

# Quarterly Update

October 2019 – #1



North East LHIN Mental Health  
& Addictions Advisory Council

Conseil consultatif sur la santé  
mentale et les toxicomanies  
du RLISS du Nord-Est

## Who we are

The **North East LHIN Mental Health and Addictions Council** is an active group of 30 key stakeholders representing health care, community adult mental health and addictions, community child and youth mental health and addictions, persons with lived experience, primary care providers, Indigenous health care leaders, Francophone health care leaders, and members from our research community (NOSM). Founded by the North East LHIN in 2016, the role of this Council is to improve coordination, ensure best practices and evidenced-based practices are adopted by practitioners as well as a client-centered approach to mental health and addiction services across Northeastern Ontario – an area spanning 400,000 square kilometres.

## What steers our work

- **Council Work-Plan:** Each year we develop a council work plan based on:
  - Ministry of Health priorities
  - Needs of residents living in the North East, taking into account equity, access, and the needs of Francophones and Indigenous peoples
  - Evidence based practices and best practices
  - Results of community engagements gathered by the North East LHIN
- **Flow of information:** Our regional council minutes and information are shared with the local tables and work is undertaken to align priorities at the local tables to the regional advisory council work plan.
- **Knowledge exchanges at our bimonthly meetings.**
- **Regular evaluation of council meeting efficacy.**
- Development of a **regional scorecard to monitor outcomes.**

## Looking ahead for 2019/20...

- 1) **Opioid and Addictions focus:**
  - **More spoke sites** to be developed for the RAAMs, including Manitoulin, St. Charles and Chapleau.
  - Introduction of an **Addiction Medicine Consult Team** in each of our four Schedule 1 hospitals.
- 2) Development of a regional training model for **Structured Psychotherapy**.
- 3) Implementation of a regional **Needs Based Planning** model for addictions.
- 4) Expansion of **Peer Supports in Emergency Departments** – expanding this program from one Schedule 1 hospital to all four of our Schedule 1 hospitals, a key contributor to helping to reduce hallway medicine.

## Some of Our Successes so Far ...

- We've worked to plan and implement a Regional hub and spoke model for **Rapid Access Addictions Medicine (RAAM)** clinics, with four "hub" sites in Sudbury, Sault Ste. Marie, Timmins and North Bay, and are developing "spoke" sites (up to 12) to service the smaller outlying communities. So far spoke sites are up and running in Espanola, Wawa and Parry Sound.
  - Regional adoption of the **Staged Screening and Assessment (SS&A)** tools, with 78% of our Mental Health and Addiction organizations achieving full implementation.
  - Regional adoption of the **Ontario Perception of Care (OPOC)** tools, with 73% of our Mental Health and Addictions organizations achieving full implementation.
  - The **Big White Wall** and **Bounceback** program - in Q4 of last fiscal the North East Local Health Integration Network (NE LHIN) had one of the highest number of referrals of any LHIN in the second wave of adoption of both programs.
- In the North East five media events were held in local colleges and universities involving Council members to introduce both services. In addition, Council members, primarily the CMHAs meet quarterly to update on other engagement initiatives.
- **Structured Psychotherapy:** Work undertaken to align regional project with the provincial demonstration project. Clinical Protocols and MDS data points have been shared by CAMH and a regional lead hired.