Central East LHIN Strategic Aims

Mental Health and Addictions Strategic Aim Update
May 25, 2016

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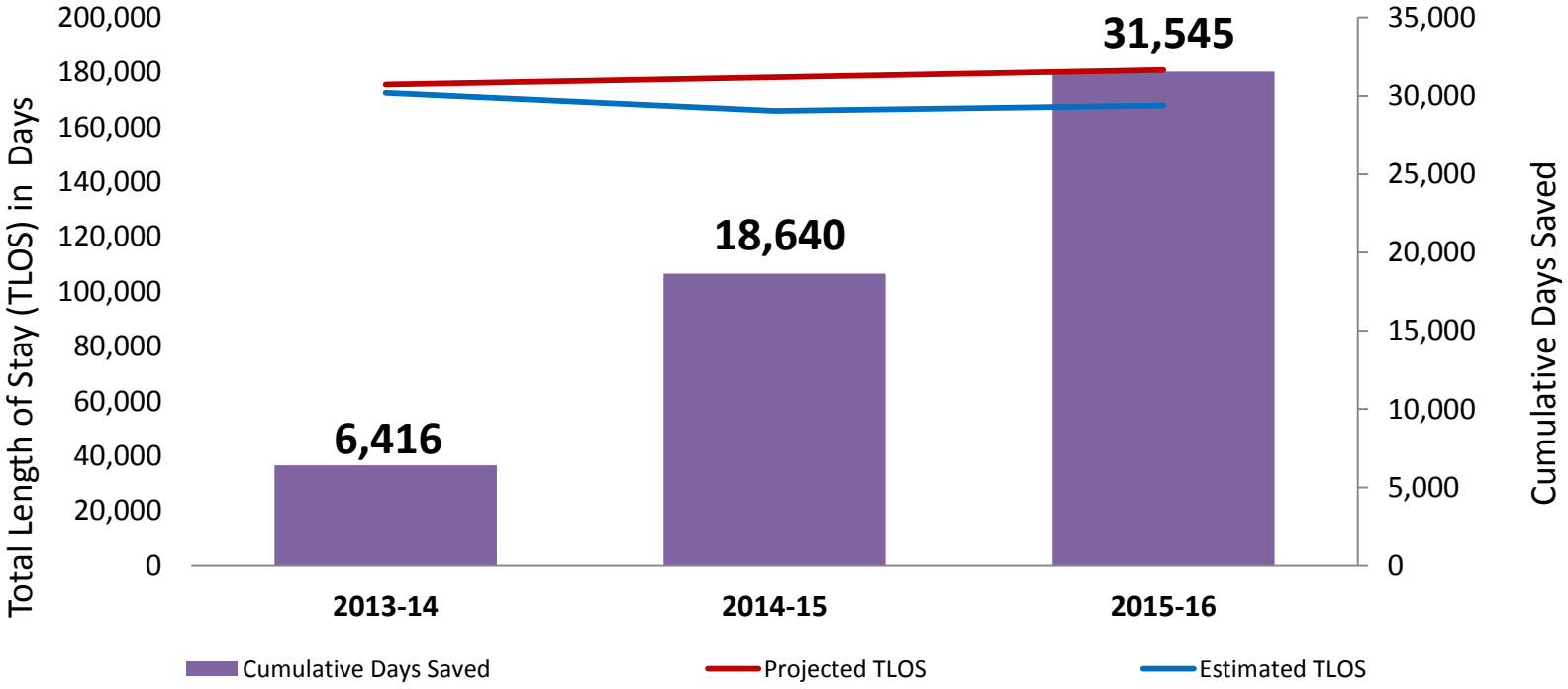
Agenda

- Central East LHIN Integrated Health Service Plan: 2013-16: Measuring our Progress
- Summary of Challenges and Outcomes: IHSP 3
- Moving from IHSP 3 to IHSP 4
- Moving forward: Central East LHIN Integrated Health Service Plan 2016-19
- IHSP 4: Achieving the Mental Health and Addictions Aim
- Governance Structure: IHSP 3 and 4
- Central East LHIN Mental Health and Addictions Coordinating Council
- Priority Projects: ACTT Together, Community Crisis Review, and Child and Adolescent Hospital Based Psychiatric Services Project
- Status of Established Initiatives: Hospital to Home and Community Crisis Beds
- 2016/17 Priorities and Next Steps
- Service User Story
- Questions and Discussion

Central East LHIN Integrated Health Service Plan: 2013-16

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

Mental Health and Addictions Strategic Update



Cumulative Days Saved: the purple bars represent the difference between the Projected Total Length of Stay (red line) and the Actual or Estimated Total Length of Stay (blue line).
Projected Total Length of Stay (TLOS): the red line represents a projection of Total Length of Stay based on 3 years of historical data.
Estimated Total Length of Stay (TLOS): the blue line represents Actual Total Length of Stay is for each fiscal year. Until the actual values are known, Estimated TLOS, based on the aim assumptions, are used in the calculation.

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 and 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 Q2	20.1%		
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Goal: decrease)	23.5%	**22.4%**	15/16 Q2	26.5%		
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 Q2	63.4%		
Transfers from LTC to ED; MH patients only, Rate per 1000 (Goal: decrease)	7.8	7.0	15/16 Q2	9.0		

Note:
Bold text indicates a formal Central East LHIN Target

Summary of Challenges and Outcomes: IHSP 3

The Central East LHIN is on track to meet the IHSP Mental Health and Addictions Aim, but continues to struggle to meet the target for Unscheduled Repeat Emergency Department Visits within 30 Days for both Mental Health and Substance Abuse conditions.

This is partially due to:

- data collection and methodology issues that are being addressed at the provincial level. These include intra-hospital transfers within sites within the same episode of care.

- The growing number of new visitors with no stable contact point or housing to the Emergency Department at Lakeridge Oshawa has provided capacity challenges to the Hospital to Home (H2H) ED Diversion Strategy;

Summary of Challenges and Outcomes: IHSP 3 (cont'd)

The Hospital to Home Steering Committee is addressing these challenges through the following LHIN funded initiatives:

- Focused Peer Support
- Community Crisis Beds
- Indigenous and Shelter Outreach Strategies

The pending launch of the "Mental Health and Addictions ED" at Lakeridge Oshawa and the Oshawa Community Crisis Beds will further reduce the numbers of new and repeat ED visitors.

Summary of Challenges and Outcomes: IHSP 3 (cont'd)

The Central East LHIN continues to perform better than the Province for the proportion of discharges sent home rather than to an institution for patients with a behaviour-support related diagnosis.

- This positive achievement continues through use of NPSTAT in Long Term Care Homes (LTCH), and through the Behavioural Supports Ontario Strategy (BSO) that has enabled Long Term Care Homes to support people with responsive behaviours more effectively.

- The BSO Strategy has "spread" beyond those initially trained staff to include the wider LTC support system of staff who are working together to support these complex people more effectively and with improved care outcomes.

Summary of Challenges and Outcomes: IHSP 3 (cont'd)

The current system of Mental Health and Addictions Services do not have the capacity to meet the demand for services.

- This was initially identified by the Central East Mental Health Implementation Task Force Report in 2002/03 and again in the Central East LHIN Addictions Scan in 2008/09.

- A strategy to assess the current capacity and need for Mental Health and Addictions Services within the Central East LHIN is required to ensure that investments are made according to need across the LHIN geography and within sub-LHIN areas, and is a priority set out in the 2016/17 Annual Business Plan.

Although meeting the challenges related to Emergency Department Visits continued throughout IHSP 3, we now have a clearer understanding of the nature of these challenges, more reliable system level data and a more integrated system that will assist us to continue to improve and achieve the Mental Health and Addictions Aim of IHSP 4 when paired with strategic new investments.

Moving from IHSP 3 to IHSP 4

The achievement of the Mental Health and Addictions Aim of "strengthening the system of supports for people with Mental Health and Addictions issues so that they spend 15,000 more days in their communities by 2016" provided the following outcomes:

- A more integrated system of Mental Health and Addictions services and improved relationships between providers.
- Reliable system level data regarding service users and their needs across the LHIN.
- Focused improvements in areas such as Assertive Community Treatment Teams and the Addictions Supportive Housing Program have resulted in improved outcomes in terms of client experience, fiscal efficiency and population health.

As the LHIN moves forward with IHSP 4, we will build on these outcomes and use that knowledge to strengthen and improve the system of community supports within the Central East LHIN as we build Health Link sub-LHIN integrated systems of care.

Moving Forward: Central East LHIN Integrated Health Service Plan 2016-19

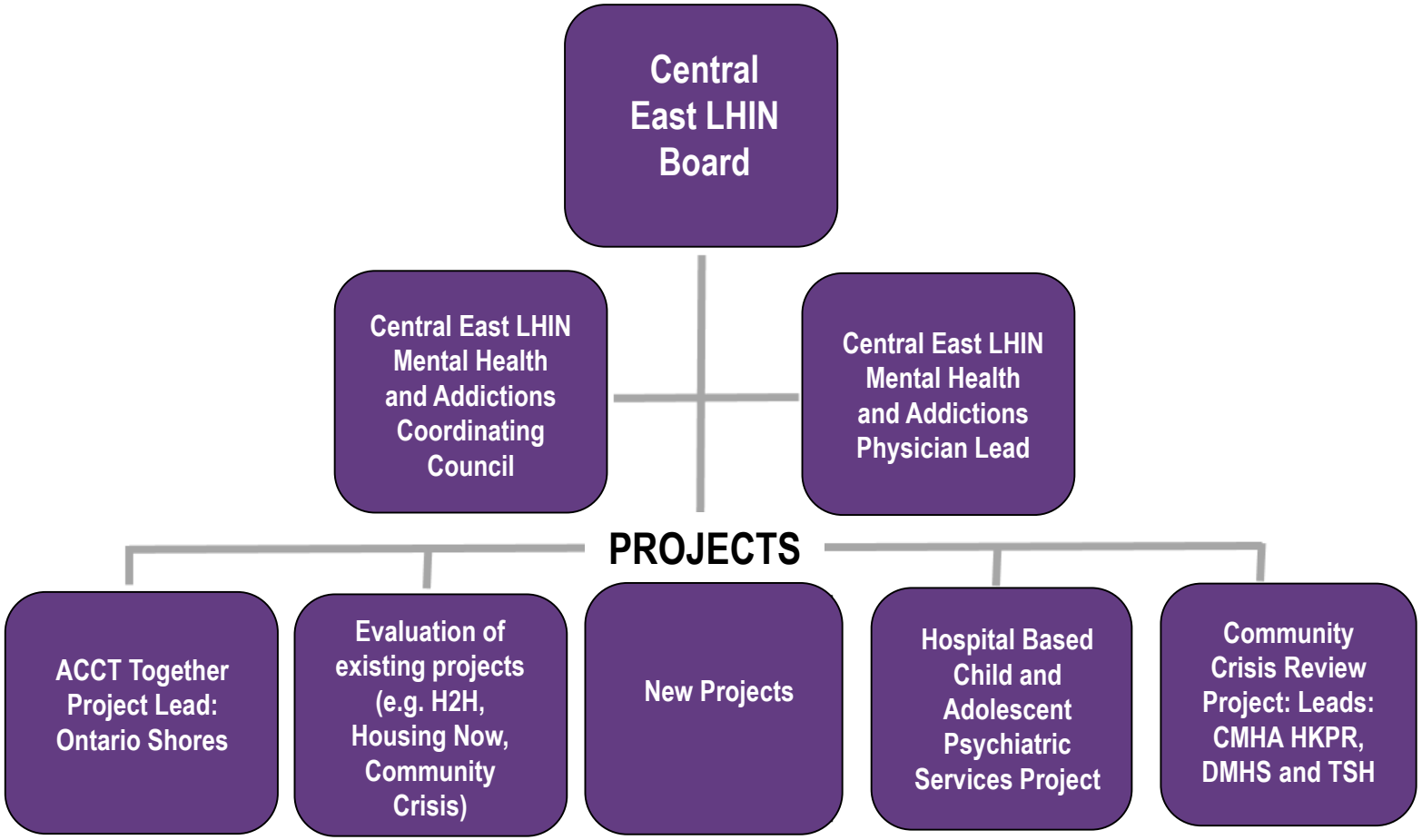
IHSP 4: Achieving the Mental Health and Addictions Aim

The Central East LHIN will achieve the Mental Health and Addictions Aim by strengthening community supports so that people are able to achieve their desired level of recovery within their own homes and communities, sooner.

The Central East LHIN will accomplish this by:

- Continuing the planning and implementation infra- structure established in IHSP 3 to oversee the Mental Health and Addictions Strategic Aim.
- Reviewing and renewing Priority Projects that are effective in implementing new strategies that will build on these successes.
- Working with cross-sectoral and primary care partners to build integrated systems of care in Health Link sub-LHIN geographies throughout the LHIN that will address all aspects of health and strengthen communities.

Planning and Implementation Infrastructure: IHSP 3 and 4



Central East LHIN Mental Health and Addictions Coordinating Council

Council Members are selected by the Central East LHIN according to a designated membership that includes:

- The Central East LHIN Mental Health and Addictions Physician Lead as a Co-Chair.
- A second Co-Chair is elected by the Council.
- Membership includes Health Service Provider Project Leads, Hospital and Community Representatives, Family Members, People with Lived Experience, the Central East LHIN Consumer Survivor Initiative Network, Entitie 4 and the Central East Mental Health and Addictions Network.
- The Council met in April of 2016 to determine their priorities and work plan for FY 16/17.
- The Council will review their Terms of Reference and the status of the Priority Projects during their June meeting.

Central East LHIN Mental Health and Addictions Aim: IHSP 4

Priority Projects

Priority Projects: ACTT Together

Objective: Based on the results of a Value Stream Mapping/Quality Improvement Event held in FY 12/13, an number of improvements were recommended and implemented.

These improvements are overseen by a LHIN-wide Steering Committee who have noted the following outcomes, and who are continuing to provide oversight to the project:

As of March 31, 2016:

- 164 clients across the LHIN have been transitioned to the Stepped Care service exceeding the Project Target of 1-2 clients per month;
- An additional 244 Clients have been admitted to ACTT service across the Central East LHIN; and
- 97.6% of the clients who have transitioned to Stepped Care have maintained their level of recovery and report an increased level of satisfaction with services.

Priority Project: Community Crisis Review

FY 14/15 objective: 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 that will reduce the need for unscheduled Emergency Department visits related to Mental Health and/or Addictions.

As of March 31, 2015: 10 Priority Recommendations that included improvement of response times and capacity as well as the establishment of community based alternatives to hospital emergency departments for individuals in crisis were included in the Final Project Report.

November, 2015: Investments recommended for the Scarborough Cluster were approved by the Central East LHIN Board and implemented:

1. Overnight Crisis Coverage at Rouge Valley Centenary Site
2. Funding to support the addition of one Community Crisis Team
3. Relief Coverage for The Scarborough Hospital Mobile Crisis Intervention Team to ensure enhanced coverage

Expected on May 31, 2016: An implementation plan to address the remaining recommendations will be submitted by the Project Steering Committee.

Priority Project: Child and Adolescent Hospital Based Psychiatric Services

Objective: Develop recommendations regarding the future state of child and adolescent hospital based Mental Health Services in the Central East LHIN, as recommended in the Central East LHIN Clinical Services Plan, 2008-2009.

As of March 31, 2016 the project:

- 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 that has developed a future state model to better address gaps and an implementation plan for the revised model which will standardize and integrate processes related to these services across the LHIN . The revised model will create a "common brand" that will assist clients and families to access these services sooner and more easily.

As of June 30, 2017: The Current State Model for Child and Adolescent Based Psychiatric Services Model will be implemented across the LHIN.

Status of Established Initiatives: Hospital to Home

Hospital to Home (H2H): Fully embedded teams are now in place at each of the Central East LHIN Schedule 1 Hospitals with a "hybrid team" located at Northumberland Hills Hospital.

Lakeridge Health carried out an intensive data analysis that showed the following:

- There were 311 ED visits over the 18 month period between Oct 1 2013 and March 31 2015, of which 197 (63%) were arrival by EMS and/or police.
- Repeat visits are more likely to occur in evening hours, after 3:00pm
- 4 of 10 visitors were identified as having unstable housing
- 8 of 10 were currently linked with a psychiatrist, though have well established and documented relationships with community agencies.

Status of Established Initiatives: Hospital to Home (cont'd)

- Diagnostically, the associated illnesses or chief complaints most frequently include: alcohol abuse and or drug addiction, borderline personality disorder, depression and schizoaffective disorders. It would appear that 100% would qualify as having concurrent mental health and addiction disorders.

- 10 of 10 are documented as having a current physician (though frequency of contact was not documented)

- Most common presenting issues include: suicidality and/or self-harm, alcohol, and or drug abuse/overdose.

- The results of this data analysis is being used to advise the continuous Quality Improvement Strategy as overseen by the local Hospital to Home Quality Improvement Coalition.

- The Central East LHIN will continue to track this initiative through quarterly reports based on original funding criteria, Steering Committee reports, and site visits

Status of Established Initiatives: Community Crisis Beds in Oshawa

- A facility has been located in Oshawa, close to Lakeridge Health.
- The beds will be available as of November, 2016.
- This will have a direct effect on the ED return rates in Oshawa, based on the outcomes of the implementation of the Ajax Crisis Bed Model.
- Based on the Central East LHIN 's H2H Program evaluation (August, 2014), the referral rate to the Durham Mental Health Community Crisis Beds in Ajax and Whitby increased by 224.1%.
- Having a crisis bed facility close to the Lakeridge Health Oshawa Emergency Department will offer crisis supports closer to home.
- This will reduce the need for unscheduled return ED visits and provide clients with a community-based support alternative.

2016/17 Priorities and Next Steps

Advance the Mental Health and Addictions Plan for the Central East LHIN: Building on existing work to understand the remaining gaps and address the Mental Health and Addictions needs of the diverse communities across the LHIN .

1. **Development of Community Mental Health and Addictions Programs**: Current state assessment based on the initial work done through projects such as the Addictions Environmental Scan (2009) and the Mental Health and Addictions Implementation Task Force. Followed by an assessment of the outcomes of investments to date and the development of recommendations.
2. **Continue to strengthen municipal partnerships** and engage in joint planning, implementation, and evaluation activities.
3. Develop an implementation plan for the recommended improvements resulting from the **Community Crisis Review and GTA LHINs Community Crisis Project.**
4. Continue to support **Priority Projects** through the Mental Health and Addictions Coordinating Council, i.e.: ACTT Together, Hospital to Home, Child and Adolescent Hospital Based Services, Schedule 1 Bed Registry, Year 3 Rent Supplement and Intensive Case Management Allocation

2016/17 Priorities and Next Steps

5. Other initiatives:

- **Suicide Strategy**: The Central East LHIN Mental Health and Addictions Coordinating Council will work with Health Service Providers and the LHIN to develop and implement a Suicide Prevention Strategy for the LHIN. This will include an overall strategy for the LHIN and specific projects such as "The Big White Wall"

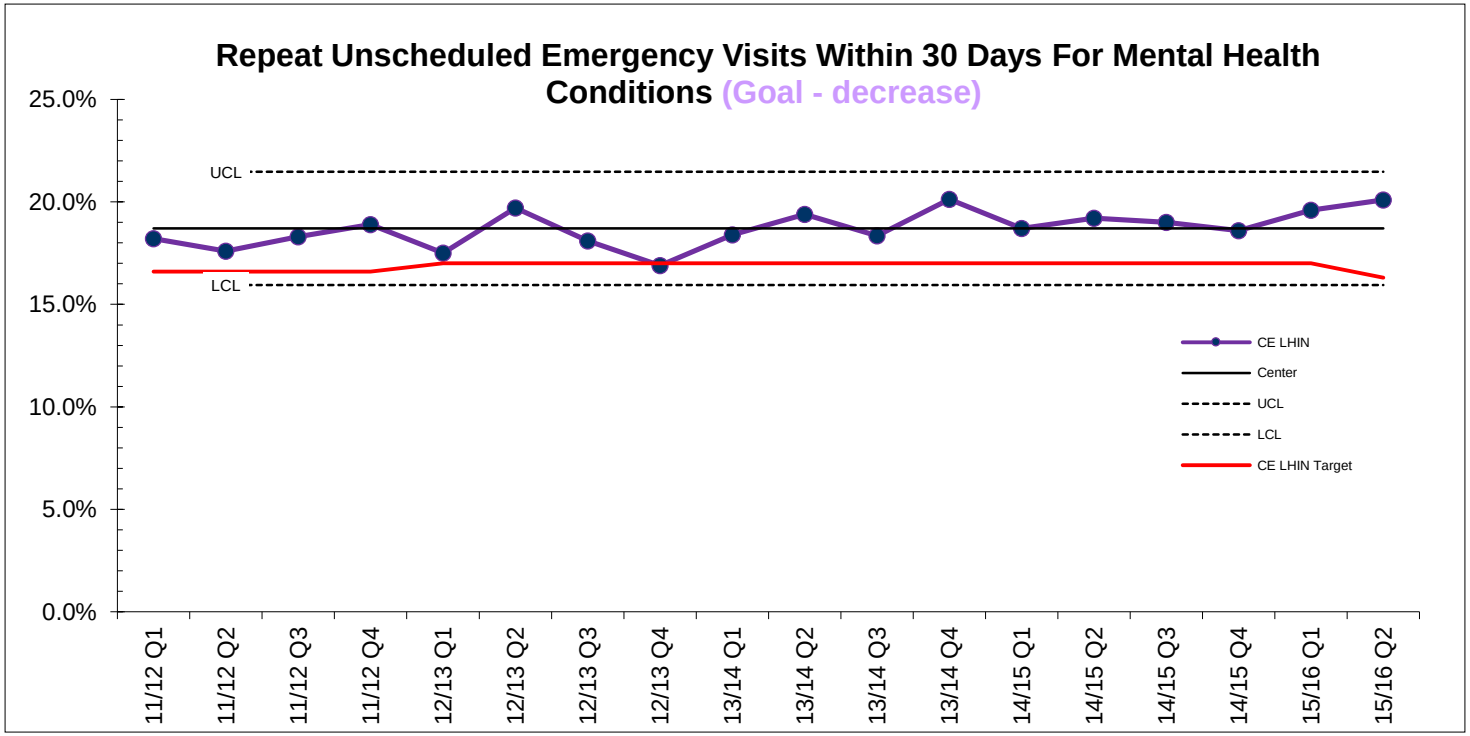
- **Central East LHIN/Municipal Housing Managers Partnership**: The Central East LHIN will finalize an engagement framework with the City of Toronto, and continue our partnership with North East and Durham municipal partners to coordinate planning, implementing, and evaluating housing and housing supports for the vulnerable and complex residents residing in the Central East LHIN.

Primary Care Engagement and Integration Strategies: We will work with Primary Care Providers to link and integrate mental health and addictions services in order to create seamless continuum of care within sub-LHIN areas

Central East LHIN Mental Health and Addictions Strategic Aim Update: Service User Story

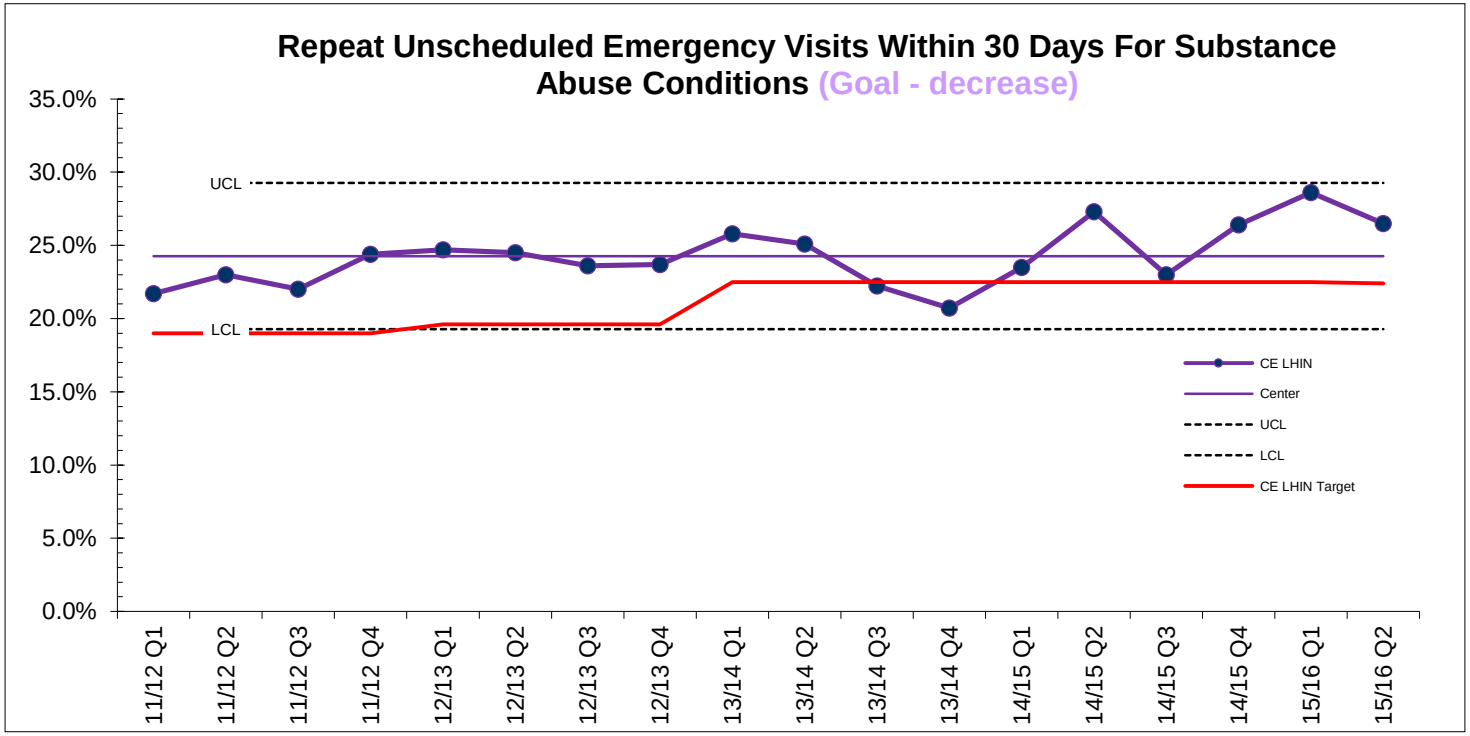
Questions and Discussion

Appendix



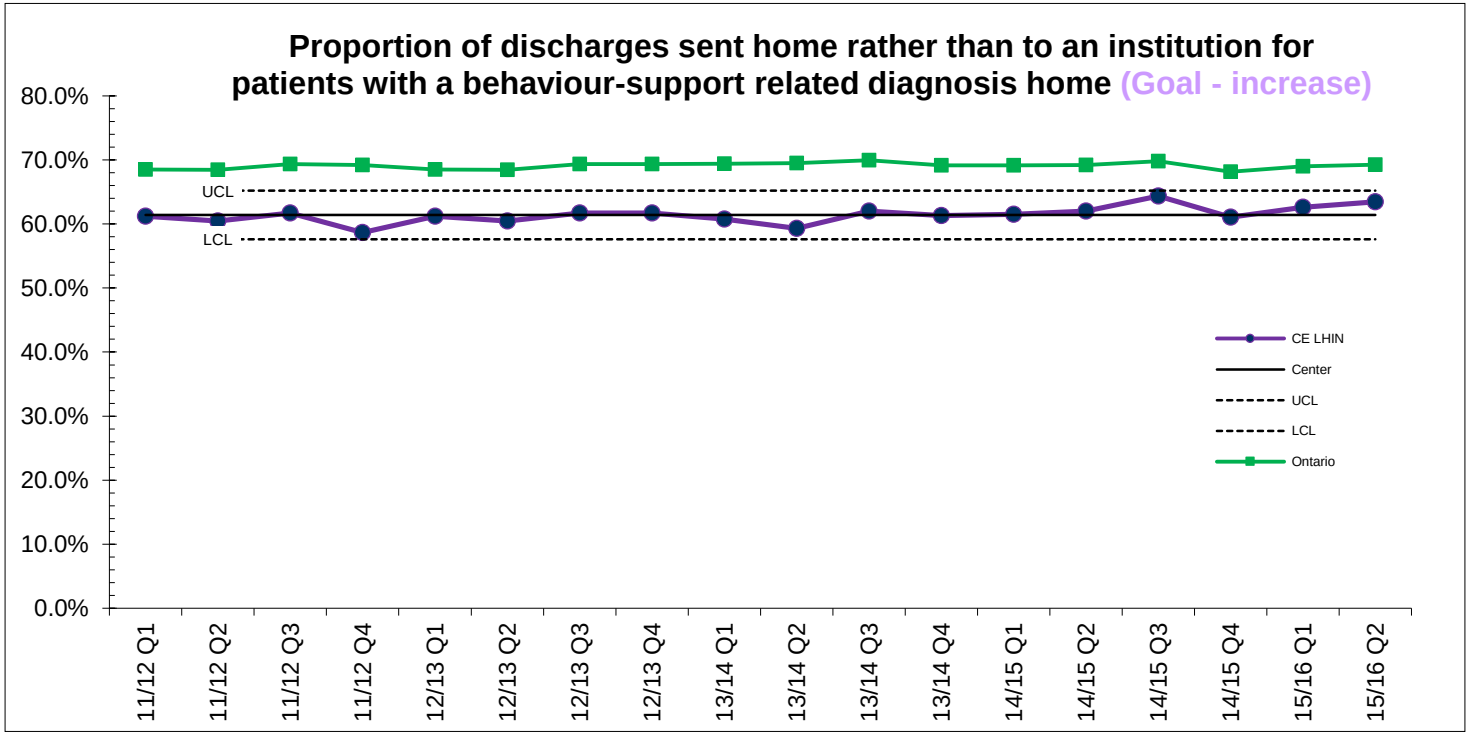
Analysis: Central East LHIN's rate of return to ED for Mental Health Conditions in Q2 2015/16 was 20.1%, exceeding the MLAA target of 16.3%. Over the past four years, the percent of repeat visits has remained relatively unchanged with a slight increase over the past two quarters.

Data Source: MLPA Supplementary Data by HAB, MOHLTC



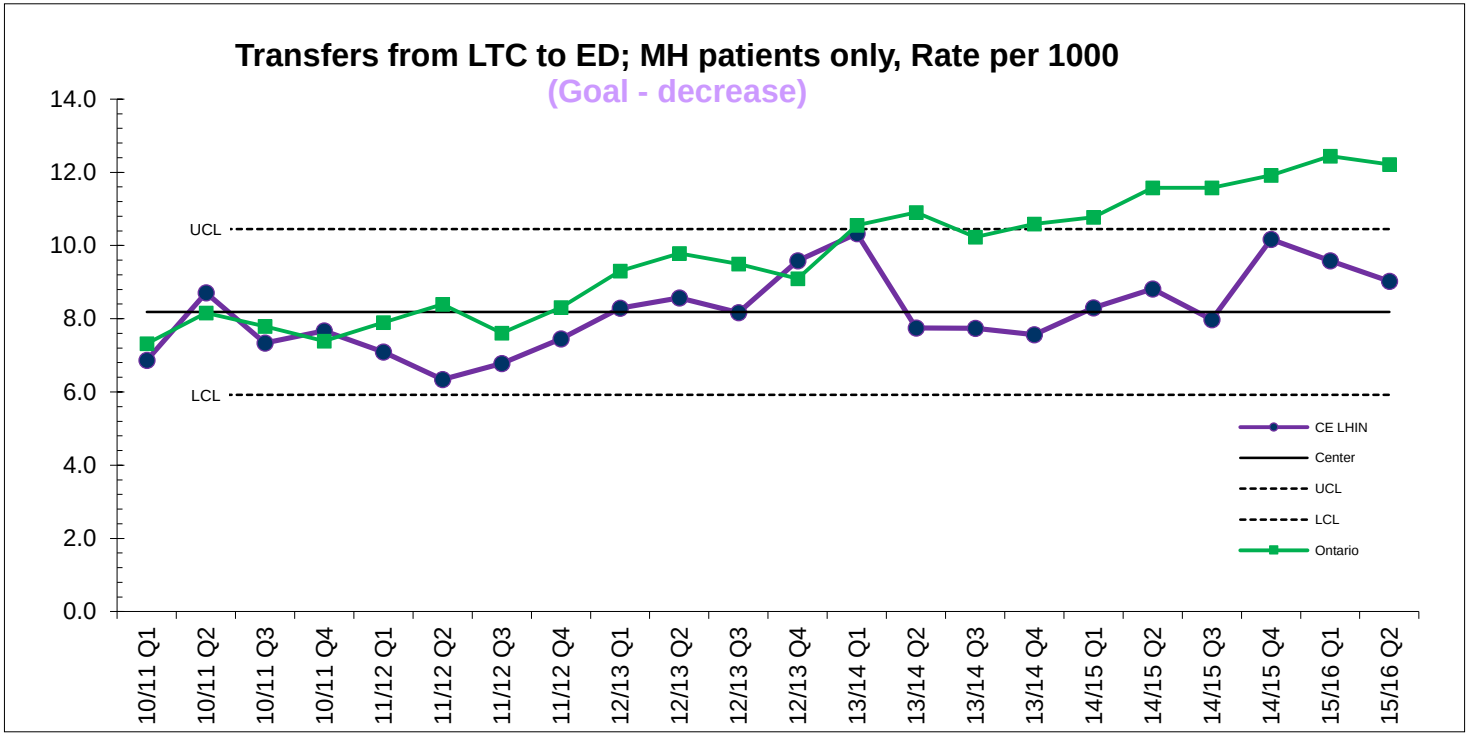
Analysis: Central East LHIN's rate of return to ED for Substance Abuse Conditions in Q2 2015/16 was 26.5%, exceeding the MLAA target of 22.4% but lower than the Provincial performance of 33.0%. A recent data analysis performed by LHO showed that although the Hospital To Home (H2H) strategy is successful in diverting repeat visits. The effect of the full H2H strategy in both PRHC and NHH has not been quantified in the data as of FY 15/16, Q2. It is anticipated that the effect on ED unscheduled returns at the Northeast and Scarborough sites will be visible as of FY 15/16, Q3. Over the past two years the rate of repeat visits has increased slightly and become more variable.

Data Source: MLPA Supplementary Data by HAB, MOHLTC



Analysis: The percentage (63.4%) of in-patients with a behaviour-support related diagnosis who were discharged home rather than to an institution has remained very stable over the past four years.

Data Source: DAD, CIHI from IntelliHealth, MOHLTC



Analysis: For the past two fiscal years Central East LHIN has been below the provincial transfer rate per 1,000 Long Term Care (LTC) residents. Most recently, the Central East LHIN rate decreased during the last two quarters from 10.2 in Q4 2014/15 to 9.0 in Q2 2015/16 for mental health reasons. Over the past five years the rate in Central East has been somewhat variable but lower than the provincial rate, which has steadily increased.

Data Source: NACRS, F00-F99, CIHI Portal