

Priority Areas: Enhance Services in Mental Health and Addictions (MHA)

| Action | Status |
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| Improve access to community based services (with a focus on Cape Breton) | <ul style="list-style-type: none"> • Cape Breton – Recruitment process underway for 5 positions. (4 Full time equivalent (FTE) positions filled. – 1 FTE to start in January; 2 FTEs February; and 1 FTE March 2018. Unsuccessful in recruitment of psychologist (posted – no applicants) • Initiate planning with Department of Health and Wellness to inform the allocation of future community-based positions beginning in 2018–2019. • Work underway to identify the type and number of resources required across each zone |
| Increase access to crisis support | <ul style="list-style-type: none"> • Project Lead in place November 20. Information being gathered regarding current state and best practices to inform planning and evaluation. • Provincial planning group in place to provide advice on alignment and service delivery models (e.g. Rapid Response/Urgent care follow-up) • Coordinated recruitment of 11– 15 FTEs is underway • Mobile Crisis: 2 FTEs hired; new phone system in place • Efforts are underway across NSHA to increase data integrity related to tracking and reporting on access to crisis service. The goal is to begin reporting volumes by the fourth quarter 2017–18. |
| Increase access to naloxone | <ul style="list-style-type: none"> • Nova Scotia Take Home Naloxone Program launched in September 2017. • Free take home naloxone kits and administration training is available in over 240 participating community pharmacies across NS. Kit tracking system in place. • Naloxone Coordinator hired October 2017 • Currently establishing Take Home Naloxone sites within MHA Opioid Use Disorder Treatment; Withdrawal Management; and community-based organizations. |
| Access & Navigation Initiative (Improve mental health and addictions information systems; Start to implement a central intake service) | <ul style="list-style-type: none"> • Kick off meeting held in December 2017 for Forms & Registration work with MHA, Health Information Services and Information Management and Technology. • Consultant in place to support forms and registration consolidation. Working groups addressing: Sunset of Assist System; Registration Realignment; Bed Review; Forms Consolidation; and development of Op–Note on–line documents. • Access & Navigation (Central Intake) project planning initiated and Project Manager assigned December 2017. Access & Navigation kick–off meeting scheduled for January 2018. • A subject matter expert has been hired; start date expected mid–January. 2nd subject matter expert expected to start by end of March, 2018. These individuals will be in place for approximately 1.5 years. • Review of best practices to inform Central Intake service planning. • Discussions started to identify provincial phone system requirements and costs. |
| Increase collaboration with primary health care | <ul style="list-style-type: none"> • A facilitated meeting with co–leads across the province for MHA and Primary Health Care was held. Opportunities for collaboration were identified and a plan developed to guide the next steps in this collaboration. • Work underway to develop a new position to support cross service initiatives and |

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| | improve collaboration between MHA and Primary Health Care. |
| Expand Schools Plus | <ul style="list-style-type: none"> • Agreement developed with Department of Education and Early Childhood Development regarding the roles and responsibilities of school mental health clinicians • 7 FTEs hired between Sept–Dec 2017. 1 FTE being reposted January 2018 |
| Improve access to community based services for children and youth in communities with health disparities | <ul style="list-style-type: none"> • Working with DHW and IWK to plan for the allocation and implementation of these resources. |
| Improve access to opioid use disorder treatment | <ul style="list-style-type: none"> • MHA, Primary Health Care, and Emergency Program of Care collaborated on the development of a plan to increase timely and equitable access to a continuum of evidence-based services and supports for individuals and families experiencing harms associated with opioid use disorder. This included: expanding access to specialized NSHA-funded opioid use disorder treatment and recovery programs, including funds to eliminate existing wait lists and to create capacity for expansion; building capacity in primary care to provide office-based opioid use disorder treatment through the establishment of a telephone consultation service, practice support program, and expansion of feed codes to include buprenorphine/naloxone for opioid use disorder; and increasing capacity in emergency programs of care through training and education. • Coordinated recruitment of 15 FTEs and physicians is underway |
| Expand CaperBase | <ul style="list-style-type: none"> • Recruitment process underway for 3.0 FTEs for expansion to services in Cape Breton • Consultation with zone leaders to identify zone(s) for expansion (Western & Northern). • Collaboration across zones to develop consistent position descriptions and competencies |
| HR Recruitment Strategies | <ul style="list-style-type: none"> • Discussions held with HR to discuss coordination of recruitment efforts. • Meeting planned with MHA & People Services to kick off the initiative and plan next steps. Lessons learned from similar recruitment efforts with Primary Care will be leveraged. • People Services have appointed a recruitment specialist to support efforts. • MHA will gather and reconcile position descriptions, postings and competency requirements across NSHA. |

Indicator Results

| Indicator | Target | YTD Q1 17-18 | YTD Q2 17-18 | YTD Q3 17-18 | YTD Q4 17-18 |
|--|-------------------------|-----------------|-----------------|-----------------|-----------------|
| Number of new clinicians in schools | 6 new clinicians | 0 | 5 | 7 | |
| Percent change in number of individuals accessing crisis service | Establish Baseline Data | <i>Pending</i> | <i>Pending</i> | <i>Pending</i> | |
| Budget allocation to community based supports | New Investment from DHW | NA | \$5.84M * | \$5.84M * | |

*Subject to change pending finalization of 18/19 Business Plan

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| | Favorable Performance - Target Achieved |
| | Monitor Performance |
| | Unfavorable - Area requires additional focus |