collection: 20(b)
2a & 2b & 2c	AHS Contracted service provider completes MRP client assessment, assigns goals and tasks and will continue to provide health care service provisions. Client is able to access their MRP portal to provide updates.	MRP assessment, goals and tasks, treatment plan	To provide AHS Contracted Service Provider information for the provision of health services. This will occur multiple times throughout treatment.	Health Information Act Collection: 20(b) Use: 27(1)(a)

Flow #	Flow Description	Type of Information	Purpose	Legal Authority
3	MRP data extract via Globalscape to AHS BI Cluster. 24 (1) (a); 24 (1) (b)	Client demographics, name, Reference email, phone number, postal code, gender, date of birth, ethnicity, priority population, Recovery Path, Quality of Housing, Active Drug Usage, Process Additions Addictions, Employment Status, Legal Status, Are you on any Opioid Agonist Treatment, Referral Information, Collection Statement, Admission Date, Preferred Communication Method, Discharge, Reason for Discharge, Alumni Status, Wait List Referral Information, Length of Current Episode Client demographics (DOB, enrollment date, discharge date, referral information, wait time, length of current episode, Unique identifier, MRP assessment questions, Recovery Capital score and sub-domains, goal summary	To transfer data from MRP to the data warehouse in the BI Cluster for reporting purposes.	Health Information Act Use: 27(1)(g)
4	Provincial AMH analyzes data.	Client demographics (DOB, enrollment date, discharge date, referral information, wait time, length of current episode, Unique identifier, MRP assessment questions, Recovery Capital score and sub-domains, goal summary)	To analyze data to meet reporting requirements. Reporting purposes.	Health Information Act Use: 27(1)(g)
5	Provincial AMH processes report(s) and sends aggregate/de-identified reports to AH the MHA. Data for reporting follows the AHS Non-Identifying Health Information Privacy Standard.	Utilization and outcome reporting	Reporting purposes.	Health Information Act Use: 27(1)(g) 26 Disclosure: 32(1)

Flow #	Flow Description	Type of Information	Purpose	Legal Authority
6a	<p>Dashboards are automatically populated with select provider and client information directly from MRP.</p> <p>To provide aggregate/de-identified reporting to Alberta Health the MHA. Data for reporting follows the AHS Non-Identifying Health Information Privacy Standard.</p>	<p>Summary (Facility, Unique Clients on Wait list, Clients on Wait list, Median Days on Wait list Available Beds, Total Beds. Clients in Treatment), Wait list (Median days on wait list), Recovery Capital (Average Overall RCI Scores across Assessments, Percentage Change in Average Overall RCI Scores across Assessments, Average Positive and Negative RCI Scores across Assessments, Average Overall RCI Scores at Intake and Discharge, Percentage Change in Average Overall RCI Scores at Intake and Discharge, Positive Recovery Capital by Domains across Assessments, Negative Recovery Capital by Domains across Assessments, Personal Capital Scores, Social Capital Scores, Community Capital Scores, Commitment Capital Scores, Quality of Life Scores, Clients who Need Services, Clients with Barriers to Recovery), Engagement (Baseline Assessment Completion Rate, Discharge Assessment Completion Rate, Goal Completion Rate, Program Completion Rate, Client, Client Goal), Patient Analytics (Program referral Source, Problem Substances, Reasons for Discharge, Average Overall RCI scores by Reason for Discharge) To be determined: Capacity and utilization reporting, service provider statistics.</p>	Reporting purposes.	<p>Health Information Act</p> <p>Use: 26</p> <p>Disclosure: 32(1)</p>
6b	<p>Dashboards are automatically populated with client information directly from MRP.</p> <p>To provide aggregate reporting to the AHS Contracted service provider. Data for reporting follows the AHS Non-Identifying Health Information Privacy Standard.</p>	<p>Individual client level data, wait list statistics, capacity and utilization reporting, recovery capital scores, service provider statistics</p>	Reporting purposes.	<p>Health Information Act</p> <p>Use: 26</p> <p>Disclosure: 32(1)</p>

Flow #	Flow Description	Type of Information	Purpose	Legal Authority
6c	<p>Dashboards are automatically populated with client information directly from MRP.</p> <p>To provide aggregate reporting to the AHS Provincial AMH. Data for reporting follows the AHS Non-Identifying Health Information Privacy Standard.</p>	Wait list statistics, Capacity and utilization reporting, recovery capital scores, service provider statistics	Reporting purposes.	<p>Health Information Act</p> <p>Use: 26</p> <p>Disclosure: 32(1)</p>
7	<p>For projects that have Research Ethics Board (REB) approval and received AHS Research Administrative approval, data is disclosed from the BI Cluster by the AHS AMH Performance Measurement team to researchers.</p>	Data elements as specified in the approved REB.	Research purposes.	<p>Health Information Act</p> <p>Use: 27(1)(d)</p> <p>Research: 49-56</p>

3. Notice

| InfoCare

AHS & Your Health Information

Alberta Health Services (AHS) is authorized to collect your health information by Section 20 of the Health Information Act (HIA).

What AHS collects:

The health information that AHS collects will depend on the service(s) provided to you, and may include: your name, date of birth, provincial health care number, address, health history, and any other information needed to provide the health services you require and receive.

Health information will be collected directly from you except in situations when the HIA allows AHS to collect this information from someone else (for example, if you are unconscious we may ask an individual accompanying you for information needed to provide you treatment and care).

How AHS uses and disclosure of your health information:

Your health information will only be used within AHS and shared outside of AHS (i.e. disclosed) as allowed by the HIA. Approved uses within AHS may include: providing health services to you, determining your eligibility to receive health services, health services provider education, or for internal management purposes (e.g. auditing the quality of health services provided in AHS facilities).

AHS will ask for your consent to share your health information outside of AHS (i.e. disclose) except where the HIA allows AHS to share the health information without your consent. Examples of when AHS may share your health information outside of AHS without consent include: for the purpose ongoing treatment and care (including referrals to labs or specialists), for limited necessary disclosures to your family or other support persons, and for approved research purposes.

Your health information will always be used and disclosed in the least identifiable way suitable to the use or disclosure.

How AHS protects your information:

All AHS staff, physicians, students, residents, volunteers and contractors providing services in AHS facilities are required to complete mandatory privacy and information security training and to follow the HIA and AHS privacy and information security policies.

AHS limits access to your health information to those people who are providing you health services or who are using your information in a way allowed by the HIA. AHS has put controls, policies and procedures in place (including proactive audits of access) to prevent any unauthorized access, use or disclosure of your health information.

Your rights:

The HIA gives you the right to

- Access your health information (through established processes)
- Request a correction or amendment of your health information (with some restrictions)
- Know why your health information is collected, used and disclosed
- Express your wishes regarding the confidentiality and disclosure of your health information
- Request that the Office of the Information and Privacy Commissioner conduct an independent review of any decisions made by AHS regarding the collection, use or disclosure of your health information, within 60 days of being notified of an AHS decision related to the correction or amendment of your health information.

Who to contact for questions:

Chief Privacy Officer
5th Floor, North Tower
Seventh Street Plaza
10030 -107 Street NW
Edmonton AB T5J 3E4

Phone: 1-877-476-9874
Email: privacy@ahs.ca



AHS requires all registration and clinical areas to display the preceding color poster informing patients that their individually identifying health information will be used for purposes of providing health services, billing for health services, to educate medical staff, for approved research projects, or for internal management.

These Notices provide the primary basis for the collection, use and disclosure of health information for patients in AHS clinics and facilities. For the disclosure of health information, patients will provide consent – except when consent is not required under the *Health Information Act* such as for the purposes of care or when the requirement for consent has been waived by a designated research ethics board or where otherwise authorized by Alberta legislation.

Non-AHS health service providers would comply with their own professional regulatory body and organization requirements.

Before client's access MRP they will need to consent to a user agreement, agree to the MRP terms and conditions and collection statement. The collection statement will outline how their data will be collected, used, and disclosed. Since LDRS is an affiliate for AHS they will follow the HIA and AHS privacy policies.

4. Consent and Expressed Wishes

a. Consent

Client consent and informed consent are obtained at various points throughout a client's interaction with MRP. MRP participation is voluntary, and AHS will not refuse care if a client chooses not to engage with the software. The client can continue to obtain addiction-related health care services.

A client's first interaction with MRP is when a client calls a service provider to be placed on the wait list. During the phone call a staff member reads a consent statement to the client and asks verbal consent for their personal information to be captured in MRP. If a client does not want all their detailed information captured in MRP, the staff indicates their basic information (first name, last name, DOB, phone, and gender (optional)) will be captured so they can be contacted when a bed becomes available. If a client refuses even basic information being captured in MRP the service provider will take their information down in another manner, so it is not a barrier to them receiving care. The staff member checks a checkbox in MRP to acknowledge that verbal consent has been obtained. This checkbox must be checked before any information can be entered into the wait list section of MRP. Staff also capture verbal consent.

Once admitted to treatment, during the intake process, a privacy notice is shared with clients on how MRP is used and how their data will be shared. A checkbox is built into MRP "*I have reviewed the Privacy Notice with the client.*" and must be checked before the staff can navigate away from the screen.

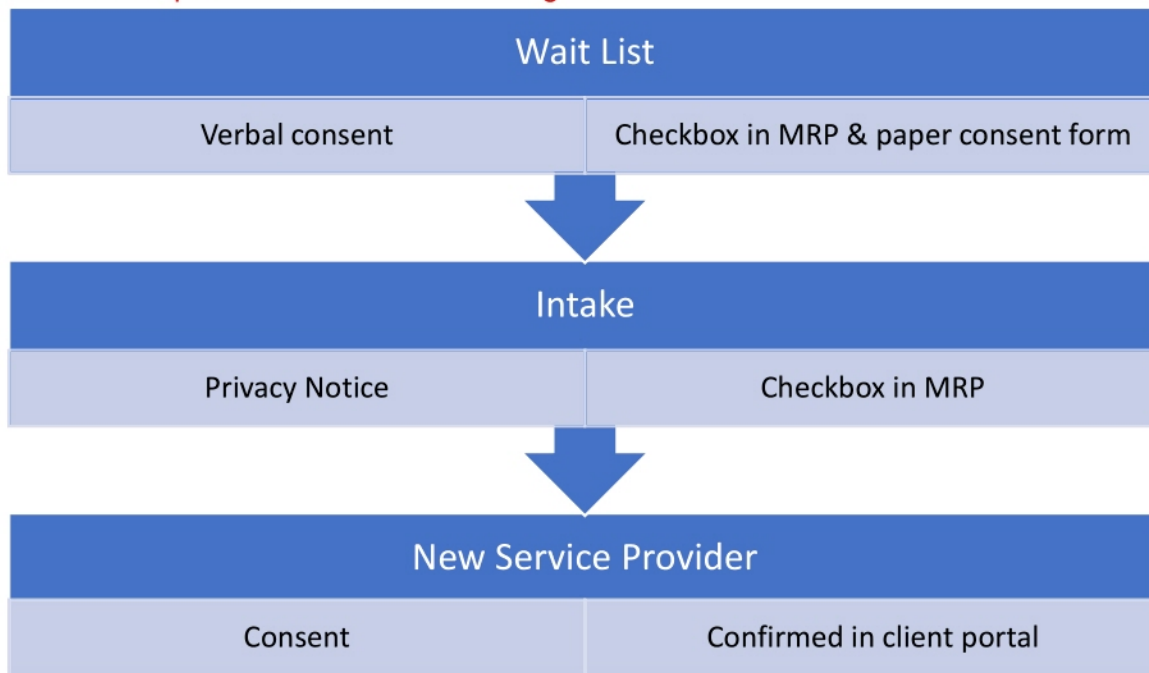
If the client is moving from one service provider to another service provider the client must provide consent in the client portal before their previous MRP data is ported over to the new service provider.

When a client moves to a different service provider and/or bed type, the client's identity is confirmed through 3 options:

1. Confirmation code sent to the client's email.

2. Client answers security questions and navigator confirms in navigator portal.
3. SMS from the client.

Client Participation to Use MRP Flow Diagram:



24 (1) (a); 24 (1) (b)

b. Expressed Wishes

AHS is required to consider expressed wishes of individuals who are subject of the information together with any other factors the custodian considers relevant in deciding how much information to disclose. For instance, should a patient ask AHS not to tell family members about their medical condition, AHS would have to consider whether it was necessary to override their expressed wishes. While it may be in the best interests of a particular patient to disclose their health information despite their wishes, the information repository still needs to implement controls to accommodate their expressed wishes by placing privacy or warning notes on information, masking part of or all of the information, etc.

An individual, who is the subject of identifiable health information, may express a wish to limit access to their health information. In deciding how much health information to make accessible, AHS shall consider the individual's expressed wishes as an important factor

relating to access to their information, together with any other factors that AHS considers important.

If a patient expresses a wish in regard to the disclosure of his or her information, it is the responsibility of AHS to ensure the patient's expressed wish is considered.

If the client **no longer** wishes for their client portal to be **active deleted**, they can notify the **24 (1) (a); 24 (1) (b)** Service Provider who will contact **the AHS MRP Project Team their AHS Zone Contract Manager** who in turn will email LDRS at compliance@myrecoveryplan.ca with the client's **name, unique ID, and service provider** **24 (1) (a); 24 (1) (b)**. Once LDRS receives an expressed wish, they will **delete block** the client's **records account and notify AHS of completion**. LDRS will flag any account that is blocked in the data extract for AHS. AHS will not use the flagged data for reporting. **24 (1) (a); 24 (1) (b)**

24 (1) (a); 24 (1) (b) All email communication will be encrypted. A client may also email LDRS directly at compliance@myrecoveryplan.ca and request that their **information account** be **24 (1) (a); blocked/deactivated**. If LDRS receives a request for **information an account to be** **24 (1) (a); 24 (1) (b)** blocked/deactivated, LDRS **they** will notify AHS.

MRP participation is voluntary, and AHS will not refuse care if a client chooses not to engage with the software. The client can continue to obtain addiction-related health care services.

5. Data Matching

Data matching will take place with AHS approval and will be completed by AHS analysts. Data matching for the purposes of research will require AHS and REB approval.

Data matching may occur for the following purposes:

- Data matching using information within AHS custody and under its control (HIA s.69).
- Data matching combining information in AHS' custody and control with information under the custody or control with another custodian (HIA s.70).
- Data matching combining information in AHS' custody and control with information held by a non-custodian (HIA s.71).
- Data matching combining information in AHS custody and control with information under the custody or control of a non-custodian for research purposes (AHS will enter into a Research Agreement prior to any data matching or disclosure) (HIA s.72).

Data matching is required for grant reports. AHS will be completing data matching and the information that is data matched:

- MRP-ID is matched to MRP-ID in data received from **Contracted** Service Providers.

6. Agreements

a. Contractors and Information Management Agreements

The MHA AH has an agreement with LDRS for LDRS to provide AHS a license for the use of MRP in the **24 (1) (a); 24 (1) (b)** service provider's facilities, including AHS operated and contracted agencies. AHS, the MHA AH, and LDRS have entered into a tri-party Service

~~and Information Management Agreement, which includes an Information Management Schedule and Information Sharing Schedule~~ [24 (1) (a); 24 (1) (b)]

[24 (1) (a); 24 (1) (b)]

AHS Contracted Service Providers currently have active contracts with AHS. These contracts include an IMA. [24 (1) (a); 24 (1) (b)]

[24 (1) (a); 24 (1) (b)]

b. Research Agreements

Before disclosing health information to a Researcher, the AHS Health System Access team ensures that all operational and legal requirements are met, including the need for a fully executed research agreement and research ethics board (REB) approval, and to address any other requirements or restrictions pursuant to applicable law before disclosing health information for research.

Prior to receipt of REB approval, researchers may make inquiries of AHS to identify whether health information required for their research project are available. Should the requested health information be available in an AHS repository, the researchers would be redirected to the AHS Health System Access team for coordination of a formal request and completion of the required research agreement.

7. Use and Disclosure of Health Information Outside of Alberta

Patient information will only be disclosed outside of the province to health care providers who are providing a health care service to the patient. This usually occurs with out-of-province patients who required AHS services and upon return to their residence, have informed their regular health care provider of their visit to AHS.

Section D – Project Privacy and Security Risk Mitigation

1. Access Controls

a. Access Registration

Contracted Service Provider Site Access

[24 (1) (a); 24 (1) (b)]

A formal registration process has been created for contracted service providers requesting access to ~~MRP My Recovery Plan~~. The registration process includes the following activities before access is granted:

- The individual requesting access completes an access request form and passes it to their supervisor.

- The Repository Owner or the Repository Owner's delegate responsible for reviewing and approving access is referred to as the Access Authorizer.
- The supervisor reviews the access request and confirms access is required for the individual to perform their role. The supervisor ensures the individual completes all training and orientation related to the use of the repository before being granted access. The supervisor passes the request to the repository's Access Authorizer and copies **the AHS MRP Project Team. ~~their AHS contract manager.~~**
- The Access Authorizer reviews the request and determines whether access will be granted. If access is denied, then the Access Authorizer shall inform the requestor. If access is permitted, then the Access Authorizer will permit the request and define the account permissions associated with the request.
- All user access rights will be reviewed annually by the Access Authorizer to ensure that each user has only the access privileges required to perform job tasks.
- The Access Authorizer shall ensure that user activity will be reviewed annually to ensure that dormant accounts are disabled.
- The Access Authorizer upon being informed that a password is suspected of having been compromised or has been compromised shall immediately change the password and report the incident to AHS's IT Information Risk Management and AHS Information & Privacy.

AHS Operated Site Access

A formal registration process has been created for AHS Sites requesting access to MRP. The registration process includes the following activities before access is granted:

- The individual requesting access completes an access request form and passes it to their supervisor.
- The Repository Owner or the Repository Owner's delegate responsible for reviewing and approving access is referred to as the Access Authorizer.
- The supervisor reviews the access request and confirms access is required for the individual to perform their role. The supervisor ensures the individual completes all training and orientation related to the use of the repository before passing the MRP User access request form to the AHS MRP Project Team.
- The AHS MRP Project team then reviews the request and determines whether access will be granted. If access is denied, then the Access Authorizer shall inform the requestor. If access is permitted, then the Access Authorizer will complete the request on MRP.
- All user access rights will be reviewed annually by the Access Authorizer to ensure that each user has only the access privileges required to perform job tasks.

- The Access Authorizer shall ensure that user activity will be reviewed annually to ensure that dormant accounts are disabled.
- The Access Authorizer upon being informed that a password is suspected of having been compromised or has been compromised shall immediately change the password and report the incident to AHS's IT Information Risk Management and AHS Information & Privacy.

b. Vendor Access

The Access Authorizer will ensure that a vendor's access to the repository is restricted as per job function and that access will not occur without the Access Authorizer's knowledge and permission. If the vendor has access to health information contained in the repository, then the Repository Owner will ensure appropriate agreements are in place, including privacy and security clauses prior to such access.

The Access Authorizer ensures the vendor's authorized users who have access to the repository completes all training and orientation related to the use of the repository including mandatory AHS privacy and security awareness training before being granted access.

c. Access Authentication

The Access Authorizer shall ensure that the repository's access identification and authentication methodology meet or exceeds AHS's minimum requirements for quality, strength, and duration.

d. Access to Health Information by Role

User Role	Estimated # of users in role	AHS Position / Job Title	Type of Access (E.g. create, read, update, delete, add user)	Description of information this user can access (include examples)
AHS Contracted Service Provider Manager/Admin	40	External Service Providers	Create, read, update, add client user, add navigator user, view reports/dashboard, modify resource library	Demographic information, RC Scores, add referral services for support, assessments, view outcomes
AHS AMH Data Analyst (Provincial and Zone)	10	Decision Support Analyst	Access to BI Cluster: Provincial-aAnalysts – Create, read, update, delete Zone aAnalysts - Read	Demographic information, RC Scores, add referral services for support, assessments, view outcomes
AHS Contracted Service Provider Navigator	150 40	Clinician Service Provider	Create, read, update, add client user, view reports/dashboards,	Demographic information, RC Scores, add referral

User Role	Estimated # of users in role	AHS Position / Job Title	Type of Access (E.g. create, read, update, delete, add user)	Description of information this user can access (include examples)
			modify resource library	services for support, assessments, view outcomes.
MRP IT Support (LDRS)	6	External	Full access, delete, add manager/admin user	Demographic information, RC Scores.
AHS-Zone Contract Managers AHS MRP Project Team	10 5	Clinician Project Manager	No-access Add navigator user, view reports/dashboard	Facilitate user audits and user access Registration. Demographic information, RC Scores, view outcomes.
AHS Operated Sites Manager	20	Manager/Director	Create, read, update, add client user, add navigator user, view reports/dashboard, modify resource library	Demographic information, RC Scores, add referral services for support, assessments, view outcomes.
AHS Operated Sites Navigator	50	Service Provider (AHS Clinician)	Create, read, update, add client user, view reports/dashboard, modify resource library	Demographic information, RC Scores, add referral services for support, assessments, view outcomes.

2. Education and Training

The supervisor and Access Authorizer shall ensure that all users granted access comply with all related pre-access training and compulsory refresher courses necessary for access to the repository. Repository access will be granted upon confirmation of completion of the repository training as well as the mandatory AHS Privacy and Security Awareness training.

The Access Authorizer shall ensure that all users with access have completed and keep current the mandatory AHS Privacy and Security Awareness Training including prescribed refresher training.

The Access Authorizer shall require users to complete training session(s) for the proper access and use of the repository. If there is a major upgrade to the repository, the Access Authorizer will require users to complete additional training explaining changes to the repository.

Training is a collaborative effort between AHS and LDRS. For AHS contracted service providers training occurs over a 4-week period.

- *Week 1:* Initial meeting between contracted service providers and AHS: Introduce MRP to contracted service providers and review implementation process and contract requirements for rolling out MRP.
- *Weeks 2-3:* AHS contracted service providers identify MRP roles, complete AHS privacy training, and begin to determine how they will incorporate MRP into their current programming.
- *Week 4:*
 - Implementing MRP: LDRS joins AHS, and the AHS contracted service providers, and provides a detailed overview of MRP and provides a demo of the platform.
 - MRP Administrator and Resource Librarian: LDRS teaches AHS contracted service providers how to create staff accounts and update goals and tasks, and their resources in MRP.
- *As needed:* Booster demos are provided to answer questions and help with implementation.

AHS operated sites will use a Train the Trainer approach for training staff. AHS and LDRS will host drop-in sessions for Train the Trainers to attend. MRP will be broken into three functions for training (Wait list, RECCAP, and Resource Librarian), with a session(s) for each function. At these sessions, LDRS will provide a demo of the platform for each function. After Train the Trainers will go back to their respective sites to train AHS staff. The MRP Project Team will host drop-in sessions to help Train the Trainers discuss and collaborate on potential challenges they may be experiencing and their respective sites.

24 (1) (a); 24 (1) (b)

3. Privacy and Security Risk Assessment and Mitigation Plans

a. Assessment of Project Related Privacy and Security Risks

Risk	Description	Mitigation Measures	Policy Reference
Unauthorized access to information in the application from within the internal network.	Because of weak or inadequate access controls, information in the application could be accessed by other network	<ul style="list-style-type: none"> • Refer to section D1A for the access process. • User passwords are unique and use a BCrypt password hash. • MRP will have configurable 20-minute auto log-off. 	1143 Information Security and Privacy Safeguards

Risk	Description	Mitigation Measures	Policy Reference
	authenticated users without a need to know.	<ul style="list-style-type: none"> Activities of all authorized users are governed by AHS policies such as Information Technology Acceptable Use Policy. In the event that unauthorized access to information in the application is reported or detected, there exist AHS Privacy Breach Investigation and IT Security Incident Response Processes for privacy breach and security incident investigations, respectively. 	1112 Collection, Access, Use, and Disclosure of Information 1105 Access to Information (Physical, Electronic, Remote) 1109 Information Technology Acceptable Use 1197 Cloud Computing Security Standard 1105-03 Multi-Factor Authentication Standard
Lack of program - specific training on business practices, privacy, and security.	Privacy and security of information may be compromised in the course of performing business functions if employees are not trained to incorporate security and privacy practices in business processes.	<ul style="list-style-type: none"> Users trained before being given access to the application. There are training materials available. Refer to section D2. 	1143 Information Security and Privacy Safeguards 1112 Collection, Access, Use, and Disclosure of Information 1108 Delegation of Authority and Responsibilities for compliance

Risk	Description	Mitigation Measures	Policy Reference
			with FOIPP and HIA 1177 Privacy Protection and Information Access
Loss of integrity of information due to data entry errors or unauthorized changes to information.	Information could be incorrectly entered in the application. Authorized users may inadvertently or deliberately make changes to information in the application. Unauthorized modification could also be performed by unauthorized users who already have access to AHS network. These actions may cause information to be incomplete, incorrect or unreliable.	<ul style="list-style-type: none"> Business related training needs to address part of this issue. Confidentiality agreements are signed by all authorized users. There are data quality controls in place. User passwords are unique and use a BCrypt password hash. MRP will have configurable 20-minute auto log-off. Activities of all authorized users are governed by AHS policies such as Information Technology Acceptable Use Policy. The event that data integrity issues are detected or reported, there exist AHS Privacy Breach Investigation and IT Security Incident Response Processes for privacy breach and security incident investigations, respectively. 	1143 Information Security and Privacy Safeguards 1140 Business Continuity Planning for IT Resources 1109 Information Technology Acceptable Use 1197 Cloud Computing Security Standard 1105-03 Multi-Factor Authentication Standard
More information is collected than it is required to achieve the specific business purpose.	The application maybe configured to accept more data elements than required for the specific business purpose. Also forms (paper or electronic) used for collecting identifying information may	<ul style="list-style-type: none"> The MRP application includes free text fields and assessments which may collect more information than required. MRP assessments are completed to provide the client health services. The system would support proper classification of information through training, as well as simple data validations and reporting. i.e., Cannot type letters in the phone number fields. 	1143 Information Security and Privacy Safeguards 1112 Collection, Access, Use, and Disclosure of Information

Risk	Description	Mitigation Measures	Policy Reference
	capture more information than required.		1108 Delegation of Authority and Responsibilities for compliance with FOIPP and HIA
Lack of appropriate and adequate logging and auditing capabilities	Lack of appropriate and adequate logging auditing capabilities means inappropriate or unauthorized access to identifiable information cannot be captured. This prevents privacy breaches from being detected and investigated as appropriate logs and log reports may not be available for review.	<ul style="list-style-type: none"> Data elements are logged: <ul style="list-style-type: none"> App ID User ID App User Role ID User display name (first and last) Client MRP ID IP (location) Date and time Action (read, delete, create, edit) The logging and audit logs can be exported in a readable format. 	1143 Information Security and Privacy Safeguards 1144 Monitoring and Auditing of IT Resources
Lack of proactive auditing of users' activities	Lack of regular proactive auditing could lead to unauthorized or inappropriate access to identifiable information to go undetected.	<ul style="list-style-type: none"> Proactive audits are being completed quarterly. AHS has an MRP Audit Process document. Detailed instructions will be provided to the AHS Contracted Service Providers. 	1143 Information Security and Privacy Safeguards 1144 Monitoring and Auditing of IT Resources 1109 Information Technology Acceptable Use
Information unavailability	Information becomes unavailable due to unforeseen circumstances.	<ul style="list-style-type: none"> Facilities have a downtime procedure in place for when the system goes down. E.g., Physical printouts of the assessments so that clinical care can continue in the event of an outage. 	1140 Business Continuity Planning for IT Resources (AHS IT Policy #1140) section 2.5

Risk	Description	Mitigation Measures	Policy Reference
			1141 Change Control for IT Resources (AHS IT Policy #1141) section 1.2
Improper or lack of information classification	Information is misclassified resulting in too little or too much information. Information is retained longer than necessary.	<ul style="list-style-type: none"> The measures and procedures to correctly classify the information contained in the system or process is protected and confidential. The process and procedures will follow the AHS records retention schedule. Information will be archived. MRP can manually delete the data as requested by the client or AHS or when the data meets the AHS records retention schedule. 	1142 Information Classification 1133-01 Records Retention Schedule
Loss or theft of mobile devices or portable storage medium	Information may become exposed to unauthorized individuals through the loss or theft of a mobile device or portable storage medium.	<ul style="list-style-type: none"> Users can access MRP through a mobile device because MRP is a web-based Cloud platform. Information is not stored on the device. 	1160 Mobile Wireless Devices and Services

4. Monitoring of Privacy & Security Controls

The privacy and security controls will be reviewed on a schedule determined by the complexity of the repository where the schedule shall not exceed one year. Where the security and privacy controls are not consistent with the PIA, reparations to immediately correct the inconsistencies will occur.

a. Repository Logging Capability

The logging capability of the information repository meets the *Alberta Electronic Health Record Regulation 6(1)*.

b. Audit Process

Repository Owners or delegate shall establish and document processes for reviewing audit logs based on an assessment of the classification of Information assets, the criticality of the system, and the resources required for review.

Random and requested audits of user activity take place with the number of random audits determined by the complexity of the repository.

The Repository Owner or the Repository Owner's delegate shall ensure random proactive audits are performed **quarterly**. Audit reports may include Failed Login Attempts; Frequently Accessed Records; Same Patient Last Name; User Personal Record; User & Patient Same Last Name; User Activity; and Unmasking Decision if applicable.

5. Privacy Breaches

AHS has implemented mandatory breach reporting. A privacy breach occurs when there is an unauthorized collection, use, disclosure, access to, or disposal of personally identifiable information. It includes failure to comply with AHS policies, or HIA or FOIP, concerning our duty to protect the information in AHS's care and custody. Stakeholders involved will report privacy breaches to the Alberta Health Services Privacy Department as applicable. Information may be in various formats (e.g. paper, audio recordings, microfiche, and verbal disclosures/conversations, electronic and photographic) and types of information may include that of AHS:

- patients (e.g. name, date of birth, health care number, diagnosis, treatment)
- employees (e.g. employee number, home address, personnel file)
- administrative documents which may be confidential (e.g. draft business proposals, system security diagrams) or may contain personally identifiable information (e.g. reports of employee sick time or patient self-pay invoicing).

a. Inappropriate Access to Records

Any suspected inappropriate access to personally identifiable information as a result of audits or verbally provided shall be forwarded to the AHS Information & Privacy for investigation by the Repository Owner or the Repository Owner's delegate. All entries in repository logs that are suspect are to be provided to the AHS Information & Privacy Office for investigation. The logs will be a complete copy from the beginning of the inappropriate access through to the time the access was removed. Stakeholders involved will report any suspected inappropriate access to the Alberta Health Services Privacy Department as applicable.

b. Breach Discovery

The Repository Owner or the Repository Owner's delegate, upon notification or discovery of a privacy breach involving their repository will:

- take immediate steps to prevent any further privacy breaches
- contact the AHS Information and Privacy Office to report the privacy breach, including a complete list of:
 - the names of individuals whose information was breached and the type of personal information that was breached
 - document a list of all AHS affiliates who were involved in the breach or were involved in containing the breach
 - document where or to whom the personal/health information was disclosed
- attempt to recover the disclosed information by arranging to have it returned to the Repository Owner or the Repository Owner's delegate. If the information cannot be returned, then the Repository Owner or the Repository Owner's delegate will ensure the information has been destroyed and that no copies of the information were made.
- If the incident involves laptops, memory sticks, phones or other electronic devices, the Repository Owner or the Repository Owner's delegate shall contact AHS Information Technology to report the security incident.
- Stakeholders involved will report privacy breaches to the AHS Privacy Department as applicable.

c. Breach Investigation

The Repository Owner or the Repository Owner's delegate and all those involved in the investigation shall cooperate fully with the investigator(s) and provide any information requested. Stakeholders involved will report privacy breaches to the AHS Privacy Department as applicable.

d. Post Breach Recommendations

The Repository Owner or the Repository Owner's delegate shall, as soon as practical, implement all of the recommendations documented in a privacy breach report issued by the investigator(s) upon completion of the investigation.

6. PIA Compliance**a. Regular Maintenance**

The PIA and all Amendments associated with the PIA shall be reviewed by the Information Repository Owner on a regular basis not exceeding twelve months. Should significant differences exist between the repository and what is described in the PIA,

AHS Information & Privacy should be consulted on whether a new PIA will need to be prepared for submission to the OIPC.

The internal web-based Information & Privacy tool, [PIA Compliance Questionnaire](#), shall be used to report the compliance results and document any changes that affect the existing PIA.

Section E – Corporate Policies & Departmental Procedures

1. General Privacy Technology Management Policy

~~Alberta Health Services' Organizational Privacy Management Framework was submitted to the Office of the Information & Privacy Commissioner in November, 2019 (AHS File 2232, OIPC 009600).~~

Alberta Health Services' Organizational Privacy Management Framework was conditionally accepted by the Office of the Information & Privacy Commissioner July 8, 2022 (AHS file #2232, OIPC file #009600).

2. Project Specific Policy

a. Delegation

The Information Repository Owner is accountable for all of the procedures and practices described in this PIA and may delegate the management of portions of the PIA to individuals within the organization. The Information Repository Owner shall maintain a list of individuals who have been delegated to manage portions of the PIA.

b. Requests Regarding Health Information

The staff involved do not have the training to deal with health information requests. All requests for health information other than requests by care providers shall be forwarded to the ~~appropriate~~ AHS ~~department~~ Knowledge, Evidence and Innovation team for processing and escalation.

c. Collection, Use and Disclosure of Health Information

The Information Repository Owner or delegate is responsible for ensuring that the collection, use and disclosure of health information meet the requirements set forth in the *Alberta Health Information Act* and all applicable AHS Policies and Procedures.

Appendix Listing

Document Name	Appendix #
My Recovery Plan Data Elements	1

DATA ELEMENTS AND ASSESSMENTS

My Recovery Plan Data Elements

There are 4 main reporting purposed for the MRP Data

1. **AHS Dashboard:** This is the dashboard LDRS created for Alberta Health Services. It will provide aggregate reporting with the following filters: provider, zone, sites, Provider Type, Priority Population, Gender, Ethnicity, Problem Substances, Summary Order.
2. **Service Provider Dashboard:** This dashboard is very similar to the AHS Dashboard; however, in some instances there are a few data elements that will only be available in the Service Provider dashboard. The Service Provider dashboard will be unique for each Service Provider and will be both aggregate as well as have the ability to drill down to the client level. The following filters will be available for the Service Provider dashboard: Navigator, client, client status, Priority Population, Gender, Ethnicity, Problem Substances, Summary Order
3. **MHA Dashboard:** The MHA dashboard leverages the existing MRP solution and underlying technologies, adding to it a customized overview of aggregate non-identifiable client data to provide MHA with real-time data on waitlists, system capacity, service utilization, and clients' outcomes across the addiction service system.
4. **AHS Reporting to MHA:** AHS will be reporting on MRP outcome data in aggregate form in the MDRATE grant evaluation reporting.

Data Element	Options	Captured	
		Waitlist	Intake
First Name	Free text Required	Yes	Yes
Last Name	Free text Required	Yes	Yes
Reference	For Agency Use - Agency client unique number Can be left blank or linked to the agency's EMR number.	Yes	Yes
Middle Name	Free Text	Yes	Yes
Preferred Name	Free Text	Yes	Yes
DOB	Date *Used to identify duplicate accounts	Yes	Yes
Gender	<ul style="list-style-type: none"> Male Female U 	Yes	Yes

Data Element	Options	Captured	
		Waitlist	Intake
	<ul style="list-style-type: none"> • X Required		
Ethnicity	<ul style="list-style-type: none"> • African/Black/Caribbean • Asian (East/SE) • Asian Indian • Caucasian • Inuit • Latin American • Metis • Middle East/Arab • Non-Status First Nation • Other • Other Asian • Other Pacific Islander • Status First Nation • Unknown Required	Yes	Yes
Priority Population	<ul style="list-style-type: none"> • None • Person with a disability • Involved with Justice System • Pregnant • 2SLGBTQIA+ • Veteran • Active Duty Military • Dual Diagnosis/Co-occurring • Other (describe) 	Yes	Yes
Recovery Path	<ul style="list-style-type: none"> • 12 Step • Faith Based • Lifering • Medication MAT • SMART • Other 	Yes	Yes
Email	N/A *Used to identify duplicate accounts	Yes	No
Phone Number	N/A *Used to identify duplicate accounts	Yes	No
Quality of Housing	<ul style="list-style-type: none"> • Rough Sleeper (unsheltered homelessness) • Shelter (sheltered homelessness) • Semi house (friends, family) • Market Renting • Homeowner 	Yes	No

Data Element	Options	Captured	
		Waitlist	Intake
	<ul style="list-style-type: none"> Treatment Centre Detox Required		
Active Drug Usage	<ul style="list-style-type: none"> Alcohol Amphetamines Benzos (prescribed) Benzos (street) Buprenorphine Prescribed (Suboxone, Subutex or Sublocade) Buprenorphine (street) (Subutex) Cannabis Cocaine powder Crack cocaine Fentanyl (prescribed) Fentanyl (street) Heroin Methadone (prescribed) Methadone (street) Methamphetamine (Street) NPS (Synthetics) Opioid Pain Medications (prescribed) Opioid Pain Medications (street) Tobacco Other Required	Yes	No
Enter how old you were when you started using drug?	Age - required for each substance use they select Required	Yes	No
Process Addictions	<ul style="list-style-type: none"> None Food Gambling Gaming Sex Pornography Shopping 	Yes	No
Wait List Employment Status	Wait list <ul style="list-style-type: none"> Employed Unemployed Disability Student Retired None Required	Yes	No

Data Element	Options	Captured	
		Waitlist	Intake
Intake Employment Status	<ul style="list-style-type: none"> • Employed • Not employment ready • Employment ready • Retired • Government disability income • Government income assistant • Unemployed • Unemployment benefits • Unknown 	No	Yes
Legal Status	<ul style="list-style-type: none"> • None • Upcoming Court • Bail • Probation Order • Conditional Sentence Order • Parole <p>Required</p>		
Are you on an Opioid Agonist Treatment (OAT)?	<p>Yes/no</p> <ul style="list-style-type: none"> • Suboxone • Subutex • Sublocade • Methadone • Naltrexone • Kadian • Vivitoral <p>Required</p>	Yes	No
Wait List Referral Information	<ul style="list-style-type: none"> • None • Detox • Hospital • Family physician • Addiction Physician • Shelter • Self • Family • Friend • Employer • Private Counsellor • Recovery Coach • Interventionist • Courts/Justice • SCS/OPS • Other AHS Program 	Yes	No

Data Element	Options	Captured	
		Waitlist	Intake
	<ul style="list-style-type: none"> Alumni Treatment Centre Other Required		
Collection Statement/Consent	Check box if consented – need to check box to progress to next screen	Yes	Yes
Admission Date	Date	No	Yes
Postal Code	N/A *Used to identify duplicate accounts	No	Yes
Preferred Communication Method	Phone SMS Email Both SMS & Email *Communication method used for capturing client consent when moving between service providers or confirming their user account.	No	Yes
MRP Unique Identified	N/A	No	Yes
Discharge	Date	No	Yes
Reason for Discharge	<ul style="list-style-type: none"> None Abandoned Completed Program Other Criminal Justice Deceased Involuntary Referred out Medical Recurrence of Use Voluntary 	No	Yes
Alumni Status	Y/N	No	Yes
Intake Referred By	Text box pre-populated by health services offered in Alberta. Based on entry they are categorized by: <ol style="list-style-type: none"> Supervised Consumption Sites Opioid Dependence Programs Other Harm Reduction Services AHS Detox 	No	yes

Data Element	Options	Captured	
		Waitlist	Intake
	5. Non-AHS Detox 6. Shelters 7. Supported Housing/Housing Supports 8. Hospital – Emergency Department 9. Hospital – AMH Inpatient Unit 10. Hospital – non-AMH Inpatient unit 11. Hospital – non emergency Outpatient 12. AHS Residential Addiction Treatment / Residential Recovery Services 13. Non-AHS Residential Addiction Treatment 14. Therapeutic communities 15. AHS Outpatient Addiction or Mental Health Treatment 16. Non-AHS Outpatient Addiction Treatment 17. Non-AHS community MH/counselling services 18. Mutual Aid/Support group 19. Recovery Coach 20. Provincial Corrections Facilities 21. Federal Corrections Facilities 22. Drug Treatment Courts 23. Justice Diversion programs 24. Private therapist/counsellor 25. Physician 26. Other Social Service provider (e.g. newcomer supports, disability supports, family violence services) 27. Chronic Pain Management clinic/program 28. Alternative Health Provider (e.g. naturopath, acupuncture, etc.) 29. School/Post-Secondary Institution 30. Employment services 31. Other (Please specify)		
RECCap Assessment	122 questions including open text boxes (see Appendix A)		
RECCap Assessment Date	Date		
Recovery Capital	Overall score *Calculation based on Assessment		
Sub-domain scores	<ul style="list-style-type: none"> • Personal Capital • Social Capital • Community Capital • Commitment to • Quality of Life • Unmet service needs • Barriers to recovery *Calculation based on Assessment		
Goals & Tasks	45 Recovery Goal Template & Plans		

		Captured	
		Waitlist	Intake
Data Element	Options		
	(see Appendix B) *Based on assessment scores goals and tasks are suggested		

Appendix A: MRP Assessment

Questions 1 – Confirm Identity

Questionnaire 2 - Quality of Life and Satisfaction

Brief of Assessment Questionnaire 2

This is the measure of 'global wellbeing' that is central to all definitions of recovery

We have created five 'ladders' measuring aspects of quality of life and wellbeing that are easy to complete that relate to:

- Physical health
- Psychological health
- Generalised quality of life
- Satisfaction with relationships
- Satisfaction with accommodation

As all of them are scored by the participant on a scale of 1-20 it allows us to create a single measure of wellbeing out of 100

This is a basic marker of life satisfaction at the time the survey is completed

MRP Questions:

- | | |
|--|----------------|
| 1. How good is your psychological health? | PoorGood |
| 2. How good is your physical health? | PoorGood |
| 3. How would you rate your overall quality of life? | PoorGood |
| 4. How would you rate the quality of your accommodation? | PoorGood |
| 5. How would you rate your support network? | PoorGood |

Questionnaire 3 - Barriers to Recovery

Brief of Assessment Questionnaire 3

Recovery capital is about strengths – but we know that recovery is not a linear journey. This scale is about acute risks to the recovery journey and may be used to direct people back into specialist services.

The scale briefly attempts to flag recovery barriers in five primary domains:

- Substance use
- Housing
- Risk taking
- Lack of meaningful activities
- Involvement with the justice system

This may prompt referral or engagement with specialist providers but is about flagging things that will stop recovery capital from growing.

MRP Questions

Accommodation

- | | |
|--|--------|
| 6. At any point in the prior 3 months have you been: | Yes No |
| 7. At risk of eviction | Yes No |
| 8. Having acute housing problems | Yes No |
| 9. Number of days in the prior 3 months (90 days) you have been living in: | 0 - 90 |
| <ul style="list-style-type: none">• Own home• With family• With friends• Recovery house• Supported accommodation• Hostel (Shelter)• On streets• Hospital• Treatment center• Prison (Jail) | |
| Total number of accounted days | 0-90 |
| 10. Have you or do you experience any difficulties securing housing on account of historic or current debt issues? | |
| Yes No | |

Substance Use

- | | |
|--|--------|
| 11. Have you used any legal or illegal substances in the last 90 days? | Yes No |
| Answer yes, questions appear | |
| Alcohol | |

Ever been a problem?
Used in the last 90 days

Amphetamines
Ever been a problem?
Used in the last 90 days
Benzos (prescribed)
Ever been a problem?
Used in the last 90 days?

Benzos (street)
Ever been a problem?
Used in the Last 90 days?

Buprenorphine Prescribed (Suboxone, Subutex or Sublocade)
Ever been a problem?
Used in the last 90 days?

Buprenorphine (street) (Subutex)
Ever been a problem?
Used in the last 90 days?

Cannabis
Ever been a problem?
Used in the last 90 days?

Cocaine powder
Ever been a problem?
Used in the last 90 days?

Crack cocaine
Ever been a problem?
Used in the last 90 days?

Fentanyl (prescribed)
Ever been a problem?
Used in the last 90 days?

Fentanyl (street)
Ever been a problem?
Used in the last 90 days?

Heroin
Ever been a problem?
Used in the last 90 days?

Methadone (prescribed)
Ever been a problem?

Used in the last 90 days?

Methadone (street)

Ever been a problem?

Used in the last 90 days?

Methamphetamine (Street)

Ever been a problem?

Used in the last 90 days?

NPS (Synthetics)

Ever been a problem?

Used in the last 90 days?

Opioid Pain Medications (prescribed)

Ever been a problem?

Used in the last 90 days?

Opioid Pain Medications (street)

Ever been a problem?

Used in the last 90 days?

Tobacco

Ever been a problem?

Used in the last 90 days?

Other problem substance?

Risk Taking

- | | |
|--|--------|
| 12. Have you injected drugs in the last 90 days? | Yes No |
| 13. If yes, how many days have you injected on? (0-90 days) | Yes No |
| 14. Have you injected with a needle or syringe used by someone else, or have you been injected by someone else, within the last 90 days? | Yes No |
| 15. Have you injected using a spoon, water or filter used by someone else within the last 90 days? | Yes No |

Involvement with the Criminal Justice System

- | | |
|---|--------|
| 16. Have you been involved in offending within the last 90 days? | Yes No |
| 17. Have you been involved with the police at any time within the last 90 days? | Yes No |
| 18. Were you on probation at any time within the last 90 days? | Yes No |
| 19. Were you on parole at any time within the last 90 days? | Yes No |

20. Have you had any other form of involvement with the criminal justice system within the last 90 days? Yes No

Work, Training and Volunteering

21. Are you currently working full-time? Yes No
22. Are you currently working part-time? Yes No
23. Are you currently at college or university or in other form of education, including on-line course work
Yes No
24. Are you currently volunteering? Yes No

Questionnaire 4 - Services Involvement and Needs

Brief of Assessment Questionnaire 4

The aim of this section is to assess what ongoing supports the person has and whether they need additional help. It is about the need to engage with professional services (either continuing existing service involvement or engaging with new services)

It is not enough to know that a person is engaged with eg mental health or drug services, we also need to know whether they are satisfied with the treatment they receive and whether they feel they need additional support.

There is no assumption that engagement is inconsistent with recovery but dissatisfaction and unmet needs across a range of areas will need to be addressed to continue to build recovery capital.

It is also important for the recovery navigator to know what other agencies will play a part in the recovery journey.

MRP Questions

Drug treatment services

25. Are you currently engaged with this kind of services? Yes No
26. Do you need help or additional help in this area? Yes No

Alcohol treatment services

27. Are you currently engaged with this kind of services? Yes no
28. Do you need help or additional help in this area? Yes No

Mental health services

29. Are you currently engaged with this kind of services? Yes No
30. Do you need help or additional help in this area? Yes No

Housing support services

31. Are you currently engaged with this kind of services? Yes No
32. Do you need help or additional help in this area? Yes No

Employment services

- | | |
|---|--------|
| 33. Are you currently engaged with this kind of services? | Yes No |
| 34. Do you need help or additional help in this area? | Yes No |

Primary healthcare services (GP, medical services)

- | | |
|---|--------|
| 35. Are you currently engaged with this kind of services? | Yes No |
| 36. Do you need help or additional help in this area? | Yes No |

Family relationships services

- | | |
|---|--------|
| 37. Are you currently engaged with this kind of services? | Yes No |
| 38. Do you need help or additional help in this area? | Yes No |

Other specialist help

- | | |
|--|----------|
| 39. Other Specialist Help or Support (please specify): | Text Box |
| 40. Are you currently engaged with this kind of service? | Yes No |
| 41. Do you need help or additional help in this area? | Yes No |

Questionnaire 5 - Personal Recovery Readiness

Brief of Assessment Questionnaire 5

The Assessment of recovery capital is split into personal and social recovery capital.

There are 25 questions on personal recovery capital in five domains:

- Recovery experiences
- Global health (psychological)
- Global health (physical)
- Risk taking
- Coping and life functioning

Each of these sections is made up of five questions – so that there is a score from 0-5 for personal capital in each domain and they combine to give a total personal recovery capital score of 0-25

The overall scores matter but each item can be used in recovery planning to determine what areas should be worked on and crucially what strengths are available to support each area

MRP Questions

Please check by a statement only if you agree with it unreservedly. If you disagree or are unsure, leave it blank. These are how you currently feel related to things that have happened to you in the last month.

- 42. Having a sense of purpose in life is important to my recovery journey
- 43. I am able to concentrate when I need to
- 44. I am coping with the stresses in my life

45. I am free from worries about money
46. I am happy dealing with a range of professional people
47. I am making good progress on my recovery journey
48. I cope well with everyday tasks
49. I do not let other people down
50. I am happy with my appearance
51. I engage in activities and events that support my recovery
52. I eat regularly and have a balanced diet
53. I feel physically well enough to work
54. I have enough energy to complete the tasks I set myself
55. I have no problems getting around
56. I have the personal resources I need to make decisions about my future
57. I have the privacy I need
58. I look after my health and wellbeing
59. I make sure I do nothing that hurts or damages other people
60. I meet all my obligations promptly (things you have made a commitment to do)
61. I sleep well most nights
62. I take full responsibility for my actions
63. In general I am happy with my life
64. What happens to me in the future mostly depends on me
65. I have a network of people I can rely on to support my recovery
66. When I think of the future I feel optimistic

Questionnaire 6 – Social Recovery Capital

Brief of Assessment Questionnaire 6

The Assessment of recovery capital is split into personal and social recovery capital.

There are 25 questions on social recovery capital in five domains:

- Meaningful activities
- Housing and safety
- Citizenship
- Social support
- Substance use and sobriety

Each of these sections is made up of five questions – so that there is a score from 0-5 for personal capital in each domain and they combine to give a total personal recovery capital score of 0-25

The overall scores matter but each item can be used in recovery planning to determine what areas should be worked on and crucially what strengths are available to support each area

MRP Questions

Please check by a statement only if you agree with it unreservedly. If you disagree or are unsure, leave it blank. These are how you currently feel related to things that have happened to you in the last month.

67. I am actively involved in leisure and sport activities
68. I am currently completely sober and/or clean from drug use
69. I am actively engaged in efforts to improve myself (training, education and/or self-awareness)
70. I am happy with my personal life
71. I am proud of my home
72. I am proud of the community I live in and feel a part of it - sense of belonging
73. I am satisfied with my involvement with my family
74. I am free of threat or harm when I am at home
75. I engage in activities that I find enjoyable and fulfilling
76. I feel safe and protected where I live
77. I feel that I am in control of my substance use
78. I feel that I am free to shape my own destiny
79. I get lots of support from friends
80. I get the emotional help and support I need from my family
81. I have a special person that I can share my joys and sorrows with
82. I have access to opportunities for career development (job opportunities, volunteering or apprenticeships)
83. I have had no lapses or relapses
84. I have had no recent periods of substance intoxication
85. I regard my life as challenging and fulfilling without the need for using drugs or alcohol
86. It is important for me to contribute to society and or be involved in activities that contribute to my community
87. It is important for me to do what I can to help other people
88. It is important for me that I make a contribution to society
89. My living space has helped to encourage my recovery journey
90. My personal identity does not revolve around drug use or drinking
91. There are more important things to me in life than using substances

Questionnaire 7 - Involvements With Recovery Groups and Your Local Community

Brief of Assessment Questionnaire 7

The third core element of recovery capital is community recovery capital and that is addressed in the Recovery Group Participation Scale (RGPS).

This measure was developed to look at peer support (including but not restricted to 12-step or SMART groups) and is a measure of involvement in peer-based recovery support.

There are 14 questions and so the score range is 0-14 with higher scores representing more community recovery capital

In other words the three core dimensions of recovery capital are covered in their most basic form by

- ARC Personal (Personal Recovery Capital)
- ARC Social (Social Recovery Capital)
- RGPS (Community Recovery Capital)

MRP Questions

Please check by the statement if you agree with any of the following statements about any group you have attended in the last month to support your recovery. These questions refer to any group - formal or informal - that you attend that supports your recovery, including AA, NA, SMART Recovery, peer groups, aftercare groups and any other types of recovery group you belong to:

- 92. I attend recovery group meetings on a weekly basis or more frequently
- 93. If I did not make a meeting at my group for two weeks, people would call to see if I was okay
- 94. I speak at recovery meetings
- 95. I perform service at recovery meetings
- 96. I carry a message of hope to others (and openly talk about my own recovery)
- 97. I socialize before and/or after meetings
- 98. I attend recovery social events
- 99. I visit a recovery center or cafe
- 100. I read recovery supportive literature
- 101. I carry a recovery object (something that reminds me of my ongoing recovery)
- 102. I have people from my recovery group who support my recovery
- 103. I use daily recovery rituals (things I do every day to support my recovery journey)
- 104. I do voluntary service to help my recovery group
- 105. I encourage others to attend my recovery group

Whether or not you are CURRENTLY using any of the following, do you feel that you need additional support from:

- | | | |
|------|---------------------------------|--------|
| 106. | Peer support | Yes No |
| 107. | 12 step mutual aid groups | Yes No |
| 108. | Other community recovery groups | Yes No |

109. Online recovery groups Yes No

How much support do you get from other people? For each of the questions below, please give a rating on the scale for how you are feeling about the question today, where higher scores mean you receive more support and lower scores mean you receive less support. Indicate your score by moving the slider to the number that best describes your feeling.

110. Do you get the emotional support you need from other people?
Not Agree / Agree
111. Do you get the help you need from other people?
Not Agree / Agree
112. Do you get the resources you need from other people?
Not Agree / Agree
113. Do you get the advice you need from other people?
Not Agree / Agree

Questionnaire 8 – Commitment

Brief of Assessment Questionnaire 8

To date we have measured;

- Overall wellbeing
- Barriers and unmet needs
- Personal, social and recovery capital

What we are now measuring is something that has been shown to be a very good predictor of who sustains recovery – commitment to recovery.

This is an important supplement to the capital measurement as it is our only measure of motivation and helps to improve the predictiveness of the scales used. There are five questions (scored between 1 and 6) meaning there is a total range of 5-30 with higher scores representing stronger motivation. Prior research testing has shown this can significantly predict future recovery wellbeing.

MRP Questions

For each of the questions below, please give a rating on the scale for how you are feeling about the question today, where higher scores mean you strongly agree, and lower scores mean you strongly disagree with this statement. Indicate your score by circling the number that best describes your feeling.

114. Staying sober is the most important thing in my life.
Not Agree / Agree
115. I am totally committed to staying off of alcohol/drugs.
Not Agree / Agree
116. I will do whatever it takes to recover from my addiction
Not Agree / Agree

117. I never want to return to alcohol/drug use again.
Not Agree / Agree
118. I have had enough alcohol and drugs.
Not Agree / Agree

Questionnaire 9 – What do you see as your needs?

Brief of Assessment Questionnaire 9

What the REC-CAP attempts to achieve is a quantification of what the science tells us are the most important components of recovery and combines them into a single quantifiable measure that yields an overall score, the RCI.

However, we all know that recovery is an individualised and personal process where people have their own goals and needs and aspirations.

This is the section where those subjective and personal views and needs can be expressed to ensure that they are incorporated into the recovery care plan.

- | | | |
|------|---|----------|
| 119. | Where do you see yourself in your recovery journey? | Text Box |
| 120. | What are your current life goals? | Text Box |
| 121. | What do you need to help you get to the next goal in your life journey? | Text Box |
| 122. | What do you rely on to help you with your recovery? | Text Box |

Appendix B: Recovery Goal Template & Plans

45 Recovery Goal Template & Plans

1. Accept that Recovery from SUD is a Lifelong Journey
2. Acute Housing Problems
3. Become a Person Whom I Admire
4. Become an Active Member of Your Recovery Community
5. Budgeting & Money Management
6. Community Support Groups
7. Continue to Build Healthy Self-Identity & a Sense of Life Purpose
8. Cultivate Family Wellness
9. (Custom) Services
10. Daily Recovery Practices (ODAAT)
11. Employment
12. Employment Support
13. Engage in Career Development
14. Engage in Community Based Activities
15. Engage in Self-Improvement Activities
16. Engage in Sports & Recreational Activities
17. Expand Your Horizon by Exploring New Interests
18. Family Relationships
19. Get Active: Reduce Stress & Energize Mind, Body, & Spirit
20. Health Screening
21. Higher Education
22. Housing Support
23. Learn Ways to Better Manage Stress
24. Mental Healthcare
25. Mutual Aid Groups
26. My Recovery Journey Progress
27. Nutrition & Meal Planning
28. Ongoing Involvement with Criminal Justice
29. Online Support Groups
30. Participate in Recovery Groups
31. Peer Support Groups
32. Personal Wellness Practices
33. Practice Honesty & Transparency
34. Primary Healthcare
35. Recent Offending or Law Enforcement Involvement
36. Recovery Group Engagement
37. Recovery Plan Engagement
38. Resolve Housing Concerns
39. Resolve Pending Eviction
40. Service to Recovery Group
41. Socialize with People in Recovery
42. Specialty Treatment
43. Tobacco Cessation
44. Transportation
45. Volunteerism