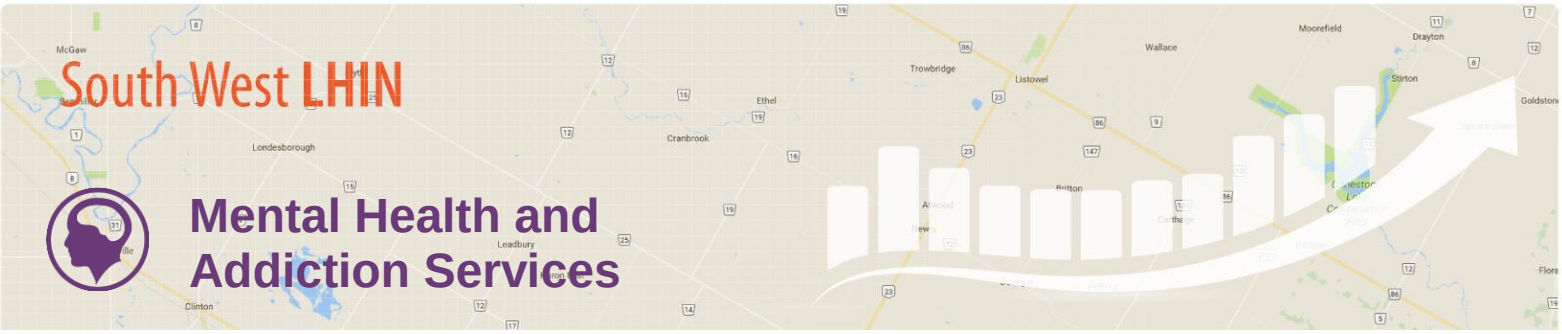
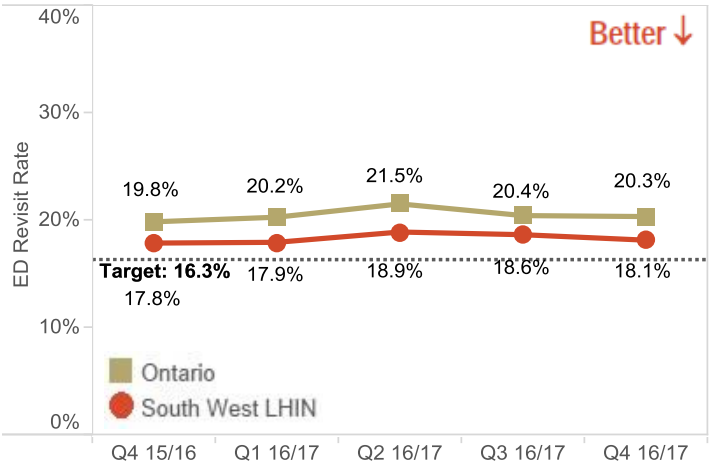


How Will We Know We Have Been Successful?

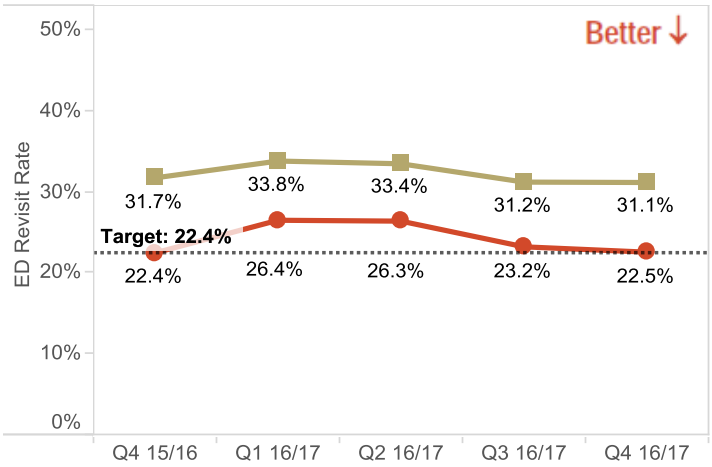
- Fewer people returning to the Emergency Department (ED) due to better connections to community supports
- Fewer people needing to be hospitalized for mental health conditions
- Fast access to mental health care in the community

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 14 straight quarters.
- The small decline in mental health revisits in Q4 16/17 was attributable to a combined 31 fewer revisits for two of the Schedule 1 hospitals - St. Thomas Elgin General Hospital and Alexandra Marine and General Hospital.
- The revisit rate for substance abuse improved from 23.2% in Q3 to 22.5% in Q4 16/17. This is primarily attributable to improvements at two of the Schedule 1 hospitals and fewer revisits amongst the smaller, non-Schedule 1 hospitals.

What Is Impacting Performance?

Initiating & Planning: a) Capacity Planning - Socializing a clinical protocol for adults and adolescents to facilitate timely access to Schedule 1 Mental Health inpatient beds and planning stakeholder engagement to develop recommendations to optimize existing mental health and addictions resources. **b) Supportive Housing -** Planning for investment in supportive housing for people with mental health and addictions conditions as well as identifying potential housing opportunities by working collaboratively with housing service advisors and municipalities. **c) Emergency Medical Services (EMS)** – Collaborating with partners to establish protocols for EMS to divert transports away from the ED to the Crisis Centre for London Middlesex.
Executing: a) Coordinated Access - Continued engagement in Oxford, Elgin, and Middlesex to improve coordination and access to community mental health and addictions services throughout the southern sub-region planning areas. **b) Peer Support Strategy -** Operationalizing the regional peer support strategy for the South West at the sub-region level. **c) Rapid Access Addiction Medicine clinics –** Grey Bruce Health Services working to increase 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. **b) Reach Out** – Approximately 1000 calls per month received resulting in individuals provided with community supports and facilitated bookings directly with community providers—key goals of Coordinated Access.

Potential Future Opportunities and Considerations

- Coordination of investments for structured psychotherapy and adolescent youth hubs.
- 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.