

## HANDS: Core Services Delivery Plan Progress Report January 2018

### Priority #1 - CYMH Planning Table for Muskoka Nipissing and Parry Sound

#### 2017/18 Achievements

- The CYMH Planning Table has been successfully implemented. Quorum was attained at each quarterly meeting. Participation from across the Service Area was facilitated by virtual connections. Minutes reflect ongoing engagement by diverse sectors and partners.
- Since its inaugural meetings, the Planning Table is progressing to become more focused on systems planning. This was particularly evident by their use of data while discussing trends and service priorities. Further evidence includes its recommendation to establish a crisis pathway work group; welcoming the collaboration with Indigenous Services as appropriate to map and link pathways that will complement and support access and outcomes for Indigenous families and communities; and reviewing service utilization data and exploring the impacts of resource realignments.

#### Challenges

- The Planning Table receives ongoing input from youth about the transformation of the access model and crisis marketing strategy. This successful engagement represents an opportunity to consider a more formal advisory structure and process with both youth and parents. A more consistent means of soliciting their input in the planning directions would deepen and broaden their engagement .
- The Planning Table has started to transition from sector to system-based planning. A more collective view and approach is required to ensure broad child and youth system planning.

#### 2018/19 Activities

- To strengthen its alignment with its system planning function, the Planning Table will measure its performance with the use of a fidelity scale based on its terms of reference. Results will also be used to identify ways in which it can ensure ongoing front-line input from primary care and school mental health leads, and strengthen its role in system level planning and improvement priorities .
- As a related activity, the Planning Table will also move forward with setting and approving a three year strategic plan. This represents the next logical step in the group's role in facilitating system improvements.
- A more formal and structured forum for youth and parents will be established to increase the frequency by which the Planning Table and Lead Agency receive current and ongoing feedback. This is likely to result in a more active and meaningful partnership model with youth and families.

#### Good News Story - Lakeland District School Board

- Recognizing the importance of community-based crisis services for youth, a local high school initiated revisiting its protocols with their local hospital to redirect appropriate referrals from hospital to community.

### Moving on Mental Health Inside the Report

Priority #1: Planning Table

1

Priority # 2: Access

2

Priority # 3: Crisis Services

3

New Priorities

4

Proposed Changes

5

A recent stakeholder survey reports our partners have noted an impressive level of engagement by the Lead Agency.



# HANDS: Core Services Delivery Plan Progress Report January 2018

## Priority #2 - Access to Core Services

### 2017/18 Achievements

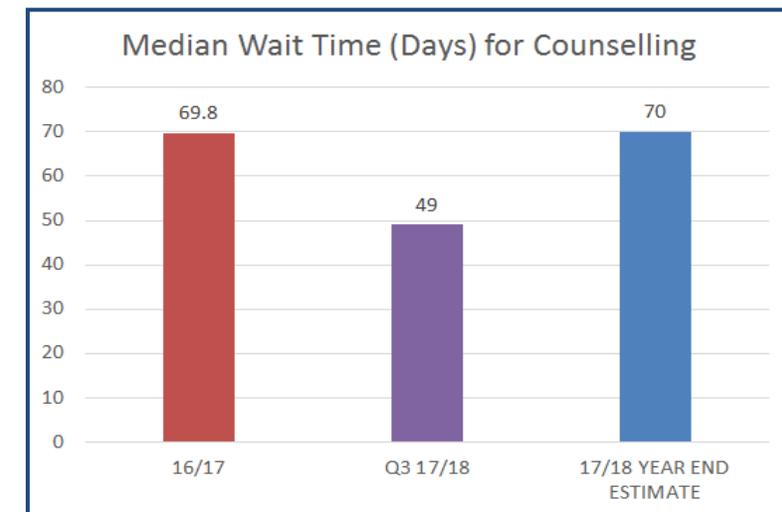
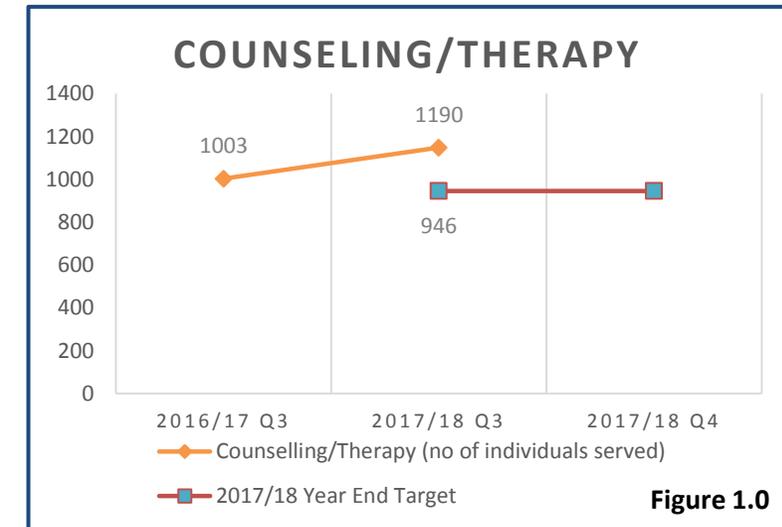
- Access to core services continued to improve with the ongoing commitment of, and strong collaboration between providers. The assessment of the current model was informed by a review of best practices, and the application of the LEAN methodology to define a more effective and efficient ideal future state. This has fostered a shared understanding about the challenges and opportunities that exist to make quality improvements.
- As part of the HANDS organizational transformation, we conducted a performance management review and evaluated key performance indicators which create efficiencies to increase direct service time. We also increased the number of teams; the flexibility of the treatment centre; and the overall CFT capacity to better respond to school requests, assessments in hospital, shifting our presence beyond the office and into the community.
- A 1-800 number was launched, and originally considered a crisis improvement strategy. This single point of access has resulted in callers being redirected to other appropriate core services in a more timely fashion; as well, it has created a greater demand than expected for core services. To mitigate this supply and demand issue, additional capacity in telephone counselling services from Strongest Families was secured. While still very much in its infancy, 100 spots were purchased within 1 month. The # of families connected will be shared in our next report.
- We expect to surpass our forecasted year-end unitization target for counselling/therapy services by at least 20% (Figure 1.0).

### Challenges

- While core service providers have been reporting and analyzing data to inform quality improvements, they have been doing so using three compartmentalized client information systems. There are time lags with retrieving data from crisis intervention services and the 211 initiative. A common data entry infrastructure is needed to ensure more efficient and accurate decision support.
- Wait time varies among core service providers and influenced by capacity, volume and process. However, the median wait time across the system remain consistently high (Figure 2.0). Child and family therapists are noting a growing need to support individuals and families with more complex issues, and are reporting having to cancel counselling appointments to respond to the growing number of crisis calls and visits.
- Each core service provider uses its own assessment tools. A common evaluation method is needed across the Service Area.
- As our overall respond to service demand improved, the supply of resources remained unchanged. This is creating significant pressure for clients with complex mental health issues who need longer term services. Sustaining current service levels is difficult, and may continue to impact our capacity, which may in turn drive a rise in crisis calls and a regression to relying on hospital emergency departments.

### 2018/19 Activities

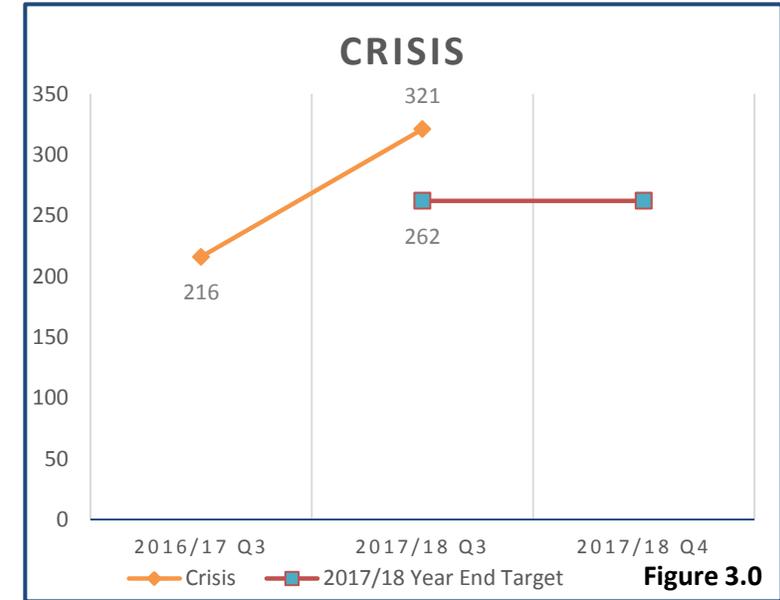
- Pending the results of the future state model, understanding the overall service allocations is needed with the goal of exploring alignment between resources and areas of great demand and utilization.
- Core service providers are launching a new MIS EMHare.
- We will move towards a more formal and standardized quarterly reporting scorecard. Reporting on access outcome data such as wait times and number of individuals waiting for service will be added to facilitate discussions about resources. In addition, this quarterly scorecard will be shared with the Planning Table and client/family advisory groups to further augment our community engagement strategy.
- To further streamline data collection, retrieval and reporting, a Lead Agency portal will be developed with a link for each core service provider. Fully understanding client profile, performance indicators and outcome data is paramount in order to make the most appropriate service and resource allocations. From a transparency and accountability perspective, the scorecard will also be shared.



## Priority #3 - Crisis Model

### 2017/18 Achievements

- A single point of access to crisis services was implemented. This included the soft launch of a 1-800 number and extension of community-based crisis hours on evenings and weekends.
- Q3 data confirms the use of crisis services is occurring primarily during the day with most clients accessing office-based support, and an early and encouraging downtrend in the number of individuals presenting to hospital emergency departments. Further analysis about hospital crisis visits will be completed as data from the Local Health Integration Network was not available at this time. Based upon current utilization rates, we expect to exceed the forecasted year-end target by at least 20% (Figure 3.0).
- The marketing strategy to improve access to crisis services has been ongoing. Focus groups with youth have been completed. Design and branding activities are nearing completion.
- Crisis model conversations and case scenarios were completed with the Planning Table. A crisis services work group has been established to map a common pathway for the Service Area. It will define linkages to, through and from agencies. Terms of reference have been developed and circulated to members representing core providers and major partners and sectors, and meetings have been initiated.



### Challenges

- The new single point of access and expanded crisis hours are still in their early phase of implementation. Additional work is required to address inadequate linkages and communication between agencies, uncertainty about provider responsibilities and the lack of common evidence-based algorithms, triage tools and approaches.
- More time and investment in marketing the new crisis service is required to further improve and sustain the shift in clients turning to and using community-based crisis services.
- The demand for crisis intervention in our service area is significant and consistent with provincial trends. Sufficient resources are required to keep pace with the growing demand and ensure the most appropriate locations are contacted at the right time and for the right reason.

**Families have told us that accessibility and ease of access to services is a top priority for them.**



## Priority #3 - Crisis Model - continued

### 2018/19 Activities

- As reported in Priority No. 2, ongoing work is needed to analyze resources to ensure crisis services can be sustained in light of the ongoing and growing demand.
- As part of the standard common reporting template mentioned under the access priority, a timeline of service changes will be documented to better understand and explain factors that may influence service patterns and trends.
- As the common care pathway for crisis services is developed, a protocol development work plan will be created to focus on key points along the pathway that need tighter linkages and more seamless transitions in care and any MOUs will be updated. A sustainability and communication plan will guide the dissemination of the care pathway and ongoing improvements will be made with the support of periodic structured evaluations. We will continue to monitor trends and in particular, measure overall utilization against the burden on emergency departments.
- The marketing/communication strategy will be fully implemented to bolster awareness and confidence about when and where to call and/or visit. Increasing the profile of the single point of access and the importance of early support is expected to improve outcomes.
- Pending more discussion and planning about methodology, a clinical review of crisis case files will be conducted to better understand and measure the nature of crisis calls and visits. Results from this exercise will help make ongoing improvements to the care pathway and inform the marketing strategy.
- Mapped pathways may assist with developing confidence among providers and families as to when and where to access crisis services. Building on an initial tool from a care provider in the Service Area, consultation with providers will be completed to improve the availability of standard evidence-based decision support tools.



### New Priorities – We propose the following 3 new priorities:

- We will develop a plan to implement the new future state access model and ensure measurable outcomes are in place for this transformation.
- Youth and family engagement will be formalized and integrated to ensure we receive their ongoing advice on system planning priorities and quality improvement activities. This will move us toward a stronger client, family and community partnership model.
- In light of the elevated rate of students identified with behavioural issues, planning for this population will be explored as part of a Northern regional strategy.



## Proposed Changes

### Proposed Change

- Based on current pressures and utilization data, we recommend that a review of existing allocations across the core service elements is identified as part of the future state implementation plan. This will foster a greater understanding about the overall service allocations and explore alignment between resources and areas experiencing great demand such as crisis and counselling/therapy services .

### Anticipated Impacts

- Improved response time for direct services, measured by reduced wait times and number of individuals waiting and served.
- Reduce and eliminate the cancellation of counseling visits.
- Continued increase of community-based crisis visits with a related decrease in the number of visits to hospital emergency departments.
- Parents and families express improvement with access.
- Perceived risk from partners that support for the Level 2 clients may decrease to provide more timely and responsive support for Level 3 and 4 clients.

### Rationale & Community Engagement

- To keep pace with the growing demand for crisis and counselling services and ensure resource efficiencies.
- As the crisis care pathway improves, we expect an ongoing demand in community vs. hospital-based visits . We must ensure the system has the capacity to respond. The utilization data presented in this report supports a review of the current allocations to understand how they match up to the areas of greatest demand and utilization.
- Stakeholders from the Planning Table and core service providers have identified the need to better resource crisis and counselling services before the system reaches a breaking point. Ensuring ease of access to community services is also aligned with the expressed preference of youth and families.

### Proposed Implementation

- Develop a future state implementation plan that includes the review of existing allocations across the core service elements.
- Core service providers engage in the review.
- Observations about the alignment between resources and core services are noted , shared and, inform planning priorities and improvements.

### Lead Agency ~ Moving on Mental Health

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### Helping Families and Everyone in Them

<http://www.thefamilyhelpnetwork.ca/home>

HANDS – The Family Help Network as  
**Lead Agency** in collaboration with  
**Core Service Providers:**  
Hands, CCCN, Simcoe Muskoka Family  
Connexions

