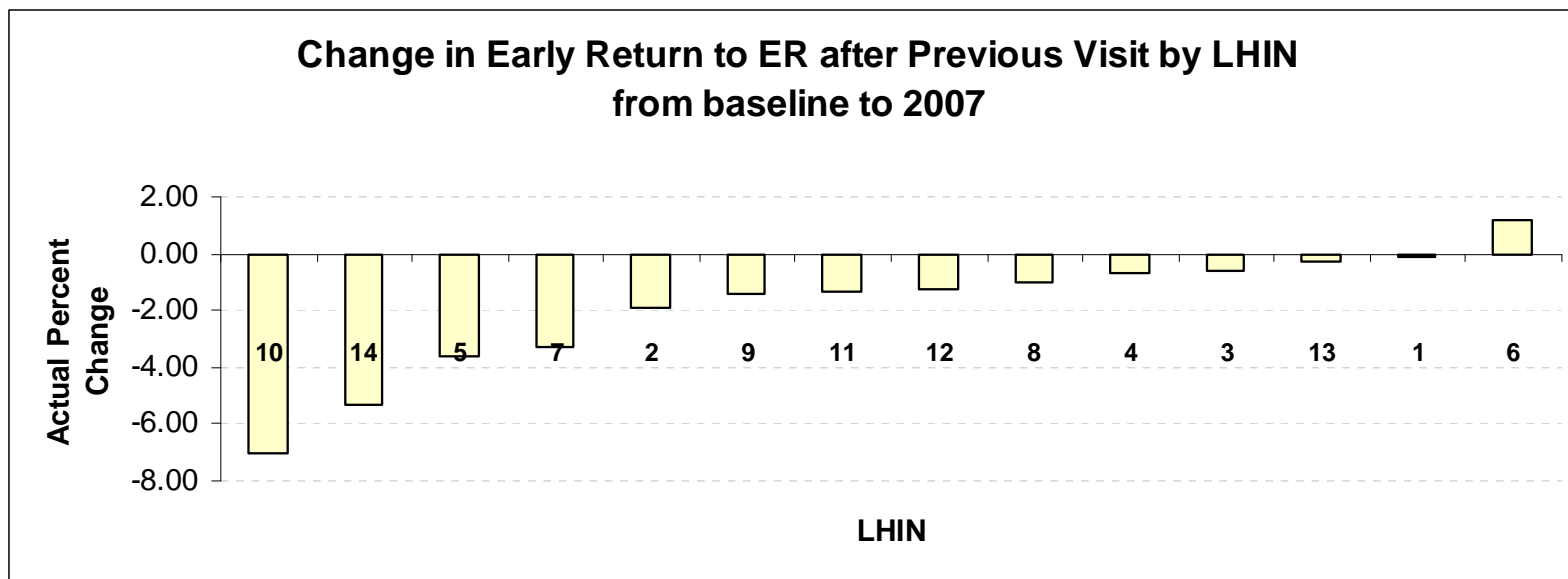


Mental Health and Addictions Investment

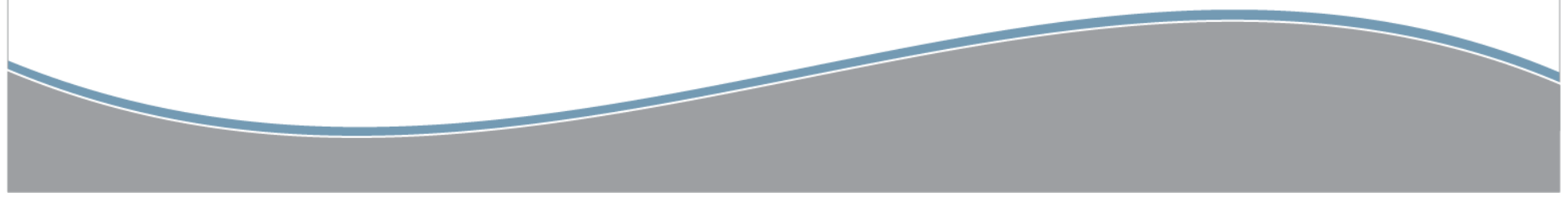
Strengthening Community Supports for Concurrent Disorders

Mixed News : ER Use

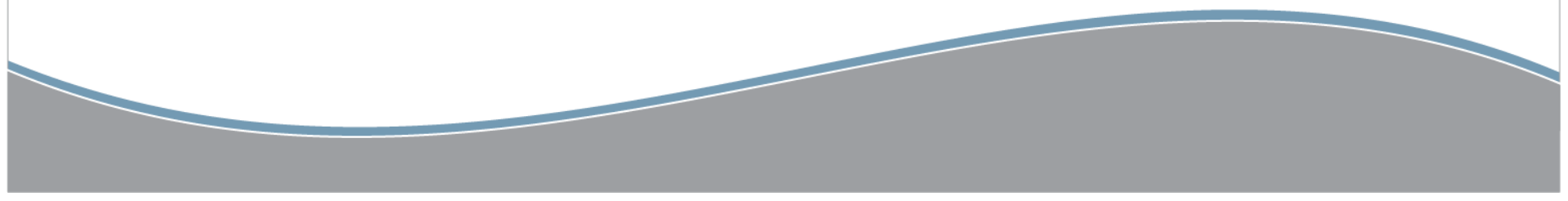
- Many LHINs showed a decrease in early return rates



Reduce ED Visits MH&A Task Team

- Established and Lead by Vivian Demian – Program Leader for Mental Health, HHC
 - Membership – Hospital and Community MH&A HSPs
 - Reviewed and analysed data related to repeat ED visits
 - Tracked referral patterns by hospital/ by diagnosis
 - Identified opportunities to decrease of the number of patients attending ED as first step to receiving treatment
 - Addressed SIGMHA on the need to prioritize referrals from ED
- 

Findings:

- 3 year trend of increasing new and early return ER visits across all hospital sites
 - In past 2 years, 23.5% repeat visit within 30 days
 - In 2008/09, there were 6,570 ED visits
 - 791 returned within 30 days (12%)
 - 27.3% of visits related to substance abuse
 - 23% related to both Depression and Anxiety
 - 31.6% related to young people (17-30)
 - 71% discharged home/29% admitted
- 

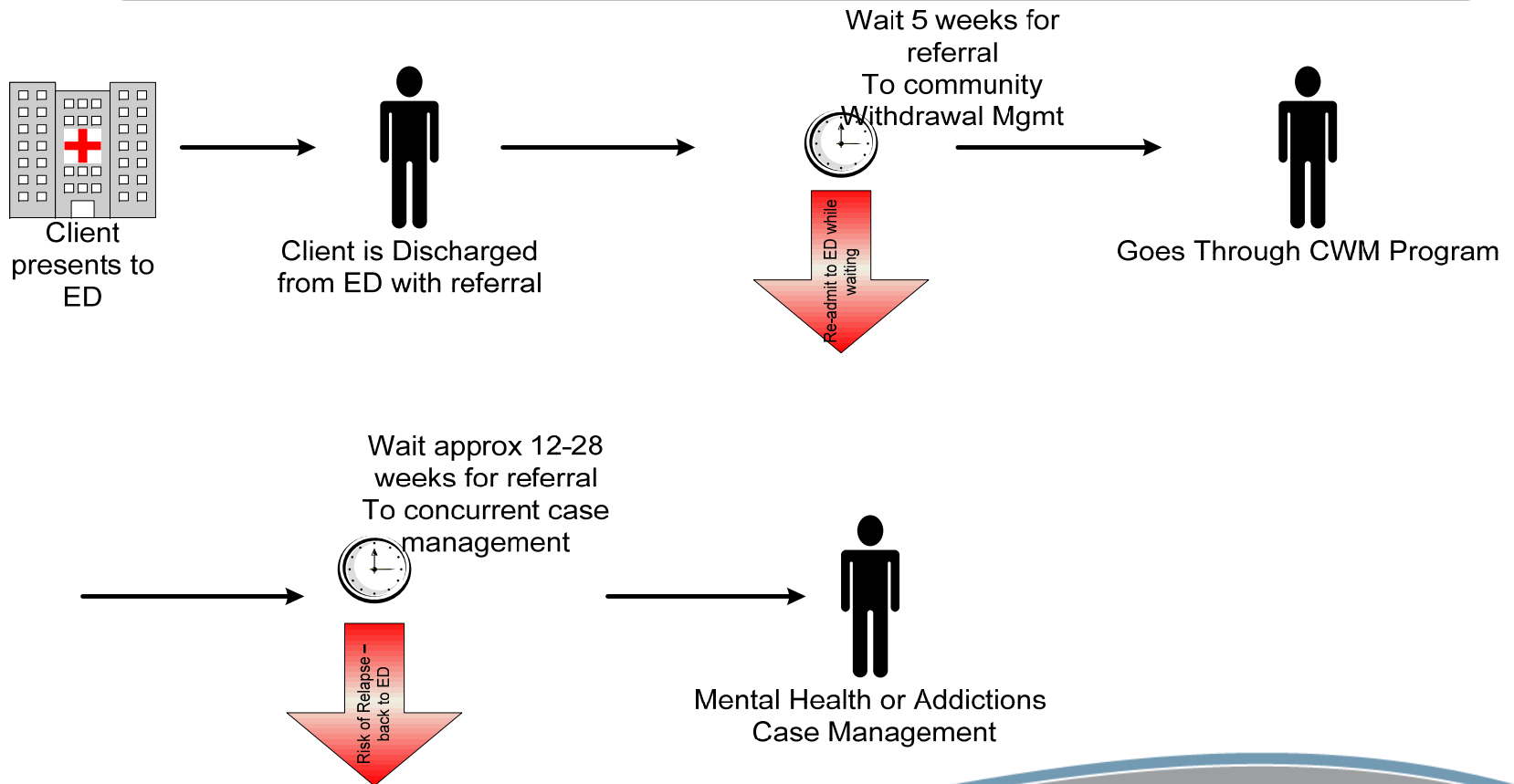
Working Group identified 10 Strategies to Decrease ED visits

- Drop in Centre as alternative to ED visits
- Partnership with Urgent Care Clinics
- Train Staff to respond to Walk-ins
- Intensive Case management for people with Concurrent Disorders
- Bridging Program from ED to community services
- Home based Withdrawal Management Program
- Shared Care model to nursing homes
- Day Treatment program
- Peer Supports in the ER to provide follow up
- Expand COAST to North Halton

Strengthening Community Support for Concurrent Disorders

Current State

- 27% of mental health and addiction ED visits result are due to substance abuse (1903 visits, 08/09); 90% alcohol related
- Continued increase in return ED visits in <30 days: '06/'07- 8% (407 visits): 07/08 9.6% (620 visits): '08/'09 12% (791 visits)
- No chemical withdrawal management service available in Halton; Mississauga team unable to expand services to Halton
- Wait time for community mental health and addiction services ranges from 12 to 28 weeks



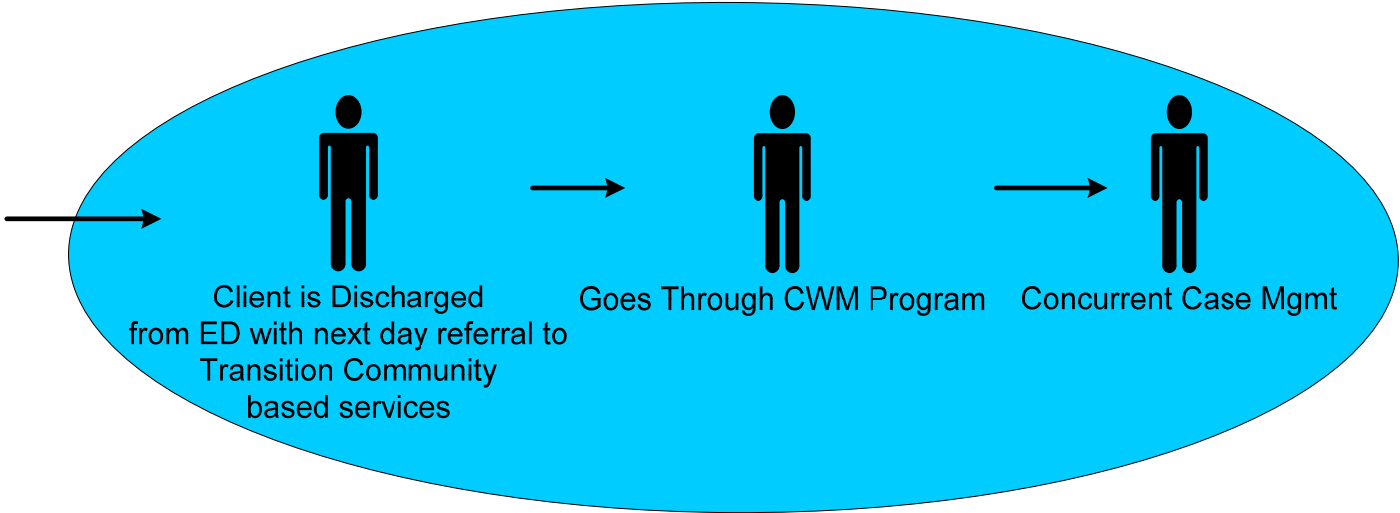
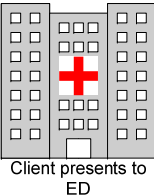
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Strengthening Community Support for Concurrent Disorders

Future State

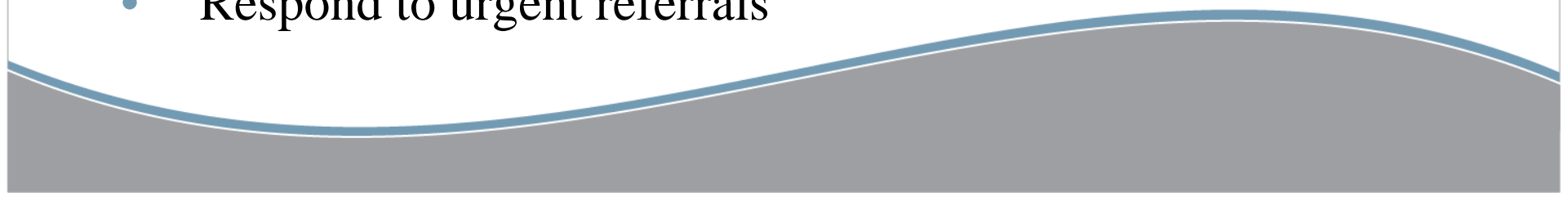
Clients pass through a “service continuum” where they are fully supported and with less wait time, resulting in reduction in relapse rates and/or repeat visit to ED



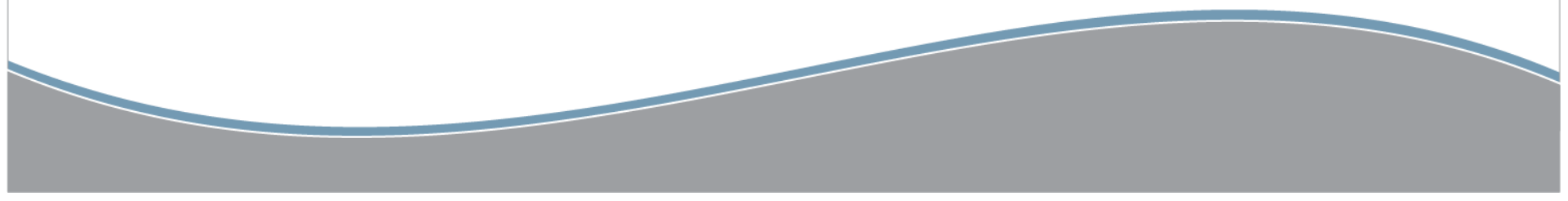
Client progresses through the Continuum of Addiction/Concurrent Disorders Services

Strengthening Community Supports for Concurrent Disorders

One program – Three services

1. Community Crisis Support
 2. Community Chemical Withdrawal Management
 3. Enhanced Concurrent Case Management
- All programs need to align to reduce ED utilization and Hospital LOS
 - Respond to urgent referrals
- 

1. Community Crisis Support

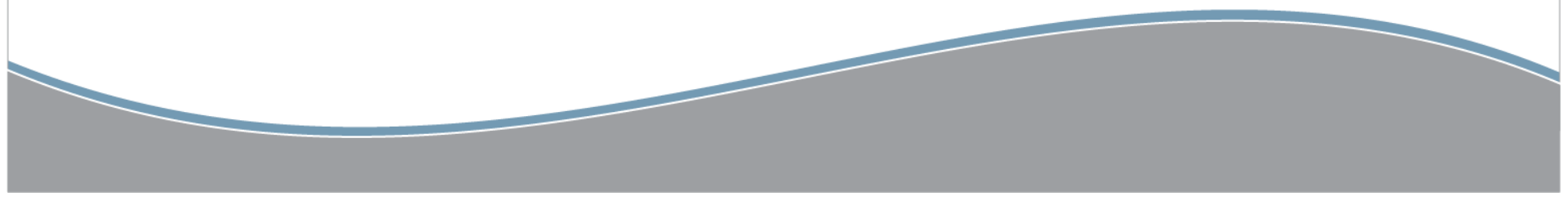
- Addiction Crisis Worker, aligned with each ED
 - Accept priority referrals from ED and Inpatient Units for people with addictions and concurrent disorders
 - Short term support and link to community programs
 - Client seen within 1-2 days in office or own home to assess, monitor and counsel
 - Early intervention with improved clinical outcomes
- 
- A decorative graphic at the bottom of the slide consisting of a dark grey wavy shape with a light blue outline, resembling a stylized wave or a landscape feature.

2. Community Chemical Withdrawal Management

- Expand current Community Withdrawal management services to be available LHIN wide
- Assess, monitor and provide medical supervision during withdrawal process
- In-home service
- Program enhancement:
 - Case management to provide bridging to community programs

3. Concurrent Case Management

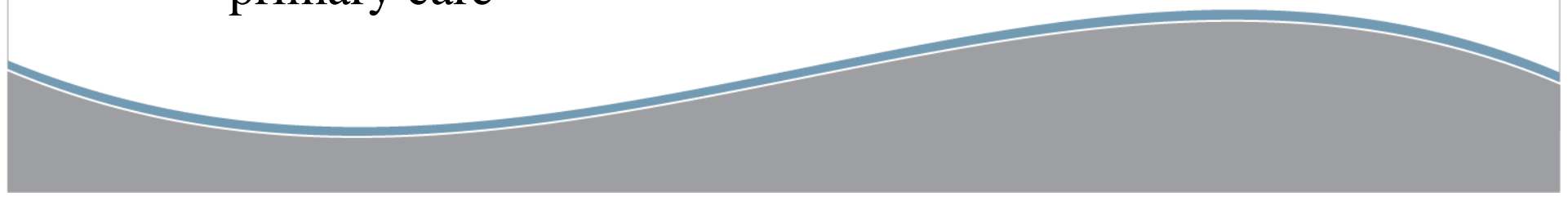
- Enhance current capacity
- Target geographic areas with long wait times
- Accept urgent referrals from EDs and Inpatient Units
- Prioritize clients with addiction or concurrent disorders
- Strengthen linkages with existing community programs



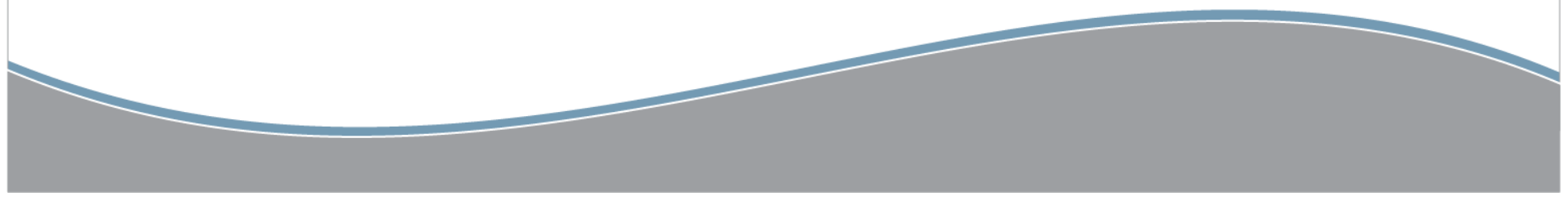
Program Requirements:

- One LHIN wide program focus to strengthen community supports for Concurrent Disorders and transform current system:
 - 3 services work together to create complete, seamless and timely support for clients with addictions or concurrent disorders
 - Quick and easy handoffs between services
 - Standardized referral form
 - Common assessment tools
 - Strong Linkages to existing community supports and services
 - Flexibility to meet service needs
- Pilot new processes and protocols to ensure service integration
- Collaboration and partnership but one program Lead

Linkages with Existing System

- Crisis services:
 - COAST Teams, Mobile Crisis of Peel
 - Safe Beds
 - Emergency Department, Crisis Teams
 - Priority referrals
 - Simplified referral and intake processes
 - Addiction and Mental Health Services;
 - ACT, Intensive Case Management
 - primary care
- 

Recommendations :

- 17 new FTE positions
 - Staffing:
 - 3 FTE crisis supports
 - Establishment of new Chemical Withdrawal Management – 2 Addiction Counsellors, 2 RNs
 - 4 Concurrent Case Managers aligned with CWM teams
 - 6 additional Concurrent Case Managers for intensive case management throughout the LHIN
- 

Outcomes

Increasing community capacity to support people with addictions or concurrent disorders

- 80% reduction in early return ED visits
- Overall 10% reduction in ED visits
- Reduced Length of Stay in ED
- Reduced Average Length Of Stay in hospital
- Seamless service for those most in need
 - Case complexity
 - Compliance with common practices – improved access
 - Compliance with MOHLTC standards