Central East **LHIN** | **RLISS** du Centre-Est

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

Central East Local Health Integration Network Board of Directors Meeting
November 28, 2018

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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 – Supporting Metrics
- Appendix – Investments
- Appendix – Increasing Access to Structured Psychotherapy Ontario (IASPO) - Phase 1 and 2 Sites

Central East LHIN MHA Strategic Aim Performance Metrics

Integrated Health Service Plan – MHA Strategic Aim

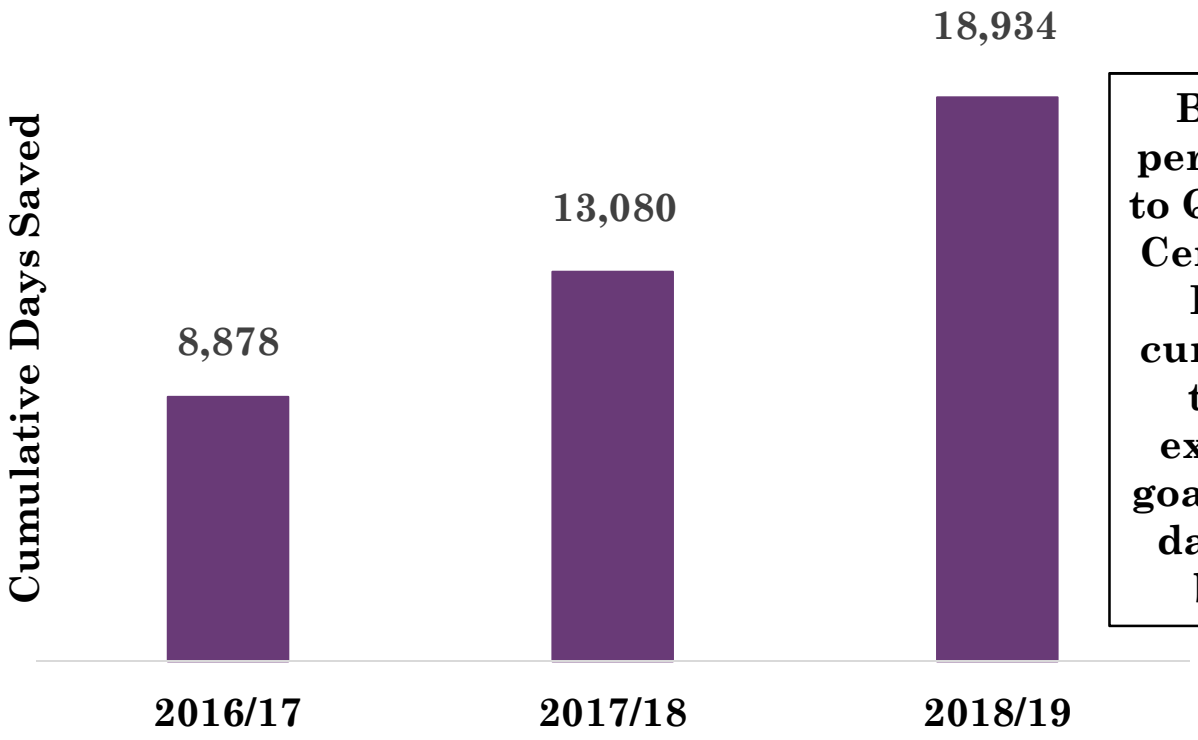
MHA Strategic Aim

- 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

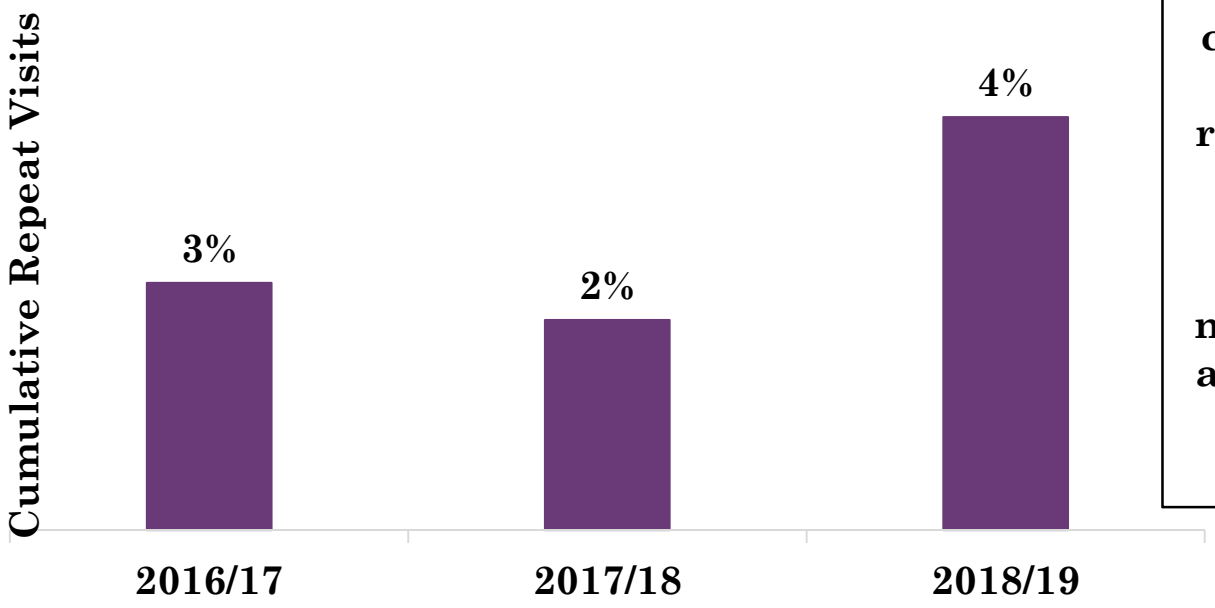


Based on performance to Q4 2017/18, Central East LHIN is currently on track to exceed the goal of 15,000 days saved by 2019

	2016/17	2017/18	2018/19
Projected Patient Days	205,757	210,488	215,082
Estimated Patient Days	196,879	202,840*	209,228
Cumulative Days Saved	8,878	13,080	18,934

*Please note: as Lakeridge Health Oshawa was required to resubmit Q4 2017/18 data to OMHRS, estimated patient days for 2017/18 are slightly understated and will be adjusted at a later date.

MHA Aim: Reducing Repeat Unscheduled ED Visits



Based on performance to Q4 2017/18, Central East LHIN is currently not on track to reduce repeat emergency department visits for mental health and addiction 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%	2%	4%

MHA Aim Supporting Dashboard: Metrics Update

Indicator	Time Period for Current Performance	Baseline	Central East LHIN Target*	Current Performance	Current Status	Direction of Trend
CMHA - Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions *(Goal is to decrease the percentage of repeat visits)*	Q4 2017/18	18.2%	**16.3%**	24.5%		
CMHA- Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions *(Goal is to decrease the percentage of repeat visits)*	Q4 2017/18	23.5%	**22.4%**	26.0%		
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)*	Q4 2017/18	60.9%	67.0%	66.1%		
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)*	Q4 2017/18	7.8	7.0	10.2		

*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**

- As the MHA Physician Lead, key activities include:
  - The advancement of the 2016-19 Integrated Health Service Plan (IHSP) 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
  - Provide leadership in identifying and supporting the implementation of MHA 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

Central East LHIN Regional MHA Plan

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

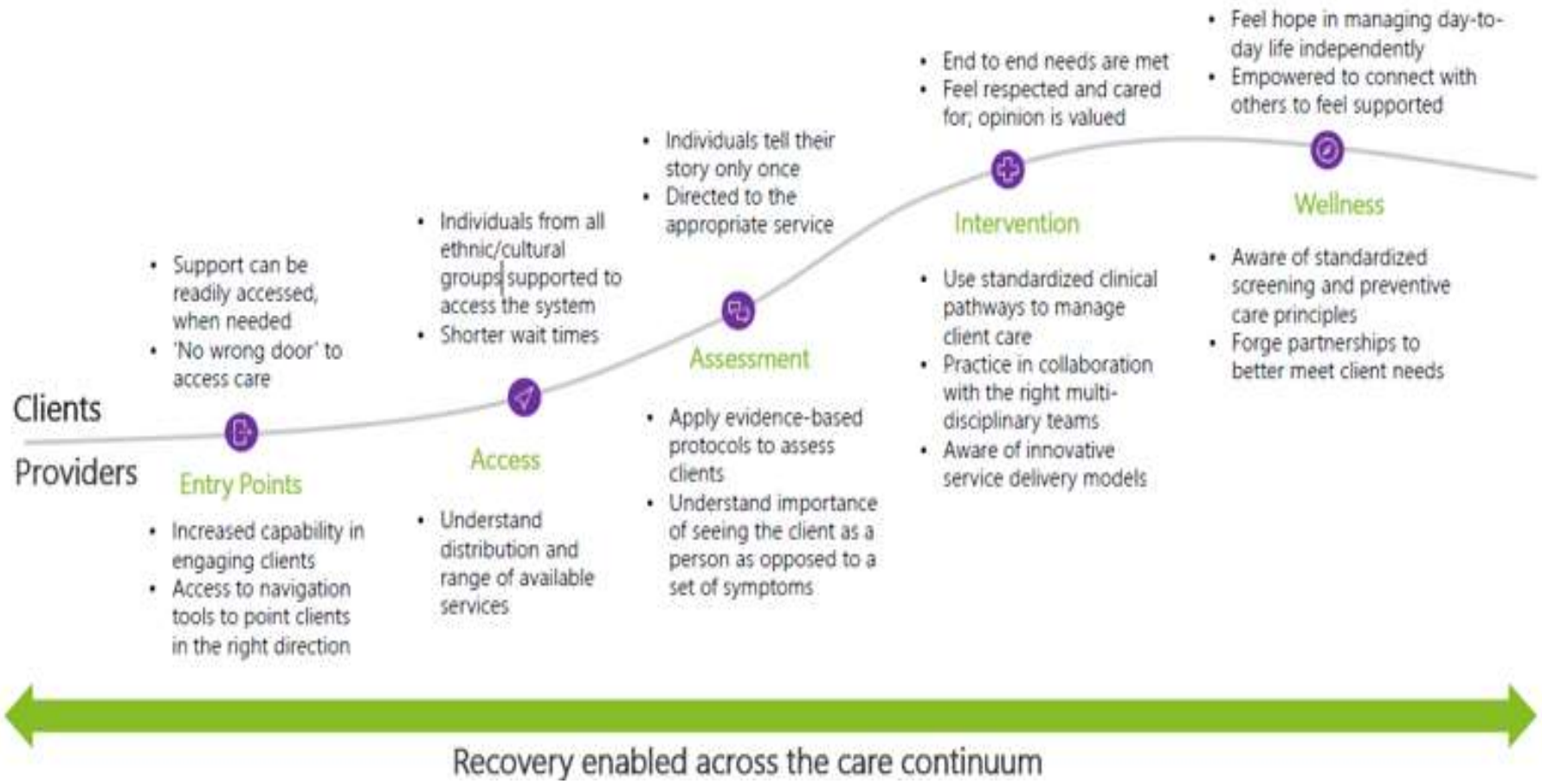
3. Develop and implement a LHIN-wide evidence based approach for consistent, quality services delivery that optimizes client wellness and health outcomes

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

Central East LHIN Regional MHA Plan - Continued



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 for 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

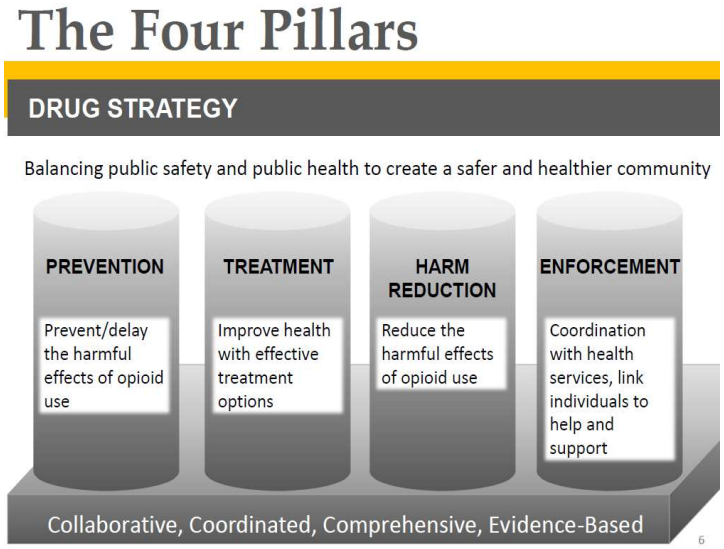
Opioid Strategy

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
- Builds on recent investments by the Central East LHIN to help people impacted by opioid addiction and overdose

Next Steps

- The Opioid Strategy Action Group is working to implement the Central East LHIN Opioid Strategy within current resources
- The Central East LHIN is supporting the Opioid Strategy Action Group in preparing Supervised Injection Site submission that will comply with Ministry of Health and Long-Term Care (MOHLTC) requirements



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

- Development of a monthly reporting template, in collaboration with the three Central East LHIN RAAM Clinics, has identified the following results:
  - Continually increasing number of clients served, referrals and walk-ins
  - Steadily decreasing number of clients presenting at ED with opioid related disorders

RAAM Clinics – Continued

Next Steps

- Women's College Hospital's Mentoring, Education, Tools for Addiction: Primary Care-Hospital Integration (META-PHI) program continues to support LHINs in the implementation, education, evaluation and networking of RAAM Clinics including development and implementation of RAAM Clinic Tracking Log capturing basic but important data on client numbers, access to medication, and system integration

- Continued development and dissemination of RAAM Clinic education and awareness promotional materials including posters, pamphlets and cards
  - Materials are being posted in multiple sites including, but not limited to, hospitals, HSPs, primary care and all Central East LHIN branches

Coordinated Access

Overview

- Consistent with Recommendation # 1, the Central East LHIN identified KPMG as the consultant responsible for developing a Coordinated Access Model for MHA services including service users, their supporters, HSPs 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 MOHLTC direction and policy
- Commencing in June 2018, KPMG, in partnership with the Coordinated Access Action Group, completed wide-spread stakeholder engagement and consultation across the Central East LHIN

Next Steps

- The completed report will be presented to the Central East LHIN Board of Directors in November 2018

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 targeted primary care by embedding clinicians within community settings to help integrate and enhance the provision of Cognitive Behavioural Therapy services. Phase 2 is targeting site locations serving complex vulnerable populations (Appendix 3)

Next Steps

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

New Consumption and Treatment Services Model

Overview

- On October 22, 2018 the MOHLTC announced its plan for moving forward with a new, enhanced approach to treatment services for those struggling with opioid and other drug addictions. The Consumption and Treatment Services Model will replace the former Supervised Consumption Services and Overdose Prevention Site models

- The new model would continue to feature life-saving overdose prevention and harm reduction services, as well as a new focus on connecting people with treatment and rehabilitation services

- Further to this announcement the MOHLTC also released the link to the application guide/form: http://health.gov.on.ca/en/pro/programs/opioids/default.aspx

Next Steps

- The Central East LHIN, along with Lakeridge Health, the Region of Durham, Durham Region Public Health and the John Howard Society of Durham have reviewed the guide and are collaborating on a submission

Supportive Living-Related Initiatives Collaboration in Action

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 up to $1,008,000 in supportive housing services in a staged approach over Fiscal Year (FY) 2017/18 (Year 1) and 2018/19 (Year 2). In 2017/18, the following organizations were successfully funded:
  - Canadian Mental Health Association (CMHA) - Toronto
  - Durham Mental Health Services (DMHS)
  - FourCast – Northumberland

- As of November 6, 2018, the 2018/19 funding has not been released to the Central East LHIN

Next Steps

- Continue to monitor and review performance and support MHA partnerships

- Continue discussions with the MOHLTC to identify next steps in relation to Phase 2 allocations, as well as highlighted opportunities and risks, as they arise

Community Paramedicine (CP) Program

Overview

- CP Programs support home visits, provide on-site education and monitor patients with complex needs, helping residents live independently longer and reduce avoidable ED visits. 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
    - Between June 2017 and April 2018, the Program served a total of 264 clients with a total of 1,527 interactions
  - **Haliburton Highlands Health Services (HHHS) CP Program**
    - Focuses on frail seniors, living in isolation
    - Between September 2017 and April 2018, the Program served a total of 61 patients and completed a total of 278 home visits

Next Steps

- Continual monitoring on progress through a standardized reporting template that aligns with the Provincial CP Framework

- Ongoing discussions with identified Sub-regions and municipalities to support partnerships and future CP opportunities, as appropriate

Central East LHIN and Municipal Service Managers Table

Overview

- Established in 2014, the Central East LHIN and Municipal Service Managers Table supports the following objectives:
  - To provide advice to LHIN and Municipal Governance on strategies to achieve the Housing and Homelessness Framework and Strategic Aim
  - To act as a key communication vehicle
  - To identify and expand partnerships with other stakeholders to achieve Strategic Aims
- The City of Toronto is the Table's newest member

Next Steps

- Continue to work with Service Managers on identified initiatives including:
  - Supervised Injection Site application in Durham Region
  - Discarded needle concerns in Durham Region
  - Shelter Health Services Pilot in Scarborough
  - Hoarding concerns
  - Shared Rental Programs
- Initiate regular, quarterly reporting for Housing Coordinators

Next Steps

Next Steps

- Implement of Phase 2 IASPO sites, as confirmed
- Continue to support Year 2 deliverables for the Opioid Strategy Implementation Plan
- Continue to work with the MHA Advisory Committee regarding their shared recommendations and focus on:
  - Investment in the provision of a targeted basket of services that spans the continuum of client needs and integrate with multi-disciplinary partnerships into the delivery model; and
  - Development of a LHIN-wide evidence-based approach for consistent, quality service delivery that optimizes client wellness and health outcomes
- MHA Executive Committee to receive the final Coordinated Access Model for its review and approval
- Ongoing Lunch & Learn opportunities for Central East LHIN staff including the November 23, 2018 webinar on *Gender Journey's* and upcoming Opioid Overview and Naloxone Training at Central East LHIN sites

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

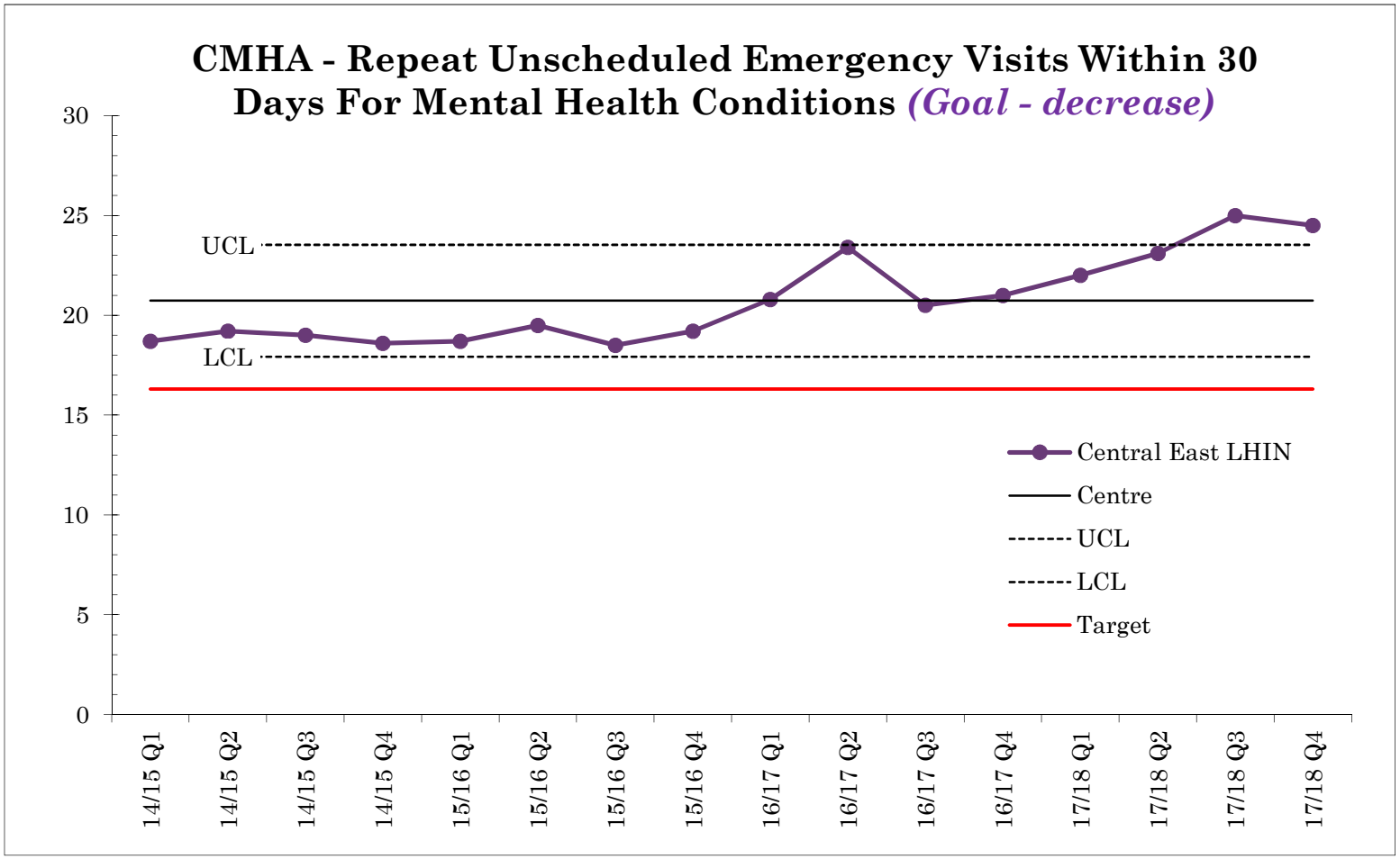
- Cumulative Days Saved = Projected Patient Days - Estimated Patient Days
- Projected Patient Days represents a projection of what the total number of patient days would potentially be based on three years of historical data
- Estimated Patient Days represents the actual patient days for each fiscal year. Estimated values based on aim assumptions are used until actual values are known. Values to Q4 2017/18 are actuals

Goal: Reduce Repeat Unscheduled Emergency Department Visits for reasons of mental health or addictions by 13% by 2019

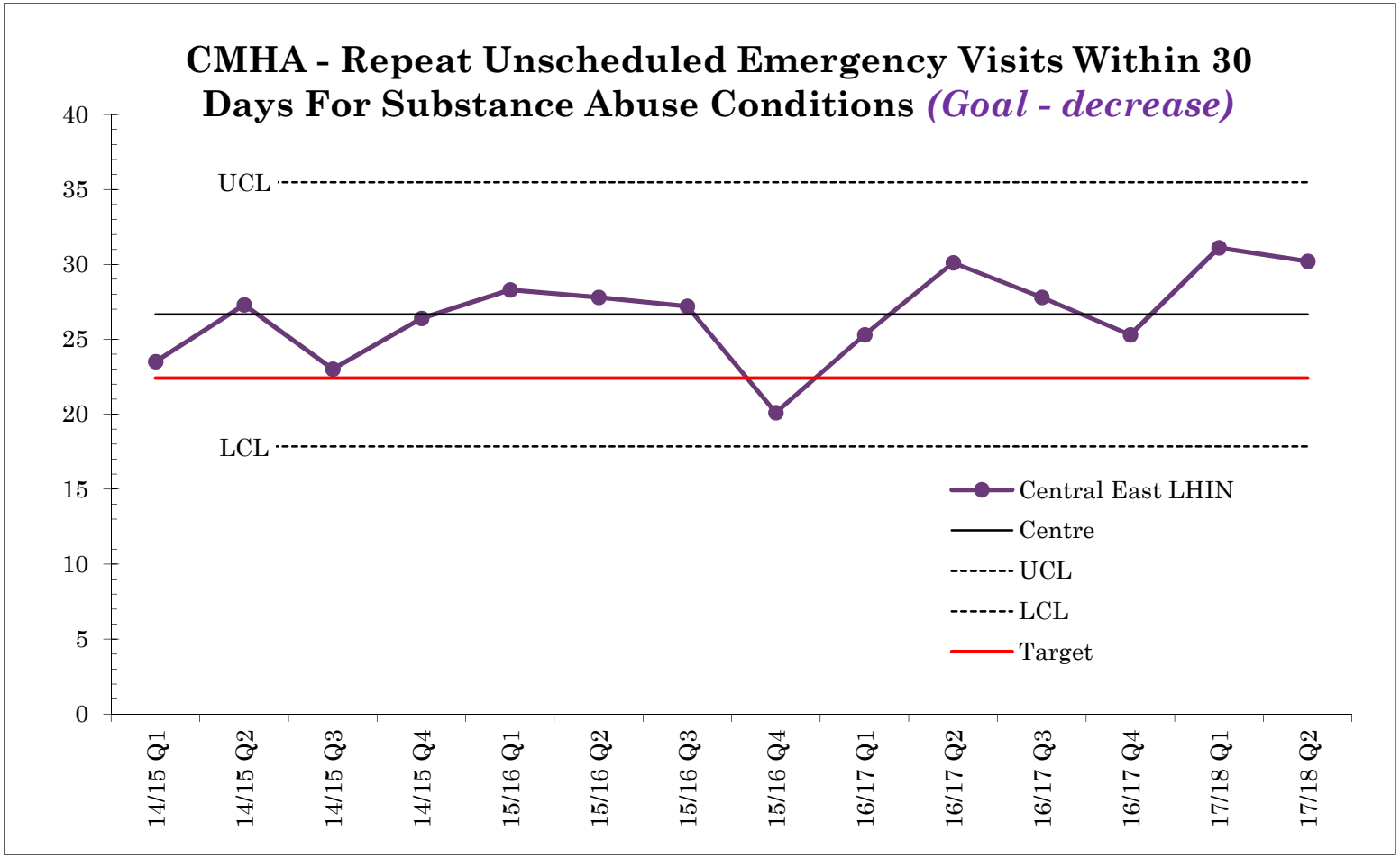
- Cumulative Repeat Visits Saved (%) = (Projected Repeat Visits – Estimated Repeat Visits) / Projected Repeat Visits
- Projected Repeat Visits represents a projection of what the percentage of repeat visits would be based on three years of historical data
- Estimated Repeat Visits represents the actual percentage of repeat visits for each fiscal year. Estimated values are used until actuals are known. Values to Q4 2017/18 are actuals

Supporting Metrics - Definitions

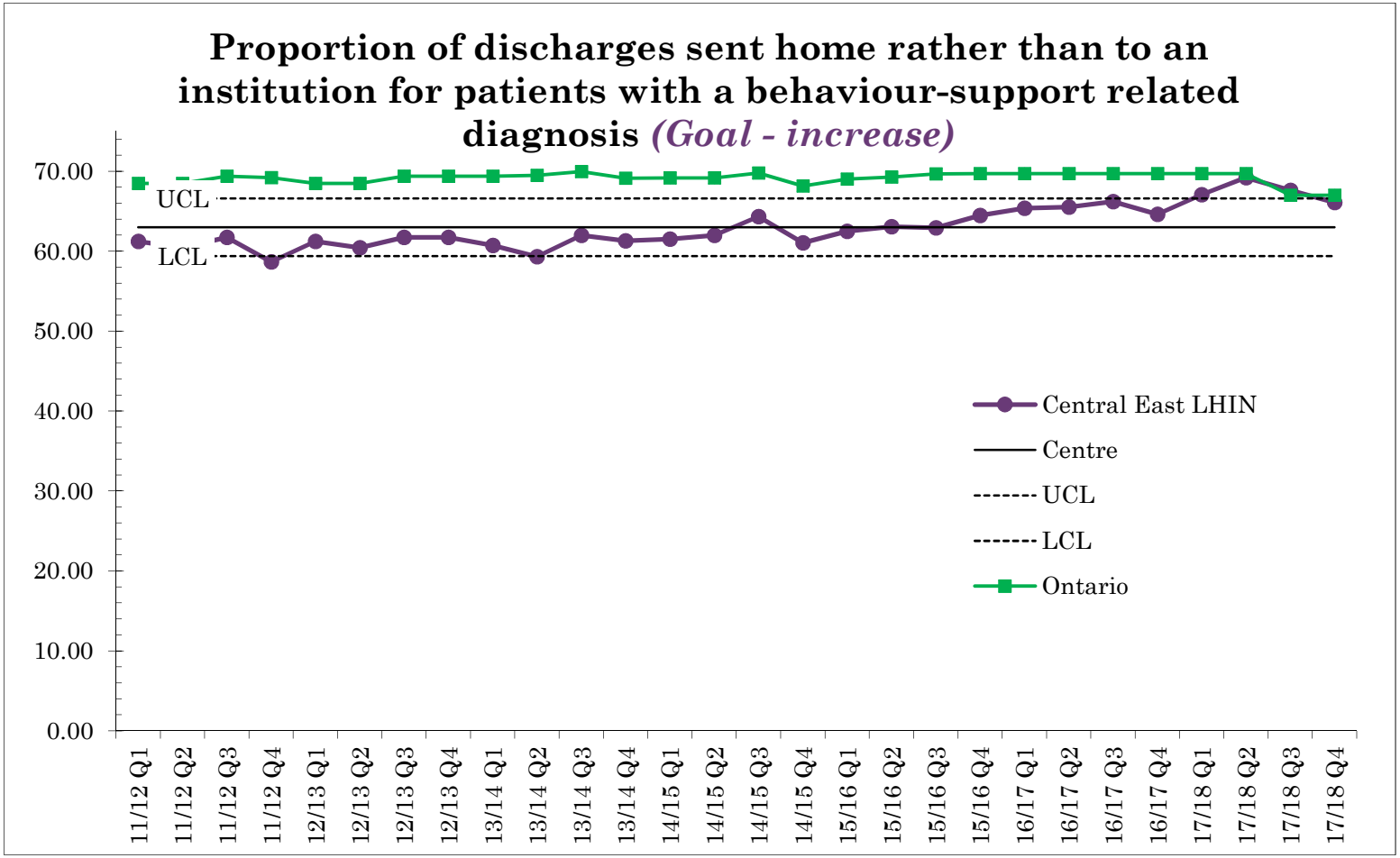
Terms	Definition
Baseline	Where there is sufficient data, the baseline is the average of the two most recent fiscal years
Central East LHIN Target	The formal Central East LHIN target for an indicator (typically developed for use in existing scorecards, such as Ministry LHIN Accountability Agreements). 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



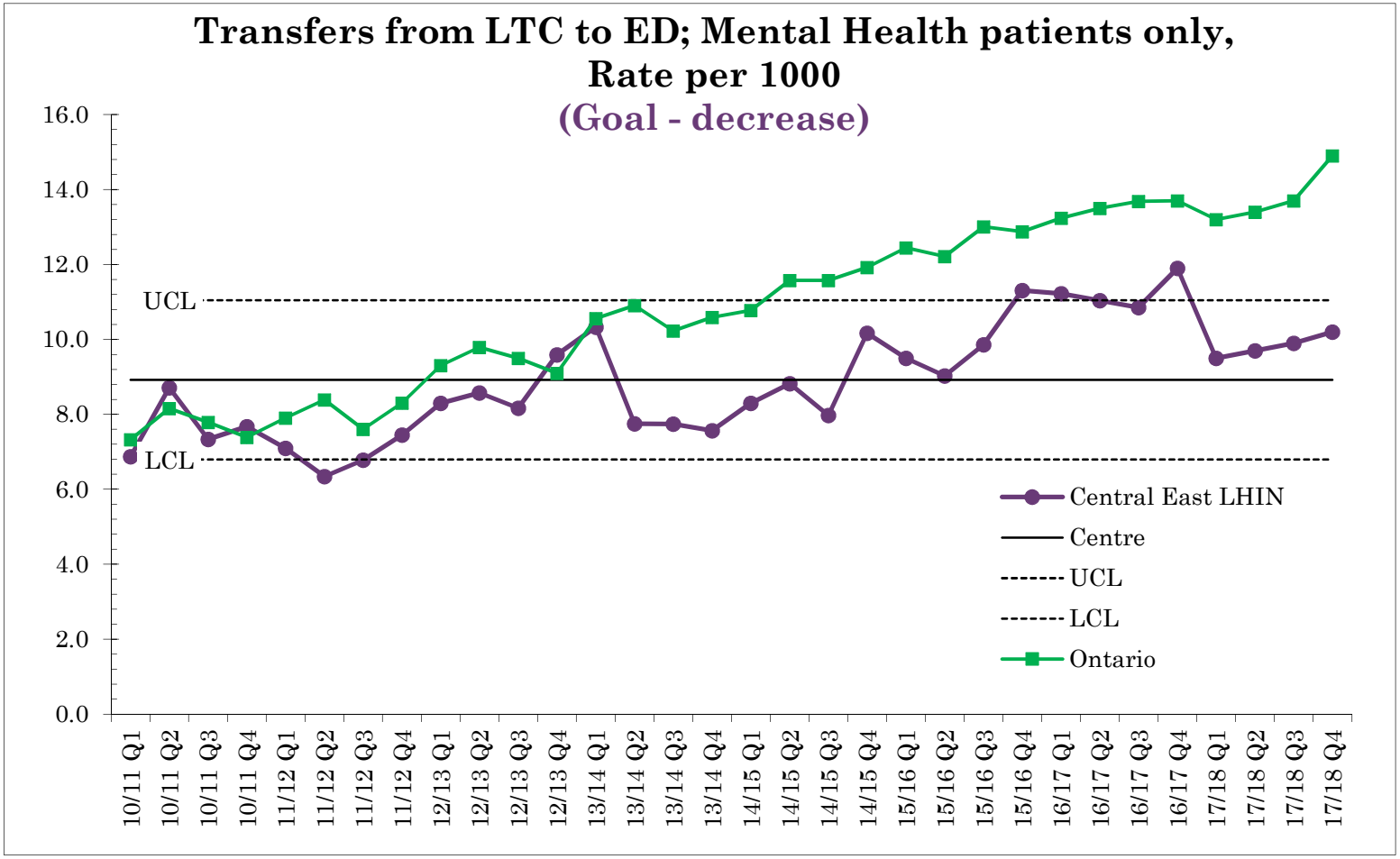
Analysis: The rate of repeat ED visits for Mental Health conditions has been steadily increasing over the past two years. Comparing to LHINs with similar geography, demographics and service availability, year-end data shows that Central East LHIN had a higher percentage of returning patients than Central LHIN but a lower percentage than Central West LHIN in Q4 2017/18 (data not shown). Central East LHIN did not meet the Central East LHIN and Provincial target of 16.30%.



Analysis: From Q4 2015/16 the overall trend has been an increase in rate. The Provincial rate is currently 31.9%. Hospital to Home Outcome Evaluation did show an overall reduction in returns, but a high and increasing number of new ED visitors at Lakeridge Health - Oshawa (LHO). This is attributable to: 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 two LHINs. Oshawa is the most affordable community thus people tend to settle there following discharge from Ontario Shores Centre for Mental Health Sciences. LH has been tracking these new visitor numbers and they are quite significant. 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 (data not shown). Central East LHIN did not meet the Central East LHIN and Provincial target of 22.4%.



Analysis: There had been a steady increase in percentage of inpatients with a behaviour-support related diagnosis who were discharged home rather than to an institution in the last two years, with the exception of the last two quarters. Provincial results followed the same trend in this time period and only vary slightly from Central East LHIN results in Q3 and Q4 2017/18. 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 ED as a result.



Analysis: For the past five fiscal years, Central East LHIN has been below the provincial transfer rate per 1,000 Long-Term Care residents. Most recently, the Central East LHIN rate increased slightly from 9.5 in Q1 2017/18 to 10.2 in Q4 2017/18. This increase may be related to the growing complexities of those admitted to Long-Term Care, along with issues related to the management of Responsive Behaviours and their legal implications.

Appendix 2 - Investments

Organization	Base Funding April 1, 2018	New Investments 2018/19	Base Funding October 31, 2018
Four Counties Addicitons Services Team Inc.	$2,395,839	$57,386	$2,453,225
Lakeridge Health	$7,874,780	$184,287	$8,059,067
Peterborough Regional Health Centre	$200,000	$4,790	$204,790
Scarborough and Rouge Hospital	$200,000	$4,790	$204,790
Senior Persons Living Connected	$150,465	$3,604	$154,069
Substance Abuse Program	**$10,821,084**	**$254,857**	**$11,075,941**
Chinese Family Services of Ontario	$247,837	$5,936	$253,773
Four Counties Addicitons Services Team Inc.	$111,947	$2,681	$114,628
Lakeridge Health	$273,387	$6,548	$279,935
Problem Gambling	**$633,171**	**$15,165**	**$648,336**
Lakeridge Health	$1,022,831		$1,022,831
Peterborough Regional Health Centre	$636,664		$636,664
Scarbrough and Rouge Hospital	$1,352,105		$1,352,105
Psychiatric Outpatient Medical Salaries	**$3,011,600**	**$0**	**$3,011,600**
Alderville First Nations Health and Social Services	$180,000	$4,311	$184,311
Alzheimer Society of Durham	$138,926	$3,328	$142,254
Campbellford Memorial Hospital	$718,466	$17,209	$735,675
Canadian Mental Health Associaion - Durham Branch	$7,027,445	$362,875	$7,390,320
Canadian Mental Health Associaion - HKPR	$8,119,582	$194,483	$8,314,065
Canadian Mental Health Association - Toronto Branch	$1,199,641	$39,513	$1,239,154
Carea Community Health Centre	$400,000	$9,581	$409,581
Community Care Durham	$410,764	$9,839	$420,603
Curve Lake First Nation	$90,000	$2,156	$92,156
Durham Mental Health Services	$10,177,859	$233,006	$10,410,865
Four Counties Addicitons Services Team Inc.	$782,300	$18,738	$801,038
Haliburton Highlands Health Services	$939,488	$22,503	$961,991
Hong Fook Mental Health Services	$2,512,673	$60,185	$2,572,858
Lakeridge Health	$6,660,219	$159,528	$6,819,747
Northumberland Hills Hospital	$3,102,139	$74,304	$3,176,443
Ontario Shores Centre for Mental Health Sciences	$965,964	$23,137	$989,101
Peterborough Regional Health Centre	$2,222,638	$53,238	$2,275,876
Ross Memorial Hospital	$1,225,211	$29,347	$1,254,558
Scarborough and Rouge Hospital	$7,220,787	$172,955	$7,393,742
Scarborough Centre for Healthy Communities	$412,421	$9,878	$422,299
TAIBU Community Health Centre	$90,000	$2,156	$92,156
Victorian Order of Nurses for Canada - Ontario Branch	$163,117	$3,907	$167,024
Community Mental Health Program	**$54,759,640**	**$1,506,177**	**$56,265,817**
Total Mental Health and Addictions	**$69,225,495**	**$1,776,199**	**$71,001,694**

Appendix 3 - Phase 1 & 2 IASPO Sites

IASPO - Phase 1 & 2 Sites

Phase 1 Sites

- Brooklin Medical, Durham College, North Oshawa Medical, CMHA Nurse Practitioner-Led Clinic, North Durham Family Health Team (FHT), Peterborough FHT

Phase 2 Sites

- Grandview Children's Centre, Agincourt Family Services, Brock Community Health Centre (CHC), Fleming College, Trent University (Peterborough and Durham), UOIT, TAIBU CHC, Community Care Durham (Ajax/Pickering and Clarington), Curve Lake First Nation Health Centre, Alderville First Nation, DMHS, Carea CHC, Durham College, North Durham FHT (2nd clinician), U of T Scarborough Campus, AIDS Committee of Durham Region, Bethesda House, Durham Community Clinic – Ontario Shores