

Priority Areas: Enhance Services in Mental Health and Addictions

Priority	Status
Improve access to community Mental Health and Addictions (with a focus on Cape Breton)	<ul style="list-style-type: none"> Recruitment process underway for 5.0 full time equivalents (FTEs). To date, 2 FTEs have been hired and the recruitment process is ongoing for the remaining 3 FTEs.
Increase access to crisis support	<ul style="list-style-type: none"> Priority areas of work identified: <ul style="list-style-type: none"> Urgent care model Develop and implement consistent policies, protocols & procedures Clinical competency development Provincial planning group is conducting evidence gathering, outreach and shared learning to inform the service delivery model. Recruitment process for new positions is underway. To date, 4.5 FTEs have been hired and recruitment is ongoing for the remaining positions. A new phone system to support the mental health crisis line was implemented in Q3 and two additional staff were hired.
Increase access to naloxone	<ul style="list-style-type: none"> Nova Scotia Take Home Naloxone (THN) Program launched on September 29, 2017. Free take home naloxone kits and administration training is available in over 282 participating community pharmacies across the province. 1273 naloxone kits were distributed at community pharmacies between September 2017 and March 31, 2018. 814 naloxone kits distributed and 18 opioid overdose reversals reported between October 1, 2017 and March 31, 2018 at community take home naloxone sites. Authorized THN Implementers training with MHA withdrawal management and opioid use disorder treatment programs has commenced and should be completed by end of May In the near future, several other community based organizations will become registered sites, such as the Northern Healthy Connections Society and Eskasoni First Nations. Several conversations have also taken place with the Department of Corrections and all 4 provincial corrections facilities are expected to become registered sites in the next few months.
Access and 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 occurred in January 2018. Two subject matter experts have been hired and have been working on the project since mid-January. These positions will be in place approximately 1.5 years. Review of best practices to inform Central Intake service planning is due in April 2018. Discussions have begun 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 from across the province for Mental Health & Addictions and Primary Health Care (PHC) was held. Opportunities for collaboration were identified and a plan developed to guide the next steps in these efforts. Work is underway to develop collaborative advisory committee for MHA and PHC. Lead identified to support work going forward.
Expand Schools Plus	<ul style="list-style-type: none"> Agreement drafted with Department of Education and Early Child Development regarding the roles and responsibilities of school mental health clinicians 7 FTEs hired between Sept-Dec 2017. 1 FTE reposted.

Priority	Status
Improve access to community based services	<ul style="list-style-type: none"> • Initiate planning to inform the allocation of funds (30.0 FTEs) beginning in 2018/2019. • Leads identified to facilitate planning and development • Work underway to identify the type and number of resources required.
Improve access to community based services (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 in First Nations communities. This includes discussion with First Nations communities regarding the service model.
Improve access to opioid use disorder treatment	<ul style="list-style-type: none"> • Lead identified to support collaboration between MHA and Primary Health Care and to also provide project management support for the telephone consult service. • Recruitment associated with the expansion of the five publicly-funded Opioid Use Disorder Treatment (OUDT) programs in the province is underway. NSHA has experienced recruitment challenges for positions in the Western and Northern zones. • The five OUDT programs admitted 336 new clients between September 2017 and March 2018. Currently, the OUDT program waitlist in Central Zone has been virtually eliminated. Within this time period, Direction 180 was successful in transitioning 87 clients to primary care in Central Zone. • Eastern Zone program has added the Nurse Practitioner role to their interdisciplinary program team which has significantly increased the prescribing capacity within the program. Other OUDT programs have recognized the value of the NP scope of practice and are exploring this role as part of the care team. • In collaboration with Primary Health Care, we are building capacity within primary care to provide office-based OUDT by creating an Addiction in Primary Health Care Practice Support Program and a telephone consultation service to support family physicians.
Expand CaperBase in Cape Breton	<ul style="list-style-type: none"> • Two new CaperBase outreach workers hired • Recruitment for Provincial Team lead position underway
Expand CaperBase to other areas of the province	<ul style="list-style-type: none"> • Consultation with zone leaders to identify zone(s) for expansion (Western & Northern). • Recruitment underway.
Recruitment Strategies	<ul style="list-style-type: none"> • NSHA is working with Provincial Health Workforce Planning Committee, as well as with DHW and IWK, on matters related to recruitment and retention of employees, including those to work in mental Health and addictions • NSHA has created an internal work group comprised of MHA and People Services leadership focused on MHA workforce planning. This group is working on: <ul style="list-style-type: none"> - Assessment of current workforce, review of trends and forecasting of needs - Approaches to enhanced recruitment strategies for hard to fill positions or hard to recruit to communities • Reconcile position descriptions, postings and competency requirements across NSHA for enhanced consistency as a provincial employer • Review of models of care and scopes of practices to optimize provider roles

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	New clinicians	0	5	7	7
Total number of calls to the Mental Health Mobile Crisis Team (MHMCT) line	Establish Baseline Data	4,890	4,965	4,977	4,907
Percent of interventions provided by the MHMCT to clients outside of Central Zone **	Establish Baseline Data (FY2016-18 average = 11%)	9%	12%	11%	11%

Indicator	Target	Fiscal Years (Period 1-11)		
		2015/16	2016/17	2017/18
Budget Allocation (excludes Specialty Services, Offender Health & Medical Resources)***	Inpatient Actual Spending	\$43,978,286	\$42,163,269	\$42,389,252 3.6% ↓
	Community Actual Spending	\$76,934,847	\$77,152,324	\$79,255,279 2.7% ↑

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

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

** MHMCT service has primarily been providing services in the Central Zone. As part of the expansion, the MHMCT service's goal as a provincial scope of the service is the increase call volume from all of Nova Scotia. Specific details on the program and indicator metrics are on the next page.

*** Outpatient and inpatient spending for April to February (period 1-11) for the past three years. Excludes jails, specialized services, and medical resources. The period 1-11 fiscal 2018 expense budget is \$157.4M (91% of the \$172.7M annual MHA budget).

Please note that the previous indicator "Percent change in number of individuals accessing crisis service" was replaced with "percentage of interventions specific to the provincial Mental Health Mobile Crisis Team to clients outside of Central Zone". There is currently significant variation in the service delivery model for crisis services which would make reporting unreliable. As we work to develop a consistent provincial model of crisis and urgent services, this indicator may be revisited.