Hamilton Niagara Haldimand Brant Local Health Integration Network

Mental Health and Addictions

Dr. David Higgins, President
St. Joseph's Healthcare Hamilton

HNHB LHIN Board of Directors
May 31, 2017

Objectives

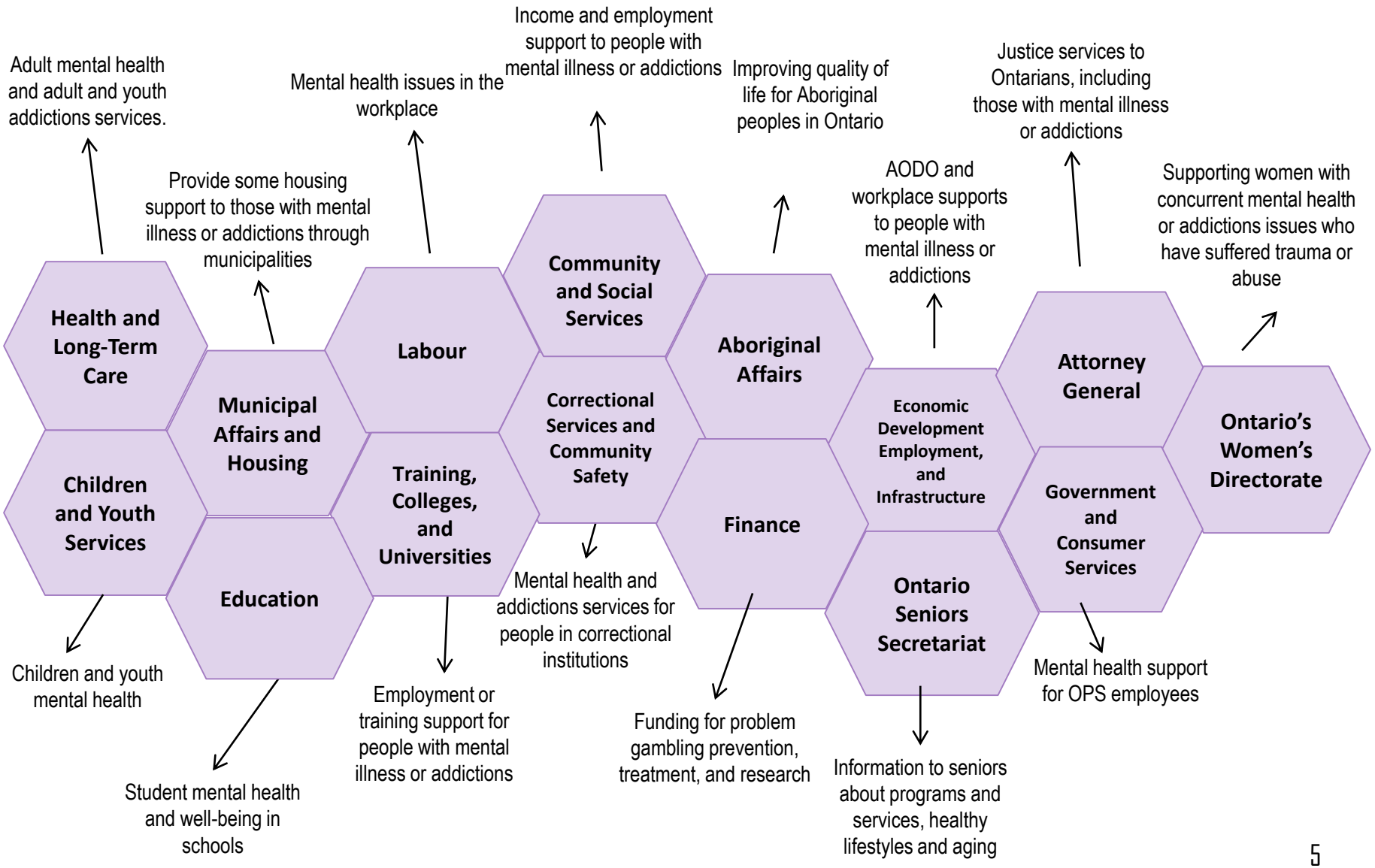
- Provide an Overview of:
  - Provincial Mental Health and Addictions (MHA) Strategy
  - Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN)-funded Health Service Providers and Funding
  - HNHB MHA Advisory Committee
  - HNHB MHA Advisory Committee Action Plan 2016-18

Provincial MHA Strategy

Introduction

- The complexity of the MHA system presents a challenge for persons needing access to MHA services.
- This complexity also presents a challenge for health service providers and other agencies/stakeholders working to improve the quality of life for persons with MHA.
- The HNHB MHA Advisory Committee and the LHIN recognize the importance of developing effective working partnerships and innovative collaborations to move the system forward with stakeholders that are not funded by the LHIN e.g. Primary Care, Municipalities, MCYS.
- The following slide attempts to show this complexity of the MHA system and the need for an All Government Approach to MHA.

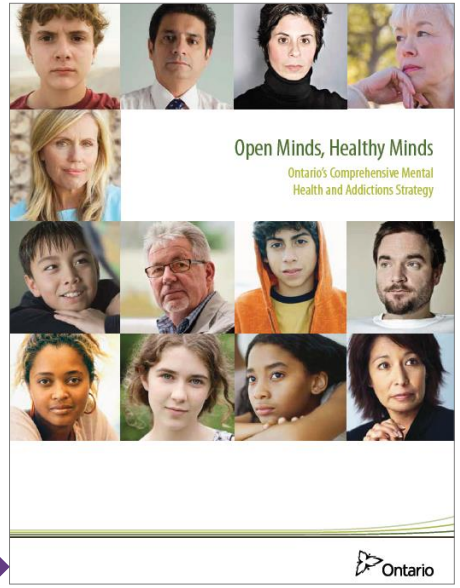
An All Government Approach to MHA



Source: MOHLTC MHA Branch Presentation to Provincial Advisory Council June 14 2016

Ontario's MHA Strategy

- Launched in 2011, ***Open Minds, Healthy Minds - Ontario's Comprehensive Mental Health and Addictions Strategy*** aims to address systemic issues;
- **Strategy vision statement:** Every Ontarian enjoys good mental health and well-being throughout their lifetime, and all Ontarians with mental illness or addictions can recover and participate in welcoming, supportive communities.
- The Strategy is divided into two phases:



Phase 1: Launched 2011

- Led by MCYS
- Focused on children and youth mental health. Ongoing transformation in children and youth mental health system will be be aligned with Phase 2.

Phase 2: Launched 2014 - 2021

- Led by Ministry of Health and Long-Term Care (ministry)
- Expanded scope to include MHA across lifespan and between services
- MHA Leadership Advisory Council (2014-17)
- **Parallel Indigenous Engagement (2015)**
- **Patients First Act – builds on progress since 2012**
- **MHA Priorities identified in Minister of Health's 2017-18 mandate letter to LHINs**

Phase 2 Supported by Five Strategic Pillars

***Open Minds, Healthy Minds* Vision:**
Every Ontarian enjoys good mental health and well-being throughout their lifetime, and all Ontarians with mental illness or addictions can recover and participate in welcoming, supportive communities

By 2020, the strategy will support the following outcomes:

- Better service experiences for people and their families
- Improved access to services
- More people stably housed
- Fewer avoidable hospital admissions or readmissions
- More people identified and served through integrated primary care and community services
- Reduced reliance on emergency departments
- Improved transitions of youth to adult system
- More people receiving evidence-based programs
- More students graduating high school
- Reduced absenteeism at work
- More people feel safe, engaged and supported at work

Phase 2: Strategic Pillars

Pillar 1	Pillar 2	Pillar 3	Pillar 4	Pillar 5
Promote resiliency and well-being in Ontarians	Ensure early identification and intervention (EI)	Expand housing, employment supports and diversion and transitions from the justice system	Right Service, Right Time, Right Place	Fund based on need and quality

Integrated system planning and system accountability:

Establish and strengthen the critical functions of provincial quality, oversight and accountability of mental health and addictions services

Provincial MHA Leadership Advisory Council

- Appointed by the Minister of Health and Long-Term Care in November, 2014 for a three-year mandate;
- Council's key deliverables:
  - **Strategic Planning –** system-level priority setting, problem identification in MHA;
  - **Advice on Strategic Provincial Investments;**
  - **Implementation of the Strategy –** external oversight and accountability of key strategic initiatives and cross-sector champions;
  - **Tracking Program and Public Reporting –** author annual progress report;
  - **Adhoc Advice on Mental Health and Addiction Initiatives –** provide meaningful guidance to the government on MHA issues and initiatives.

A Multi-Sectoral Advisory Body

HNHB Strategic Alignment with Provincial Recommendations

Provincial MHA Leadership Advisory Council Priorities 2015

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Prevention, Promotion and Early Intervention	Youth Addiction	Supportive Housing	System Alignment and Capacity	Community MHA Funding Reform

Provincial MHA Leadership Advisory Council Recommendations 2016

Equity

- **Equity & anti-racism**
- **FL services**
- **Indigenous:** 1) Indigenous-designed, developed & delivered. 2)Culturally safe, quality experience, and greater role in local service planning for Indigenous partners; 3) Create and integrate Indigenous approaches

Recommendation 1: Promote, Prevent and Intervene Early

Priority 1

Prevention, Promotion & EI

- Focus - youngest Ontarians
- Invest in school-based interventions
- Engage transitional-aged youth
- Raise awareness in adults & seniors

Recommendation 2: Close Critical Service Gaps

Priority 2

Youth Addiction

- Screening and brief intervention capacity
- Increase capacity for developmentally appropriate services, withdrawal mgmt. & residential treatment

Priority 3

Supportive Housing

- Create 30,000 units over 10 years

Priority 4 *New *

Structured Psychotherapy

- Pilot PT models
- Establish service standards & referral pathways

Recommendation 3: Build Foundations for System Transformation

Priority 5

System Alignment and Capacity

- Adopt core MHA services and 10 system indicators and data quality strategy
- Develop MHA funding model

HNHB MHA Strategic Priorities (P = Priority work plan project; O = Ongoing; E = Explore)

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
• Early Intervention (P/O) • MHA promotion, prevention and resilience (O) • Child & adolescent transition to adult services (P/O) • Crisis outreach and supports (P/O) • Anti-stigma/cultural competency (P)	• Concurrent Disorders (P/O) • **Addictions sector value-stream mapping (P) *New***	Supportive housing (P/O)	**Align with provincial direction when available**	• Core Services (P/O) • Data , Scorecard (E) • Repeat ED visits (P/O) • Long inpatient stay population (P/O) • **Coordinated Access Models (E)** • Access to Sch 1 beds/Criticall O/P) • Capacity building for providers (O)

P = Priority; O = Ongoing; E = Explore

Provincial MHA Strategy – Priorities

Ontario Strategy Phase 2

- Five Strategic Pillars

Provincial MHA Leadership Advisory Council Report

- 2015 Five Priorities

Provincial MHA Leadership Advisory Council Report

- 2016 Recommendations

HNHB MHA Advisory Council

- 2016-18 Work Plan Priorities
- Action focused

HNHB LHIN MHA Services

HNHB LHIN MHA Services

38 organizations located at 97 sites, providing 306 programs funded by HNHB LHIN (includes Hospital and Community Providers)

Number of Program Types: Mental Health – 199, Drug/Alcohol – 90, Problem Gambling – 17

Schedule 1 Hospitals	Bed Type and Number
St. Joseph's Hospital	Adult Inpatient – 328* **Includes 100 Provincial Forensic Beds, as of 2017-18*
Niagara Health System	Adult Inpatient - 86
Brant Community Healthcare System	Adult Inpatient - 18
Joseph Brant Hospital	Adult Inpatient - 16
McMaster Children's Hospital	Paediatric Inpatient - 26

ConnexOntario maintains a database of detailed drug, problem gambling and mental health related information. Website http//www.connexontario.ca/

HNHB LHIN Funding

Hospital Adult Inpatient $55.8M

Hospital Forensic Inpatient $27.8M

Hospital Outpatient $29.8M

5 Providers (OCDM 2015-16 Net Expenses)

$113.4M + $85.5M = $198.9M

38 Providers (2016-17 LHIN Funding as of May 15, 2017)

Community Mental Health $62.8M

Addictions $18.1M

Problem Gambling $0.8M

Sessional Fees $2.5M

Psychiatric Outpatient Medical Salaries $1.3M

HNHB LHIN Investments 2012- 17 Investments to Support Provincial Priorities

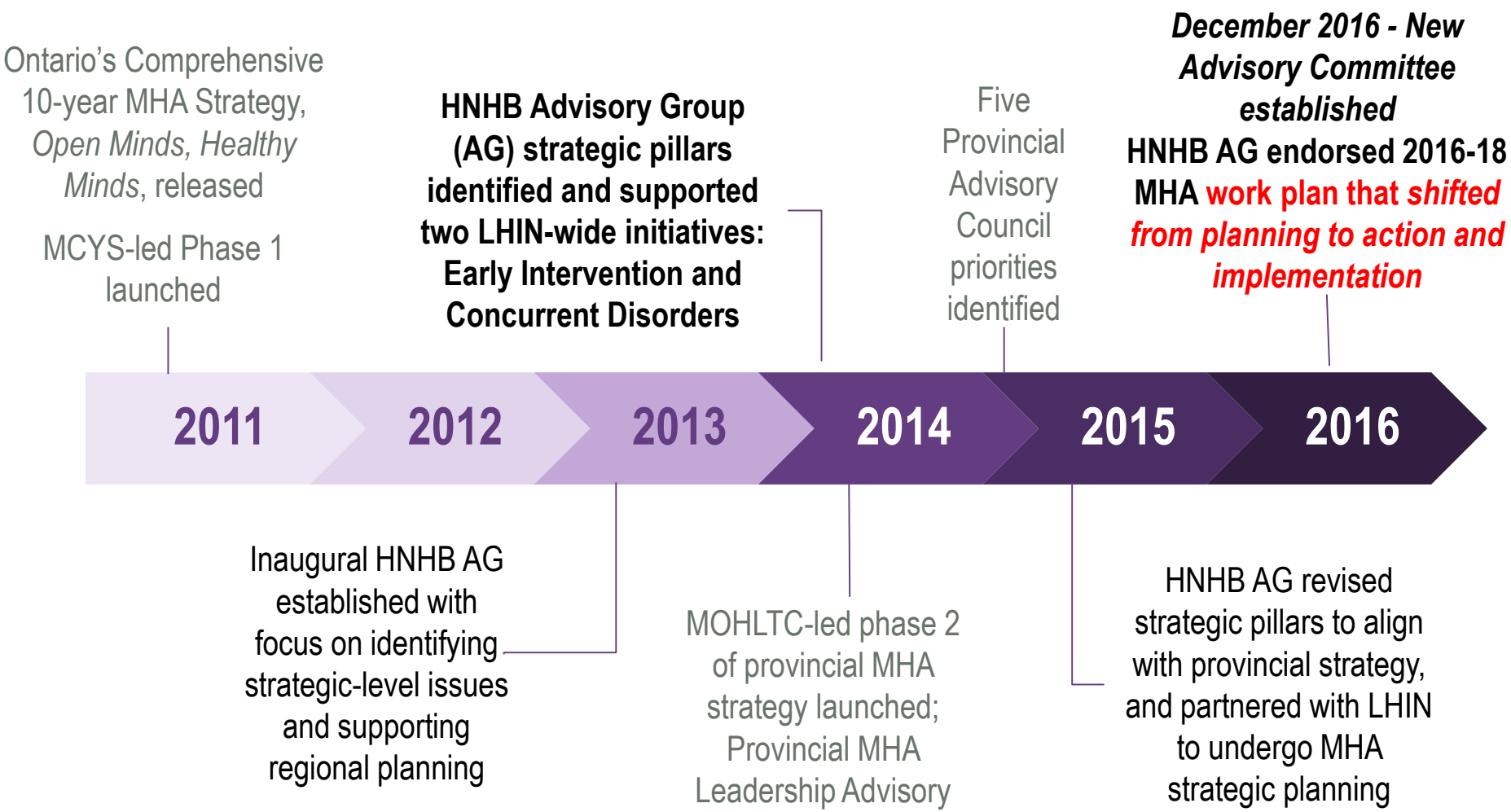
- ***Promote resiliency and well being $309,039***
  - LHIN-wide MHA promotion and resilience training
- ***Early Identification and intervention $2,285,851***
  - Implementation of EI programs across the LHIN
- ***Expand housing, employment supports and diversion from justice system $4,520,561***
  - Mobile Crisis Rapid Response Teams across the LHIN and in Halton
  - Supportive housing
- ***Right service, right time, right place $7,904,913***
  - Indigenous MHA services in Niagara
  - Concurrent Disorders Capacity Building Strategy
  - Assertive Community Treatment Team

Total LHIN Investment $15,020,364

HNHB MHA Advisory Committee

Evolution from 2011 to date

Evolution of the HNHB MHA Advisory Committee



HNHB Vision for MHA services

- **Aim:** Address the growing need/demand for MHA services and the complexity of the system, through a focus on populations, integration, outcomes, and the reduction of variation between services and programs

- **Goals:**
  1. Reduce variation in MHA services
  2. Build capacity within the MHA system
  3. Improve access to MHA services
  4. Reduce stigma in MHA services

MHA Patient and Family Advisory Committee

- Under development
- Guiding principles (HQO Patient Engagement Framework):

Partnership	Responsiveness	Empowerment
Learning	Transparency	Respect

HNHB MHA Advisory Committee 2016-18 Action Plan

2016-18 Action Plan

Completed | In progress | Not yet started

- Develop a sustainable capacity-building strategy

Concurrent disorders

- Develop service delivery model

Early intervention

- Develop LHIN-wide standardized pathways and protocols

Schedule 1 bed access

- Implement MCH-SJHH transition protocol & identify next priorities

Child & Youth transitions

- Conduct long-stay population review

Schedule 1 long stay

- Identify core services at neighbourhood, sub-region and LHIN levels

MHA core services

- Identify an integrated, coordinated, and accessible Addictions system

Addictions system mapping

- Implement quality improvement projects to address contributing factors

Repeat MHA ED use

- Develop service delivery models for and enhance access to COAST & MCRRT

Crisis outreach and support

- Improve capacity of and access to supportive housing services

Supportive housing

- Develop & implement LHIN-wide strategy targeting health service providers

Anti-stigma

Sally's Experience

Day 1:

Sally went to her local emergency department (ED)as a result of mental health concerns. Sally was assessed by the physician there.

Day 2:

Sally was transferred to the ED of the nearest hospital with mental health beds where she was assessed by a pediatrician

Day 3:

Sally was assessed by a psychiatrist, and then admitted to an adult mental health bed to wait to be transferred to the nearest children's mental health bed.

Day 4:

Sally was transferred to the regional children's mental health program.

Sally's Experience: How can we do better?

Sally's mother raised her daughter's negative experience

- Why did it take so long (four days) to get to the right level of care?
- Why did we have to go through two EDs and three hospitals?
- What can be done to make this better for the next 16 year old seeking MH services?

Action Taken:

Task:

- Development of new patient-centered pathways to Children's Inpatient Mental Health Services

Members:

- Hospitals and LHIN staff including the LHIN Physician /Lead and Primary Care Physician Lead

Outcomes:

- New Patient-Centered ED to ED Pathway that **Expedite** referrals from Community Hospitals with no Child and Youth Psychiatry Services

What Would this mean for Sally?

- If Sally was to present to her local ED today in the same circumstances she would be transferred immediately to the regional children's mental health facility

Thank you