Erie St. Clair **LHIN**
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Mental Health Multi-Year Implementation Framework

May 2013 Report

Erie St. Clair Local Health Integration Network

Chatham-Kent, Ontario
Photo by Julie McKinlay

Ontario
Erie St. Clair Local Health Integration Network
Réseau local d'intégration des services de santé d'Érié St. Clair

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Background

In December 2011, the Erie St. Clair Local Health Integration Network (Erie St. Clair LHIN) commissioned through a lead agency, a request for proposal procurement process for a consulting firm to undertake the development of an adult (age 16+) Mental Health Strategic Plan for the region. The Agora Group/Shaw Consulting was the successful firm. The Mental Health Strategic Plan prime deliverables include:

- Develop a current state inventory of local services and programs.
- Achieve consensus in developing an Erie St. Clair LHIN Mental Health Vision Statement for the region through a comprehensive engagement process with consumers, providers, subject matter experts, and other sectors (primary care).
- Develop a three year road map highlighting opportunities for greater integration, coordination, and service efficiencies including rationale for proposed changes.
- Identify strategic opportunities to reduce, a) repeat (within 30 days) emergency department (ED) visits for mental health, b) suicide attempts, c) readmissions within 30 days to Schedule One psychiatric facilities, and d) wait times for community based mental health services.

During this time period, a Mental Health Advisory Committee was formed. Membership was comprised of representatives from all sectors of mental health (e.g. community based mental health services, Schedule One psychiatric facilities, tertiary specialized care, consumer and family initiatives, and primary care. The planning and community engagement for developing the Adult Mental Health Strategic Plan occurred from January 2012 until October 2012.

The strategic planning process included engagement activities, focus groups and surveys with a total of 496 individuals providing feedback. Consensus was achieved by the Mental Health Advisory Committee, and engagement participants regarding the Erie St. Clair overarching mental health vision statement.

The cumulative outcome of the Adult Mental Health Strategic Plan includes suggesting 67 opportunities for change clustered into nine strategic directions. Many of the potential opportunities are innovative and integrated with other sectors. Similarly, a significant number of opportunities are process orientated that can be addressed without new funding.

The Mental Health Strategic Plan proposed the creation of a single merged Canadian Mental Health Association (CMHA) referenced as the Community Mental Health Coordinating Agency responsible for most mental health services, including a significant number of proposed mental health programs being transferred from acute care settings to this new entity.

The Mental Health Advisory Committee was not asked to achieve consensus regarding the 67 opportunities or the creation of a new community mental health coordinating agency. These opportunities were proposed by the consulting firm based on their subject matter expertise, and as advice to the Erie St. Clair LHIN.

On November 27, 2012, the Erie St. Clair LHIN Board of Directors received the Adult Mental Health Strategic Plan. The Strategic Plan was approved by the Erie St. Clair LHIN Board in principal as it relates to the vision statement.

Erie St. Clair LHIN: Mental Health Vision Statement

A full and integrated continuum of person-centred and accountable mental health services for adults with mental illness and their families.

The Erie St. Clair LHIN Board provided the following direction as next steps:

1. Expand the Mental Health Advisory Committee membership with an action orientated, Terms of Reference (see Appendix 1 Terms of Reference).
2. Prioritize and rank the opportunities into a multi-year planning document with realistic time frames.
3. Conduct cost, benefit, risks, and options analysis as it pertains to proposed divestment of hospital based mental health services to the community.
4. Conduct engagement activities with clients and family members most impacted by any changes to their current service structure.
5. Identify areas that require greater coordination and efficiencies resulting in:
    a. Better clinical outcomes
    b. Reduce repeat (within 30 days) emergency department (ED) mental health visits
    c. Reduce suicide attempts
    d. Reduce community based mental health wait times and
    e. Leverage successful promising practices whenever possible
6. Provide the Erie St. Clair LHIN Board of Directors with a final Implementation report in two phases (May and June 2013).

Erie St. Clair LHIN Mental Health Task Force Planning Process

The Mental Health Task Force members and Erie St. Clair LHIN staff met from January 2013 until May 2013. The task force accomplished the following objectives:

1. Conducted an all day future state mapping exercise.
2. Created a decision making tool used to rank, and prioritize the strategic plan's 67 opportunities. Revised the implementation time lines for various opportunities to move forward by identifying realistic and achievable phases.
3. Excluded from the ranking process was the proposed hosptial based programs cited in the strategic plan as a potential future divestment to community. The task force created a cost, benefit, risks, and options business case template for collective analysis and discussion.
4. Identified key population groups that required further engagement. These groups include: Departments of Psychiatry, Assertive Community Treament Team (ACT)/Program of Assertive Community Treatment (PACT) Team clients and their families, and the Wellness for Extended Psychosis (W-PEP) clients and their families.
5. Identified areas not cited in the strategic plan that would benefit from greater coordination and efficiencies.
6. Refreshed and revised the current state inventory of mental health programs and services.
7. Designed a driver diagram illustrating key performance aims, the mental health vision statement, nine strategic directions, five leadership tables, and tactical areas that each table would address.
8. The task force planning and decision making process was based on consensus and mutual respect for each provider's area of expertise. The task force members undertook their time limited responsibilities with due diligence; keeping the needs of clients and their family members at the fore front of discussions.

Guiding Assumptions

As a planning milieu the task force refreshed the strategic plan's assumptions document (see Appendix 2). Refreshed assumptions are as follows:

1. To support the provincial action plan's goal of providing more community based care the 2012 budget will increase funding for home and community services by four percent annually over the next three years (Ontario Budget 2012). Hospitals' base budgets will transition into a patient-centred funding model where the provider is rewarded for high quality care, and better use of resources. LHINs will work with hospitals to manage the plan for phased implementation of this change, which began in April 2012. To help address the fiscal concerns of the province, hospital base budgets have been frozen, and there will be a two per cent increase in funding for certain activity-based initiatives, such as targeted wait-times reductions, and priority treatments.

2. The Mental Health Strategic Plan identified a number of hospital programs for future divestment to one integrated (Erie St. Clair LHIN-wide) Canadian Mental Health Association referenced as the Community Mental Health Coordinating Agency. It is assumed that divestment of hospital sponsored programs to CMHA is contingent upon integration occurring
3. As it relates to the future state mapping exercise it is assumed that the task force will adopt the future state mapping recommendations as phase one (12–18 months) priorities.

From a planning perspective, achievement of a single entity community mental health coordinating agency is contingent upon CMHA Lambton Kent successfully integrating with CMHA Windsor-Essex County Branch (CMHA WECB). As of this date, integration has not been achieved. Similarly, when and if the two CMHAs integrate into one body the strategic plan recommends conducting a change readiness review to ensure that the agency has the appropriate infrastructure, governance, and organizational culture required to successfully incorporate other services under its scope of responsibilities. Realistically, these recommendations will take time and relationship building.

Future State Mapping Exercise

Prior to undertaking an in-depth review of the 67 opportunities, the task force members engaged in an all day future state mapping exercise. The mapping exercise was led by an external consultant trained in system mapping and LEAN methodology. Participants included several managers and/or directors from each of the task force organizations. The mapping involved group discussion, and county level analysis at critical juncture points in a client's care journey.

1. **Juncture One**: Community to the ED to Schedule One Admission to Discharge to Community.
2. **Juncture Two**: Schedule One Transfer to Tertiary or Discharge back to the Community.

The future state mapping exercise proved to be critical for the Mental Health Task Force members in the identification of regional differences, strengths and disparties of resources. The mapping exercise also revealed county specific, promising practices that could be replicated Erie St. Clair LHIN-wide. As an example: some Schedule One Facilities utilizing the Emergency Psychiatric Screener (EPS). This tool pre-populates ED intake information (demographic, presenting issues, etc.) into the patient's admission file. Thereby, reducing the number of times patients repeat information as well as creating greater efficiencies for acute care staff (see Appendix 3: Future State Mapping Summaries by Juncture).

Erie St. Clair LHIN Funding Commitments:

Prior to ranking the strategic plan 67 opportunities, the Erie St. Clair LHIN identified funding commitments for fiscal year 2012/13 and 2013/14. The Erie St. LHIN funding commitments for mental health and addictions totals $2.1 Million. Priority commitments are shown in Appendix 4 as they align with a) Minstry of Health and Long-Term Care (MOHLTC) Mental Health Plan (the first three years focusing on children and youth, b) Erie St. Clair LHIN Integrated Service Plan, 3): Priority Population Groups, c) Erie St. Clair LHIN Mental Health Nine Strategic Directions, and d) Erie St. Clair LHIN Board endorsement.

Investments by population groups include:

- Children and youth and the eating disordered population $615,000
- Addictions $686,000
- Mental Health $845,000

Nine Strategic Directions, One Overarching Network with Five Leadership Tables

The nine strategic directions are consistent with the task force aims and the agreed upon opportunities. The nine strategic directions are:

1. Provide help early.
2. Mobilize help for people with complex or persistent problems.
3. Integrate the system and enhance community mental health services.
4. Reduce service disparities amongst areas, populations and programs.
5. Strengthen the consumer and family/peer support system.
6. Augment and support psychiatry.
7. Engage primary care in the mental health service system.
8. Build an evidence-based and experience driven service continuum.
9. Get the right numbers and knowledge to shape the system.

The task force approved the conceptual redesign of the Erie St. Clair LHIN Mental Health and Addiction Network as an overarching umbrella linked by members supporting five leadership tables. The redesign for the Mental Health and Addictions Network includes expanded membership, and strengthening their role as a decision making body as it pertains to funding proposals. Structurally, the five leadership tables will report to the larger network on the status of the tactical work undertaken.

The five leadership tables are:

1. Community Mental Health and Inter-Hospital Leadership Table
2. Primary Care and Mental Health Leadership Table
3. Consumer and Family Leadership Table
4. Psychiatry Leadership Table
5. Data, Quality and Performance Leadership Table

Decision Making Template

The Mental Health Task Force designed a decision making tool to aid in the ranking process, and overall discussion needed with respect to the 67 opportunities. (See Appendix 5: Decision Making Template)

Phase One Opportunities and Time Lines (June 2013– January 2015)

With the exception of the proposed hospital based programs deemed out of scope the remaining opportunities were ranked and prioritized into three phases. Each phase was given a time line of 12–18 months. The first phase begins in July 2013 with phase three ending in 2017. Phase one opportunities were identified as high priority as it relates to the decision making tool and overall system impact addressing ED diversion. In total, 36% or (53.7%) of all opportunities are moving forward as a phase one priority. Table 1 provides a high level synopsis for phase one opportunities aligned by leadership tables. Appendix 6 provides a description of the 36 phase one opportunities. Note: several opportunities have multiple phases associated with implementation. Appendix 7 shows opportunities targeted for phases two and three**.**

Table 1 Leadership Table	Phase One: Tactical Aims
Community Mental Health and Inter-Hospital Leadership Table	**ED Diversion/Repeat ED Mental Health Visits** ✓ Next Day Bookings/Wait List Strategy (Inner City, Rapid Assessment, Intervention and Treatment Program) ✓ Integrated Care Paths ✓ Standardized assessment tools and suicide risk screening ✓ Step Down Erie St. Clair LHIN-wide Model and supporting tools
Primary Care and Mental Health Leadership Table	**Mental Health Supports for Primary Care** ✓ Mental health resources aligned with primary care via service agreements ✓ Align primary care with the Next Day Bookings Wait List Strategy via Tele Med or face to face consults ✓ Align primary care with mental health care paths and utilization of suicide risk screening tool kit
Psychiatry Leadership Table	**Best Practices Leadership** ✓ Spread existing best and promising new practices Erie St. Clair LHIN-wide. ✓ Foster preceptor role with School of Medicine (Future Health Human Resources) ✓ Psychiatry support for primary care physicians (shared care models)
Consumer and Family Leadership Table	**Strengthen Peer/Family Support as an Equal Care Partner** ✓ Implement psycho-social rehab model Erie St. Clair LHIN-wide ✓ Facilitate a means for consumer and families to have a strong voice in shaping the mental health system in Erie St. Clair LHIN. ✓ Expand the National Alliance of the Mentally Ill (NAMI) Family to Family Education Program Erie St. Clair LHIN-wide including strong linkages/referrals from hospital.
Data, Quality and Performance Leadership Table	**Get the Right Numbers to Inform System Advances** ✓ Optimize existing tools (Integrated Assessment Record (IAR), OCAN, EPS) to support standardized reporting and identification of future opportunities for improvement.

Mental Health Performance Deliverables

The Mental Health Strategic Plan identified a number of performance metrics that require further review specifically, Schedule One re-admission rates (within 30 days). A historical review of data revealed that the Erie St. Clair rate has held steady since 2009/10 fiscal year to present at (12.2%) compared to the provincial rate of (14.7%). It is noteworthy, that Sarnia/Lambton shows the greatest fluctuation with a high of (16.8%). The Sarnia/Lambton Schedule One site is dependent upon Regional Mental Health Care in the Southwest LHIN for tertiary services. In comparison , Windsor-Essex and Chatham-Kent residents now have access to local tertiary beds as a result of the 20011/12 transfer of 59 long stay beds from the Regional Mental Health Care to Windsor Regional Hospital. This divestment and the identification of which community has access were previously determined by the Health Services Restructuring Commission in 1998. Further planning is required to ensure that Sarnia/Lambton residents receive equitable and timely access to specialized, tertiary services.

Acute Length of stay (LOS) data from the MOHLTC, Health Analytics (CIHI) also showed that Erie St. Clair (16.3%) is consistently below the provincial average (25.9%). With these facts stated re-admission rates and LOS are not prime performance metrics.

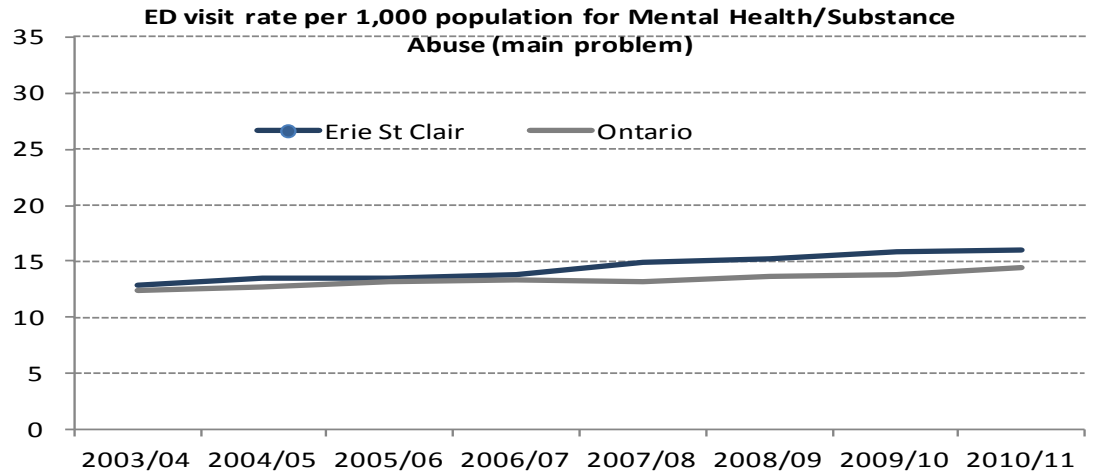
Repeat Mental Health Emergency Department Visits (within 30 days)

Upon reviewing repeat ED mental health and substance use visits within 30 days per 1,000 population Table 2 and Figure 1 shows a steady increase for Erie St LHIN.

Table 2: ED visit rate per 1,000 Population with Main Problem of Mental Health/Substance Abuse

2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
12.8%	13.5%	13.5%	13.9%	14.9%	15.2%	15.9%	16.1

Figure 1:



There are significant variances when rates are reviewed at each acute care site in the Erie St. Clair region. Table 3 shows Q1 2012/13 ED repeat mental health visits for each ED. Visits are presented as a proportion of all mental health emergency visits. Provincially this indicator is used by the LHINs and MOHLTC to measure the availability and quality of community mental health services. High repeat rates are interpreted as patients not having access or are not receiving adequate support in the community.

Table 3: 2012 / 13 Quarter 1: ED Mental Health Repeat (within 30 days) Visits by Hospital

Hospital	#	%	Total Visits
Leamington District Memorial	7	8.3	84
Bluewater Health - Sarnia	50	13.6	369
Bluewater Health - Petrolia	<5	-	33
Chatham-Kent Health Alliance Chatham	45	15.7	286
Chatham-Kent Health Alliance Sydenham	11	18.3	60
Hotel Dieu Grace	241	22.4	1,077
Windsor Regional	33	13.6	242
Total	**388**	**18.0%**	**2,151**

In August 2012, the Erie St. Clair LHIN ED mental health repeat visit rate rose to 20.5%. The Erie St. Clair LHIN target is 16.9%. Given the variances amongst hospitals defining an upper (16.9%) and lower acceptable corridor (10%) will be applied to each site to ensure maximum system impact.

Suicides and Suicide Attempts

Measuring suicide deaths is difficult and generally not reflective of the true fatality rate. To illustrate, police have a data base for completed suicides that is separate from the coroner's data. Further, hospital data on suicide attempts are often an undercount e.g. the patient will explain an overdose as not intentional. Finally, Ontario suicide data are several years old when released. The literature consistently reports that suicides are highest amongst youth, First Nations People, and older males.

The Mental Health Commission (MHC) indicates that suicide is the leading cause of injury related fatality in Canada and the second leading cause of death amongst those aged 15–34. In 2009, the MHC estimated that 100,000 years of potential life lost to Canadians as a result of suicide. Of the 4,000 Canadians who die every year as a result of suicide, most were confronting a mental health problem or illness. Suicide is a complex issue that affects individuals of any age, gender, or cultural background (Canadian Mental Health Commission, 2013 extracted from website). As with any health initiative, suicide prevention, and awareness is most effective when tailored to specific age groups and communities. The Erie St. Clair LHIN Mental Health Strategic Plan identified a number of opportunities to address suicide prevention, awareness, and intervention.

Opportunities moving forward in phase one are:

- Suicide risk screening tools (hospitals, community and primary care).
- Suicide assessment tools Erie St. Clair LHIN-wide.
- Establish care paths for suicidal youths and adults for each county.
- Implement and or align with existing resources to raise awareness, promotion and prevention strategies that address stigma associated with suicide.

The Erie St. Clair Mental Health Task Force identified that the above endeavour is project orientated that should be aligned with existing initiatives/organizations such as ALIVE Canada. Over the past three years the Sarnia/Lambton community has been in crisis as a result of a nine recorded suicides. In response, CMHA Lambton Kent pro-actively appointed a part time staff member to work with the various concerned community groups. In order to address the above tasks a one-time investment for an Erie St. Clair LHIN-wide suicide prevention coordinator is needed. The primary aim of this project is to ensure that each community has a suicide strategy. As it relates to performance targets, each hospital in collaboration with community mental health, and Ministry of Children and Youth Services (MCYS) funded children and youth agencies could collaboratively strive to reduce ED visits related to suicide attempts from 5% to 10% expressed as a lower and upper corridor metric.

Community Mental Health Wait Times

Community mental health wait times are measured on a program by program basis. For instance, Supportive Housing, Intensive Case Management and Early Intervention First Episode Psychosis Programs report individual wait times to ConnexOntario. While individual program level, wait time information is critical; it is also difficult to quantify as one overarching performance metric. For instance, intensive case management is deemed a core community mental health service that provides longer term stability for clients with mental illness. Wait time information for intensive case management for the 14 LHINs shows a range from 2 to 77 days with Erie St. Clair at 23 days, and the provincial average is 45 days.

Coupled with wait times is the fact that all community mental health services, including the Assertive Community Treatment/Program of Assertive Community Treatment (ACT/PACT) Teams, now utilize one assessment tool, namely the Ontario Common Assessment of Need (OCAN). The OCAN tool is evidence based, providing multiple levels of information about the client's needs based on their self report along with the clinician's report. Together, the assessment information is compiled, and provides a comprehensive composition for developing goal orientated treatment plans. The benefits of OCAN are invaluable, however application of the tool is time consuming, and providers report that it has increased wait times.

It is noteworthy that for the first time in Erie St. Clair LHIN's history, the same assessment tool is used by intensive case management and the ACT/PACT Teams. This means apples to apples, evidenced based, comparative measurement defining the level of client need. As a repeated theme, the future state mapping, and numerous discussions amongst mental health providers suggest that system flow between intensive case management and ACT clients is necessary to ensure system capacity, and that the right care is provided to the right client. Recent research from Eastern Ontario suggests that the OCAN tool aligned with the Assertive Community Treatment Transition Readiness (ATR) scale can predict successful client outcomes in conjunction with clinical judgment as a step down model of care (see Appendix 8 Assertive Community Treatment Transition Readiness aligned with the Ontario Common Assessment of Need Key Domains).

The ATR and OCAN tools along with collaborative case reviews between intensive case managers, and ACT Team staff has been successfully piloted in Eastern Ontario. While the clinical tools are straightforward with 18 items measured, using pen and paper, completed and scored by staff the most critical variable is the overall level of confidence in successfully transitioning clients to community mental health services. Regression analysis shows that clients return to ACT when ATR scores are high for a) homelessness b) hospitalizations c) incarceration and d) medication and treatment non-compliance.

The piloting of transitional step down tools is a significant departure from the original ACT for life philosophy. The transitional readiness research is recovery orientated and strives to ensure client centred care is matched with need. Additional key findings include:

1. Care should flow both ways in service planning.
2. Flexibility to increase level of care as needed.
3. Some communities are considering using ATR/OCAN as part of central intake processes.
4. Both tools can be used to estimate caseload and intensity.

With the above factors, presented community wait times as a LHIN performance metric needs to be re-evaluated as it relates to:

1. The need to re-design the current ACCESS mechanism in each county to incorporate ATR/OCAN as an Erie St. Clair pilot.
2. A retrospective analysis is required for the ACT clients that have successfully been transitioned to intensive case management, and those who have returned to ACT in Erie St. Clair. Lessons learned should guide an Erie St. Clair LHIN-wide working group to make certain that new intake, and transitional processes are evidence based, ensuring high quality clinical outcomes including client/family satisfaction levels are evaluated.
3. Intensive case management volumes and overall capacity needs to be monitored as the phase one initiatives move forward. Careful monitoring of data including penetration rates need to be established for each county (input and out-put). Intensive case management has not received funding adjustments since the 2005/06 MOHLTC Service Enhancement Initiative. Future funding adjustments need to be allocated for quality of care not just increased volumes (quantitative).

4. Finally, community wait time data must incorporate wait times for ACT/PACT services. The new Data, Performance and Quality Lead Table will develop an Erie St. Clair LHIN-wide score card showing current wait times along with data from the phase one initiatives. Collectively, this would present a comprehensive systemic picture allowing for performance targets to be determined for each community

Erie St. Clair LHIN Mental Health Driver Diagram

The task force designed a high level driver diagram that illustrates key performance aims, the vision statement, nine strategic directions, the Mental Health Addiction Network, and five Leadership Tables aligned with phase one tactical functions. See Appendix 9: Erie St. Clair LHIN Mental Health Driver Diagram

Phase One: Promising Practices

The primary theme for phase one initiatives is to address ED diversion, repeat ED mental health visits, and community wait times. The Erie St. Clair Mental Health Implementation Task Force members designed innovative and appropriate models for their respective community. For instance, while the Mental Health Strategic Plan suggests that Chatham-Kent and Sarnia/Lambton should implement the Inner City Model, neither community has the critical mass or geography to support this endeavour. They do however; have a critical need to address ED diversion and community wait times. The following section describes two promising practices designed to meet the needs of the City of Windsor, Chatham-Kent and Sarnia/Lambton community. In addition, the Erie St. Clair LHIN mental health and addictions next day electronic booking strategy is presented as a model that interfaces, and acts as an enabler for both promising practices.

Inner City Model

In 2009/10 the Erie St. Clair LHIN identified repeat mental health ED visits as a priority performance target. Hotel Dieu Grace Hospital (HDGH) metrics are consistently high when compared to other hospitals in the region. In 2011 HDGH conducted a retrospective analysis identifying nine individuals who repeatedly presented to the ED with mental health concerns with a total of 196 visits, within a six month time frame. From the chart-audit analysis, HDGH concluded that some patients presenting at the ED do not require emergency care, but do need some level of immediate support.

Unfortunately, these individuals do not receive intervention quickly which contributes to HDGH having high repeat mental health ED rates. Concurrently, the Windsor police have few alternatives to bringing patients to the ED. As a result, HDGH initiated a review of promising practices in other communities. The Bob Janes Triage Centre for Low Demand Shelter in Lee County (Fort Meyers, Florida) provided a framework for the HDGH Inner City Model.

The Inner City Model will provide short-term shelter (32–50 beds) as a Community Transitional Stability Center for mental health and addiction**.** The program will accept males and females, aged 16 years+, not requiring hospital admission, but in immediate need of service coordination. They will likely reside in sub-standard living conditions or are homeless. The target population will be frequent users of the ED including ambulance and police.

While the population group has mental health and/or addiction issues and may also have minor infractions of the law, they would not present a danger to themselves or others. Typically, individuals will stay in the program for three to five weeks, during which they will be housed, fed and their needs identified by a multi-disciplinary/multi-agency team. As a wrap-around service, the goal is to stabilize clients by aligning them with community supports including sustainable living conditions.

The Inner City Model vision includes provision of an Outreach Team. The Outreach Team would have a dual role in that they will be responsible for in-house clients, and those transitioned to the community. The Outreach Team members will provide needed continuity by developing a life plan while the client resides at Inner City. Once stabilized and in the community, the Outreach Team's primary aim is follow up (at minimum 18 months after residing at the Inner City), and proactively reduce recidivism with early identification of problems and service coordination needs. During the initial phase, the Outreach Team would focus their attention solely on Inner City clients. As the model and team evolves, the Outreach Team would extend their expertise towards the seriously mentally ill (SMI) population residing at City of Windsor Domiciliary Hostels including Iris House. Currently, the City of Windsor has 390 domiciliary hostel beds with the vast majority of residents having a SMI, addiction problem and/or a history of homelessness or involvement with the justice system.

Committed Inner City partners include: both hospitals (HDGH and Windsor Regional), the City of Windsor Housing Department, the City of Windsor Police, the Ontario Provincial Police (OPP), the Community Outreach Support Team (COAST) Program (Mental Health and Police Team), Salvation Army, Victorian Order of Nurses, Canadian Mental Health Association Windsor Essex Branch and the Windsor-Essex Community Health Centre, Street Health Program. Programs and services will be in-kind from partners as well as requiring base operating funds from the Erie St. Clair LHIN. A formal partnership agreement will be executed identifying the co-leads, and partnering agencies role and responsibilities.

Chatham-Kent and Sarnia/Lambton: Community Mental Health Rapid Assessment, Intervention and Treatment Program

A semi urban and rural community such as Chatham-Kent and Sarnia/Lambton requires a unique mental health solution that addresses the needs of larger populated centres (Chatham, Sarnia, Petrolia, and Wallaceburg) yet capable of responding to the geographic challenges of delivering mental health resources in smaller towns geographically distant from one another, with fewer health and social services available.

The Community Based Mental Health Rapid Assessment, Intervention and Treatment (RAIT) Program will partner closely with primary health care practitioners in each community to offer expedited mental health assessments, and coordinated outreach services (specialized assessments, treatment, case management, or support services). A literature review shows users of mental health services identified access and availability as two of the most important elements to engaging in mental health services. Collaboration and communication with primary care providers help to address mental health needs at early onset, reducing the long-term reliability on mental health services. Literature regarding geographic disparities of mental health has indicated the "identification of highly networked clusters of clients and support systems in the context of their surrounding communities' permits a far more efficient, targeted, and strategic use of mental health services".

The intention of creating a community based Mental Health Rapid Assessment, Intervention and Treatment Program is to work within the clients' environment to improve access and coordination of local supports and treatment providers. Establishing a presence in the rural communities helps to improve mental health awareness and integration within the primary care sector, an environment that is continuing to report mental health as one of the most common health conditions that patients at primary health care are presenting with. Although the strength of the program will lie in the face to face interactions, and relationship building between primary health care providers, patients and mental health service providers, mental health has been recognized as a driver of technical utilization.

In addition to Ontario Telemedicine Network (OTN), there are new technical applications on the horizon, which better link rural patients to specialized services. The Mental Health Rapid Assessment, Intervention and Treatment Program will partner with industry to develop a leading edge solution to the challenges of serving our geographically distributed population.

A collaborative care model that partners primary health care with mental health services will not only improve access and availability, and early treatment and intervention, but will also help to reduce admission to the ED, as clients attempt to navigate mental health services outside of their communities.

Erie St. Clair LHIN: Next Day Bookings Initiative

In 2012, Erie St. Clair LHIN in collaboration with the OTN and ConnexOntario designed an Erie St. Clair LHIN-wide, next day intake electronic bookings strategy for individuals seeking mental health and/or addiction assistance. The Erie St. Clair model is based on the existing province wide, ConnexOntario electronic scheduling framework that supports problem gambling. Through this model, callers can be directly booked into appointments with a provider due to their availability being blocked and shared with ConnexOntario. This initiative will utilize existing Erie St. Clair LHIN telemedicine nurses and mental health and addiction providers identified as early adopters. Initial mental health and addictions intakes will be provided over videoconferencing (OTN) or face to face. The Next Day Bookings Model has two access streams:

Access Stream One

- In the last fiscal year (2012/13) approximately 1,500 Erie St. Clair residents called ConnexOntario seeking mental health and/or addiction service information. Access stream one, builds upon the caller list by ensuring that ConnexOntario 1-800 number is publicly posted by all Erie St. Clair mental health, addictions and emergency departments. This objective is embedded in Erie St. Clair providers Multi-Sectorial Accountability Agreements (MSAA).
- In the summer of 2013, Erie St. Clair residents contacting ConnexOntario will be provided with a next day booking that is electronically scheduled into tele medicine nurses and early adopter calendars. It is anticipated that the blocked times available for Connex bookings will be seamless for the client. The blocking could be two one-hour time slots, per week, per provider.
- ConnexOntario staff will respond to the call, identify if the caller is interested in a next day initial intake, the caller's geographic location, and if the intake is appropriate by a telemedicine nurse or mental health/addiction provider. Once these variables have been identified, Connex will book an appointment and inform the client.

- The client will be informed of the mental health and/or addiction intake location, provider's name and if the appointment will be by videoconferencing (OTN) or face to face.
- Mental health and addiction providers involved in the next day bookings will be responsible for updating their calendars and providing initial intakes, and support until the client is formally accepted by a permanent provider.

Access Stream Two

- The second access stream allows Erie St. Clair LHIN providers, specifically ED Psychiatric Assessment Nurses (PAN) to log into their local next day bookings provider's calendar and schedule an intake for patients presenting at the ED. This stream will address the system need for ED follow up thereby reducing repeat visits.
- The next day intake booking process is similar to the above with the PAN identifying the presenting issue and appropriate venue for booking (face to face or OTN) as well as geographic location. The client must be in agreement to voluntarily participate and release of information e.g. their name and presenting issue. The PAN will inform the client of where and when the next day booking is scheduled to occur.

Next Day Bookings Coordinator

During the development of the next day booking client flow process, it became clear that oversight would be critical to the model's success. Oversight through a coordinator position was developed, and the role is envisioned to be similar to an air traffic controller. Specifically, the coordinator is responsible for:

1. Monitoring of scheduled appointments ensuring that the host site is appropriately resourced and that the client is seen.
2. Booking alerts in the provider's calendar and documenting post intake referrals.
3. Tracking the client journey until a permanent provider is determined.
4. Tracking and monitoring volumes, metrics, and client/provider satisfaction with the service.

The next day booking initiative is a key enabler for the Inner City Model and the Chatham-Kent/Sarnia/Lambton Rapid Assessment, Intervention and Treatment Program. Anticipated system impacts include, reduced ED visits including repeats, reduced crisis calls, and increased public awareness about mental health/addiction services in the Erie St. Clair region. Appendix 10 provides an overview of roles and responsibilities, two client journeys (videoconferencing (OTN) and face to face) as well as identifying phase one, two and three providers.

Next Steps

The second phase of the Erie St. Clair Mental Health Task includes:

1. Final analysis and recommendations from the cost, benefit, risks and options business cases as they pertain to proposed hospital based programs divesting to the community. See Appendix 11 Business Case Template.
2. Completion of engagement activities including a summary of key themes and recommendations.
3. Provide a summary of projected client volumes and funding needs for the phase one opportunities. Specifically, the Inner City Model, Suicide Prevention and Coordination Project, Next Day Bookings Erie St. Clair LHIN-wide Coordinator, and the Chatham-Kent/Sarnia-Lambton Rapid Assessment, Intervention and Treatment Program.
4. Provide a synopsis with respect to the task force recommendations regarding mental health housing and accessibility needs of minority population groups.

The second phase of this report will be presented to the Erie St. Clair LHIN Board of Directors in June 2013.