Champlain **LHIN**

Mental Health and Addictions Action Plan 2013-16

Connecting the Circle of Care

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Ontario
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Introduction

"In the name of doing things for people, traditional and hierarchical organizations end up doing things to people."
- Charles Leadbeater

As the Champlain Local Health Integration Network (LHIN) embarks on its *Integrated Health Service Plan (IHSP) 2013-16* and *Annual Business Plan 2013-14*, there is an opportunity to build on recent investments to create a better integrated and better performing mental health and addictions system focused on the needs of those accessing services and to create strategic alignment amongst providers, the LHIN, the provincial 10-year plan, and *Ontario's Action Plan for Healthcare*. ***Connecting the Circle of Care*** focuses on those individuals with multiple complex needs that use the system frequently (high users) and require highly intensive involvement from multiple providers. It builds extensively on initiatives already in progress as well as identifying new initiatives that can move the sector further along the path towards a truly responsive person centred orientation, recognizing the geographic, cultural and language diversity. In accordance with Ontario's comprehensive mental health and addictions strategy, ***Open Minds, Healthy Minds, Connecting the Circle of Care*** recognizes that as significant proportion of mental health and addictions issues emerge in childhood and youth and that an ***across-the-lifespan*** view needs to be taken to respond to mental health and addictions issues.

Connecting the Circle of Care is a milestone on a journey of system transformation through quality improvement. It builds on the extensive community engagement conducted through the development of the *IHSP 2013-16* including the ongoing engagement of *Réseau des services de santé en français de l'Est de l'Ontario* and the Aboriginal Health Circle Forum. It reflects the legislative responsibility of the Champlain LHIN to ensure the active offer French Language Health Services as per *The French Language Services Act* and the *Local Health System Integration Act*. In accordance with the Local Health System Integration Act, it further commits to continued engagement of the *Réseau des services de santé en français de l'Est de l'Ontario* and the Aboriginal Health Circle Forum as details in each Action Plan are developed and projects are initiated.

Current State

Recent investments in mental health and addictions over the past several years have increased service capacity and added new service components to the sector. Despite this, for many with lived experience, the sector is confusing, fraught with barriers, hard to navigate and at its worst, hostile. A key input into this Action Plan, a Value Stream Mapping process, provided an opportunity to assess the sector as experienced by those who require services.

Mapping the current state unearthed processes and barriers that reflected approaches that may work for providers but were not, for the most part, working for those accessing services. Repetitive assessments, lengthy waits for service, repetitive visits to emergency rooms and several readmissions to inpatient services, restrictive admission criteria, refusal to treat due to the presence of substance use, and inconsistent engagement of families were also identified through the journey across the continuum. The call to action is clear. At this juncture in its development, the sector must focus on seamless transitions, service coordination and simplified access as part of its journey to become truly person centred.

A Shared Commitment

Mental health and addictions support and service providers have been pioneers in advocating for building a sector that places the client/consumer and their family at the centre. Over the past decade, an international movement emerged that framed person centred care through a recovery lens promoting a recovery-oriented approach to mental health and addictions. Despite this philosophical commitment, the Value Stream Mapping findings confirm that the sector remains, for the most part, provider not person driven.

The call to action is clear, if we truly value the perspectives and experiences of those accessing the mental health and addictions sector, we have a shared obligation to recognize that while we have made progress, we can go further as a sector to respond and work with them on their journey to recovery. By focusing on the client journey, this Action Plan takes another step in that direction. By working collaboratively with health services provider partners, *Le Réseau des services de santé en français de l'Est de l'Ontario* (*Le Réseau*), the Aboriginal Health Circle Forum, clients, families and other stakeholders and networks, we can realize a better outcome for persons with addictions and/or mental health problems.

The Vision

The difficulties clients and their family experience navigating the sector and getting the help they need to improve their health speak to the necessity to transform the sector. A systemic approach across the lifespan, focused on the client as a whole person, is essential to tackle mental health and addictions problems. These difficulties are especially problematic for Francophones, given the importance of language and culture in the provision of mental health and addictions services. Similarly, First Nations, Inuit and Métis populations within Champlain face significant challenges in getting access to culturally centred services across the region. To be "centred" on a person's needs means to address these challenges for all.

Attempting to transform the sector without a common vision may be futile. The long-term vision driving the Action Plan is:

Working together
to ensure consumers receive the most
appropriate service
at the right time, in the right place
moving seamlessly through
the continuum of care
centred on their needs.

Not only do the partners in this transformation need a long-term vision that sets high standards, they also need some medium-term aims that will serve as stepping stones towards the full realisation of that vision. A sector as

complex as the mental health and addictions sector, facing a constantly changing environment, cannot be transformed quickly, especially in a context where resources are limited. So, medium-terms aims are key to identify the priorities for this three-year action plan. The vision for transformation in this Action Plan is developed around the four themes and one enabler that emerged from the value stream mapping. Aims are associated to each of those themes as indicated in the table below.

Table 1: Action Themes with Aims (vision for a transformed system)

Action Themes	***Aims*** *(Vision for a transformed system)* ***We are taking actions to make a positive difference in the lives of clients and families.**** ***We are taking actions so that…***
Accessing Services	• *People only have to ask once. "Ask once" is a principle that means that people only have to ask for help once, no matter where, to get helped.* • *If the issue can be addressed immediately, it is (get immediate brief intervention).* • *The system is built so that people do not have to re-enter the system multiple times (reduce multiple entries).* • *People with specific cultural and language needs have access to services along the continuum.*
Care Planning & Coordination	• *People get one care plan.* • *The client and their family are involved in the care plan.* • *The providers coordinate among themselves to deliver the care needed (this means that all providers are involved in putting together a care plan that can be met).*
Client & Family Involvement**	• *Clients & families are at the centre.* • *Clients and family are empowered by being involved in the care decisions and by being provided information and resources to support them in making decisions and in caring for themselves.*
Transitions	• *Clients and families do not have to repeat their stories (information is shareable and shared, circle of care are appropriately defined from the start, common assessments, forms and protocols are used).* • *Pathways are defined (order sets defined, protocols in place).* • *Continuity in care when needed (collaborative system resources are deployed in proportion to needs).*
Enabler: System Capacity Building	• *Clients and families get support from a system rather than services.* • *Develop and adopt a knowledge base, integrated assessments, protocols, best practices and quality improvement processes including ways to enhance the active offer of French Language Services and culturally appropriate services (A Champlain-wide approach is necessary to ensure equity).*

**Each action item should identify the positive difference it will make in the lives of clients and families.*

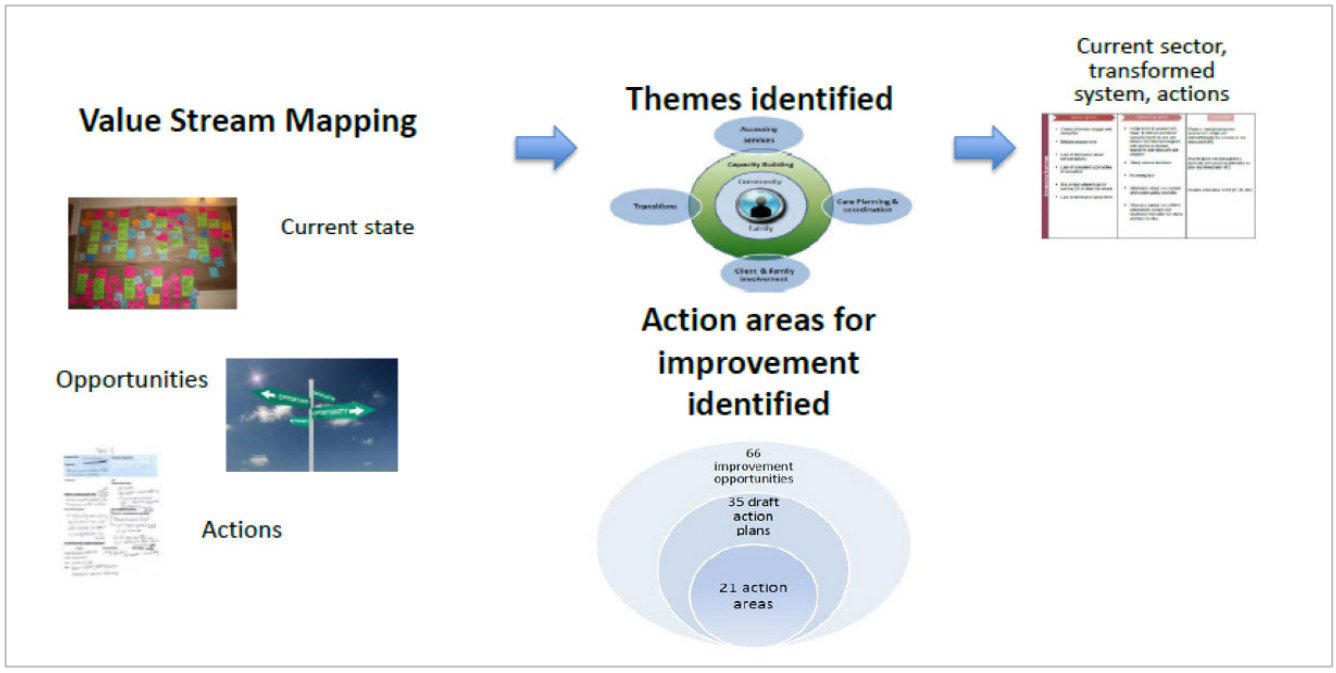
***Family is used as an inclusive term for any person the client may choose to include in their circle of care. It is also recognized that families, whether they are or not included in the circle of care, may also require support.*

Actions that will take the Sector Forward

The Process of Identifying the Opportunities

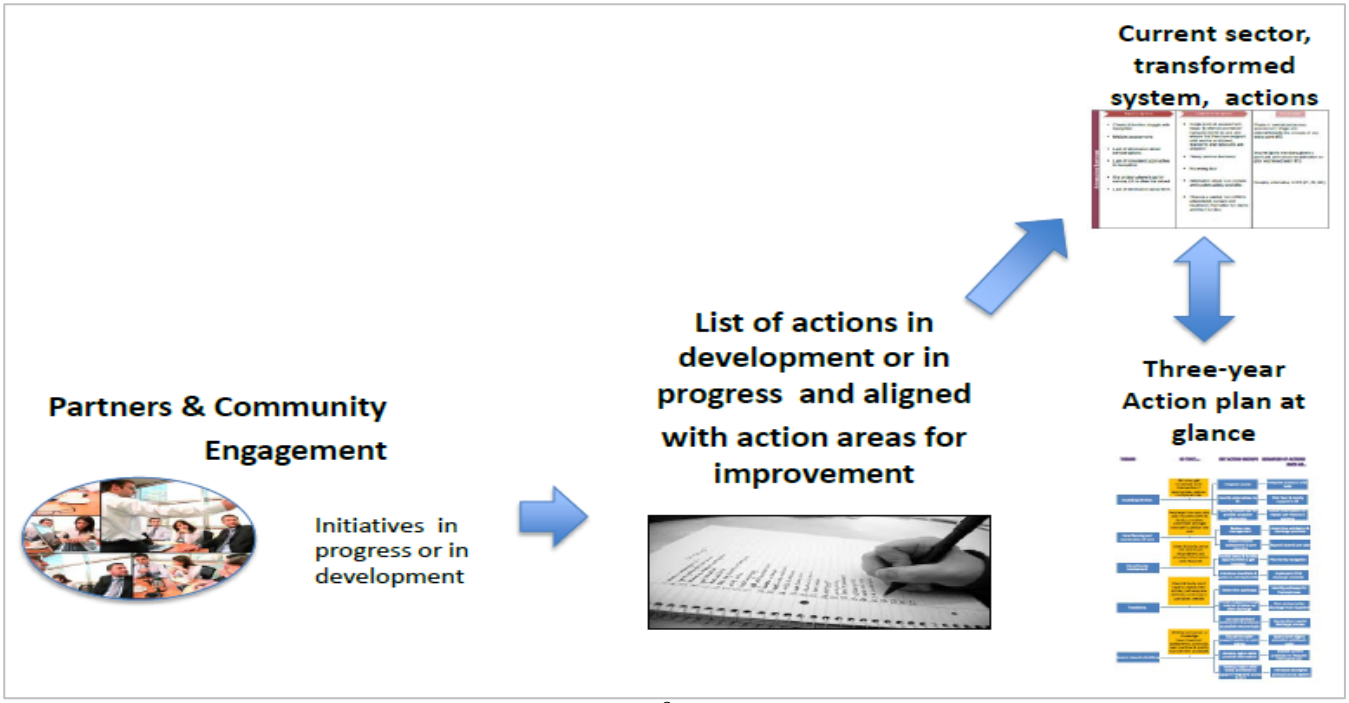
Through the value stream mapping exercise, 21 action areas were identified. These were areas where the participants identified the best opportunities for actions to have a system where each step adds value from the client and family perspectives.

Figure 1: From Value Stream Mapping to Initial Action Plan



Partners were then asked to identify initiatives in development or in progress that matched these action areas for improvement identified. Through this process, 50 initiatives were identified.

Figure 2: Process to engage partners and identify initiatives



By focusing on start-up and emerging initiatives, quick wins can be realized. Furthermore, altogether, these will allow making head ways towards the aims or vision for a transformed system stated above in a manner that is illustrated below. Figure Five presents the Three-year Action Plan at a Glance.

Alignment with Champlain LHIN Priorities for 2013-14

This Three-Year Action Plan includes actions for the system as a whole. It is expected that health services providers will take a lead and partner to pursue a number of the initiatives identified; some have already started doing so.

The Champlain LHIN has identified in its *IHSP 2013-16* mental health and addictions as a key result area. Over the next three years, the Champlain LHIN is committed to work with its partners so that *more people with mental health conditions and addictions have access to services*. For more people with mental health and addictions to have access to services, a system that is responsive and efficient is needed. We need a system so that people are not entering at multiple points, services are not duplicated, that appropriate services are delivered when needed and with a quality that provides the best possible outcome. If the services are not integrated and coordinated in a high performing system, their impact on the well-being and the experience of client and family is not fully reaped.

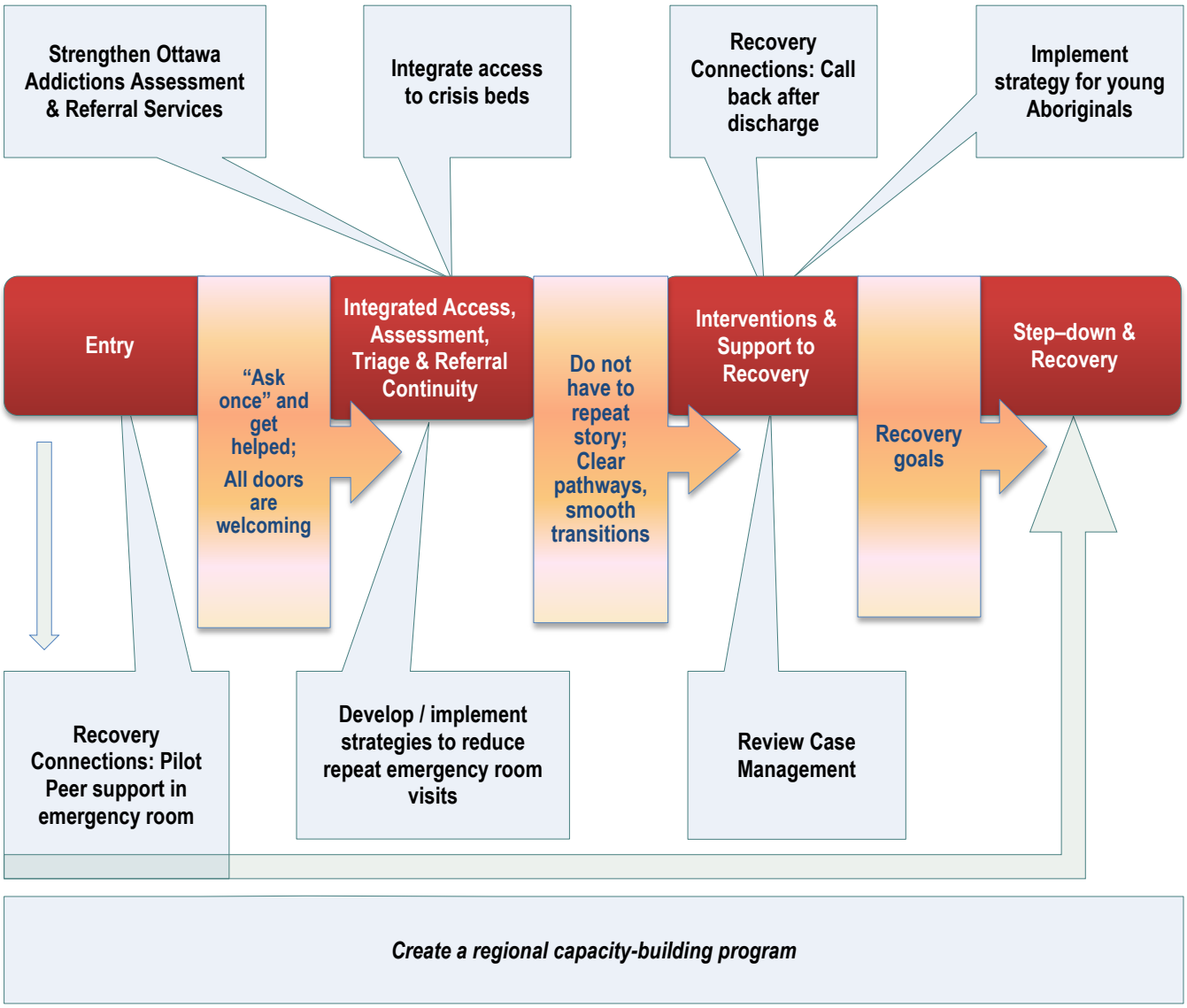
To meet the goals stated in its *IHSP 2013-16*, the Champlain LHIN identifies each year some key initiatives to focus on to help move forward each key result area. The key initiatives for 2013-14 reflect the priorities identified in the value stream mapping exercise but also build from promising initiatives underway and other recent planning such as the Mental Health and Addictions Needs and Capacity Assessment and the Aboriginal Youth Needs and Service Capacity Assessment. The current *Annual Business Plan* is still draft and requires the Champlain LHIN Board's endorsement. Based on the current projects developed at the LHIN in collaboration with the sector, its accountability to the Ministry and resources available, the following actions have been proposed to be part of the Champlain LHIN *Annual Business Plan 2013-14*:

- *Implement a targeted strategy to address the needs of young* Aboriginals[1] *with mental health issues and/or problematic substance use.*
- *Strengthen the Ottawa Addictions Assessment and Referral Services by improving data collection and collaboration between agencies.*
- *Support system navigation and transition through the development of tools, call back system and peer & family support in Emergency Room (Recovery Connections).*
- *Develop and implement strategies to reduce repeat unscheduled emergency visits within 30 days for mental health and substance abuse conditions.*
- *Review case management to ensure people with mental health and addictions have access to the right level of case management support across the region.*
- *Integrate access to crisis beds across Champlain.*
- *Create a regional capacity building program through the development of a collaborative structure and implement initial quality improvement processes.*

[1] Throughout the document the term Aboriginal is used to represent First Nations, Inuit and Métis populations.

The following diagram illustrates the continuum of care stage at which these initiatives reside.

Figure 3: Champlain LHIN Draft Annual Business Plan 2013-14 Initiatives for Mental Health and Addictions Key Result Area *



**At draft stage only, still require Champlain LHIN Board's endorsement.*

Full Three-Year Action Plan – Technical Document

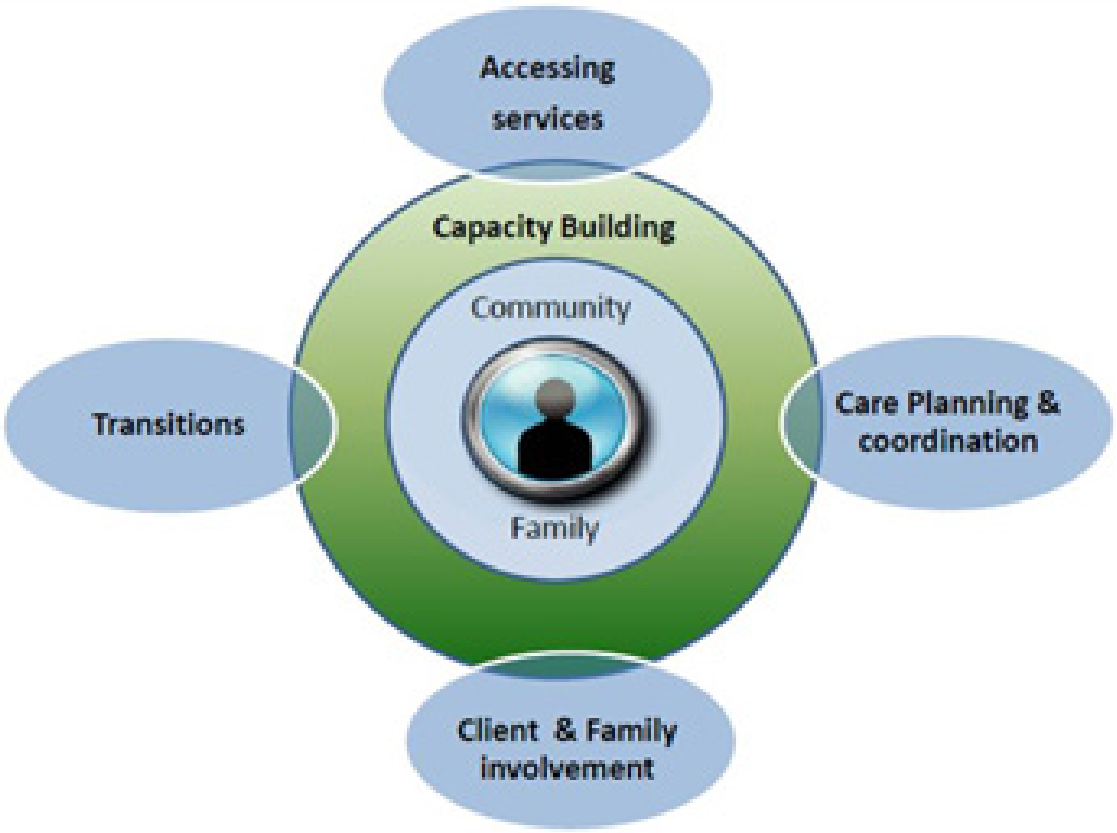
The detailed action plan is available on our website. It is built around the action themes, illustrated below, that emerged from a Value Stream Mapping exercise conducted February 12. Those action themes, as it turned out, show a strong concordance with the cross-LHIN vision for system integration.

Under each of those themes, it was possible to characterize the current state of the sector (current sector) and the desired state from a client/family perspective (transformed system) and to identify the opportunities (key actions) that are feasible given the environment and the resources available to move us from the current state to the desired state. These three pieces of information form the action plan:

- *Starting point (current sector),*
- *Where we want to get in three years (transformed system) and*
- *How we will get there (key actions).*

The Action Plan is based on the findings of the Value Stream Mapping and other community engagement activities conducted over the last few months. It builds from the promising initiatives underway and the extensive engagement and planning that have occurred within the last year.

Figure 4: Action Themes that Emerged from the Value Stream Mapping



Three-Year Action Plan at a Glance

Accessing Services

Accessing Services

Current Sector		

• *Clients & families struggle with navigation*
• *Multiple assessments*
• *Lack of information about service options*
• *Lack of consistent approaches to navigation*
• *It is unclear where to go for service, emergency room (ER) is often the default*
• *Lack of information about MHA.*
	• *Single point of assessment, triage & referral; seamlessly navigate clients to care and ensure that they have support until service is attained; standards and measures are adopted*
	• *Timely service decisions*
	• *No wrong door (always a welcoming door)*
	• *Information about care options and system widely available*
	• *There is a central hub of MHA educational, service and treatment information for clients and their families.*
		Year 1
		• *Pilot transfer protocols for mental health inpatients*
		• *Implement common assessment across hospitals/community*
		• *Strengthen the Ottawa Addiction Assessment and Referral Service*
		• *Integrate access to crisis beds**
		• *Pilot Peer & Family support in ER with linked initiatives*
		  ○ Drop-in clinic in Pembroke
		  ○ Pilot nurse/social worker in ER
		  ○ Mobilise crisis teams
		  ○ Increase use of crisis line
		• *Collect information re: repeat user history & patterns*
		• *Develop and implement strategies to reduce ER repeat visits*
		• *Implement targeted strategy for young Aboriginals with MH&A issues*
		• *Explore integrated access to community mental health services*
		  ○ Leverage the Mental Health Community Support Services (MHCSS)
		Year 2
		• *Integrate access to day hospital*
		• *Integrate access to addiction services across Champlain*
		• *Expand STEP*
		• *Define options for integrated access to community mental health services*
		Year 3
		Implement Integrated access to Community Mental Health Services.

Expected changes

Reduced repeat assessments; more timely access; improved match between need and services; more people gaining access to service.

* Can also look at respite capacity – includes access from the community

Care Planning & Coordination

Care Planning & Coordination			
	Current Sector • *Sector designed around providers* • *Sector siloed* • *Duplication of processes* • *Care plans are designed around service provider's needs not client need/goals* • *Information does not flow with client.*	• *System designed around the needs of the client and their families* • *Services are coordinated in a timely manner* • *One person, one care plan* • *Care plan is developed with client and family* • *Care planning begins at the point of access* • *Care plan is grounded in recovery goals* • *Clients have a point contact (person, team, or organization) throughout.*	**Year 1** • *Review case management to ensure people with MH&A have access to the right level of case management support across the region* ○ Determine admission and discharge practices • *Implement the Ottawa Service Collaboratives integrated plan (youth services)* **Year 2** • *Expand Shared Assessment Practice* • *Adapt and implement an integrated plan for adult services* **Year 3** *Develop one care plan practice.*
	Expected Changes Increased number of consumers are supported by an integrated collaborative care plan; More people are involved in planning their services; more people are involved in manaing their own care.		

Client & Family Involvement

Client & Family Involvement

Current Sector		
• *Sector does not consistently involve client and their family in care planning* • *Clients and families do not have the information they need to make the best decisions about care* • *Clients and their families are often referred to wait for service without any support* • *Access is often crisis driven* • *Families carry a significant burden with little or no support* • *There is no respite for clients.*	• *Peer and family supports exist at key access and transition points such as ERs* • *Information is widely accessible and available* • *No "hand off" until services are confirmed to be in place* • *Peers and family supports while waiting are in place through the care journey* • *Families have access to peer support* • *Respite services and supports are in place* • *A family and client MH system curriculum is in place; education material and training session available.*	***Year 1*** • *Continue to pilot family navigators (Children and Youth)* • *Introduce perception of care survey developed provincially* • *Implement ER & discharge checklist for client and family* ***Year 2*** *Continue to pilot family navigators.*

Expected changes

More clients always have a support contact even if waiting for other supports; More clients and family are aware of their care options; More people involved in planning their services; more peers and family are directly involved in providing supports.; more people are able to manage their care.

Transitions

Transitons	Current Sector		
	• *Clients are often dropped when referred to another service* • *No follow up after ER visit* • *Information does not flow with client* • *Client and family have to repeat their story at every transition* • *Services are fragmented and hard to navigate* • *There is little standardization* • *Primary Care is disconnected from MHA sector* • *Clients and their families often identify ERs are hostile, unfriendly, stigmatizing and confusing*	• *One person, one assessment (no duplication of same assessment, no duplication of static information)* • *Adopt a principle across the MHA system of "ask what is relevant and listen for ways to provide support or facilitate connection to other supports"* • *Circle of care should be encouraged to participate in care planning* • *Discharge follow up is practiced at all transition points, especially at ERs* • *Standards protocols exist at all ERs to ease transitions*	***Year 1*** • *Pilot call back after discharge from inpatient unit* • *Integrate opiate strategy* • *Hospitals provide info sheet in ER* • *Implement Bridges Project* • *Standardize discharge process in hospital* • *Identify pathways for Francophones* • *Develop regional early psychosis transition program* ***Year 2*** • *Expand call back after discharge from inpatient unit* • *Call back after discharge from ER* • *Review ACTT flow*
	Expected changes More people have access to services; more people get standardized, best practice approaches, tailored to their needs, wherever they access system;more services collaborate on assessments for common clients, more clients are diverted from unplanned emergency visits and provided with alternative supports.		

System Capacity Building as an enabler

Pursuit of the action areas identified above will create the change we seek to improve the lives of persons which mental health and addictions problems and their families. The Value Stream Mapping exercise also identified a number of key action areas that depend upon partnership such as knowledge exchange, information flow, standardization and spread of best practices. However, these changes rely on a binding commitment to collaborative action. These collaborative activities are beyond the scope of a single agency and are well suited to a regional program of system capacity building.

Progress has been made in the capacity, accountability and improvement of individual services; however, the shared accountabilities for standards, protocols, transitions, knowledge exchange, evidence-based practice improvements, information sharing and education remain un-systematized. Collaborative action is required to achieve gains in these shared accountabilities and leadership and partnership are required for collaborative action.

One thing high performing health systems have in common is their own system-wide capacity building mechanism to ensure that shared accountabilities, evidence based practice improvements and knowledge exchange are ingrained in the culture of the system. Key elements of a system-wide capacity building mechanism have been identified as: organizational capacities and skills to support performance improvement; professional cultures that support teamwork, continuous improvement and patient engagement; information as a platform for guiding improvement, and; effective learning strategies and methods to test and scale up.

Others have identified the need for system coordinating bodies and system level data and information to support collaborative care for persons with chronic conditions and persons at risk for multiple hospitalizations and emergency room (ER) visits. Others have also identified the need for region wide monitoring (including client outcomes and satisfaction); binding agreements on interdependent accountabilities amongst system partners, and; protocols for information sharing amongst providers. All of these goals are well suited to a Champlain regional program for system capacity building for addictions and mental health.

Open Minds, Healthy Minds echoes these goals with commitments for improvements that include: establishing a single access on-line resource or portal with information on mental health and addictions services, self-care and peer support, and; developing and implementing best practices and standards. These commitments bring us full circle back to the priority action areas identified through the value stream mapping exercise. These commitments also align with the key deliverables that can be effectively achieved through a Champlain regional program for system capacity building.

Next best steps to pursue the promise of a Champlain regional program for system capacity building for addictions and mental health include:

1) *Engage stakeholders in refinement of the goals, principles and outcomes to be associated with the regional system capacity building program (months 1-3)*

2) *Develop the 1, 2 and 3 year deliverables for the mechanism (Months 1-3)*

    - *Define structure, partnership memoranda, scope, resource commitment, priority setting and decision making frameworks for investment re-investment, measures and milestones*

3) *Review business case proposals that will achieve the deliverables and establish the foundation for the mechanism (month 6)*

4) *Pilot the program to include quality improvement projects that contribute the system goals set for the mechanism (month 6-18)*

    - *Sequence and initiate action areas in this plan that would benefit from the regional system capacity building program (see below)*

5) *Evaluate the mechanism for sustainability and impact on client outcomes (18-24 months)*

System Capacity Building as an Enabler

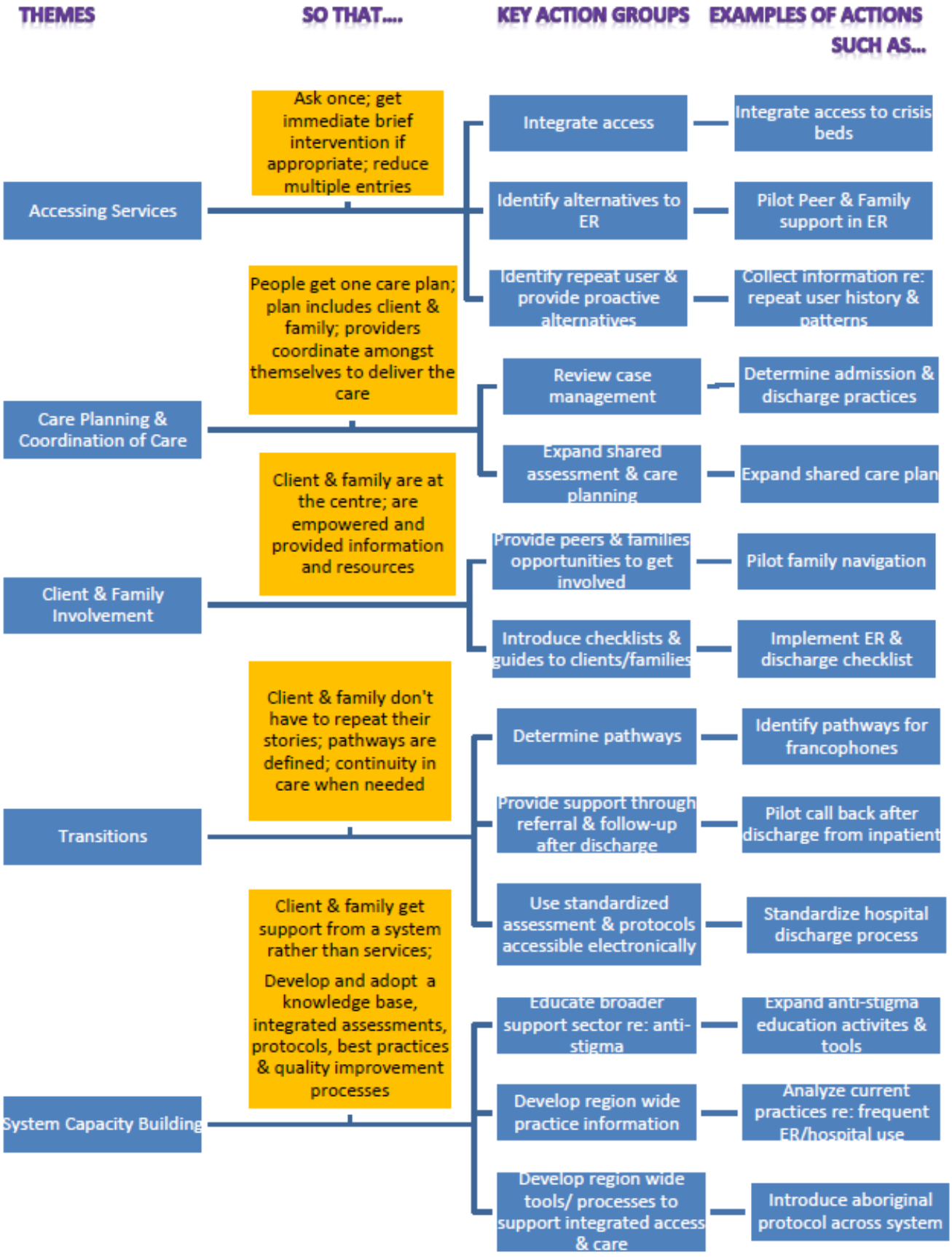
System Capacity Building as an ENABLER

Current Sector		
Stigma is present within MHA sector *Stigma is a barrier to appropriate care in broader health care system* *Lack of training in mental health and addictions in broader health system leads to service delays, inappropriate or no referrals* *Lack of common processes, client and family is unsure what to expect* *Lack of information following the client, client needs to tell his/her story often* *Lack of a mechanism for leadership and collaborative action that would support agencies in their pursuit of shared accountabilities for improved access and transitions (see themes above)*	*A mental health and addictions curriculum is included in general medicine and other health professions curriculums* *Training and education curriculum on mental health and addictions is developed and broadly used within the broader health care system* *Education about MHA begins early in schools* *A system that has the capacity to identify the gaps and determine the best course of action to meet the needs of the population* *Consistency/Standardized processes and electronic record that can be accessed across the continuum* *There is a central hub of MHA educational, service and treatment information for clients and their families*	***Year 1*** • *Define and initiate regional program for capacity building* • *Introduce cultural awareness/ safety GAIN-SS (modified Aboriginal) and an Aboriginal protocol to all providers to engage Aboriginals* • *Pilot Opiate clinic that builds capacity in community (GPs and other professionals)* • *Introduce addiction segment in physician education curriculum and placement for resident in addictions* • *Review material available in French and prioritize translation* • *Lunch and learn in ER around peer support* • *Continue anti-stigma & capacity building in ER* • *Promote MH First Aid Training* • *Introduce forms for users and check list for staff* • *Promote use of Mental Health education in workplace such as Mental Health Works and Great West Life website* ***Year 2*** • *Undertake key quality improvement actions through the regional program* • *Assess regional program* • *Operationalize regional program decision making framework* • *Continue pilot Opiate clinic that builds capacity in community (GPs and other professionals)* • *Identify and develop strategies to support people with MHA through PC (shared care) and OTN* • *Develop model of integrated access and services based on local experience and best practices* ***Year 3*** • *Implement regional program recommendations re: investment, re-investment* • *Adopt and implement widely model of integrated access and services*

Expected Changes

More clients and families experience consistent, supportive,seamless effective contact with the system wherever they access services.

Figure 5: Proposed Draft Action Plan at a Glance



Further Recommendations

In addition to the actions set out in this three-year plan, the Advisory Committee made the following recommendations about what is required to move the system forward:

- *The needs of persons with mental health and addictions problems are complex and diverse. Focusing on the experience of a single person moving through the system provides a valuable perspective but it cannot capture the diverse experiences of Champlain residents new to Canada, rural, urban, young, old, Francophone or Aboriginal. In this regard the value stream mapping exercise that was used as one input to the Action Plan provides an incomplete reference. Nonetheless, advisory committee members recognize the value of this approach and recommend that:*
    - Client centred approaches such as value stream mapping be re-iterated in further planning and implementation with a focus on the unique experiences of residents new to Canada, rural, urban, young, old, Francophone or Aboriginal;
    - Further planning and implementation incorporate measures that reflect the direct experiences of clients and their families by including clients and families in planning, implementation and evaluation;
    - Further planning and implementation include additional engagement with Aboriginal and Francophone stakeholders, in accordance with the *IHSP 2013-16*;
    - Further planning and implementation incorporate measures that include the development and implementation of indicators reflecting Francophone and Aboriginal experiences with mental health and addictions services, including the active offer of services that are linguistically and culturally appropriate, in accordance with the *IHSP 2013-16*.
- *Make Mental Health and Addictions a priority area for investment in the Champlain LHIN*
- *Build on and enhance what is working well in the current system, and ensure that there is access to a full range of services and supports across a continuum of mental health and addictions services (for example supportive housing, psychotherapy, intensive case management, transitional housing for people recovering from addictions, etc.[2])*
- *Build on the progress made in integrating Mental Health and Addictions to better coordinate the services across the continuum*
- *Enhance links between Mental Health and Addictions and Primary Care, this could be enhanced through the MOH & LTC Health Links initiative recently announced in Ontario,*
- *Apply advances in technology such as telemedicine; web based learning tools and systems. e-health etc., to strengthen the system*
- *Use social media to reach out to youth and promote mental health and additions awareness*
- *Ensure that there is appropriate leadership to move the Action Plan forward.*

[2] This is not a comprehensive list but just examples of gaps that have been raised.

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