

Central East LHIN Mental Health and Addictions System Review
Board of Directors Presentation

June 28th, 2017

Today's Agenda and Presentation Objectives

Agenda

| Item | Topic |
|------|--|
| 1. | Project Context, Objectives and Process |
| 2. | Current State Highlights – Strengths, Challenges and Opportunities |
| 3. | The Future Integrated Mental Health and Addiction (MH&A) System |
| 4. | Recommendations |
| 5. | The Path to Realizing the Future MH&A Vision |
| 6. | Q/A |

Objectives

1 Recap project activities and establish a shared understanding of the process undertaken to review the MH&A system

2 Establish a common understanding of the current state of the system, key needs and the imperative for change

3 Present the proposed recommendations and establish what needs to be done to transform the MH&A system

Project Context, Objectives and Process

Context

Multiple factors combine to drive the need for a comprehensive review of MH&A services in the Central East LHIN:

- Expected 10% population growth between 2015 and 2025, combined with the growing prevalence of MH&A illness. This suggests that the Central East LHIN is likely to see an increase in demand for MH&A services over the coming years.
- Clients and service providers continue to express difficulty in consistently navigating and accessing required supports, suggesting that the LHIN is not adequately meeting the demand for service.

To respond to this environment, Deloitte was engaged to review the current state of MH&A care and explore opportunities for system improvement.

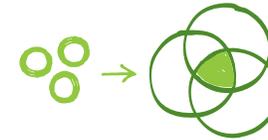
Objectives



Establishing the current state



Develop paradigms/processes to lead to the future state



Recommendations to develop an integrated future system

Process

194 stakeholders engaged across 16 focus groups

'Shaping the Future' Workshop with 70 attendees

Cross-jurisdictional research of peer practices

Interviews with select LHINs across Ontario

Analysis of quantitative data from 10 sources

Review of documentation of the various strategies

Facilitation of a 4-hour working session with project sponsors

Development of recommendations



Snapshot of Strengths, Challenges and Opportunities

Strengths:

- **Growing adoption and presence of the recovery model in action**
 - ACTT Together
- **Demonstrated areas of service expertise**
 - Demonstrated ability in particular pockets of the LHIN in urgent, crisis care services
 - Peer support services
- **Growing digital health capability**
 - iCBT and iMindful at Scarborough
- **Strong and active base of collaborative efforts across the LHIN**
 - Central East LHIN MH&A Coordinating Council, sub-regional tables and police/justice driven Situation Tables



Challenges:

- **Inconsistent case management services**
 - Determination of who needs case management and how much support is required is inconsistent
- **Inconsistent access among certain ethnic groups**
 - Particular cultural groups are very challenged in accessing services they require
- **Limited clinical quality standards**
 - Care delivery is not standardized across the LHIN
- **Lack of a system lens**
 - Mental Health Coordinating Council lacks sufficient mandate and ability to influence key decisions
- **Basket of services is not consistently aligned with client need**
 - Community based psychiatry, psychology, housing services with wrap-around supports etc. are inadequate

Opportunities for Improvement



Streamlined mechanism for system access



Access to appropriate navigation supports



Early intervention and preventive care



Leadership and accountability structure to drive transformation



Availability and capacity of basket of services matches client need



Decrease crisis situations



Define Health Equity for the MH&A sector



Establish clinical standards across the system

Integration of a Recovery Philosophy and the Stepped Model

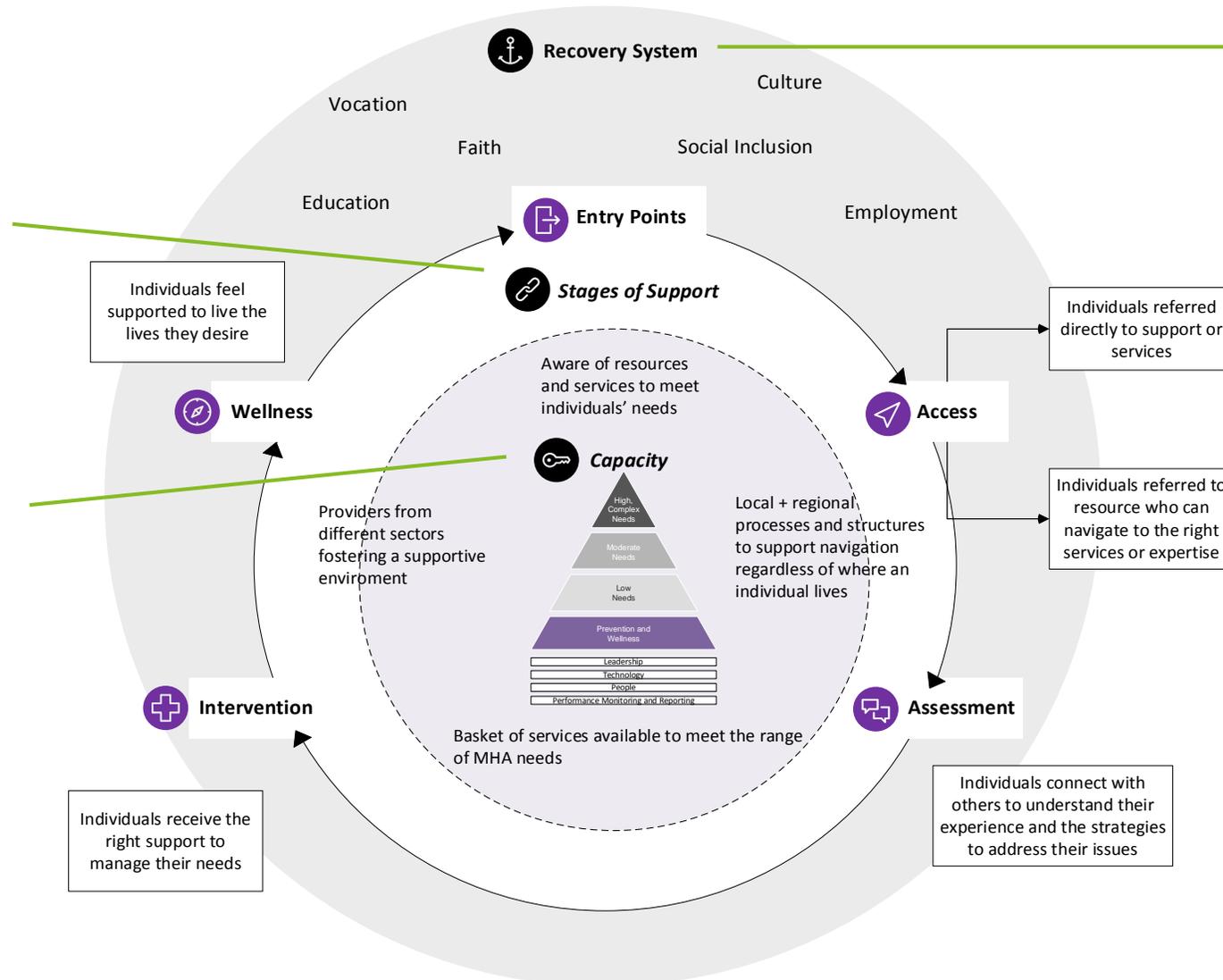
A complementary framework to inform the design of an integrated MH&A system

Stages of Support

The distinct elements demonstrate the phases clients commonly experience while engaging the system.

Capacity

The 'Stepped Model' outlines a framework to structure the alignment and use of resources to best fit the needs of clients and/or their caregivers.



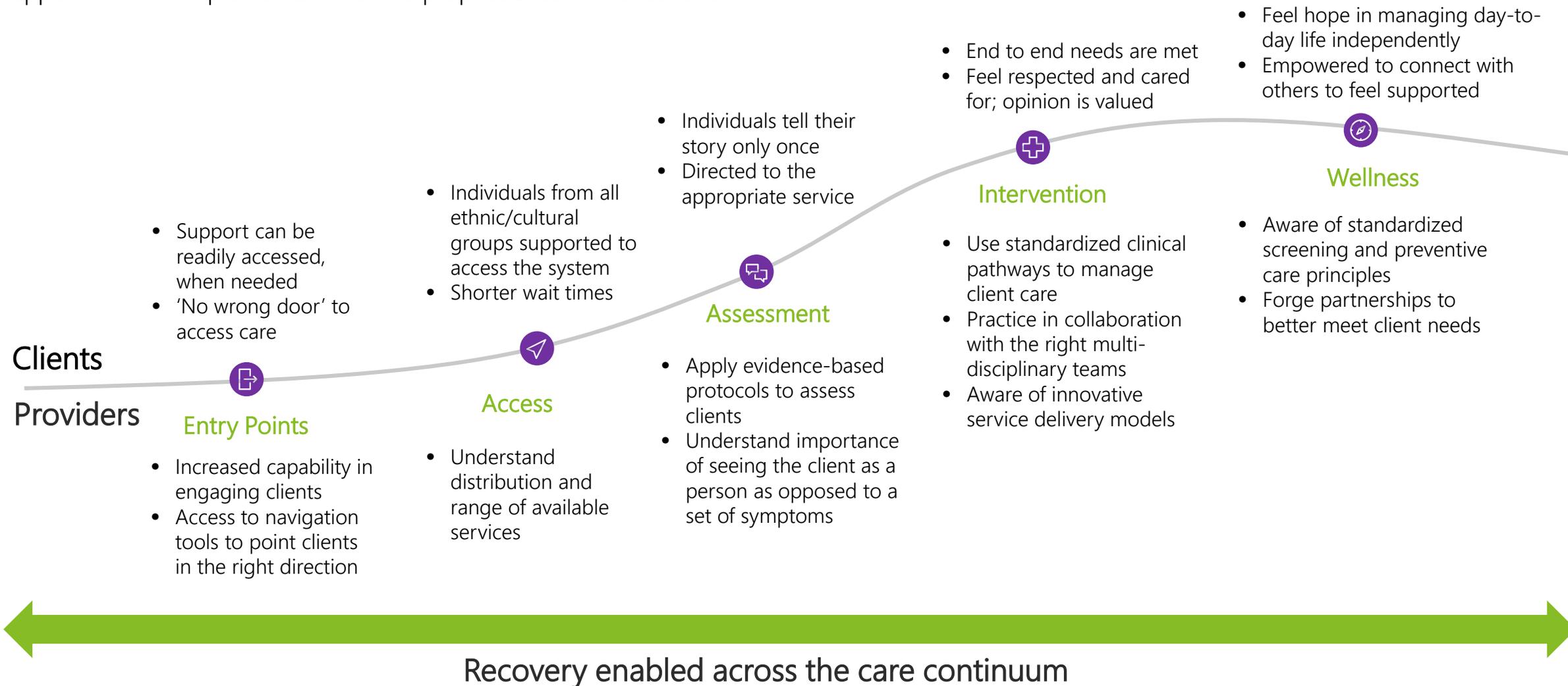
Recovery Model Oriented System

The recovery model emphasizes that clients can have control over their lives and make progress towards achieving their abilities, interests and dreams.

The integrated MH&A model frames the **services critical to meet the range of MH&A needs** across the Central East LHIN's population and as the individual moves back and forth along the **continuum of one's long term MH&A condition**.

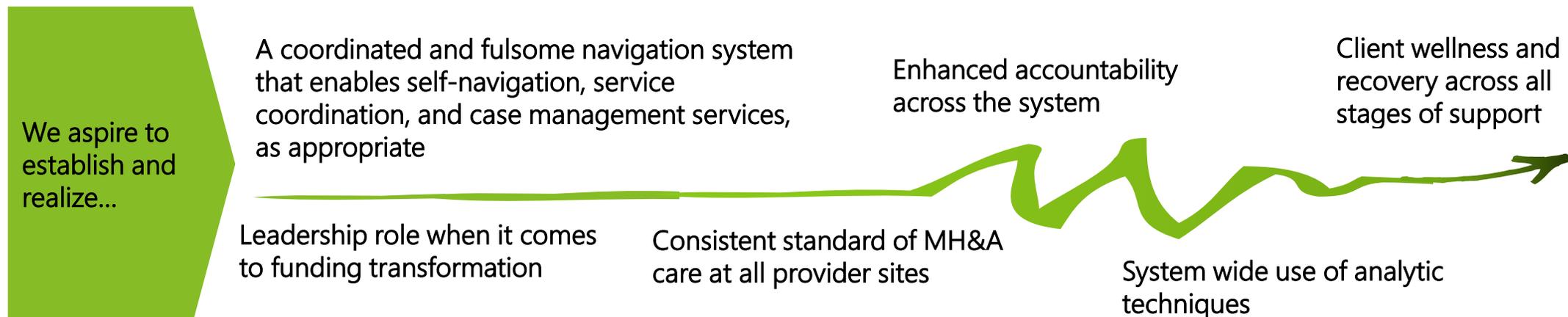
Client Centred System Across the Continuum – Renewed Experiences for both Clients and Providers

The key benefits for clients and providers in the integrated future system are illustrated below. These benefits can be realized across all stages of support with the implementation of the proposed recommendations.



Summary of Our Recommendations

| | Recommendations |
|----|---|
| #1 | Improve access and coordination of MH&A 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 integrate multi-disciplinary partnerships into the delivery model |
| #3 | Develop and implement a LHIN-wide evidence-based approach for consistent, quality service delivery that optimizes client wellness and health outcomes |
| #4 | Define and implement a leadership structure that leads the transformation of the MH&A system and provides leadership for system-wide accountability towards realizing the future state vision |
| #5 | Integrate relevant information systems and develop an integrated information management platform to enable advanced decision support and analytic capabilities required to strategically manage system performance and inform ongoing quality improvement efforts |
| #6 | Develop and implement a human health resources (HHR) strategy across sectors that builds capacity and capability to support an integrated MH&A system |





1 Improve access and coordination of MH&A services to connect clients to the right care at the right time

- System entry is enabled through one of **MANY DIFFERENT** points
- Equitable access to services is available **ACROSS GEOGRAPHIES**
- **TIMELY NAVIGATION SUPPORT** to the right service based on client need

1.1 Create **COORDINATED ACCESS** Model(s) to streamline access to the right MH&A service

- Create LHIN-wide centralized intake model
- Determine the scope of services to include in the model

1.2 Identify and implement standardized pathways that support the **'NO WRONG DOOR'** philosophy

- Implement protocols / pathways across access points
- Strengthen system wide capacity that supports the 'no wrong door' philosophy

1.3 Provide clients/service providers with **APPROPRIATE NAVIGATION SUPPORT**

- Create a LHIN-level action group of existing navigators (primary care providers, case management workers, CCAC coordinators)
- Share information, tools and services among clients and providers



2 Invest in the provision of a targeted basket of services that spans the continuum of client needs and integrate multi-disciplinary partnerships into the delivery model

- Offer clients the **FULL RANGE OF SERVICES**, supporting their higher, complex needs, through to their less complex needs
- Cross-sectoral **PARTNERSHIPS**, as well as partnerships across health services providers, **BUILD SYSTEM CAPACITY** to drive improved client outcomes

2.1 Create a **DYNAMIC SERVICE INVENTORY MAP** comprised of the full basket of services

- Develop common program/service definitions
- Determine the basket of services to be incorporated within the LHIN's full basket of services

2.2 **INVEST IN TARGETED AREAS** to ensure the existing basket of services aligns with client needs

- Reallocate funding
- Conduct gap analysis in targeted service areas

2.3 Adopt **INNOVATION** in service delivery models to deliver high-quality, value for money care

- Expand innovative, existing models
- Leverage technologies

2.4 Continue to evolve **LHIN-WIDE SUPPORTIVE HOUSING SOLUTIONS**

- Establish a cross-sectoral leadership group
- Introduce new partners
- Build relationships with digital health providers

2.5 Strengthen **CROSS-SECTORAL RELATIONSHIPS** to build on **MULTI-DISCIPLINARY APPROACHES TO CARE**

- Accelerate the adoption of shared care models
- Implement cross-sectoral partnerships within sub-regional tables



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

- A **CONSISTENT STANDARD OF CARE** is provided at all provider sites.
- Care provision is rooted in the adoption of standardized, **EVIDENCE-BASED TREATMENT PATHWAYS**
- **CLIENT CENTRED**, holistic, **RECOVERY FOCUSED** services enabled throughout the client journey.

3.1 Implement adoption of MH&A Quality Standards **BEYOND ONTARIO SHORES**

- Ontario Shores to lead efforts to adopt the three MH&A quality standards
- Establish a targeted, time-limited committee led by Ontario Shores to inform implementation roadmap

3.2 Implement **CLINICAL STANDARDS** that **SPAN ACROSS THE CONTINUUM** to deliver high quality care

- Initiate dialogue at the system-level to create care pathways for a subset of the MH&A population
- Design an integrated model for standardized care across acute and community providers for a targeted population

3.3 **DEFINE HEALTH EQUITY** in the MH&A context to evolve relevant care models and practices

- Work with Provincial and LHIN wide MH&A committees to understand health equity
- Assess inequities in the LHIN using centralized intake data
- Work with providers to implement tangible actions that address health equity

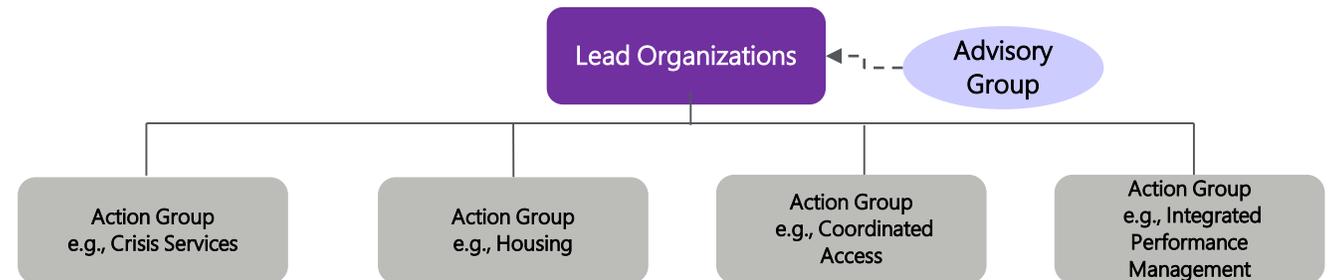


4 Define and implement a leadership structure that leads the transformation of the MH&A system and provides leadership for system-wide accountability towards realizing the future state vision

- Work with **LHIN** and **ALL SYSTEM PARTNERS**
- Establish leadership that **SETS STANDARDS**, oversees **STRATEGIC** and **OPERATIONAL** functioning and manages **SYSTEM PERFORMANCE**

- Formally establish **LEAD ORGANIZATIONS** for mental health services (**Ontario Shores**) and addictions services (**Lakeridge Health**) to drive the transformation agenda
- Establish an **ADVISORY GROUP** comprised of health service providers, people with lived experience and cross-sectoral stakeholders
- Create **ACTION GROUPS** focused on specific streams of care
- The identified lead organizations will be accountable to work with partners/stakeholders to **SET PERFORMANCE EXPECTATIONS** across the system and monitor performance of individual providers

Illustrative leadership structure



“Leadership transformation is fundamental to implementing all of the presented recommendations. In the past, collaborating to move forwards has stalled due to a lack of clear leadership that establishes effective accountabilities.”



5 Integrate relevant information systems and develop an integrated information management platform to enable advanced decision support and analytic capabilities required to strategically manage system performance and inform ongoing quality improvement efforts

- Develop an **INTEGRATED DECISION SUPPORT FUNCTION** to build system wide capacity in analytics, technological integration and reporting
- **INTEGRATE** relevant information systems or databases to reduce duplication, work better together and deliver improved client outcomes
- Leverage **AVAILABLE TOOLS** to foster integration (e.g., LHIN-wide EHR initiatives, creation of hubs and regional partners etc.)
- Identify a committee to **REVIEW AND ENHANCE** the current performance measurement strategy
- Identify **METRICS** that each organization will produce and **SHARE REGIONALLY**, while ensuring locally relevant metrics are maintained



Moving from multiple repositories and monitoring techniques to an integrated system





6 Develop a human health resources (HHR) strategy across sectors that builds capacity and capability to support an integrated MH&A system

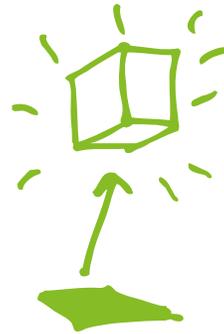
- Develop and implement a **COORDINATED PSYCHIATRIST HUMAN RESOURCE STRATEGY** in the LHIN
- Collaborate with education institutions to **DEVELOP TRAINING PROGRAMS AND CONTINUOUS EDUCATION** adapted to the local needs of MH&A roles throughout the Stepped Model (e.g., peer counsellors, MH&A personal coaches)
- Work with relevant LHIN-wide tables to inform a **PROFESSIONAL DEVELOPMENT PLAN** to increase awareness and education of MH&A care in a Stepped Model
- Initiate **PROACTIVE PLANNING** for the **FUTURE** education and training requirements needed across the region



Successful implementation of these recommendations will require a shared commitment from all partners to bring the vision of an integrated MH&A system to life

As Project Sponsors, Ontario Shores, Lakeridge Health and the Central East LHIN have demonstrated a commitment to embark on a challenging yet necessary journey to re-design and integrate MH&A care across the LHIN. This work has resulted in the development of a future state framework for an integrated MH&A system and key recommendations outlining the critical elements for implementation.

“Collectively, the recommendations will catalyze a system-wide advancement towards a future state integrated MH&A system.”



- To drive transformation, a collective commitment is necessary from all provider organizations, cross-sectoral partners, and communities.
- Working in collaboration, the needs of the clients, the caregivers and community must be kept front and centre, for all aspects of the system to work in concert towards the same objective – a truly integrated MH&A system that results in all clients **‘Living Healthier at Home and in their Communities.’**

“A shared focus across clients and MH&A ecosystem partners is critical to enable the transformation envisioned in the recommendations”



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