2016-19 Integrated Health Service Plan Strategic Aim Update: Mental Health and Addictions

Central East Local Health Integration Network Board of Directors Meeting
May 23, 2018

Presented by:
Jai Mills, Director, Health System Strategy, Integration, Planning and Performance Division
Marilee Suter, Director, Decision Support

Ontario
Local Health Integration Network

Objectives

- Provide current status of Central East Local Health Integration Network (Central East LHIN) Strategic Aim Performance Metrics
- Provide an update on Central East LHIN Mental Health and Addictions (MHA) strategy-related initiatives
  - MHA-Related Initiatives
  - Supportive Living-Related Initiatives
- Next Steps
- Appendix 1 - Supporting Metrics
- Appendix 2 – Investments
- Appendix 3 – Increasing Access to Structured Psychotherapy Ontario - Phase 1 Sites

Central East LHIN MHA Strategic Aim Performance Metrics

Integrated Health Service Plan – MHA Strategic Aim

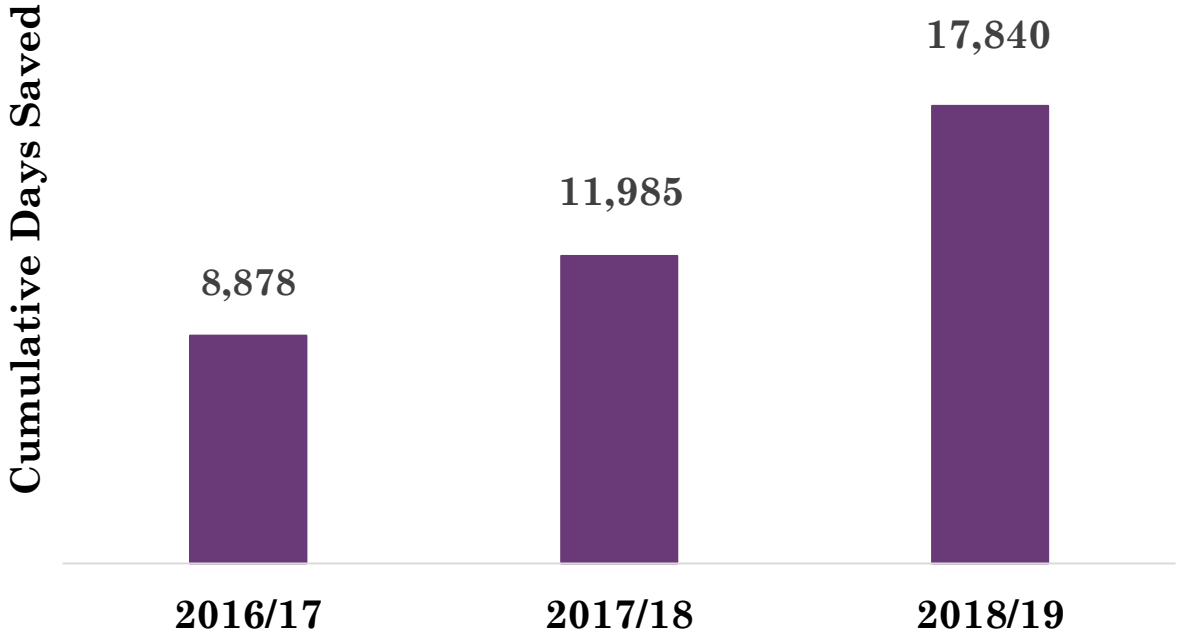
MHA Strategic Aim

- Continue to support people to achieve an optimal level of mental health and live healthier at home by spending 15,000 fewer days in hospital and reducing repeat unscheduled emergency department (ED) visits for reasons of MHA by 13% by 2019

Assumptions

- Visits and patient days will continue to increase
- The Central East LHIN MHA initiatives will be a factor in reducing hospital days and readmissions

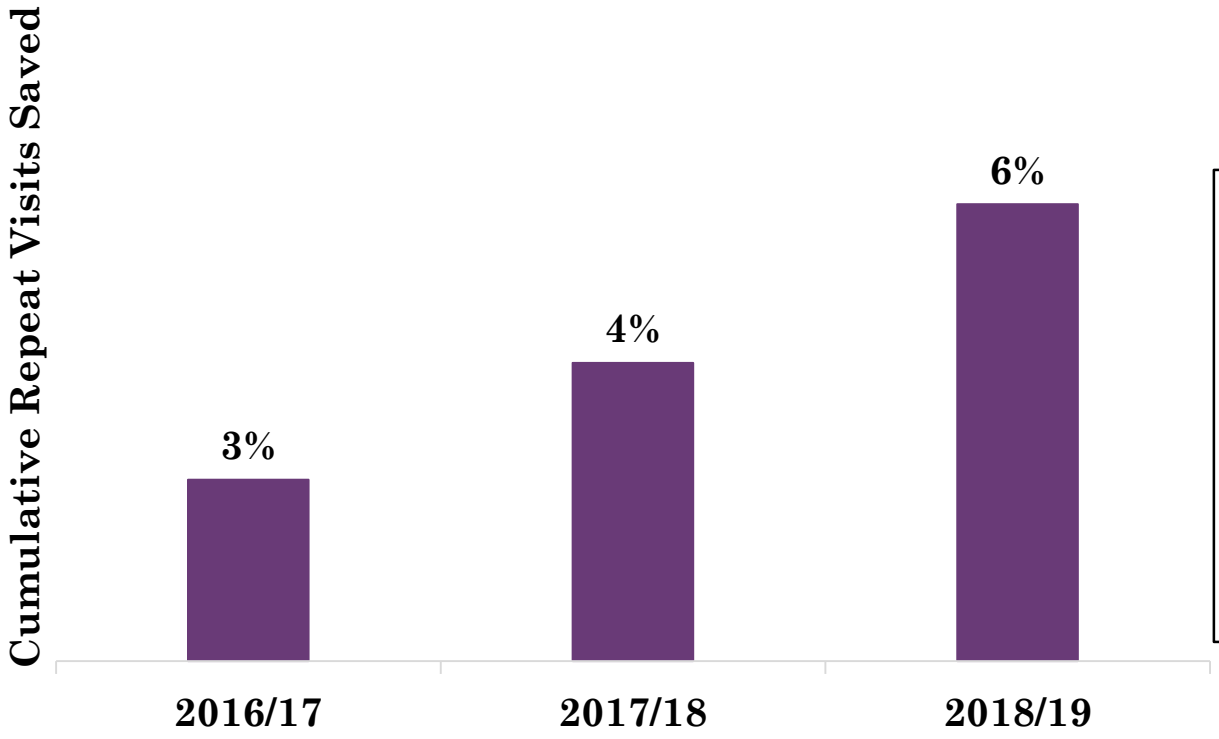
MHA Aim: Cumulative Days Saved



Based on performance to Q2 2017/18, Central East LHIN is currently on track to exceed the goal of 15,000 days saved by 2019

	2016/17	2017/18	2018/19
Projected Patient Days	205,757	210,488	215,082
Estimated Patient Days	196,879	207,381	209,228
Cumulative Days Saved	8,878	11,985	17,840

MHA Aim: Reducing Repeat Unscheduled ED Visits



Based on performance to Q2 2017/18, Central East LHIN is currently not on track to reduce repeat ED visits for MHA patients by 13% by 2019

	2016/17	2017/18	2018/19
Projected Repeat Visits (%)	23.4%	24.3%	25.3%
Estimated Repeat Visits (%)	22.8%	22.9%	22.6%
Cumulative (%)	3%	4%	6%

MHA Aim Supporting Dashboard: Metrics Update

Indicator	Time Period for Current Performance	Baseline	Central East LHIN Target*	Current Performance	Current Status	Direction of Trend
Community Mental Health and Addictions (CMHA) - Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions *(Goal is to decrease the percentage of repeat visits)*	2nd Quarter of 2017/18	18.2%	**16.3%**	23.1%		
CMHA - Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions *(Goal is to decrease the percentage of repeat visits)*	2nd Quarter of 2017/18	23.5%	**22.4%**	30.2%		
Proportion of Discharges Sent Home Rather than to an Institution for Patients with a Behaviour Support Diagnosis *(Goal is to increase the proportion of patients with a behavioural support diagnosis who are discharged home)*	2nd Quarter of 2017/18	60.9%	67.0%	69.2%		
Transfers from Long-Term Care (LTC) to ED; Mental Health Patients Only, Rate per 1000 *(Goal is to decrease the rate of transfers from LTC to ED)*	2nd Quarter of 2017/18	7.8	7.0	9.7		

*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)

MHA Strategy-Related Initiatives

Central East LHIN MHA Physician Lead

- In January 2017, the Central East LHIN announced the appointment of **Dr. Ilan Fischler as the MHA Physician Lead**

- Most recently, Dr. Fischler has supported the development and launch of the newly established MHA Leadership Structure, including the MHA Executive Committee, Advisory Committee and Action Groups

- Key activities include:
  - The advancement of the Integrated Health Service Plan (IHSP) 2016-19 MHA Strategic Aim, in partnership with Central East LHIN staff and stakeholders
  - Liaise with the Central East LHIN Chiefs of Psychiatry Group
  - Work in co-operation with the Central East LHIN Primary Care and ED Physician Leads to strengthen linkages between Primary Care, ED and Community Psychiatrists and Physicians
  - Liaise as required with the Regional Specialized Geriatric Network in order to improve mental health services for at-risk seniors
  - Provide leadership in identifying and supporting the implementation of best clinical practices throughout the Central East LHIN

Central East LHIN MHA Regional Director

- In February 2018, the Central East LHIN announced the appointment of **Scott Pepin as the MHA Regional Director**

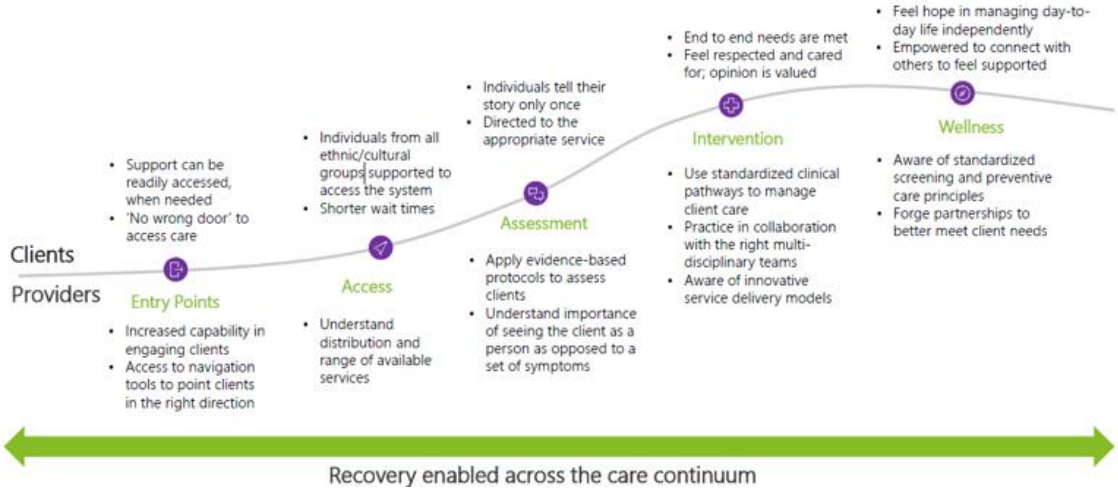
- As the MHA Regional Director, key activities include:
  - Collaborating with Central East LHIN health service providers (HSPs) to facilitate the planning, development and implementation of a regional MHA system focused on improving performance and achieving the system's MHA-related strategic aims as outlined in the Central East LHIN's 2016-19 IHSP
  - Working in collaboration with the MHA Advisory Committee and providing leadership and subject matter expertise for the successful implementation of the Plan
  - Reporting to the MHA Executive Committee and maintaining and supporting accountability for the successful implementation of the Central East LHIN Regional MHA Plan, as set forward by the Executive Committee
  - Partnering in close collaboration with MHA Physician Lead, Dr. Ilan Fischler

Central East LHIN Regional MHA Plan

- The Central East LHIN, in collaboration with Ontario Shores Centre for Mental Health Sciences (OSCMHS) and Lakeridge Health, engaged Deloitte to review the current state of the Central East LHIN MHA system, examine best practices and provincial directions, and explore opportunities for outcomes-based system improvement in service delivery

- The six recommendations contained in the report were proposed as the foundational elements to foster and support the development of a Central East LHIN Regional MHA Plan to effect transformative change and the development of an integrated regional mental health system

- In June 2017, the Central East LHIN Board of Directors reviewed and approved staff recommendations regarding the planning, implementation, monitoring and evaluation of a Central East LHIN regional MHA Plan



Central East LHIN Regional MHA Plan - Continued

1. ***Improve access and coordination of MHA services to connect clients to the right care at the right time***

2. Invest in the provision of a targeted basket of services that spans the continuum of client needs, and integrates multi-disciplinary partnerships

3. Develop and implement a LHIN-wide evidence based approach for consistent, quality services delivery that optimizes client wellness and health outcomes

4. ***Define and implement a leadership structure that leads the transformation of the MHA system and provides leadership for system-wide accountability towards realizing the future state vision***

5. Integrate relevant information systems and develop an information management platform to strategically manage system performance and inform ongoing quality improvement

6. Develop and implement a human health resources strategy across sectors that builds capacity and capability to support an integrated MHA system

MHA Leadership Structure

MHA Executive Committee:

- Provides leadership and oversight for all Central East LHIN MHA system transformation work, removes barriers to success and holds action groups accountable in accomplishing project goals

MHA Advisory Committee:

- Supports planning and oversight for the work of identified Action Groups and offers recommendations to the MHA Executive Committee; provides support and advice on system transformation, insight and subject matter expertise

Opioid Strategy Action Group:

- Supports planning and operationalization of a Central East LHIN Region Opioid Strategy, including implementation guidance for newly funded services

Coordinated Access Action Group:

- Supports planning and development of a coordinated access model(s) to improve access and coordination of MHA services and connect clients to the right care at the right time

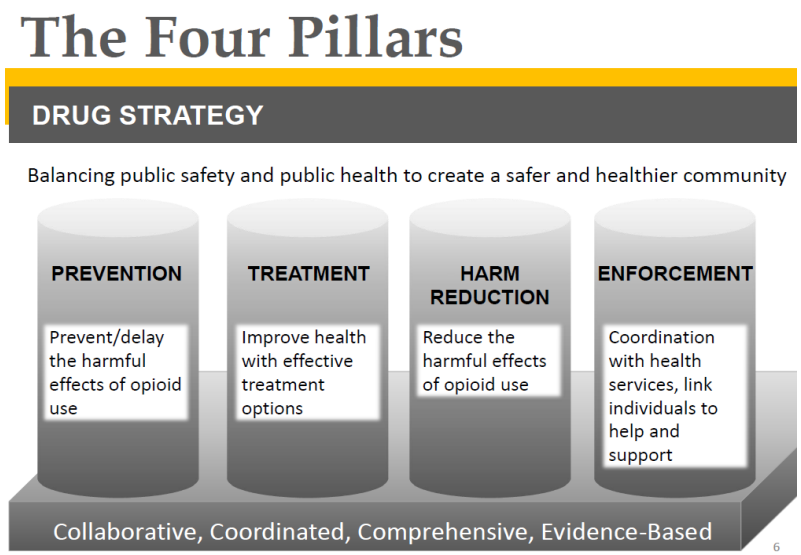
Opioid Strategy

Overview

- Developed by the Opioid Strategy Action Group and presented to the Central East LHIN Board of Directors in March 2018
- 21 recommendations based on the Four Pillars Model of Prevention, Treatment, Harm Reduction and Enforcement
- Builds on recent investments by the Central East LHIN to help people impacted by opioid addiction and overdose

Next Steps

- Central East LHIN staff to return to the Board in June 2018 with an Action Plan describing how the recommendations can be implemented



Rapid Access Addictions Medicine (RAAM) Clinics

Overview

- Offers barrier-free access to care on a walk-in basis, without an appointment or physician referrals; supports individuals with alcohol, opioid or other drug-related addictions who are seeking medical treatment

Location of Clinic	Hours of Operation	Date of Launch
Lakeridge Health *1 Hospital Court, Oshawa*	Mondays and Thursdays from 9AM-11AM	January 30, 2018
Lakeridge Health *300 Centre Street, South Oshawa*	Tuesdays and Fridays from 9AM-11AM	January 30, 2018
Peterborough Regional Health Centre *159 King Street, Suite 302, Peterborough*	Mondays, Wednesdays and Fridays from 8AM-12PM	March 5, 2018
Scarborough and Rouge Hospital *General Site, 3050 Lawrence Avenue East, Scarborough*	Tuesdays and Thursdays from 9AM-11AM	May 1, 2018

Next Steps

- Women's College Hospital's *Mentoring, Education, Tools for Addiction: Primary Care-Hospital Integration (META-PHI)* program is working with the Council of Academic Hospitals of Ontario and Health Quality Ontario to support LHINs in the implementation, education, evaluation and networking of RAAM Clinics

Coordinated Access

Overview

- Consistent with Recommendation # 1, the Central East LHIN will establish a Coordinated Access Model for Mental Health and Addictions Services that will include Service Users, their supporters, Health Service Providers and Cross-Sectoral Partners to ensure that MHA Services are:
  - Accessible across the Central East LHIN
  - Reflective of Sub-region needs
  - Predicated on the needs of the Service User and their Supporters
  - Based on a model that will be consistent with Ministry of Health and Long Term Care direction and policy

Next Steps

- The Coordinated Access Action Group has now been established and will begin their work in early June

Stepped Model: *Supporting Mild-Moderate Anxiety, Depression*

Overview

- **Big White Wall** - Provides anonymous online peer support, access to mediated discussion forums, self-assessment tools and educational resources combining social networking principles with a choice of evidence-based clinically informed interventions to improve mental well-being
- **Bounce Back** - Provides telephone-based coaching, workbooks and online videos to help patients manage symptoms through learned skills to help combat negative thinking, manage worry and anxiety, and become more active and assertive
- **Increasing Access to Structured Psychotherapy Ontario (IASPO)** - Supports enhanced access to trained therapists, offering problem-focused and goal-oriented sessions in the community free of charge. Phase 1 (of a two-phased project) targeted primary care by embedding clinicians within community settings to help integrate and enhance the provision of Cognitive Behavioural Therapy services *(Appendix 3)*

Next Steps

- Continue to support Phase 2 roll-out of the Structured Psychotherapy project
- In collaboration with lead agencies, continue to develop common messaging and key communications for all Central East LHIN stakeholders

Ontario Shores
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Supportive Living-Related Initiatives Collaboration in Action

Toronto Community Housing Corporation (TCHC) Lawrence East Partnership

Overview

- Supports vulnerable people with multiple complexities to maintain successful tenancy, prevent eviction and reduce the number of Emergency Management Service and TCHC Community Safety Unit calls to identified buildings through onsite support including assessments, direct service delivery and service linkages
  - Phase 1 included 4100, 4110, 4175 Lawrence Avenue East
  - Phase 2 included expansion of services to 4205 Lawrence Avenue East
- Partners include TCHC, Fred Victor Centre, Scarborough Centre for Health Communities, COTA Health, CMHA - Toronto
- In January 2018, the Central East LHIN approved funding for Phase 2 expansion, including a housing worker, registered nurse, personal support worker, peer support worker and 2 mental health case managers

Next Steps

- Continue to monitor and review performance; support MHA partnerships, as appropriate
- Ongoing planning to support Phase 2 allocations, as highlighted

Housing Now Rent Supplements

Overview

- In February 2017, Ontario announced its plan to build on previous investments and create up to 1,150 new, permanent supportive housing units through a combination of rent supplements and support service funding to help reduce and prevent homelessness, unnecessary hospital admissions and involvement with the criminal justice system
- The Central East LHIN will receive $1,008,000 in supportive housing services in a staged approach over FY 2017/18 (Year 1) and 2018/19 (Year 2). In 2017/18, the following organizations were successfully funded:
  - CMHA - Toronto
  - Durham Mental Health Services
  - FourCast – Northumberland

Next Steps

- Continue to monitor and review performance; support MHA partnerships, as appropriate
- Ongoing planning to support Phase 2 allocations, as highlighted

Community Paramedicine (CP) Program

Overview

- CP programs proactively track frequent 911 callers and offer connections with local home and community care services. They support home visits, provide on-site education and monitor patients with complex needs, helping residents live independently longer and reduce avoidable ED visits
  - In an effort to achieve these goals, paramedics offer training and skills outside of their traditional roles of providing ambulance services. Team members also include allied health care professional and service supports, based on population needs
- In 2017, the Central East LHIN funded two lead organizations to support CP programs within their communities:
  - Hong Fook Mental Health Association - CP program focuses on individuals in need of MHA support, living in isolation
  - Haliburton Highlands Health Services - CP program focuses on frail seniors, living in isolation

Next Steps

- Continue to monitor and review performance

Next Steps

Next Steps

- Implement of Phase 2 Structured Psychotherapy sites, as confirmed
- Present the Opioid Strategy Implementation Plan to the Central East LHIN Board in June 2018
- Work with the MHA Advisory Committee to develop recommendations to the Executive Committee regarding prioritization of the four remaining Central East LHIN Regional MHA Plan recommendations
- MHA Executive Committee to receive the final Coordinated Access Model for its review and approval
- Develop an implementation plan for the Coordinated Access Model

Appendix 1 - Supporting Metrics

How are Savings Calculated?

Goal: Continue to support people to achieve an optimal level of mental health and live healthier at home by spending 15,000 fewer days in hospital by 2019

- Cumulative Days Saved = Projected Patient Days - Estimated Patient Days
- Projected Patient Days represents a projection of what the total number of patient days would potentially be based on three years of historical data
- Estimated Patient Days represents the actual patient days for each fiscal year
- Estimated values based on aim assumptions are used until actual values are known. 2016/17 values are actuals

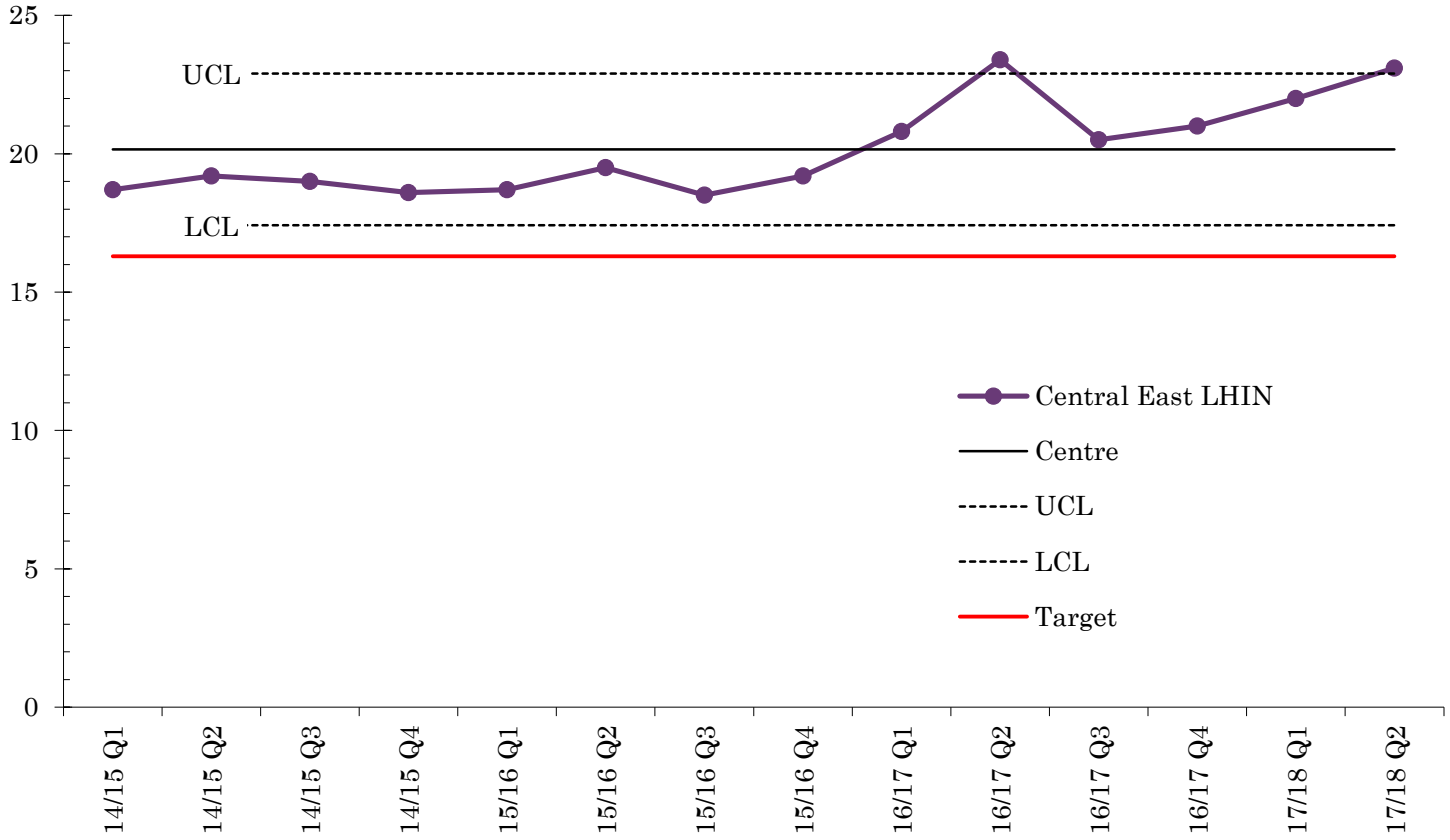
Goal: Reduce Repeat Unscheduled ED visits for reasons of MHA by 13% by 2019

- Cumulative Repeat Visits Saved (%) = (Projected Repeat Visits - Estimated Repeat Visits) / Projected Repeat Visits
- Projected Repeat Visits represents a projection of what the percentage of repeat visits would be based on three years of historical data
- Estimated Repeat Visits represents the actual percentage of repeat visits for each fiscal year
- Estimated values are used until actuals are known. 2016/17 values are actuals

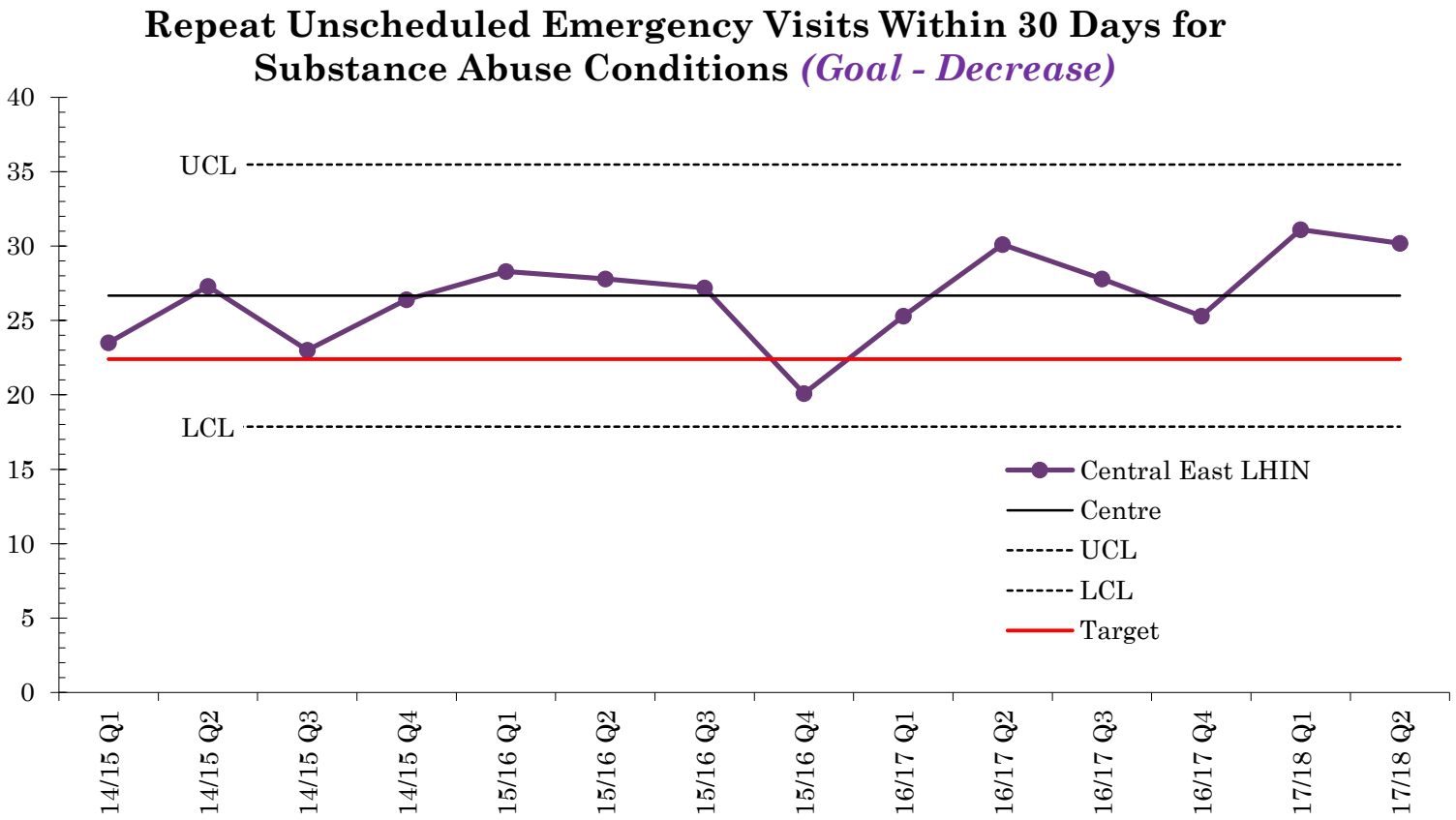
Supporting Metrics - Definitions

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 an indicator (typically developed for use in existing scorecards, such as MLAA). 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 to the Central East LHIN target and the result is summarized by a coloured dot following the parameters below: • A red dot indicates that current performance deviates from the desired target by more than 10% • A yellow dot indicates that current performance is within 10% of the target • A green dot indicates performance meets or exceeds the target
Direction of Trend	The direction of trend uses all the data from the baseline and any additional data, up to and including the most recent data available
↘ ➡ ↗	A gray arrow indicates that there are at least 7 data points available to calculate the direction of the trend
⇘ ⇨ ⇗	A white arrow indicates that there are fewer than 7 data points available. The direction of the data should be interpreted with caution

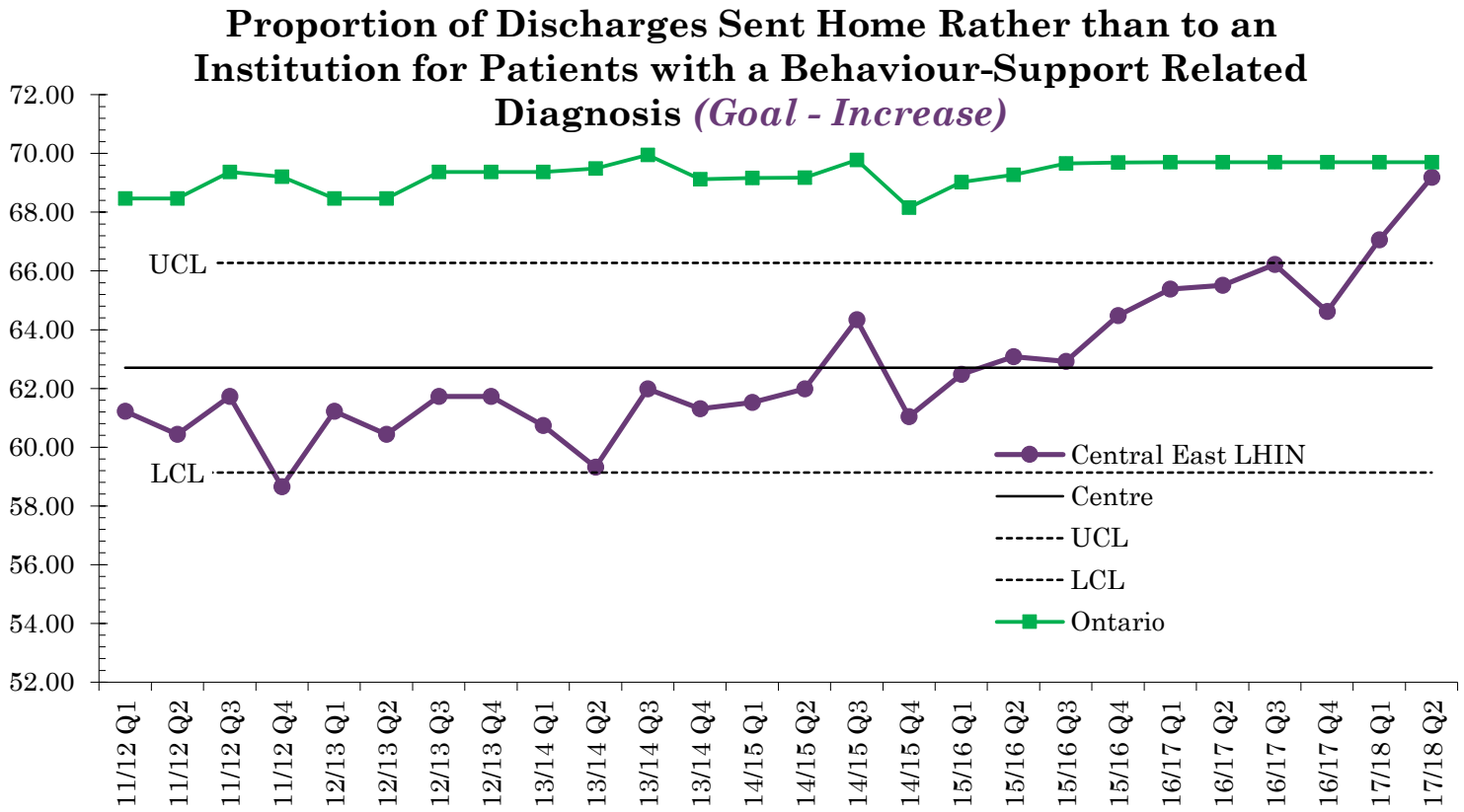
Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions *(Goal - Decrease)*



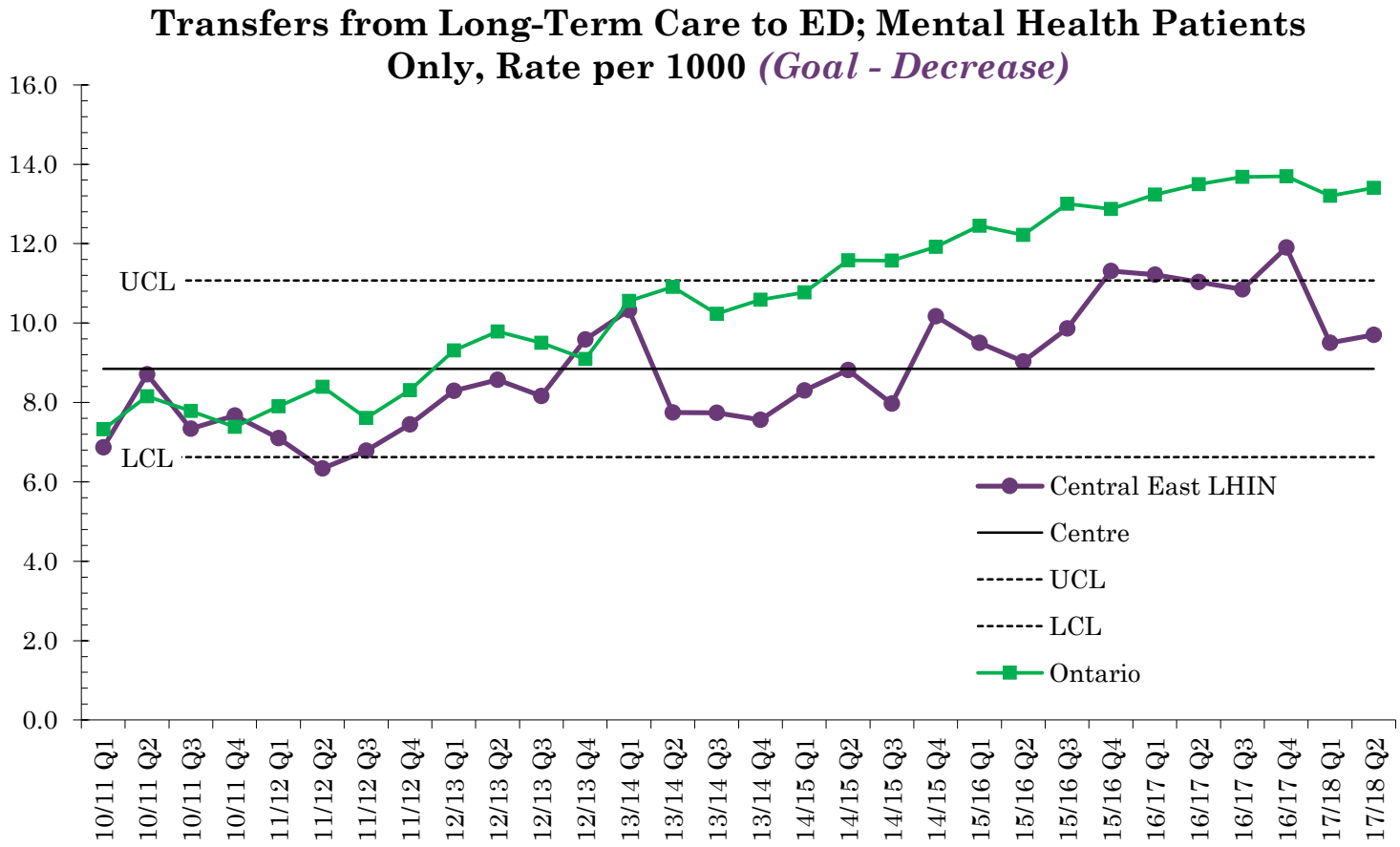
Analysis: The rate of repeat ED visits for mental health conditions has been steadily increasing over the past 2 years. Compared to LHINs with similar geography, demographics and service availability, interim data show that the Central East LHIN had a higher percentage of returning patients than Central LHIN, but a lower percentage than Central West LHIN in the 2nd Quarter of 2017/18. Central East LHIN did not meet its own or the Provincial target (of 16.30%).



Analysis: From the 4th Quarter of 2015/16, the overall trend has been an increase in rate. The Provincial rate is currently 33.4%. There has been some reduction in this rate that is likely attributable to the presence of Community Crisis Beds, opened as of April 1, 2017 and operated by Durham Mental Health Services. The Lakeridge Health – Oshawa (LHO) MHA ED has been operational since May of 2017. These 2 new services have likely contributed to this overall reduction. However, volumes at LHO continue to be attributable to a high and increasing number of new ED visitors. Impacts on performance include the transitory nature of the community, economic challenges, proximity of court and correctional facilities, most affordable rent in Durham, and the presence of a Tertiary Care Centre that serves 2 LHINs. Compared to LHINs with similar geography, demographics and service availability, interim data show that the Central East LHIN had a higher percentage of returning patients than Central LHIN, but a lower percentage than Central West LHIN (data not shown). Central East LHIN did not meet its own target or the Provincial target (of 22.40%).



Analysis: There has been a steady increase in the percentage of inpatients with a behaviour-support related diagnosis who were discharged home rather than to an institution in the last 2 years. This decreased slightly in the 4th Quarter of 2016/17, but increased again in the first 2 quarters of 2017/18. The separation between mental health and substance abuse is increasingly artificial as 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 areas immediately adjacent to both LHO and Peterborough Regional Health Center (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 individuals, so they often visit the LHO ED as a result.



Analysis: For the past 4 fiscal years, the Central East LHIN has been below the provincial transfer rate per 1,000 long-term care residents. Most recently, the Central East LHIN rate decreased from 11.9 in the 4th Quarter of 2016/17 to 9.7 in the 2nd Quarter of 2017/18.

Appendix 2 - Investments

Organization	Base Funding April 1, 2017	New Investments 2017/18	Other 2017/18 (See Notes)	Base Funding October 31, 2017
Four Counties Addicitons Services Team Inc.	$2,145,839			$2,145,839
LH	$6,904,780			$6,904,780
Senior Persons Living Connected	$150,465			$150,465
Substance Abuse Program	**$9,201,084**	**$0**	**$0**	**$9,201,084**
Chinese Family Services of Ontario	$247,837			$247,837
Four Counties Addicitons Services Team Inc.	$111,947			$111,947
LH	$273,387			$273,387
Problem Gambling	**$633,171**	**$0**	**$0**	**$633,171**
LH	$1,022,831			$1,022,831
PRHC	$636,664			$636,664
SRH	$1,352,105			$1,352,105
Psychiatric Outpatient Medical Salaries	**$3,011,600**	**$0**	**$0**	**$3,011,600**
Alderville First Nations Health and Social Services	$0	$180,000		$180,000
Alzheimer Society of Durham	$138,926			$138,926
Campbellford Memorial Hospital	$788,126			$788,126
CMHA - Durham Branch	$6,882,046	$42,000		$6,924,046
CMHA - HKPR	$8,170,783			$8,170,783
CMHA - Toronto Branch	$559,604			$559,604
Community Care Durham	$410,764			$410,764
Curve Lake First Nation	$0	$90,000		$90,000
Durham Community Health Centre	$400,000			$400,000
DMHS	$9,995,061	$151,619		$10,146,680
Four Counties Addicitons Services Team Inc.	$758,241	$0		$758,241
Haliburton Highlands Health Services	$948,189	$21,000		$969,189
Hong Fook Mental Health Services	$2,549,933			$2,549,933
LH	$6,462,046	$289,345		$6,751,391
NHH	$3,753,099	($90,000)	($648,000)	$3,015,099
OSCMHS	$703,928			$703,928
PRHC	$2,386,799			$2,386,799
RMH	$1,272,599		$12,012	$1,284,611
SRH	$7,478,910			$7,478,910
TAIBU Community Health Centre	$0	$90,000		$90,000
Victorian Order of Nurses for Canada - Ontario Branch	$163,117			$163,117
Community Mental Health Program	**$53,822,171**	**$773,964**	**($635,988)**	**$53,960,147**
Total MHA	**$66,668,026**	**$773,964**	**($635,988)**	**$66,806,002**

Notes: $648,000 transferred from Community Mental Health Programs to Community Support Services.
$12,012 one-time funding now base.

Appendix 3 - Phase 1 IASPO Sites

Increasing Access to Structured Psychotherapy Ontario - Phase 1 Sites

- Brooklin Medical
- CMHA - Durham Nurse Practitioner led-clinic
- Durham College
- North Durham Family Health Team (FHT)
- North Oshawa Medical
- Peterborough FHT