Central East LHIN
RLISS du Centre-Est

2013-16 Mental Health and Addictions Strategy Update: Implementation Approach

Report to the Central East LHIN Board of Directors:
May 28, 2014

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

IHSP: 2013-16: Mental Health and Addictions Strategic Aim

- Aim: **Strengthen the system of supports for people with Mental Health and Addictions issues so they spend 15,000 more days at home in their communities by 2016.**

Implement the Guiding Principles as outlined in the Integrated Health Service Plan (IHSP) as well as other emerging priorities ensuring that:

Client experience informs the process and decision making;

Project resources are coordinated and efficient;

Leadership, skills, experience and partnerships of Health Service Providers are leveraged;

Accountability for results is demonstrated; and

Quality Improvement (QI) methods and evidence is used to guide implementation.

Assumptions and Parameters

- Bed supply will continue to remain stable;
- Ontario Shores Centre for Mental Health Sciences is the only specialized mental health facility in Central East LHIN;
- Ontario Mental Health Reporting System is the primary source of patient day information;
- 1 Emergency Department (ED) visit for a mental health condition = 1 Patient Day
- Projections are based on population growth

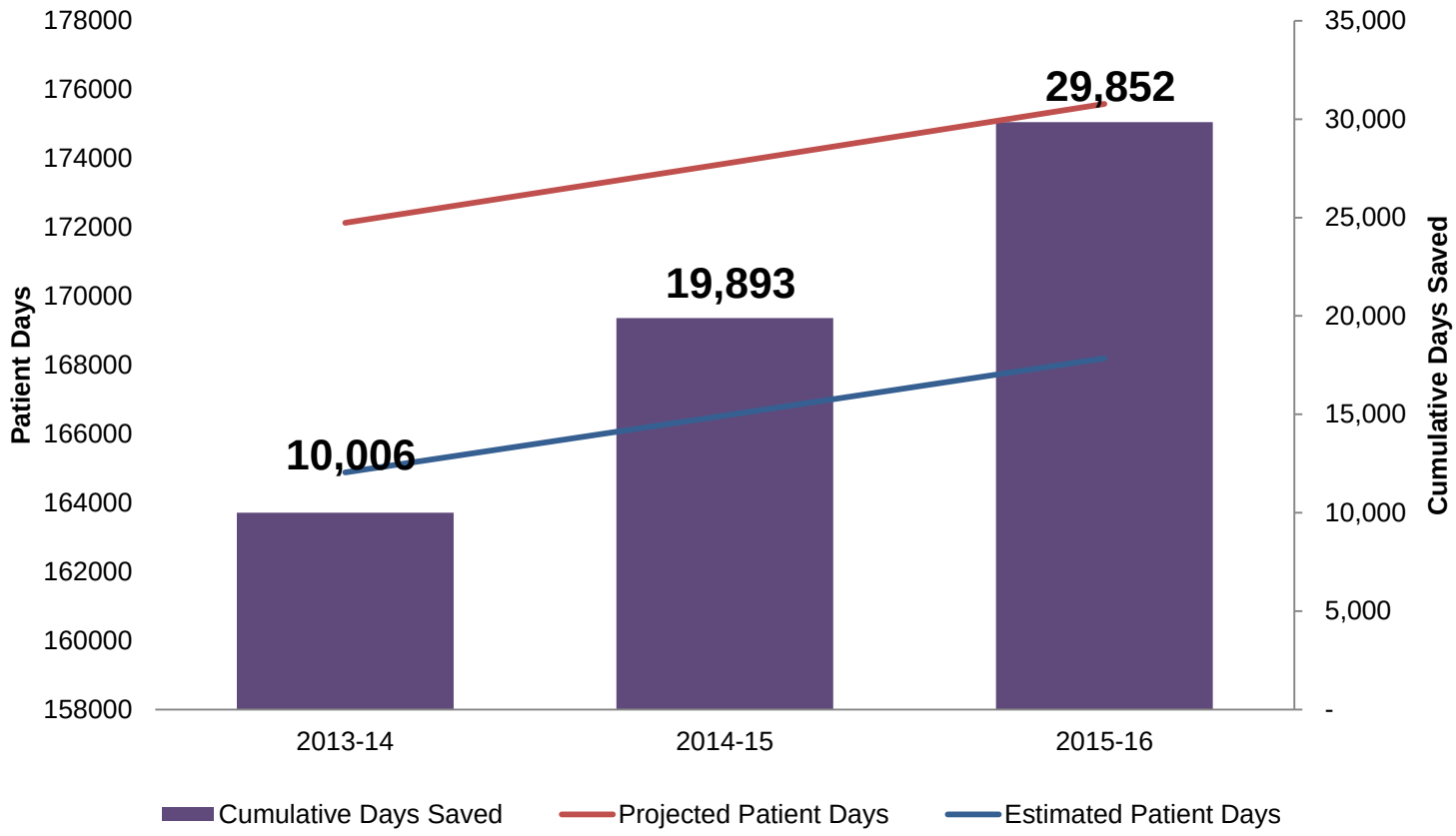
How were savings calculated?

- Cumulative days = Projected days - Estimated days

Risks

- Data quality concerns:
  - Secondary coding of Mental Health diagnosis - may lead to under-reporting or over-reporting
  - Any transfer for care or assessment between hospitals sites will be coded as “unscheduled repeat visit”
  - No coding for a “Concurrent Disorder” which describes a combination of Mental Health and Substance Abuse issues
- A small number of patients with multiple repeat visits for Mental Health or Substance Abuse can greatly impact number or rate of repeat ED visits
- Historical trending may not be entirely representative of future trending

Mental Health Aim – Days Saved



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Mental Health Aim – Supporting Indicators

Indicators	Baseline	Central East LHIN Target	Current Performance	Time Period for Current Performance	Current Status	Compared to Most Recent Past Performance
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (decrease)	18.2%	**17.0%**	19.4%	13/14 Q2		
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (decrease)	23.3%	**22.5%**	25.1%	13/14 Q2		
Proportion of inpatients with a behaviour-support related diagnosis who were discharged home rather than to an institution (increase)	58.0%	63.8%	59.0%	Fiscal Year 12/13		
Transfers from LTC to ED; MH patients only (decrease)	2.4%	2.2%	2.4%	13/14 Q3		

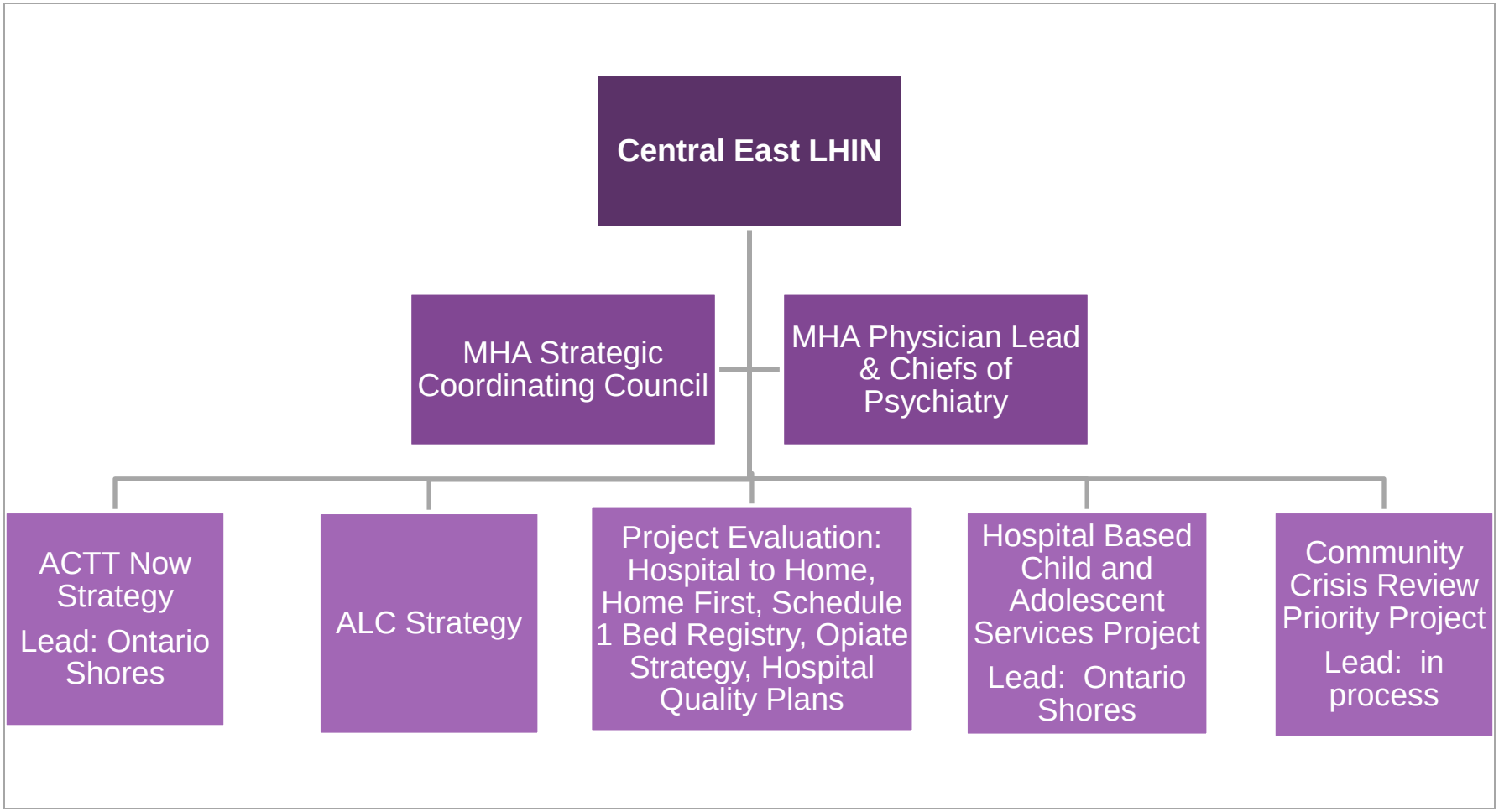
*Targets that are shown in **bold text** are formal targets. Other targets are calculated as 10% greater or less than the baseline (depending on the desired direction of the indicator)

A **red** dot indicates that the current performance deviates from the desired target by more than 10%.
A **yellow** dot indicates that the current performance is within 10% of the target
A **green** dot indicates that the current performance meets the target or is performing better than the desired target

Summary of Mental Health & Addictions Strategic Aim Measurement

- It is projected that Central East LHIN will meet its target of saving 15,000 days
- However, there are identified risks which could change this projection
  - Changes in bed supply
  - Historical trending may not be entirely representative of future trending
- Central East LHIN will monitor four (4) supporting indicators to further understand the effect of regional initiatives implemented during the IHSP period

MHA Strategic Aim Project Governance Structure



Measuring the Approach

We will measure our progress by using System Indicators:

- **Rate of unscheduled re-visits within 30 Days** to Central East LHIN hospital emergency departments for mental health and/or addictions issues.
- **Days spent** in community crisis beds
- **Hospital Psychiatric In-Patient Days** (including Alternative Level of Care (ALC))
- **Patient/Client Experience** based measures related to quality (To be developed)

Key Components: A Strategy to Accomplish the Aim

1. **Confirm, prioritize and evaluate** MHA initiatives.
2. **Establish a Central East LHIN Physician Lead** for Mental Health and Addictions.
3. Identify **Lead Organization(s)** accountable for a specific priority initiative and establish project management structures and supports.
4. Establish a **Strategic Coordinating Council** to oversee and evaluate the implementation and evaluation of the Strategy.
5. **Link Chiefs of Psychiatry** to the Strategic Coordinating Council.
6. Articulate and confirm the **role of Service Users and their supporters.**

1. Confirm, Prioritize and Evaluate MHA Initiatives

The Priority Projects include the two existing projects:

1) **"ACTT Now"**: has completed a Value Stream Mapping process and developed recommendations for Quality based improvements.
   - These improvements include the implementation of a "Step Down" model and Quality Improvement processes. Currently, these measures are being implemented and it is anticipated that 25 ACTT Service recipients will be transitioned to the new "Step Down" Team by March 31, 2015. This will create additional capacity for the existing ACTT.
   - The "Step Down" Teams have been supported by a base allocation of $**892,500**, as approved by the Central East LHIN Board in October of 2013.

1. Confirm, Prioritize and Evaluate MHA Initiatives

2) **The "Child and Adolescent Hospital Based Mental Health Services Review:** has completed the development of recommendations for improvement and is currently working on an implementation plan.

   These projects were:

   - Implemented in FY 13/14
   - In progress
   - Established as Tier 1 Priority Projects

1. Confirm, Prioritize and Evaluate MHA Initiatives

In October 2013, the Central East LHIN Board approved three key initiatives that are intended to introduce innovative housing models based on the needs of the service recipient:

Project	Amount	Status
Durham Mental Health Services (DMHS) and Ontario Shores Centre for Mental Health Sciences: Housing for People with Complex Needs	$577,000	Program was initiated as of April 1, 2014.
DMHS: MHA "Home First" Model	$364,000	Program was initiated as of April 1, 2014.
St. Paul's L'Amoreaux Housing Supports for Older Adults	$62,725	Program was initiated as of April 1, 2014.

1. Confirm, Prioritize and Evaluate MHA Initiatives

November to December 2013: Members of the Central East Mental Health and Addictions Network, the Central East LHIN Consumer Survivor Initiative Network and the Chiefs of Psychiatry were asked to use criteria developed in consultation with our partners to rank Mental Health and Addictions Priorities.

- 91 people were invited to participate.
- 39 people completed the assessments, and 6 completed less than 60% of the assessment.
- 33 full responses were gathered and analyzed
- All Stakeholders agreed with the identification of the priorities.

1. Confirm, Prioritize and Evaluate MHA Initiatives: Results of the Ranking Process

1) **Community Crisis**: Review of capacity and effectiveness of current programs and recommendations for improvement and future implementation plans.

2) **Development of an ongoing Supportive Housing Strategy** for the LHIN.

3) **Integration of Mental Health and Addictions Services with Primary Care,** including Ontario Telemedicine Network strategy.

4) **Police/Community Teams (Mobile Crisis Intervention Teams):** Review teams across the LHIN, recommendations for equalization of services.

5) **Concurrent Disorders**: What is the current capacity of the system and where do we go from here.

1. Confirm, Prioritize and Evaluate MHA Initiatives: Hospital to Home

2011/12: Hospital to Home: Lakeridge Health Oshawa

Lakeridge Health received a base investment of $615,600 to:

- Reduce ED Return Visits for MH and Substance Abuse by 10%
- Increase admissions to Community Crisis Beds by 10%
- Reduce Community Treatment Orders client hospital admissions by 65% and in-patient bed days by 90%

2011/12: Hospital to Home: Canadian Mental Health Association – Haliburton Kawartha Pine Ridge (CMHA-HKPR)

CMHA HKPR received a base investment of $153,400. to place one Case Manager in each ED at Ross Memorial and the Peterborough Regional Health Centre to:

- Reduce ED Return Visits for MH and SA by 10%.
- Increase callers to Crisis Lines by 10%
- Reduce revisits following discharge by 30%.

1. Confirm, Prioritize and Evaluate MHA Initiatives: The Opiate Strategy

2013/14: Lakeridge Health (the Pinewood Centre) received a base amount of **$451,500** to establish an Integrated Addictions Treatment System in the Scarborough Cluster

- Substance abuse treatment program
- Case management program
- Residential treatment services (Pinewood)
- Use OTN and transportation supports as enablers to leverage Pinewood Centre services.

- Enhance methadone treatment services in Durham

2013/14: FourCAST received $388,500 to establish an Opiate Program in the Northeast Cluster

- Establish a Methadone Case Management Service
- Enhance Pre Natal and Early Childhood Opiate Supports
- Carry out two one-time Projects:
  - "Suboxone" Withdrawal Training to Public Health Units
  - Training to increase Concurrent Disorder Treatment capacity for Aboriginal Peoples.

2. Central East LHIN Physician Lead for Mental Health and Addictions

Through a competitive process, the LHIN has selected a final candidate. This will be finalized soon.

The Physician Lead will:

- Champion system improvement with Central East LHIN physician community and system stakeholders.
- Advise the Central East Leadership on strategic opportunities and progress on identified priority initiatives.
- Co-Chair the Strategic Coordinating Council.
- Liaise with other LHIN leadership forums on matters related to mental health, e.g. Regional Specialized Geriatric Services.
- Collaborate with other Central East LHIN Physician Leads.

3. Identification of Lead Organizations

An identified Health Service Provider(s) will lead the specific improvement opportunity or priority initiative as identified through a consensus process and **will:**

- Be accountable to the LHIN for project deliverables and reporting.
- Identify a senior leader responsible for the initiative.
- Engage other health service providers and users to accomplish the goals of the project.
- Ensure that quality improvement approaches and consumer engagement are embedded in all activities.
- Comply with the policy directions of the Central East LHIN as they relate to persons with disabilities, Francophones and Aboriginal peoples.
- Participate in the Strategic Coordination Council.

3. Identification of Lead Organizations: Selection Process

1) **"ACTT Now" -** Ontario Shores (2013/14)

2) **Child and Adolescent Hospital-Based Services Review** - Ontario Shores (2013/14)

3) **Community Crisis Review (CCR)** - partnership between Durham Mental Health Services and the Canadian Mental Health Association, HKPR Branch (2014/15): This project will determine the current status of all Community Crisis Supports throughout the LHIN, including Mental Health Community Intervention (Police/Community) Teams and develop a series of recommendations for improvement.

4. Strategic Coordinating Council

- Members were selected based on an “Expression of Interest” – Spring 2014

This Council will:

- Provide ongoing advice and direction on the Mental Health and Addictions Strategy and the implementation plan, ongoing priority initiatives and future opportunities for improvement.
- Monitor the outcomes of each of the priority initiatives.
- Monitor the LHINs progress in achieving the Mental Health and Addiction Strategic Aim.
- Meet quarterly throughout the Central East LHIN geography.

4. Strategic Coordinating Council - Membership

Member	Affiliation
To be confirmed	Central East LHIN MHA Physician Lead
To be appointed by DMHS and CMHA HKPR	Central East LHIN Priority Project: Community Crisis Review
Scott Pepin, Steering Committee Lead	"ACTT Now" Priority Project
Sheila Neuberger, Steering Committee Lead	Child and Adolescent Hospital-based Psychiatric Services Priority Project
Health Service Provider, Steering Committee Representative, Priority Project Lead	Community Crisis Review Priority Project
Service Users: Sue Cathcart (Central East LHIN CSI Network), Mark Graham (Executive Director, CMHA HKPR) and Kim English	Service User experience as a direct recipient or as a supporter
Donna Rogers (Executive Director, FourCAST)	Central East LHIN Integrated Addictions System
Dr. Leann Kerr	Central East LHIN Primary Care Provider
Rob Adams (Executive Director, DMHS), Brent Robinson (The Youth Centre, CE MHA Network Representative), Hermann Amon (Entité 4)	Community-based MH Service Providers
Paul McGary (Executive Director, Pinewood Destiny Manor), Thomas Jones (Haliburton Highlands Health Services and Ross Memorial Hospital)	Hospital-based MH Service Providers

5. Central East LHIN Chiefs of Psychiatry

The Hospital Chiefs of Psychiatry are engaged as physician leaders of transformation and quality improvement.

The Chiefs will:

- Identify high value opportunities for system improvement.
- Act as a liaison with both hospital and community physicians, serving the needs of the mental health and addictions population
- Promulgate both innovation (best practices) as well as system standardization (i.e. clinical pathways).
- Liaise with Lead Organizations on specific priority projects.
- Support the ongoing monitoring of Priority Projects that have been completed (i.e. Common Assessment Tool and Schedule 1 Bed Registry).

6. The Role of Service Users and their Supporters

- The Central East LHIN and its health service providers are committed to being responsive to the needs of MHA Service Users and their Supporters and include their perspective in planning and implementation
- Service Users will be:
  - Engaged in quality improvement exercises (i.e. LEAN, patient-based co-design);
  - Members of the Strategic Coordinating Council;
  - Engaged by the Lead Organization in the priority initiatives;
- Engaged in the measurement of self-reported client outcomes.

6. The Role of Service Users and their Supporters: Francophone and Aboriginal Engagement

- The Strategic Coordinating Council will include a member representing Entité 4. This Council Member will serve as the liaison with the Francophone communities in the Central East LHIN.
- The Central East LHIN will work in partnership with Entité 4 as they move forward with their **Mental Health and Addictions Continuum Project**
- The Strategic Coordinating Council will link with the Central East LHIN's Aboriginal Health Advisory Circles to ensure the communities they represent are included in the implementation of the Mental Health and Addictions Strategy.

Tools and Enablers

- We will continue to use **Integration** as a tool to achieve Quality Improvement-based System Improvements
- We will continue to work with the **Ontario Telemedicine Network** to improve the quality, accessibility and integration of our services, and improve access to Psychiatry and Specialized Resources.
- We will establish all new initiatives with **Quality-Based Outcomes** that are transparent and measurable.
- We will evaluate the outcomes of our work to ensure we obtain the **results** we aimed for and we will **adjust our strategies** on an ongoing basis based on what we learn and on **Best Practices.**

Next Steps

In mid-to-late June, we will announce:

- Members of the Central East LHIN Strategic Coordinating Council;
- Lead Organizations for Priority Projects; and
- Central East LHIN Mental Health and Addictions Physician Lead.

- Identify the Lead Organization for the next Priority Project - Development of an ongoing Housing Strategy for the Central East LHIN.
- Evaluate the three current Priority Projects: ACTT Now, Child and Adolescent Hospital Based Services and the Community Crisis Review and determine next steps (March 2015).

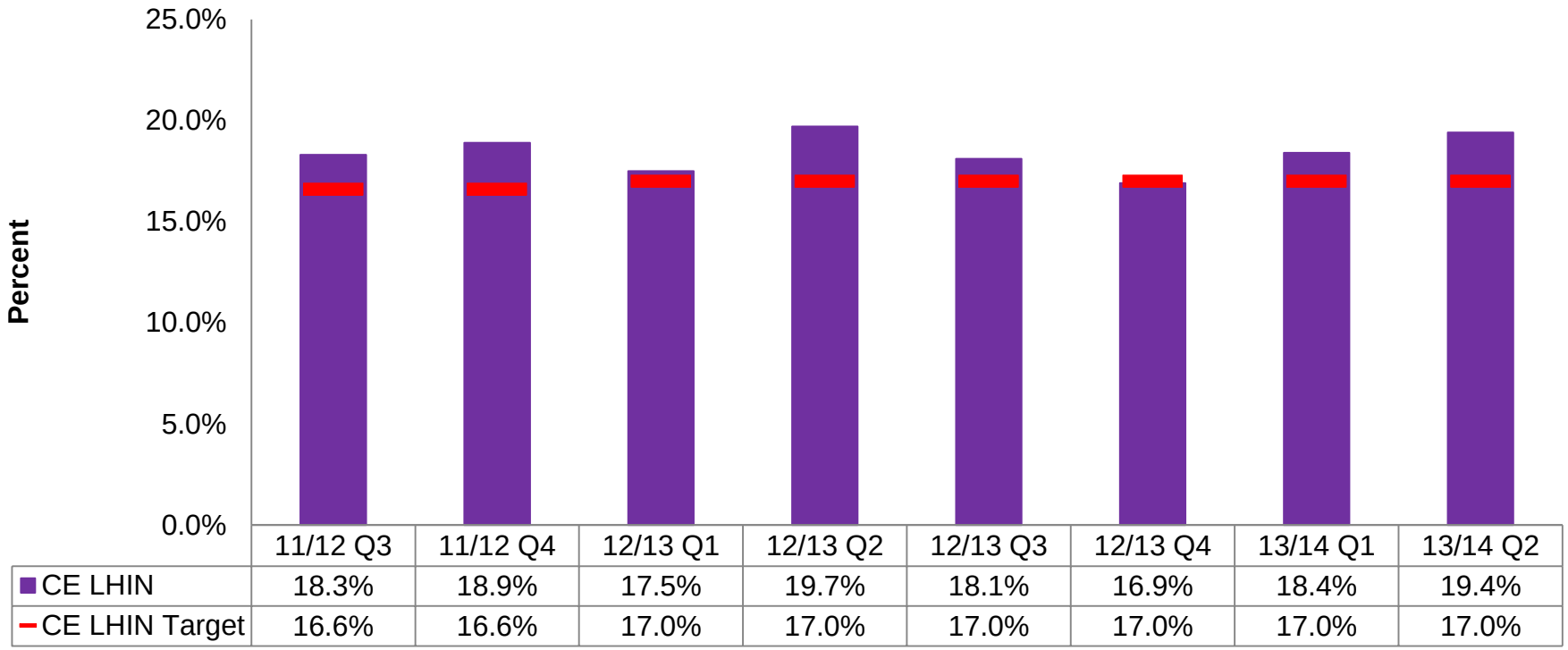
Questions and Discussion

Appendices

Supporting Indicators - Definitions

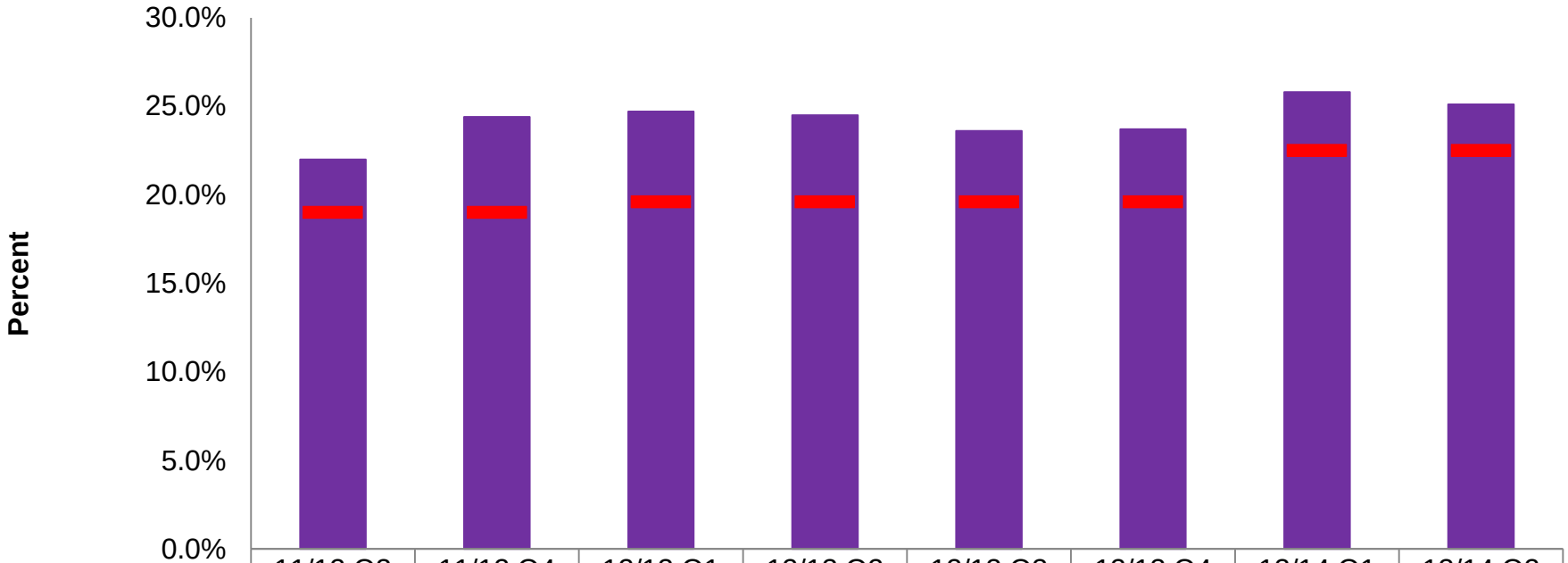
Terms	Definition
Indicator Name **(increase) or (decrease)**	The desired direction of performance is shown in purple colored text following the indicator name.
Baseline	Where there is sufficient data, the baseline is the average of the two most recent fiscal years.
Central East LHIN Target	The formal Central East LHIN target for that indicator (typically developed for use in existing scorecards, such as the MLPA). This formal target is indicated by **bold formatting**. Where there is no formal target, the baseline greater or less 10% (depending on the desired direction of performance) is used as an informal Central East LHIN Target to track the performance of supporting indicators for the IHSP aims.
Current Performance	The Central East LHIN performance for the indicator using the most current data available.
Current Status	The current performance is compared with the Central East LHIN target and the result is summarized by a colored dot following the parameters below: • A red dot indicates that the current performance deviates from the desired target by more than 10%. • A yellow dot indicates that the current performance is within 10% of the target • A green dot indicates that the current performance meets the target or is performing better than the desired target
Compared with Most Recent Past Performance	The Central East LHIN performance for the indicator using the most recent reporting period prior to the current performance.

CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions *(decrease)*



Analysis: There was a slight increase for this indicator between Q1 and Q2 of 2013-14. Factors that may be contributing to this increase include potential hospital coding issues, limited facility/resource capacity, and a small number of very high users. Comparing to LHINs with similar geography, demographics, and service availability, interim data shows that Central East LHIN had a higher percentage of returning patients than Central LHIN but a lower percentage than Central West LHIN. Central East LHIN also performed better than the provincial average (data not shown).

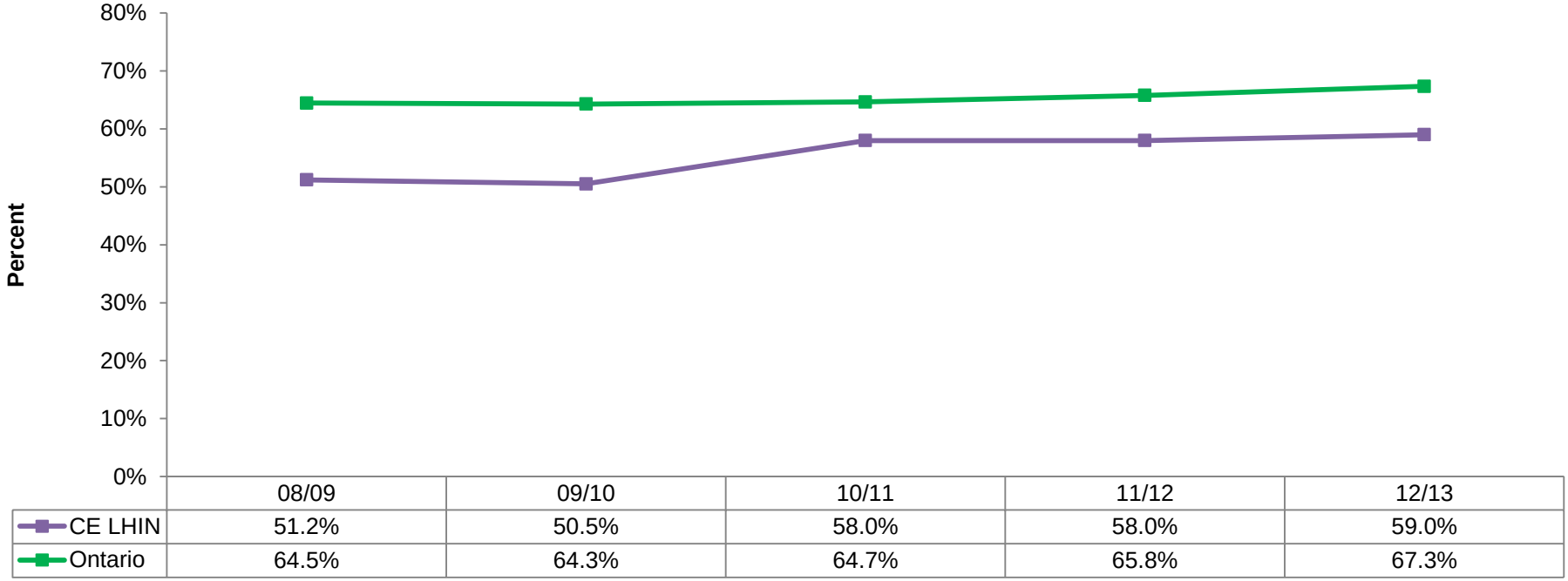
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions *(decrease)*



	11/12 Q3	11/12 Q4	12/13 Q1	12/13 Q2	12/13 Q3	12/13 Q4	13/14 Q1	13/14 Q2
CE LHIN	22.0%	24.4%	24.7%	24.5%	23.6%	23.7%	25.8%	25.1%
CE LHIN Target	19.0%	19.0%	19.6%	19.6%	19.6%	19.6%	22.5%	22.5%

Analysis: There was a slight decrease for this indicator between Q1 and Q2 2013/14. The Central East LHIN continues to work towards the MLPA target of 22.5%. In particular, the LHIN is undertaking a review of the Hospital to Home (H2H) Emergency Department Diversion strategy. Comparing to LHINs with similar geography, demographics, and service availability, interim data shows that Central East LHIN had a lower percentage of returning patients than Central West and Champlain LHIN. Central East LHIN also performed better than the provincial average (data not shown).

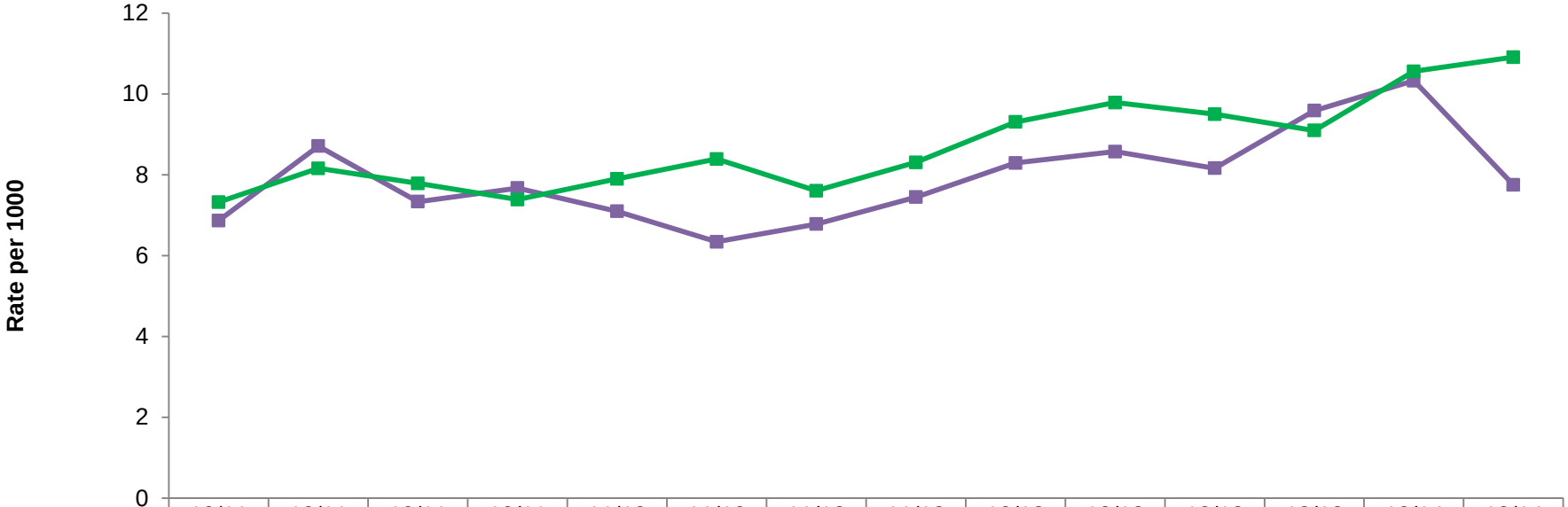
Percentage of inpatients with a behaviour-support related diagnosis who were discharged home rather than to an institution *(increase)*



Analysis: From 2009/10 and 2010/11 there was 7.5% increase in percentage of inpatients with a behaviour-support related diagnosis who were discharged home rather than to an institution . From 2010/11 to 2012/13, this indicator has remained stable at ~58%. This figure is less than the province's 67.3% for 2012/13.

Transfers from LTC to ED for MH Patients, Rate per 1000

(decrease)



	10/11 Q1	10/11 Q2	10/11 Q3	10/11 Q4	11/12 Q1	11/12 Q2	11/12 Q3	11/12 Q4	12/13 Q1	12/13 Q2	12/13 Q3	12/13 Q4	13/14 Q1	13/14 Q2
CE LHIN	6.9	8.7	7.3	7.7	7.1	6.3	6.8	7.4	8.3	8.6	8.2	9.6	10.3	7.7
Ontario	7.3	8.2	7.8	7.4	7.9	8.4	7.6	8.3	9.3	9.8	9.5	9.1	10.6	10.9

Analysis: Since 2010/11 Q1, the Central East LHIN and the province have experienced a similar increase in the rate of transfers from LTC to ED for MH patients (per 1000 long-term care residents). With exception of 2012/13 Q4, the Central East LHIN has been consistently below the provincial rate for 2011/12 and 2012/13. Most recently, the rate increased for Ontario to 10.9 per 1000 from 10.6 per 1000 while it decreased for Central East LHIN from 10.3 per 1000 to 7.7 per 1000.