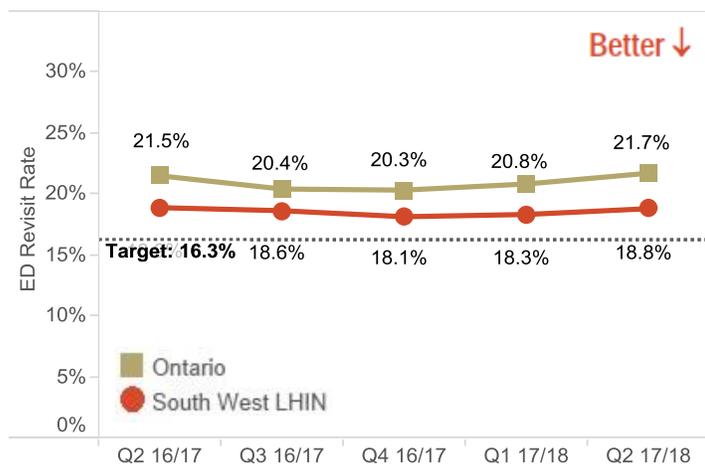


How Will We Know We Have Been Successful?

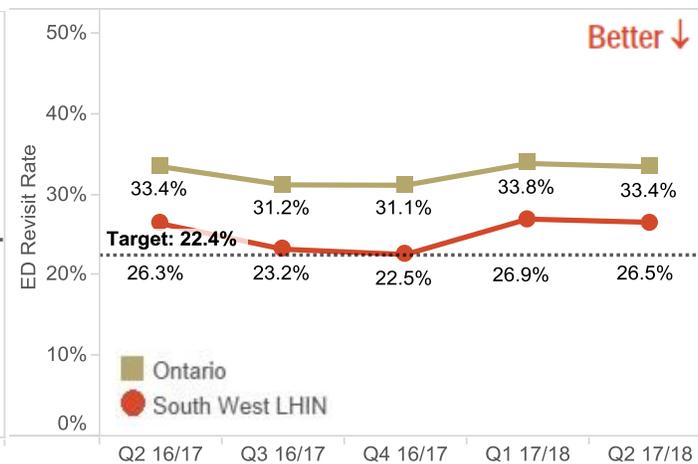
- Fewer people returning to the Emergency Department (ED) due to better connections to community supports
- Fewer people needing to be hospitalized for mental health conditions
- Fast access to mental health care in the community

How Are We Doing?

#13. Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions



#14. Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions



- The South West LHIN ED revisit rates for mental health and substance abuse conditions have been better than provincial performance for the past four years, although rates did rise throughout the most recent quarter.
- The total volume of both index visits and revisits for mental health declined in Q2 17/18 with the greatest declines observed at London Health Sciences Centre (LHSC). Several small community hospitals experienced significant increases in the volume of index and revisit cases, resulting in an overall rise to the LHIN's revisit rate.
- The total volume of index visits for substance use at LHSC increased by 10% from Q1 to Q2 17/18, while revisits increased by 12%. 27% of all revisits indexed at LHSC returned to an ED within 24 hours of their initial visit; half of all revisiting cases returned within 72-hours.

What Is Impacting Performance?

Initiating & Planning: a) Acute Bed Planning – 24 additional mental health beds were funded in Q3 17/18 at London Health Sciences, Victoria Hospital to increase capacity. These beds were operationalized in Q4 17/18.

Capacity Planning – The South West LHIN released the Mental Health and Addictions Capacity Planning Report along with actionable recommendations in Q3 17/18. Prioritization of recommendations is currently underway. **b) Supportive Housing** - Planning is underway for investment in supportive housing for people with mental health and addiction conditions; additional housing opportunities are being explored through collaboration with housing service advisors and municipalities. **c) Emergency Medical Services (EMS)** – In Q3 17/18 the South West LHIN Board of Directors approved plans to divert clients utilizing Middlesex London Emergency Medical Services (MLEMS) to the Crisis Centre where appropriate.

Executing: a) Peer Support Strategy - Partner integrations will be completed by Q1 18/19. **b) Rapid Access Addiction Medicine Clinics** – Grey Bruce Health Services is working to increase the availability of clinics.

Monitoring & Closing: a) Crisis Centre – Canadian Mental Health Association (CMHA) Middlesex is pursuing capital funds to co-locate five additional stabilization beds to the Crisis Centre. **b) Reach Out** – Reach Out is currently receiving upwards of 1,000 calls per month.

Potential Future Opportunities and Considerations

- Enhance cross-sector partnerships to provide preventative services and transitional/urgent supports to divert ED visits.
- Work with cross-sector partners to develop strategies to respond to increasing drug-induced psychoses and opioid crises.