

Central East LHIN Strategic Aims

Mental Health and Addictions Strategic Aim Update

Presentation to the Central East
LHIN Board of Directors:
December 3, 2014

Agenda

- Background/Overview
- Aim Metrics Update
- Initiatives
- Evaluating existing Initiatives: Hospital to Home, (H2H) and The Opiate Strategy, Scarborough Addictions Service Expansion
- Next Steps

Central East LHIN Mental Health and Addictions Strategic Aim

BACKGROUND AND OVERVIEW

Engaged Communities.
Healthy Communities.

Background/Overview

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.



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Healthy Communities.

Background and Overview

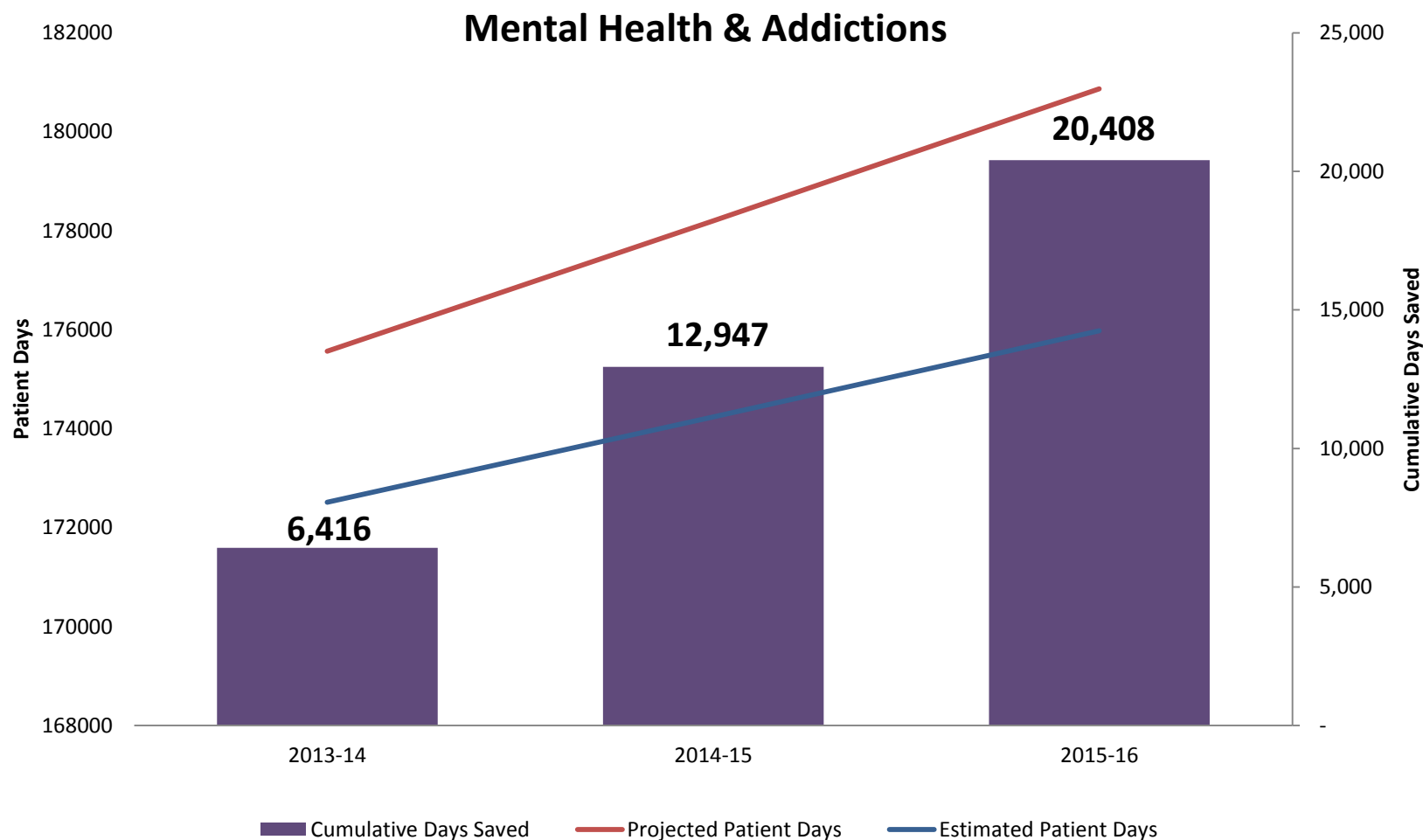
- Increasing Community Supports and Capacity will:
- Reduce the number of Psychiatric In-Patient hospital days
- Reduce the number of Unscheduled Return Visits for Mental Health and Addictions Issues within 30 days of the first visit
- Improve the service user experience
- Support people in returning to their natural supports and communities sooner

Central East LHIN Mental Health and Addictions Strategic Aim

AIM METRICS UPDATE

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Aim Metrics Update










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Supporting Indicators - Definitions

Terms	Definition
Indicator Name (increase) or (decrease)	The desired direction of performance is shown in purple colored text after the indicator name.
Baseline	Where there is sufficient data, the baseline is the average 2011/12 and 2012/2013.
CE 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 to track the performance of supporting indicators for the IHSP aims.
Current Performance	The CE LHIN performance for the indicator using the most current data available.
Current Status	<p>The current performance is compared with the CE LHIN target and the result is summarized by a colored dot following the parameters below:</p> <ul style="list-style-type: none"> • 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
Trend	The indicator trend uses all the data from the baseline and any additional data, up to and including the most current data available.

Aim Metrics Update

Indicator	Baseline	CE LHIN Target	Current Performance	Current Status	Trend
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Goal: decrease) ¹	18.2%	17.0%	20%		
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Goal: decrease) ¹	23.5%	22.5%	20.7%		
Proportion of discharges sent home rather than to an institution for patients with a behaviour-support related diagnosis home (Goal: increase) ^{3,4}	52.4%	57.7%	53.0%		N/A
Transfers from LTC to ED; MH patients only, Rate per 1000 (Goal: decrease) ²	7.79	7.01	7.75		
Note: 1 Most recent available data: 13/14 Q4 2 Most recent available data: 13/14 Q2 3 Most recent available data: Fiscal Year 13/14 4 Data consists of less than seven data points, trend is not available.					

Central East LHIN Mental Health and Addictions Strategic Aim

INITIATIVES

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Initiatives

- **Central East LHIN Mental Health and Addictions Coordinating Council** is now meeting on a quarterly basis
- **Central East LHIN Mental Health and Addictions Physician Lead**, Dr. Ian Dawe is now in place
- **Community Crisis Review Priority Project** has been initiated and is meeting all Project Timelines
- **Child and Adolescent Hospital Based Services and ACTT Now Projects** have been implemented and are meeting Project Timelines
- **Internal Evaluations of the Opiate/Scarborough Addictions Expansion and Hospital to Home, (H2H)** Projects have been completed
- **Annual Business Plan activities** related to developing Community Housing Programs for complex people are well underway, including base funding to support the Community Crisis Beds in Ajax

Initiatives: ACTT Now

A Regional Kaizen with all Central East LHIN ACTT in March of 2012 led to the current Central East LHIN Priority Project Aim to:

- Increase Central East LHIN ACTT capacity by 200 total spaces and flow within Teams to potentially save 10,000 hospital days

By:

- Finding efficiencies and defining standard practices
- Creating Memoranda of Understanding between the Teams
- Implementing a “Stepped Care” model that will permit movement through the Teams with the support of Clinical Best Practices

As of November, 2014:

- Improvements have been implemented with ongoing monitoring
- The target of 1-2 clients transitioned to “Stepped Care” has been exceeded. Currently, **55 clients across the LHIN have been transitioned to the Stepped Care service**

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Initiatives: Child and Adolescent Hospital Based Mental Health Services Project

Objective: Develop recommendations regarding the future state of child and adolescent hospital based Mental Health Services in the Central East LHIN

Approach:

- Identify the current state of how children and adolescents are accessing mental health services and forecast future demand
- Conduct an environmental scan of international leading practices
- Form an Advisory Committee to develop a future state model to better address gaps and an implementation plan for that model

Future State Model:

- Will identify opportunities to close gaps
- Standardizes hospital based services, access, branding and eligibility across all sites within the Central East LHIN

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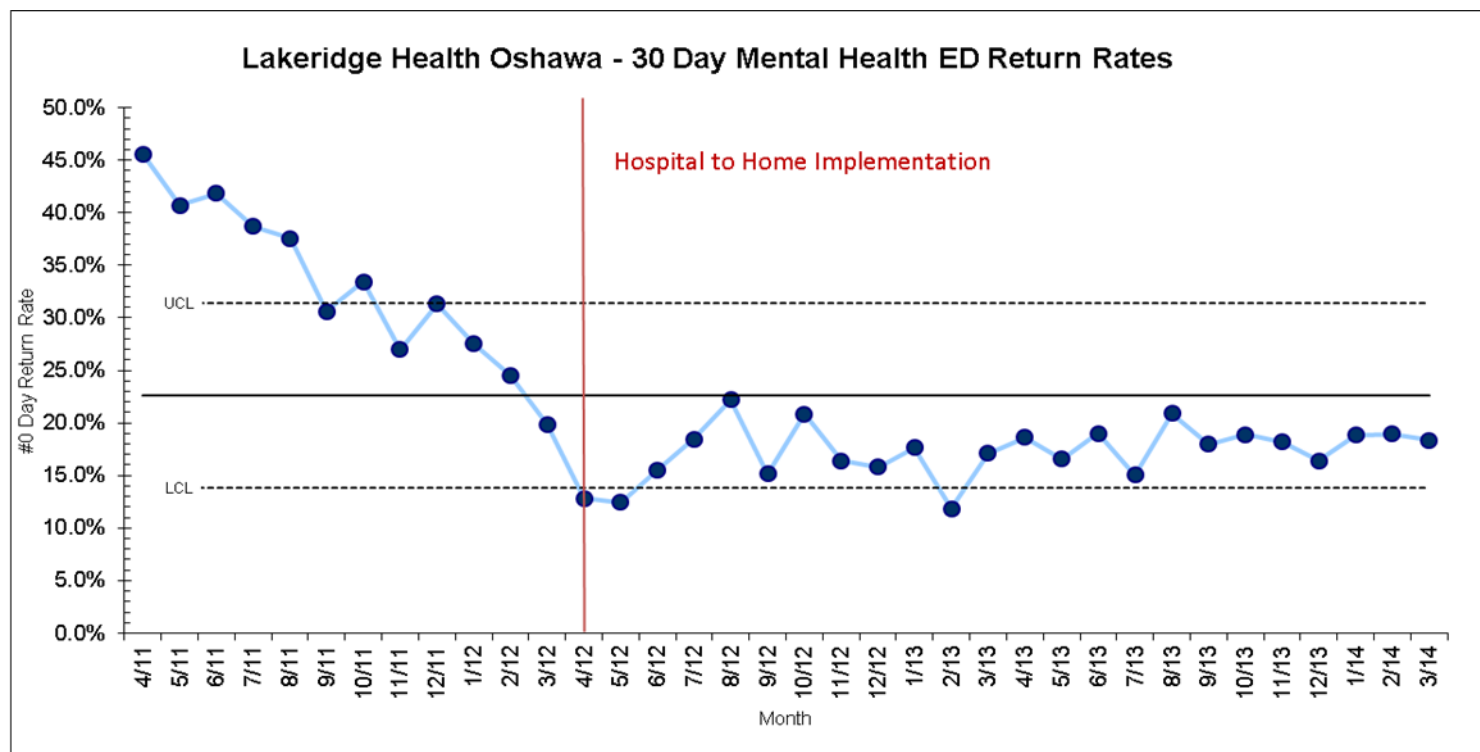
Evaluating Existing Initiatives: Hospital to Home, (H2H)

- Initiated in FY 11/12 at Lakeridge Oshawa, Ross Memorial Hospital and Peterborough Regional Health Centre with an investment of \$769,000.00
- H2H is based on a continuous Quality Improvement Framework and provides an integrated hospital/community response that is embedded within the Emergency Department
- H2H connects people to the services they require so that they do not need to return to the Emergency Department
- ED Unscheduled Return Visits for Mental Health issues were reduced by 42.9% in FY 13/14 from a baseline of 33.24% in FY 11/12 at Lakeridge Oshawa
- Substance Abuse, (Addictions) Unscheduled Return Visits were reduced by 36.2% for the same period at Lakeridge Oshawa
- Admissions for those on a Community Treatment Order, (CTO) were significantly reduced

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ED Repeat Visits: Mental Health

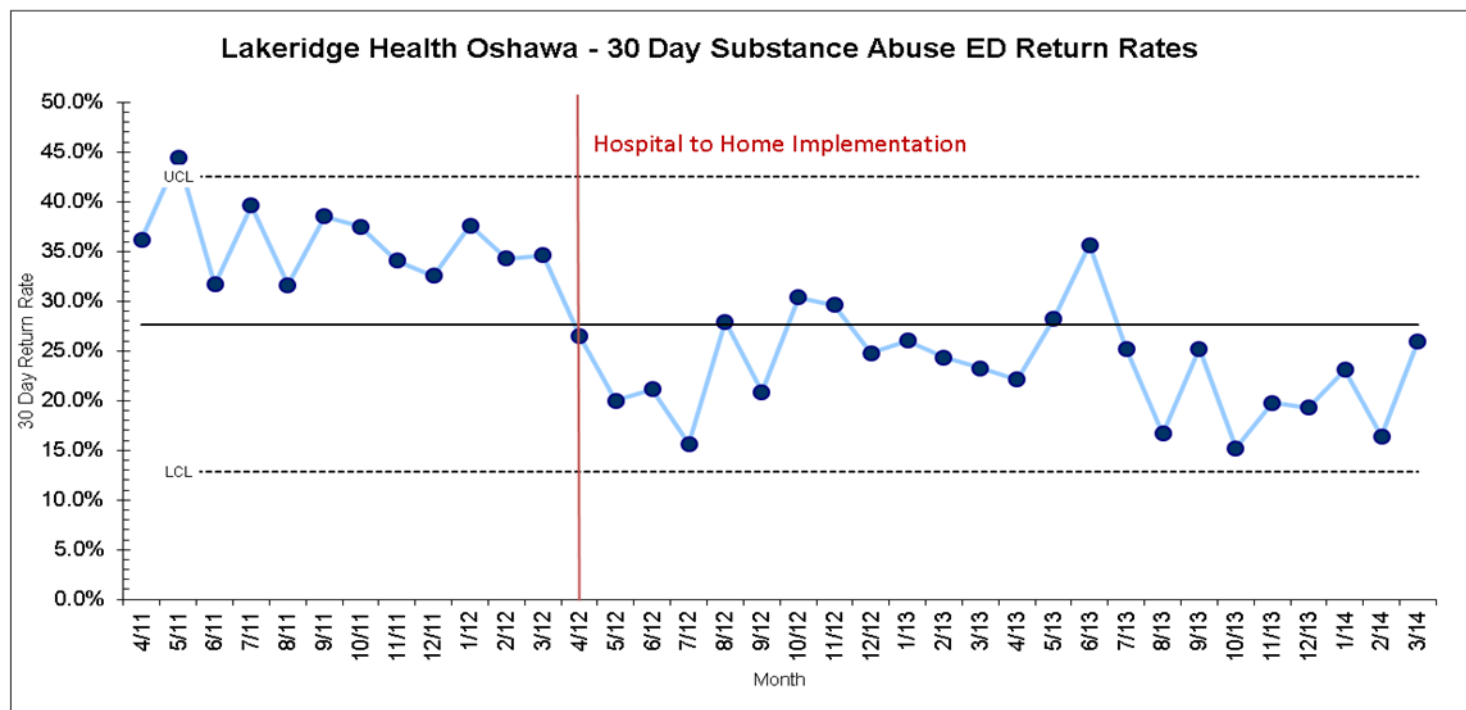
Lakeridge Health, November 7, 2014



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ED Repeat Visits: Substance Abuse

Lakeridge Health: November 7, 2014



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Evaluating Existing Initiatives: The Opiate Strategy, Scarborough Addictions Expansion

- The Central East LHIN Opiate Strategy was initiated in FY 12/13 as a result of a targeted investment by the Ministry of Health and Long Term Care of \$840,000.00
- The Pinewood Centre of Lakeridge Health took the lead for this initiative in the Durham Cluster while FourCAST took the lead in the Northeast
- Funds were used to build on existing Case Management, Pre-Natal and Young Parenting Programs in Durham and the Northeast Clusters
- Methadone Case Management was established in the Northeast Cluster along with a unique capacity building project in partnership with Aboriginal Service Providers
- Addictions Services, including Substance Abuse Withdrawal Services were expanded through Pinewood in the Scarborough Cluster

Evaluating Existing Initiatives: The Opiate Strategy

- The investment in Opiate Case Management has served 298 individuals in both the Durham and HKPR Regions
- Several of the service targets for the first year of operation were exceeded in both the Durham and Northeast Clusters
- Community Withdrawal Management Services in Scarborough served 141% of the projected target of individuals served in the first year
- The Early Childhood Service in the Northeast Cluster served 110% of the projected target of individuals served in the first year
- This investment has established an integrated Addictions/Concurrent Disorders treatment system in Scarborough that has built the capacity of that community permitted additional new investments such as the Rebound Youth Addiction Prevention Program

Central East LHIN Mental Health and Addictions Strategic Aim

NEXT STEPS

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Next Steps

- Implement Improvement recommendations resulting from the Hospital to Home Evaluation
- Review recommendations resulting from the Community Crisis Review Priority Project and consider an implementation strategy
- Work with cross-sectoral partners to implement new supportive housing structures and options and initiate the development of a Housing Strategy as a Priority Project under the Central East LHIN's Mental Health and Addictions Strategy
- Continue to increase the capacity of the system to support those with complex needs and Concurrent Disorders in the community
- Complete the ACTT Now and Child and Adolescent Hospital Based Services Project

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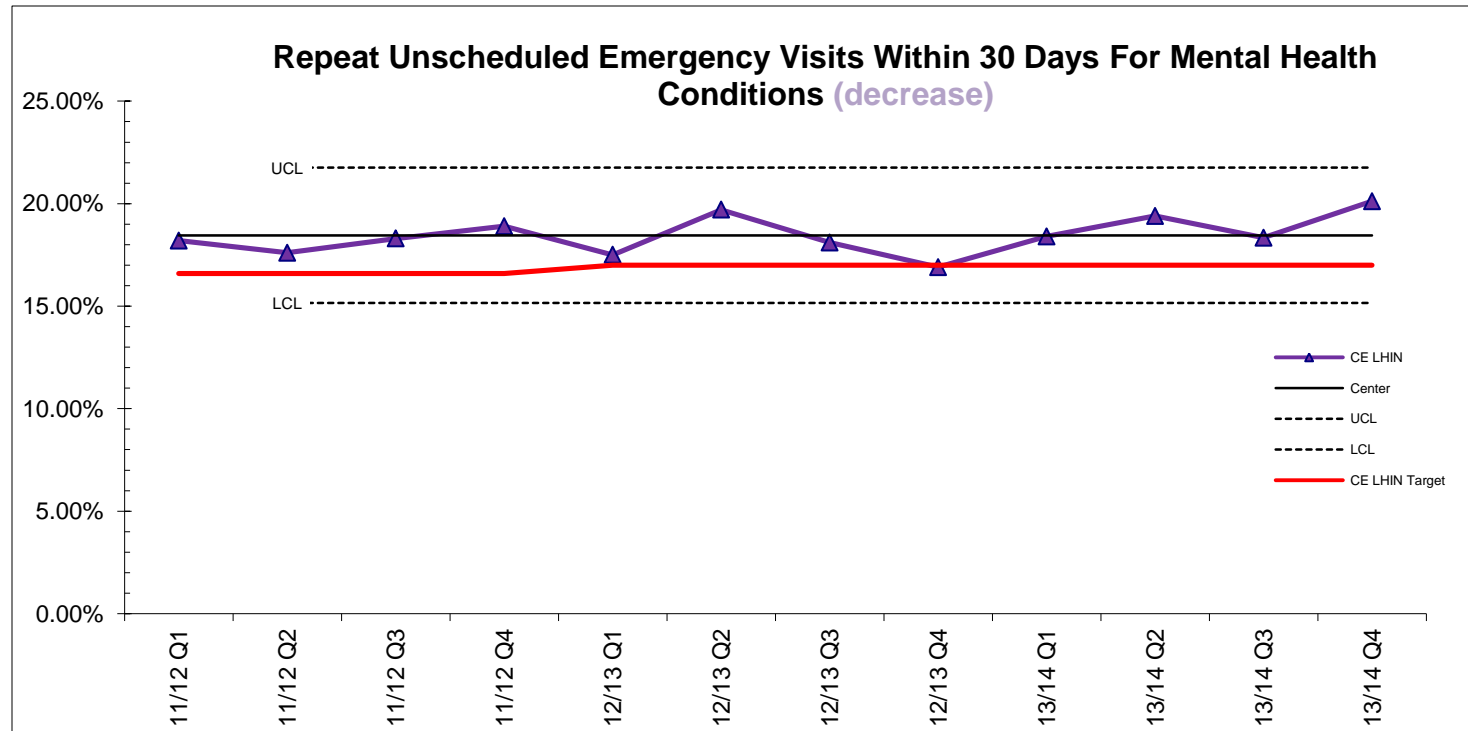
QUESTIONS

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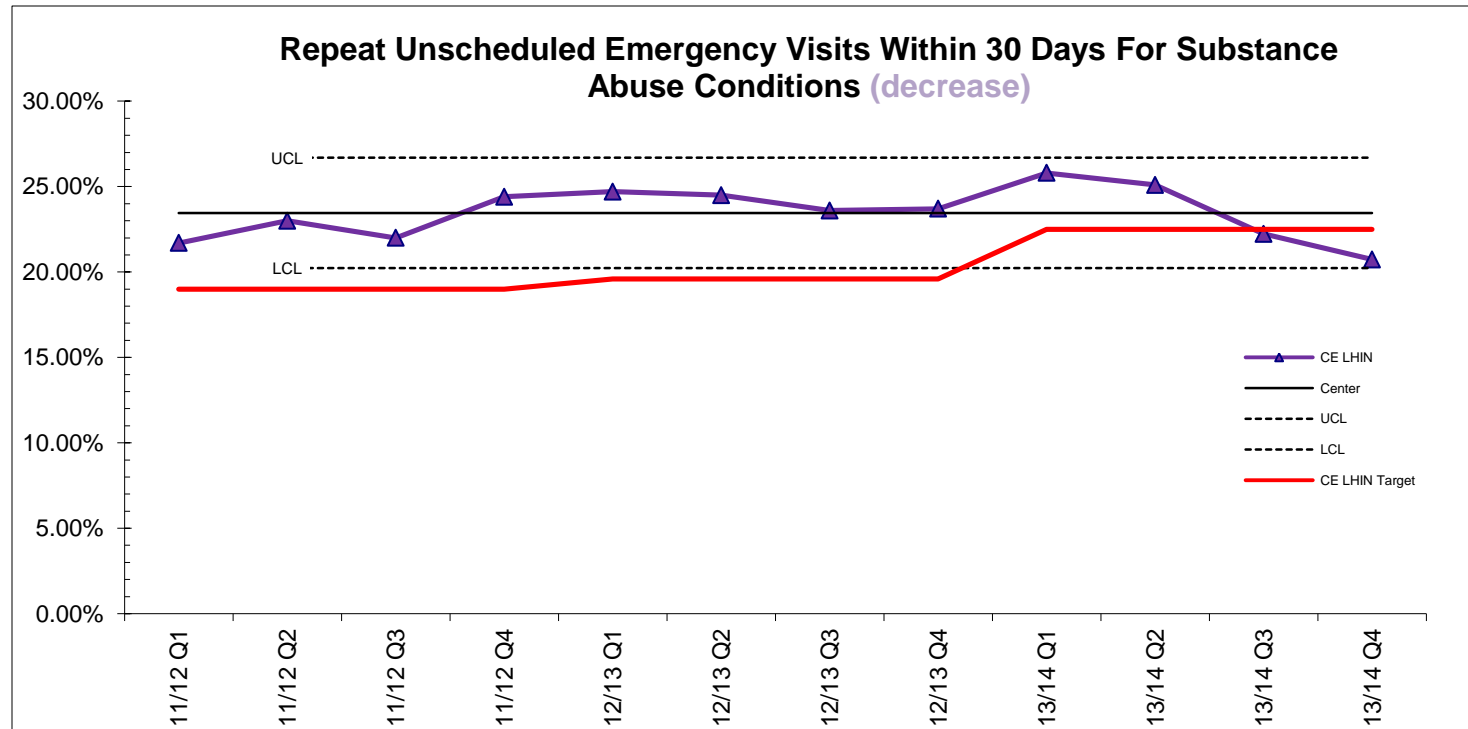
APPENDIX

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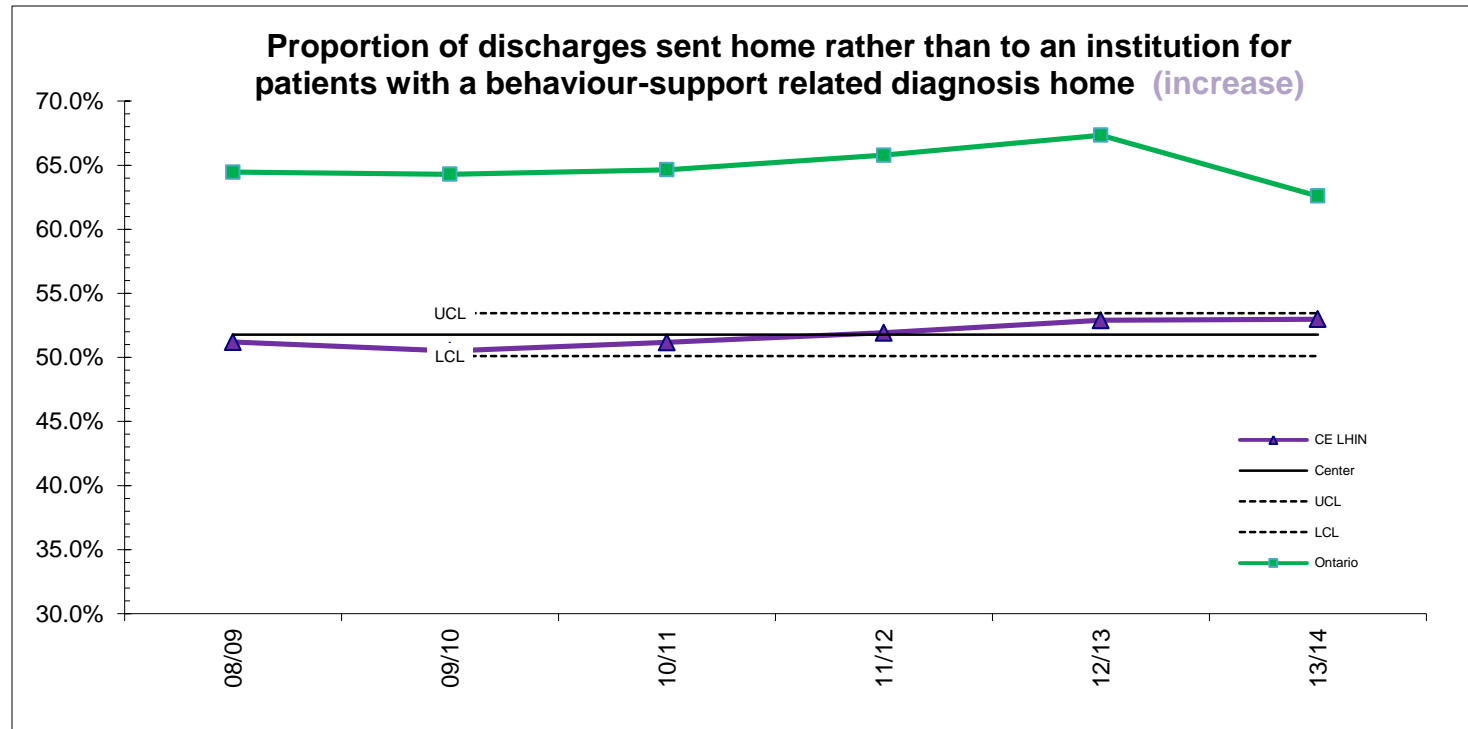


Analysis: There was a slight increase for this indicator between Q3 and Q4 of 2013-14. Factors that may be contributing to this increase include potential hospital coding issues, limited facility/resource capacity, and a small number of very high users. Comparing to LHINs with similar geography, demographics, 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).

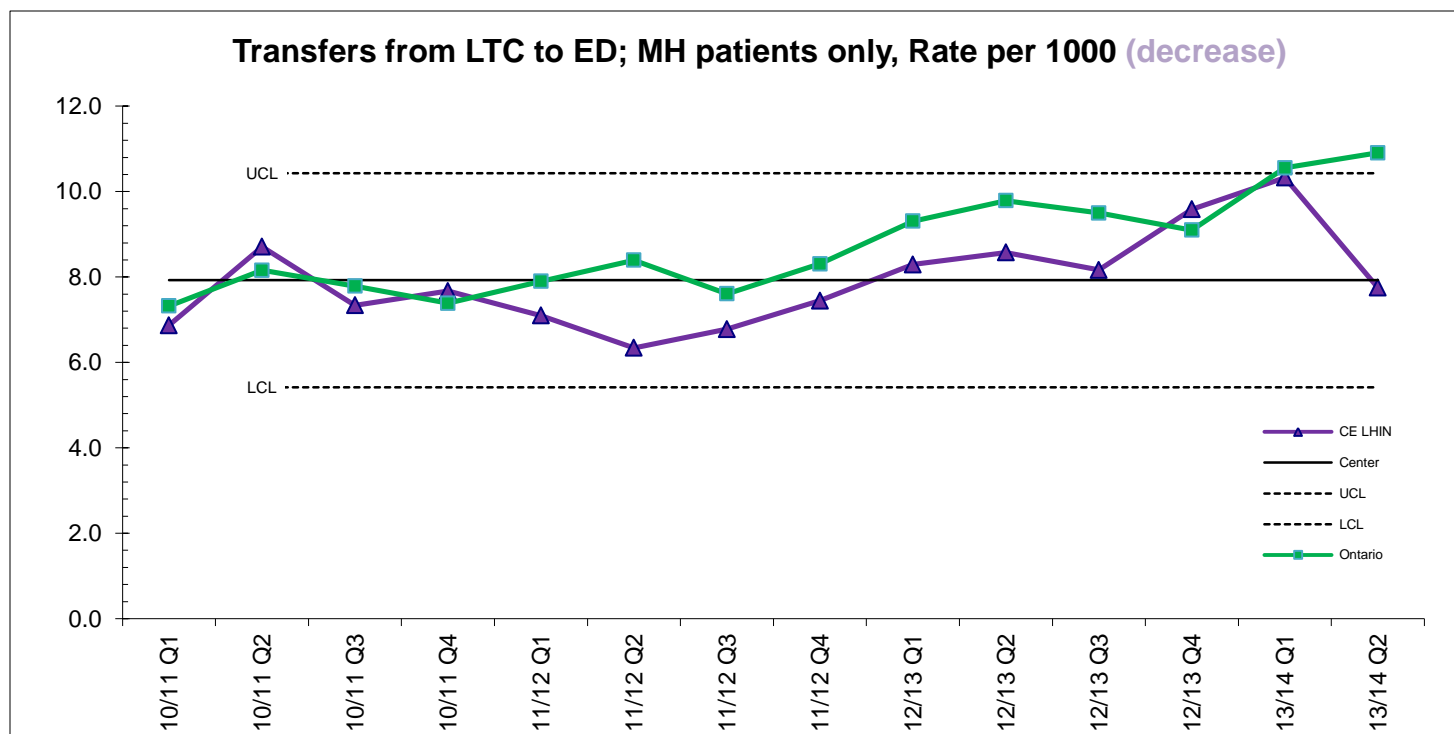
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Analysis: There has been a decrease in the Substance Abuse indicator. The Central East LHIN is below the MLPA target of 22.5%. In particular, the LHIN is undertaking a review of the Hospital to Home (H2H) Emergency Department Diversion strategy. Comparing to LHINs with similar geography, demographics, and service availability, interim data shows that Central East LHIN had a lower percentage of returning patients. Central East LHIN also performed better than the provincial average (not shown).



Analysis: There has been a slight increase in percentage of inpatients with a behaviour-support related diagnosis who were discharged home rather than to an institution over the last 4 fiscal years. Central East LHIN continues to have a lower rate than the Ontario rate.



Analysis: Central East LHIN has seen a decrease in the rate per 100 for this indicator while the province have experienced an 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. 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.