Central East LHIN Strategic Aim
Mental Health and Addictions Aim Update

Central East LHIN Board of Directors
November 23, 2016

Jai Mills – Lead, System Design & Integration
Marilee Suter – Lead, Decision Support

Ontario
Local Health Integration Network

Overview

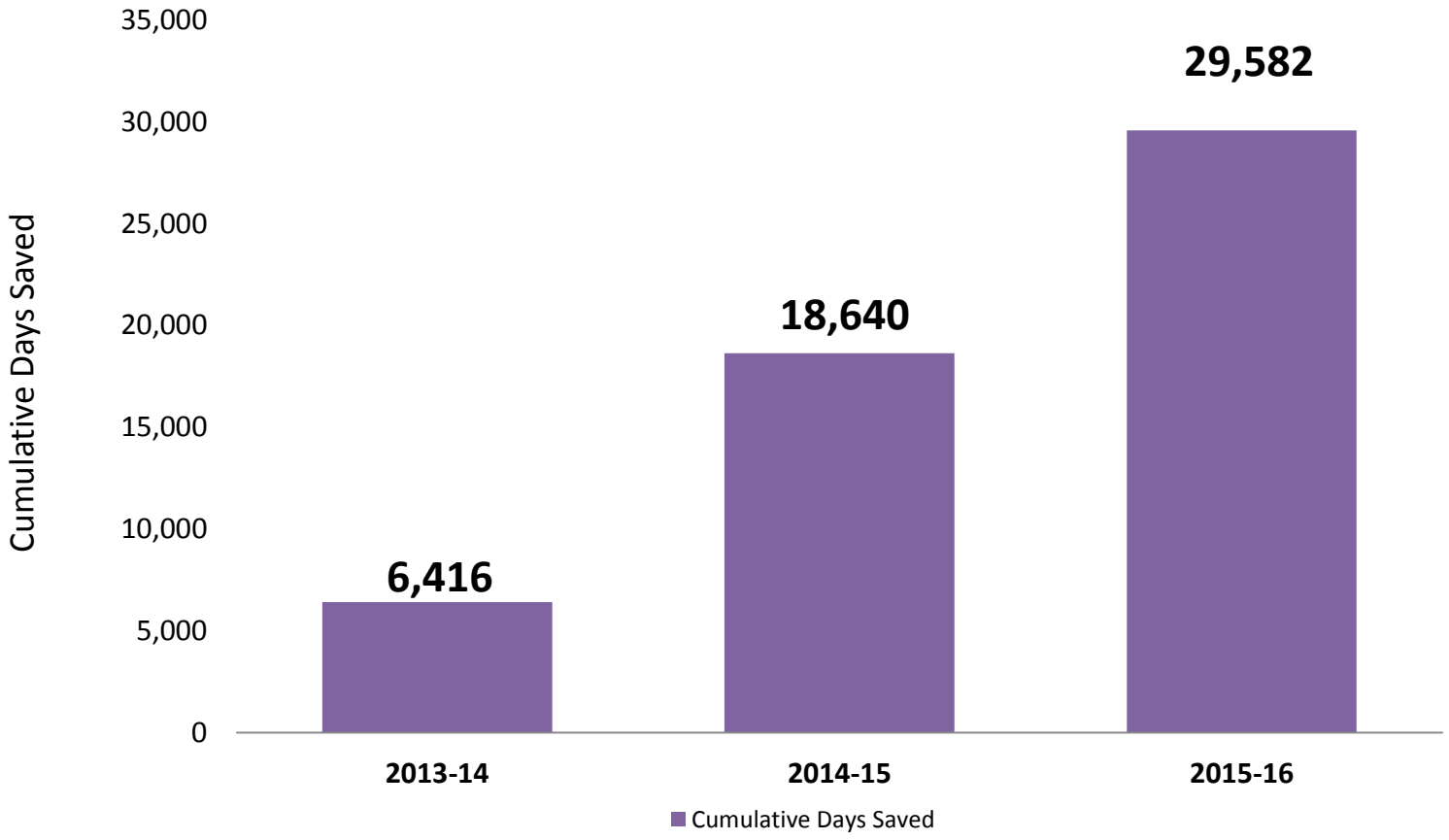
- Mental Health & Addictions Strategic Aim Overview
- Strategic Aim Metrics Update
- Central East LHIN Mental Health & Addictions Coordinating Council and Physician Lead
- Mental Health & Addictions Priority Projects
- Current Status of Established Initiatives
- Next Steps
- Ian's Story
- Questions
- Appendix

Mental Health and Addictions Strategic Aim Overview

Overview:
2013-2016 Central East LHIN Integrated Health Service Plan

Strategic Aim Metrics Update

Mental Health & Addictions Strategic Aim: Total Days Saved



Supporting Indicators: Definitions

Terms	Definition
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 less 10% is used as an informal Central East LHIN Target.
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 CE 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
Direction	The direction of the data uses all the data from the baseline and any additional data, up to and including the most current data available.
↘ ➡ ↗	A gray arrow indicates that there are at least 7 data points available to calculate the direction of the data.
↘ ⇨ ↗	A white arrow indicates that there are fewer than 7 data points available. The direction of data should be interpreted with caution.

Mental Health & Addictions Aim: Supporting Indicators

Indicator	Baseline	CE LHIN Target	Time Period for Current Performance	Current Performance	Current Status	Direction
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Goal: decrease)	18.2%	**16.3%**	15/16 Q4	19.2%	●	⇨
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Goal: decrease)	23.5%	**22.4%**	15/16 Q4	20.1%	●	⇨
Proportion of discharges sent home rather than to an institution for patients with a behaviour support diagnosis (Goal: increase)	60.9%	67.0%	15/16 Q4	64.5%	●	⇨
Transfers from LTC to ED; MH patients only, Rate per 1000 (Goal: decrease)	7.8	7.0	15/16 Q4	11.3	●	↗

Note:
Bold text indicates a formal Central East LHIN Target

Summary of Strategic Aim Metrics

Central East LHIN continues to work towards meeting the provincial target for repeat Emergency Department (ED) visits within 30 days for mental health conditions. Comparing LHINs and service availability, Central East LHIN had a lower percentage of returning clients than Central West, Toronto Central, and South East LHINs.

Central East LHIN met the provincial target of 22.40% in Q4 2015/16 for repeat unscheduled ED visits within 30 days for substance abuse conditions. Central East LHIN performance improved from 27.29% in Q3 2015/16 to 20.67% in Q4 2015/16, and ranked number one in the province for this indicator.

Central East LHIN continues to have fewer transfers from Long-Term Care Homes (LTCH) to the ED than the provincial transfer rate. Recently, the Central East LHIN has experienced an increase in the rate. Recent investments in behavioural supports via Behavioural Supports Ontario (BSO) are anticipated to effectively reduce these numbers by increasing the capacity of LTCHs to manage complex behaviours.

Central East LHIN Integrated Health Service Plan: 2016-19

Integrated Health Service Plan 4

By building on the achievements of IHSP 3, including the establishment of new cross-sector partnerships, the system will continue to improve on meeting the needs of people with mental health and addictions issues through a holistic perspective. Quality and choice remain fundamental to providing the best and most appropriate supports, allowing for a life rooted in preference rather than one imposed.

Advancing community supports and capacity will:

- Reduce the number of psychiatric in-patient hospital days;
- Reduce the number of unscheduled return visits for mental health and addictions issues within 30 days of the first visit;
- Improve the service user experience; and
- Support people in returning to their communities sooner.

Mental Health & Addictions Coordinating Council and Physician Lead

Central East LHIN Mental Health & Addictions Coordinating Council

The Mental Health and Addictions Coordinating Council (the Council) was established by the LHIN in June 2014 to provide advice to the Central East LHIN regarding the Mental Health and Addictions Strategy.

The Council is Co-Chaired by Brent Robinson, Manager of Clinical Services with Carea Community Health Centre. The other Co-Chair position will be held by the Central East LHIN Mental Health and Addictions Physician Lead. The Council has asked Rob Adams, the CEO of Durham Mental Health Services, to act as an Interim Council Co-Chair until the Physician Lead is in place.

The Council has designated membership from: persons with lived experience, family and other supports, primary care, the Central East LHIN Consumer Survivor Initiative Network, hospitals, community mental health agencies, addictions service providers, and Entité 4.

Central East LHIN Mental Health & Addictions Physician Lead

Objective: To provide physician leadership to the Mental Health and Addictions Strategy and to advise the LHIN regarding the planning, implementation, and evaluation of priority projects. The Mental Health and Addictions Physician Lead will provide leadership to physicians across the LHIN to improve access to mental health and addictions services and supports that clients require.

Dr. Ian Dawe served as the Central East LHIN's Physician Lead for the Mental Health and Addictions Strategic Aim from 2014 until March of 2016. The Central East LHIN will be recruiting a new Physician Lead in the fall of 2016. To ensure inclusion of all viable candidates during the process, recruitment for the Physician Lead has been postponed until recently, pending the recruitment of Ontario Shores Centre for Mental Health Sciences' (OSCMHS) Chief of Psychiatry.

The Central East LHIN Mental Health and Addictions Physician Lead also chairs the Chiefs of Psychiatry group and liaises with physicians and physician groups across the LHIN.

Mental Health & Addictions Priority Projects

Mental Health & Addictions Priority Projects

The Central East LHIN Mental Health and Addictions priority projects monitored by the Council include:

- **Community Crisis Review Priority project:** The Project Steering Committee has developed an implementation plan to improve efficiency of crisis programs and access to crisis services within the region. The next step is to provide additional advice on some aspects of the plan to the LHIN prior to proceeding with implementation of the recommendations;
- **Child and Adolescent Hospital-Based Services project:** This project has now entered the implementation phase based on recommendations from phase 2, and will conclude its work in June of 2017; and
- **Assertive Community Treatment Team (ACTT) Together Priority project:** Now in maintenance phase, the project lead is providing oversight to ensure continued quality improvement. A final report on the outcomes of the project is expected on June 30, 2017.

Priority Projects: Community Crisis Review Project

Objectives: To determine the current capacity of community crisis services in the Central East LHIN and provide recommendations for improvement that will result in a strengthened community crisis system. The desired outcome is to reduce the need for unscheduled Emergency Department visits related to mental health and/or addictions issues.

Phase 1, FY 14/15: Provided an overview of crisis services throughout the LHIN with current state and future state recommendations. The final report was submitted to the LHIN on March 31, 2015.

Phase 2, FY 15/16: Focused on defining a basket of services and providing recommendations to increase efficiency of crisis programs, reduce hospital days and ED visits, and strengthen partnerships and collaboration. Phase 2 recommendations were submitted to the Central East LHIN on June 30, 2016.

The project team is currently working on implementing those improvements that do not require a financial investment, along with a phased action plan that will priorize those improvements that require financial investment.

Priority Projects: Child and Adolescent Hospital-Based Services

Objective: To develop recommendations regarding the future state of child and adolescent hospital-based mental health services in the Central East LHIN.

Approach (completed in phases 1 and 2):

- Identified the current state of how children and adolescents are accessing mental health services and forecasted future demand;
- Conducted an environmental scan of international leading practices; and
- Formed an Advisory Committee to develop a future state model to better address gaps and an implementation plan for that model.

March 31, 2016: Future state model submitted to the Central East LHIN.

FY 16/17: The project is now in implementation phase.

Priority Projects: ACTT Together

Objective: To further evaluate and identifying areas for improvement among ACT Teams, and to develop and implement quality improvement strategies as necessary.

Based on the results of a value stream mapping/quality improvement event held in FY 12/13, program improvements were recommended and implemented. These improvements are overseen by a LHIN-wide Steering Committee who have noted the outcomes below, and who are continuing to provide oversight to the project.

Between April 1 and September 30, 2016:

- 57 new clients have been accepted to Central East LHIN ACTT.
- Of these new clients, the predominant diagnosis is Schizophrenia (27), Schizo-Affective Disorder (14) and Bipolar Disorder (16).
- 33 of these new clients presented with complex needs and are eligible for Coordinated Care Plans.
- As of September 30, 2016, 146 clients were enrolled in the Stepped Care Program.
- Total number of clients discharged from Stepped Care: 10.

Current Status of Established Initiatives

Current Status of Established Initiatives

- **Hospital to Home (H2H):** Full teams are now in place at each of the Central East LHIN schedule 1 hospitals, and a “hybrid team” located at Northumberland Hills Hospital. A Durham H2H Refresh project was completed by Lakeridge Health in March 2016 to build on quality improvement initiatives and further examine how the model may align with other advancements in the health care system.

- **Community Crisis Beds:** Durham Mental Health Services submitted an updated operational plan to the LHIN in October 2016. The crisis bed location in Oshawa is currently undergoing renovations and will become operational in January 2017. The crisis beds will be integrated with the expected **Mental Health and Addictions Emergency Department** at Lakeridge Health Oshawa (LHO) to create an integrated system of hospital and community supports.

Next Steps

Achieving the Mental Health & Addictions Aim: Next Steps

To facilitate the development and implementation of a regional mental health system focused on improving performance and achieving the system's shared mental health targets, the Central East LHIN and OSCMHS hosted a **Mental Health Strategic Planning Event** in October 2016.

Outcomes of the event:

- The LHIN announced its intention to ask OSCMHS and Lakeridge Health (LH) to take on collaborative leadership roles;
- The LHIN will continue to rely on the advice of the Central East LHIN Mental Health and Addictions Coordinating Council as it oversees the completion of projects in its 2016/17 work plan; and
- The LHIN remains committed to continuing to involve all stakeholders as it moves forward with OSCMHS and LH to operationalize the collaborative leadership role.

Achieving the Mental Health & Addictions Aim: Next Steps (cont'd)

Development of a mental health and addictions plan for the Central East LHIN: The Central East LHIN will work with our partners to build on existing work to understand and address the mental health and addictions needs of the diverse communities across the LHIN. Through a current state analysis and development of a work plan, the LHIN aims to increase access and overall system improvements based on LHIN sub-region planning. This planning will include:

Primary care engagement and integration strategies: Working with primary care providers to link and integrate mental health and addictions services in order to create seamless continuums of care within LHIN sub-regions.

Central East LHIN/Municipal Housing Managers partnership: Finalizing the engagement framework with the City of Toronto, and continuing to work in partnership with municipal partners to coordinate our work in planning, implementing, and evaluating housing supports for the vulnerable and complex residents residing in the Central East LHIN.

Achieving the Mental Health & Addictions Aim: Next Steps (cont'd)

Expansion and evaluation of existing projects: Developing a plan to implement the improvements recommended by the priority projects, and completing scheduled outcomes evaluations of the expansion of existing strategies, such as Hospital to Home and Housing Now.

Suicide prevention strategy: The LHIN will work with Health Service Providers to develop and implement a suicide prevention strategy for the LHIN.

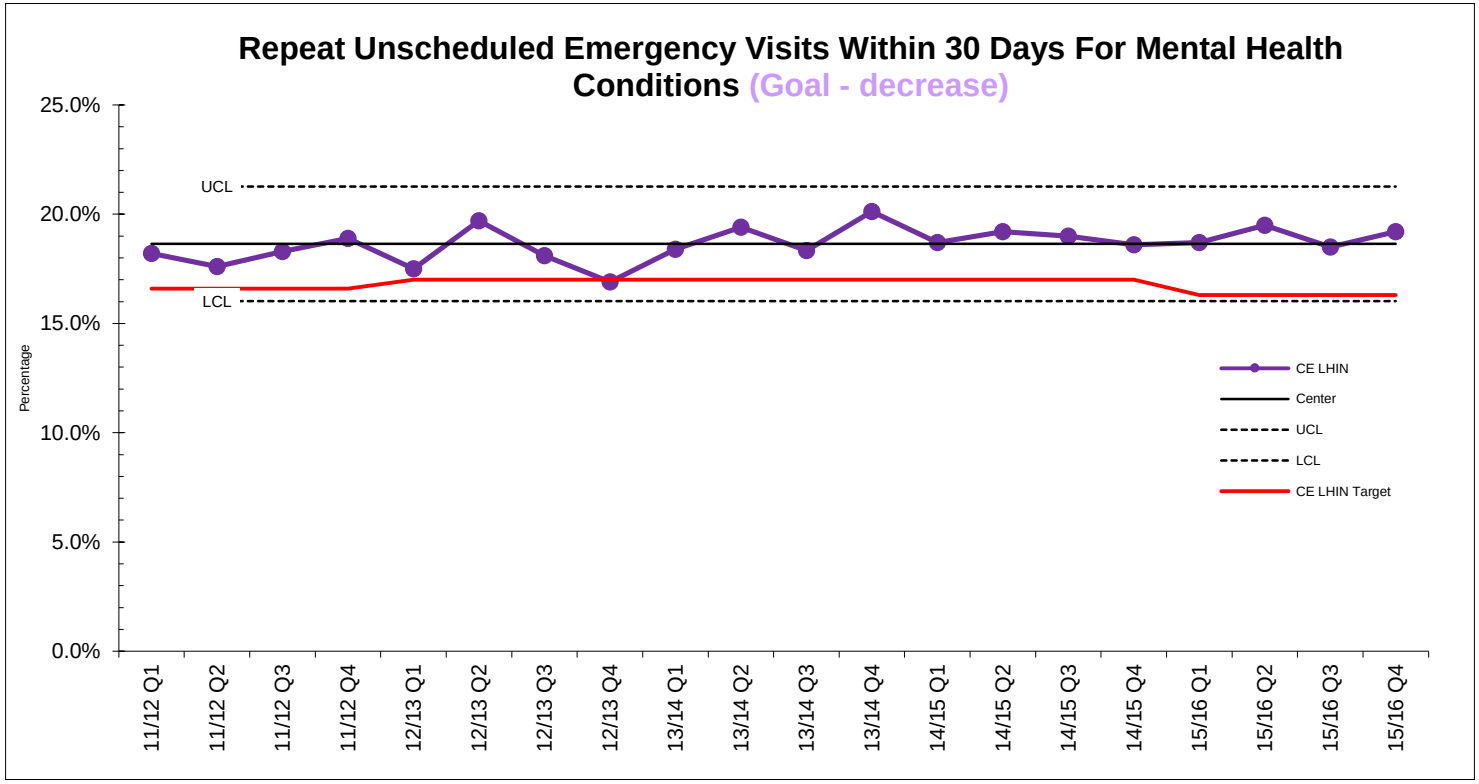
Year 3 rent supplement and intensive case management allocation: 21 units are expected in FY 16/17. Confirmation of this final allocation under the provincial Long-Term Affordable Housing Strategy has not been received by the LHIN, but is expected.

Ian’s Story

Questions?

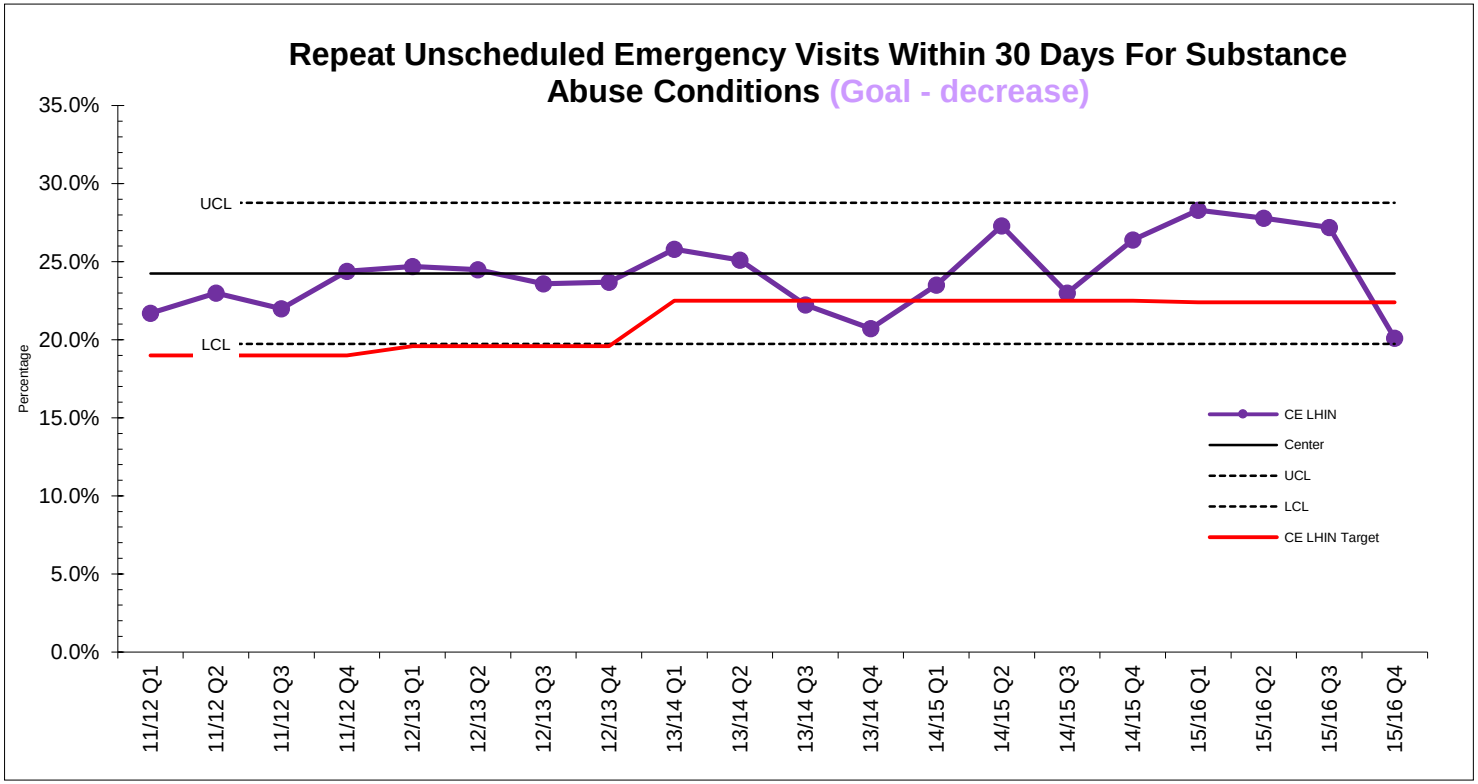
Appendix

Mental Health and Addictions Strategic Aim



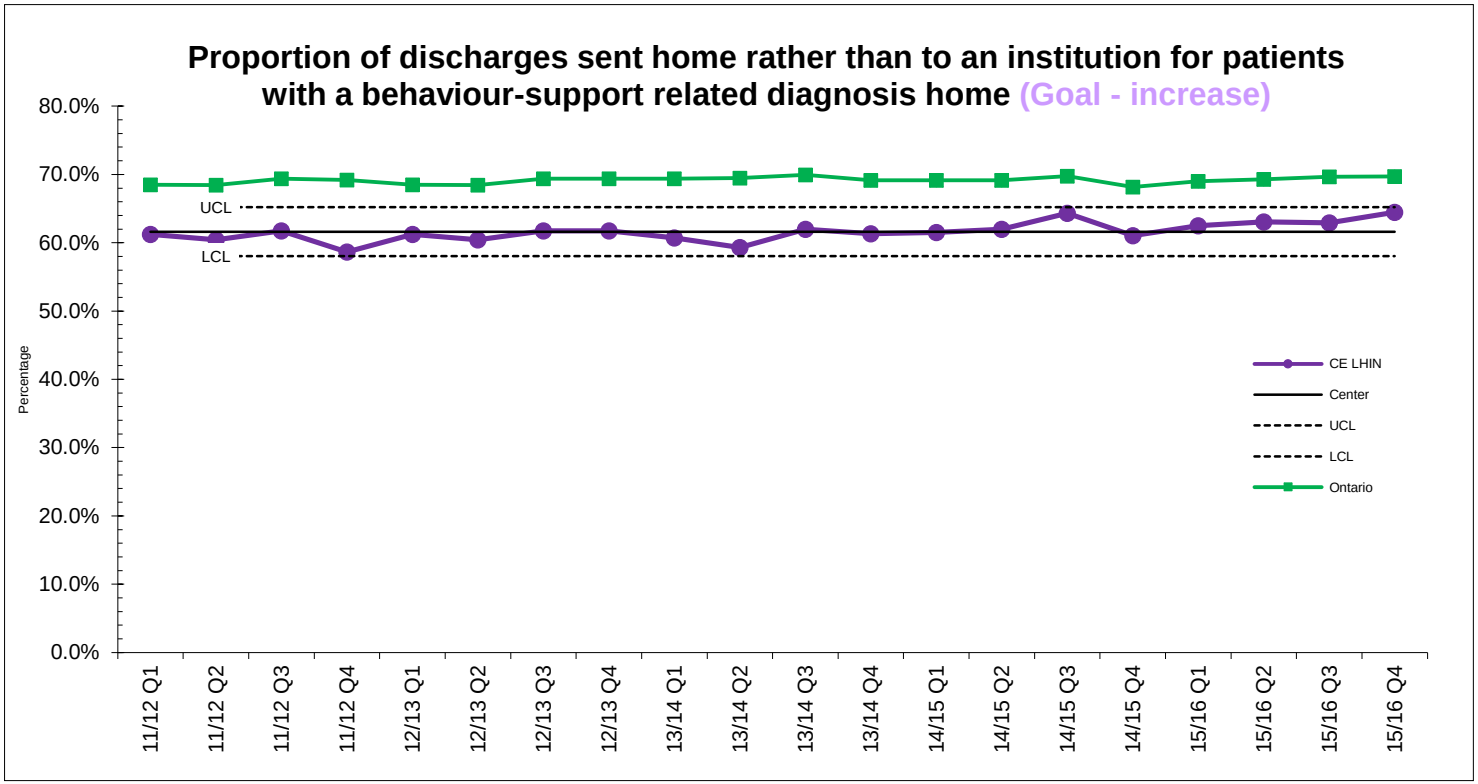
Analysis: Central East LHIN's rate of return to Emergency Department (ED) for Mental Health Conditions in Q4 2015/16 was 19.2%, exceeding the MLAA target of 16.3%. Performance is largely influenced by the volume of new ED visitors in Central East LHIN and the lack of referral options available to ED patients in finding the services they require to remain in the community in a stable state. Comparing LHINs and service availability, Central East LHIN had a lower percentage of returning patients than Central West, Toronto Central and South East LHINs.

Data Source: MLPA Supplementary Data by HAB, MOHLTC



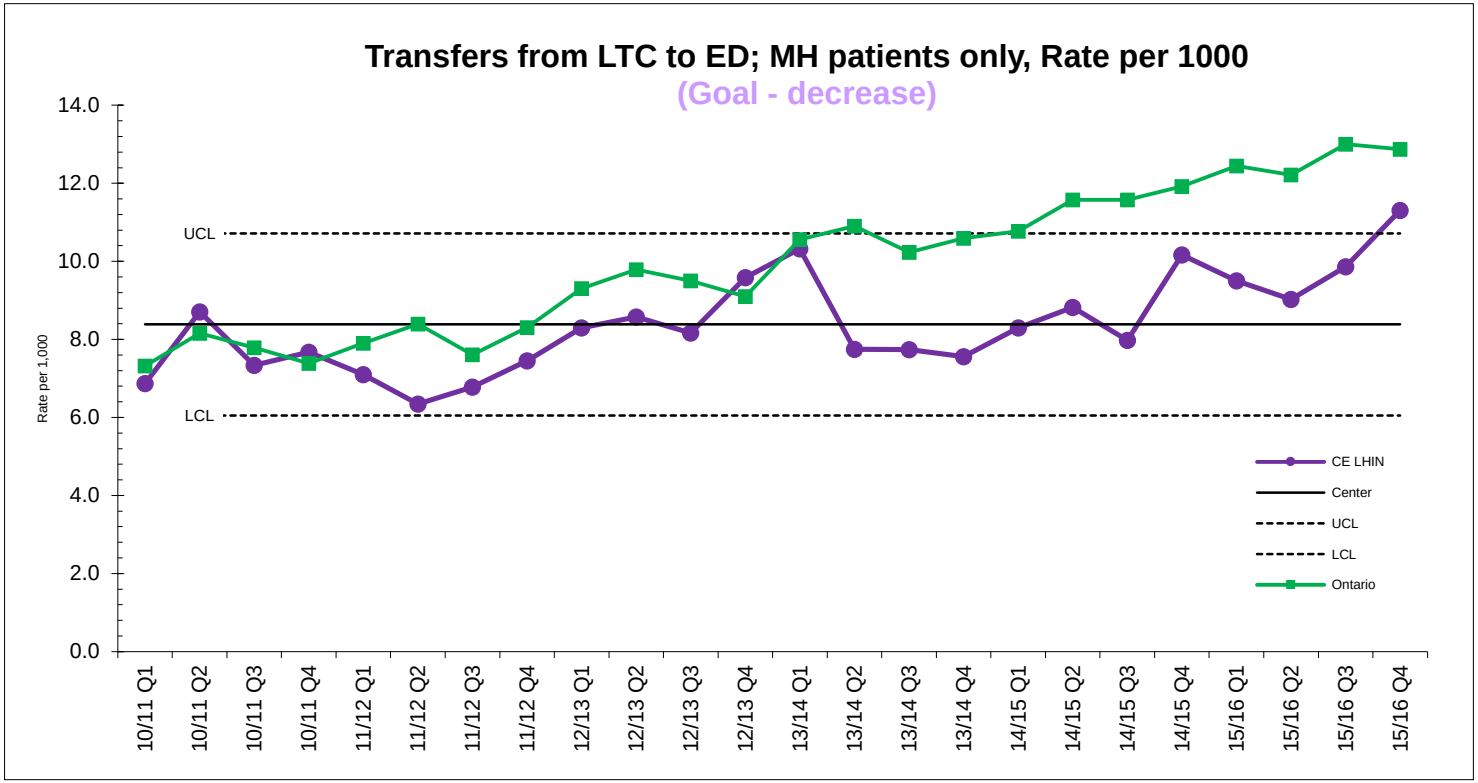
Analysis: Central East LHIN met the provincial target of 22.40% in Q4 2015/16 for Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse conditions. Central East LHIN performance improved from 27.29% in Q3 2015/16 to 20.67% in Q4 2015/16, and performed better than provincial performance and ranked number one in the province.

Data Source: MLPA Supplementary Data by HAB, MOHLTC



Analysis: Central East LHIN has experienced an increase in percentage (64.5%) of in-patients with a behaviour-support related diagnosis who were discharged home rather than to an institution. The separation between MH and SA is increasingly artificial since many people are living with both conditions. Added to the rationale for a high number of revisits is the presence of a Provincial Addictions Treatment Facility (Pinewood) with a large number of methadone registrants in the areas immediately adjacent to both LHO and Peterborough Regional Health Centre (PRHC). It has also become evident that a large number of highly complex people are using the Durham shelter system. These facilities are not able to adequately support the needs of these people, so they often visit the LHO emergency department as a result.

Data Source: DAD, CIHI from IntelliHealth, MOHLTC



Analysis: Central East LHIN continues to have fewer transfers from LTCH to the ED than the provincial transfer rate per 1,000. Most recently, the Central East LHIN has experienced an increase in the rate. This appears to be related to the increasing number of people with responsive behaviours. Recent investments in behavioural supports via BSO are anticipated to effectively reduce these numbers by increasing the capacity of LTCHs to manage complex behaviours.

Data Source: NACRS, ICD10-CA codes F00-F99, CIHI Portal