

# Milestones On Our Journey

Highlights Report  
February 2019



# Milestones On Our Journey

In 2017, Mental Health and Addictions (MHA) released [Milestones On Our Journey](#), a multi-year plan that outlined strategic actions in four priority areas.

The overall goal was to strategically plan for a full continuum of services and systems supports to better meet the needs of Nova Scotians.

Our planning process revealed the complexities of our system and program of care, its interconnectedness (or not) with other parts of the healthcare continuum, and some fairly fundamental differences in how the work is done across the province. Ultimately, it helped us to identify the gaps and opportunities to improve our program of care.

We know that transformation is not something that happens overnight and we still have work to do as we move along this journey. This report is not intended to include a complete account, but rather provide highlights of accomplishments that we have made with our partners in transforming the system of care and supports for people and their families living with mental disorders, including addictions, since the Milestones On Our Journey document was released.



## 4 key priority areas

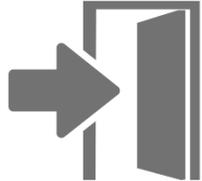
Milestones On Our Journey outlined strategic actions in four priority areas, including:

- Mobilizing leadership and fostering collaboration
- Promoting positive mental health
- Improving access, treatment and coordination
- Advancing provincial system supports

# Highlights at a Glance – Year 1 Priorities & Investments



Standardizing of scheduling, triage levels and standards for reporting wait-time measures



Creating single access point for community MHA clinics



Increasing access to, and enhancement of, treatment services in community.



Investing in rural psychiatry recruitment and retention (clinical assistant program)



Enhancing peer support program



Strengthening our quality framework (Accredited 2017)



Incorporating e-mental health solution into clinical processes.

Centralized Intake/  
Access & Navigation

**\$1.24M**

Urgent Care/Crisis

**\$1.6M**

Community MHA

**\$1.1M**

Child & Adolescent  
Services  
School-based /First  
Nations

**\$2.23M**

CaperBase &  
Adolescent Outreach  
Model Expansion  
(WZ/NZ)

**\$1.24M**

Opioid  
Replacement  
Program

**\$729K**

Clinical Assistants  
(EZ/NZ)

**\$790K**

Enhancement of  
Health Promotion  
Team

**\$187K**

## Mobilizing Leadership and Fostering Collaboration

### ACTION ITEM

Continue integrating Mental Health & Addictions across Nova Scotia.

Further cultivate MHA's co-leadership model (administration and physician) in service planning; provision of care and support for people and their families; and developing well-integrated and high-performing teams.

Continue to use needs-based and population health planning models to prioritize and evaluate system improvements.

### MILESTONES ACHIEVED

MHA integration is being embedded into all areas of service delivery through co-location of teams, concurrent disorder competency development, centralized intake processes and clinical collaboration of the team.

MHA senior leadership team includes four zone directors and a provincial director of policy and planning working in co-leadership with psychiatry department heads, the Department Of Psychiatry at Dalhousie University, the physician lead for addictions medicine, our senior medical director Of Mental Health And Addictions, and leaders from the IWK's Mental Health And Addictions team.

Local, national and international data and reports have been used to support decisions regarding development of service delivery models to address MHA needs as well as allocation of resources. MHA's health promotion team works with our clinical services to support and promote opportunities to improve understanding of current and future needs.

## Mobilizing Leadership and Fostering Collaboration

### ACTION ITEM

Enhance collaboration in the delivery of care and supports for people living with mental health disorders and/or harmful substance use/gambling across the continuum and across other service sectors including health, justice, education and community/social services.

Strengthen public knowledge, community engagement and sharing of information to increase awareness of MHA as a provincial program and to improve understanding of its mandate.

Increase collaboration and partnerships with diverse communities such as African Nova Scotians, First Nations people, Acadian Nova Scotians, immigrant communities, and LGBT2Q+ communities, and to ensure timely and equitable access to a continuum of safe, quality care and supports.

### MILESTONES ACHIEVED

We work with Primary Health Care (PHC) through the development of a joint steering committee, Emergency Program of Care, Public Health through the development of a joint business case, the Department of Justice through the Wellness Court Program, and Take Home Naloxone Program, Department of Education and Early Childhood Development through school mental health programs, and Department of Community Services to enhance our response to needs of people living with mental disorders, including addictions, who experience difficulties functioning in their daily lives.

We established a provincial health promotion team to develop a strategy to increase public awareness, change attitudes, and enhance health literacy. Working to develop and implement true engagement opportunities for people and their families. Our goal is to encourage them to feel empowered about their role in the transformation of MHA's program of care by including their voices on our quality teams and developing public advisory groups for each zone and provincially.

We have provided Culture Safety Training to a number of clinicians. We have invested in clinical resources working in First Nations communities (adults and children). We have also invested in Trauma Informed Care competency development in partnership with the IWK.

## Promoting Positive Mental Health

### ACTION ITEM

Adopt the Positive Mental Health Promotion Framework and Action Plan as the provincial model for MHA in Nova Scotia for key priority areas.

Initiate projects that build equitable healthy public policies and address inequities associated with the social determinants of health that significantly influence mental wellness, substance use and gambling.

Continue to build readiness with decision makers and communities to commit to a population health policy approach to the key priority areas.

### MILESTONES ACHIEVED

New Health Promotion structure and approach implemented across Nova Scotia; planning and evaluation coordinator and health communications specialist positions filled to support the implementation of the framework and action plan; priority action teams established in collaboration with the IWK. A business case for the Health Promotion Framework has recently been approved by DHW.

Federal and provincial government consultations; engaged with municipalities across Nova Scotia to shape by-laws and/or support the development of healthy public policy; established additional priority area focused on Cannabis to address policy efforts and health issues in relation to legalization.

Continued efforts to contribute to the Provincial Interdepartmental Committee on Prevention and Promotion; support to NSHA Cannabis Committee in the development of policies; coordinated Public Engagement (IAP2) Training for the MHA senior leadership team; engaged in community and stakeholder consultations, including municipal leaders, regarding health public policy; and ongoing collaborations with Public Health and IWK

## Promoting Positive Mental Health

### ACTION ITEM

Influence decision makers to consistently apply a health equity lens to decision-making related to the key priority areas.

Promote positive mental health across the life span, targeting multiple levels of influence (i.e. individual, family, community and society) in personal, communal, organizational and public policy settings.

Implement initiatives to reduce stigma and discrimination faced by people and their families experiencing mental health disorders and/or harmful substance use/gambling and involve those with lived experience, as appropriate and when possible, in the planning, implementation, and evaluation.

### MILESTONES ACHIEVED

Capacity development initiatives focused on health equity incorporated into work plan.

Priority Action Teams reviewed population level data and evidence pertaining to positive mental health across lifespan; targeted initiatives currently in development.

Support communities in implementation and coordination of the Mental Health First Aid Program; Take Home Naloxone Program training implemented across Nova Scotia, including dissemination of Naloxone – Who is your kit for? Video, which incorporated individuals with lived experience; supported community coalitions and stakeholders (e.g. CHBs, NGOs). The THN Program has recently been nominated for a national 3M Quality Award.

## Promoting Positive Mental Health

### ACTION ITEM

Develop a strategic engagement and public participation plan to increase community capacity (awareness, knowledge and ability to take action).

Establish multi-pronged, comprehensive initiatives to improve population mental health and eliminate or reduce the risks and harms from substance use/gambling.

Work in collaboration with other government departments, services and community organizations to address the multiple and complex needs of people and their families, including those related to safe, affordable, supportive housing as well as employment and education.

### MILESTONES ACHIEVED

Development of a provincial approach for engagement with Mental Health and Addictions in progress; Public Advisory Groups being developed for each zone in Nova Scotia.

Joint planning with NSHA, Public Health and the IWK Health Centre MHA Services

Participation in local and zone-level housing initiatives; advocate for use of a health equity lens in collaboration with community partners; engage with other government departments regarding affordable and supportive housing.

## Promoting Positive Mental Health

### ACTION ITEM

Provide resources to support community action (e.g. support local boards and coalitions; support staff in community endeavors).

Foster community and individual resilience by supporting community action on socio-economic and environmental factors that affect individual and community health.

Work collaboratively with other parts of the health system to promote positive mental health and reduce health disparities by ensuring equity and fairness of access to community resources and health services that promote positive health and well-being.

### MILESTONES ACHIEVED

Provide resources to community organizations (e.g. Community Health Boards, local coalitions) in the development and/or implementation of initiatives to improve health. Implement the Families Matter supportive program; work closely with DHW and SSNS.

Supported various committees focused on building healthy schools and communities work with municipalities and stakeholders to influence bylaws and policies to improve physical environments.

Implementation of the Bloom Program (partnerships with community pharmacies to promote positive mental health); engaged with MHA quality committees to enhance focus on re-orienting health services and promote positive mental health; collaborations with Community Health Boards and Community coalitions to promote positive mental health and reduce health disparities

## Promoting Positive Mental Health

### ACTION ITEM

Work to build understanding and awareness of mental health disorders and harmful substance use/gambling as health issues within NSHA and IWK.

Provide accountable decision-making through the establishment of reporting, monitoring and evaluation processes.

Involve people and their families, living with mental health disorders and/or harmful substance use/gambling, in all initiatives that promote and influence positive mental health.

Align with Accreditation Canada's Population Health and Wellness Standards and Health Promotion Canada's Competencies for Health Promotion.

### MILESTONES ACHIEVED

Presentations provided to build understanding and awareness of health promotion issues and topics related to substance use.

We have established a planning and evaluation position; reporting on indicators related to work plans and action teams.

We have developed a framework for public engagement; ongoing community engagement events.

We have incorporated competencies into health promotion job descriptions; development of annual training plan in progress.

## Improving Access, Treatment and Coordination

### ACTION ITEM

Establish a provincial, integrated central intake system that is highly responsive, accessible, seamless, standardized and evidence-based.

Increase access to mental health and addictions care and support within primary care by improving care transitions, coordination and collaboration with primary health care teams.

Improve access to intensive, highly specialized MHA services, treatments and supports across the province by establishing clear pathways to specialized care and building local capacity to provide at least some specialty services.

### MILESTONES ACHIEVED

We have partnered with Information Management/Information Technology (IM/IT), the IWK and voice services to create clinical process, in keeping with the stepped care model, for access and navigation (central intake) that is highly responsive, accessible, seamless, standardized, and evidence-informed.

We are working more closely with Primary Health Care to build confidence and capacity in collaborative practice teams to increase access to screening, brief intervention, referral to service, and ongoing follow-up. A joint steering committee has been developed. We have been working with the Practice Support Program to encourage PHC physicians to manage people living with Opioid Use Disorder. We have been working with PHC to determine how best to sustain and support the Atlantic Mentorship Network.

Invested resources in supporting both service delivery and building capacity of others; for example, the Nova Scotia Early Psychosis Program and a provincial Eating Disorders program.

## Improving Access, Treatment and Coordination

### ACTION ITEM

Remove barriers and establish provincial protocols to ensure successful transitions between child and adolescent MHA services and those for adults.

Facilitate successful transitions from intensive, hospital-based services to community MHA services, which include providing prompt follow-up after discharge from hospital.

Continue to work collaboratively with justice and other key partners to increase the availability and accessibility of programs to divert people living with mental health disorders and/or harmful substance use/gambling from the corrections system, including mental health courts and other services and supports for youth and adults.

### MILESTONES ACHIEVED

Transitions of care work between IWK and Central Zone has resulted in a number of standardized processes and tools to support transitions from child and youth to adult services. The other zones are working on developing standardized procedures for transitions from the IWK.

Pilot sites have been identified for all zones and work is underway to test forms and procedures for the new provincial Transfer of Care Quality Initiative. This initiative includes representatives from inpatient, community and specialty services and will result in consistent communication and standards of practice for all transfers of care. Opportunities identified for peer support.

Mental Health Wellness Court Program Working Group has developed a framework and templates to support communities who may have an interest in starting local wellness or diversion courts. This initiative was a collaborative effort between health, justice and other supporting agencies.

## Improving Access, Treatment and Coordination

### ACTION ITEM

Provide a range of services and supports of differing intensity and complexity to effectively and efficiently respond to the needs of those seeking care and support.

Increase the use of technology and e-mental health solutions to foster collaboration, support, education, increased access to consultative and other services, and engage people and their families.

### MILESTONES ACHIEVED

We are working more closely with Primary Health Care to build the confidence and capacity of collaborative practice teams to increase access to screening, brief intervention, referral to service, and ongoing follow-up. We have expanded the Adolescent Outreach Model into Eastern, Northern and Western zones to increase youth access to the above services. We have expanded Schools Plus mental health teams. We are working to improve access to the wide range of services that can be offered throughout Community Mental Health and Addictions (CMHA) teams. We have standardized our wait times and triage levels and prioritized those individuals with urgent needs aiming to meet a standard of seven days. We are working to develop a crisis/urgent care model for service delivery and we have invested in the expansion of the Mental Health Crisis Line to improve our response times.

We are linked nationally to the Mental Health Commission of Canada to demonstrate the effectiveness of tools that are founded in a stepped care approach in improving access and increasing care options. We are leveraging videoconferencing options to connect our clinicians and psychiatrists to our clients. We are working in collaboration with Primary Health Care and DHW to explore the use of technology and e-mental health solutions. We are also investigating tools/solutions to support reminder calls/texts.

## Improving Access, Treatment and Coordination

### ACTION ITEM

Reduce inappropriate use of inpatient services by providing timely access to necessary services, treatments and supports in the community.

Improve the meaningful involvement of clients/patients and families in clinical decision-making as well as in planning and evaluating initiatives designed to improve MHA.

### MILESTONES ACHIEVED

We have established a Peer Support Program and are working with local organizations to build their capacity. We are working to improve access to community Mental Health and Addictions clinics and increase or urgent care and crisis capacity.

Patient and family representatives are included on all zone/provincial quality committees/councils. We are developing public advisory groups in each of the zones that will provide targeted public engagement, input, advice and feedback to MHA senior leadership on services and supports and to aid with successful transformation.

## Improving Access, Treatment and Coordination

### ACTION ITEM

Continue implementation and evaluation of the Choice and Partnership Approach (CAPA) model to achieve consistent and coordinated care and supports for children, adolescents and their families across Nova Scotia.

Review the feasibility of service improvement models for adults and their families to improve access, resource efficiency, treatment matching and care pathways — in keeping with core elements of stepped care and CAPA.

Expand the range of harm reduction initiatives, policies and practices that prevent and reduce health, social and fiscal impacts of harmful drug use.

### MILESTONES ACHIEVED

We are continuing with the implementation and evaluation of the Choice and Partnership (CAPA) model for child and adolescent services and reviewing service improvement models for adults and their families. A joint NSHA/IWK leadership structure has been developed. We are looking at fidelity of implementation and ongoing evaluation of the model in child and adolescent services.

We have increased our clinical capacity across the province with a particular focus on areas of greatest need. We have standardized our triage levels, making urgent clients the priority (standard = seven days). To address no-show rates we have implemented a process during which registered nurses are following up with clients in a therapeutic conversation and offering direct booking as well as reminder calls. We have invested in CBT training for clinicians.

The Take Home Naloxone Program has distributed 2,300 kits through pharmacies and 2,700 kits through community sites since September 2017. There are approximately 55 reported overdose reversals (often underreported). We have implemented processes to enhance rapid access to opioid replacement programs, and have eliminated many wait lists provincially.

## Improving Access, Treatment and Coordination

### ACTION ITEM

Work in partnership with diverse communities to improve availability of quality, culturally competent, safe services for Nova Scotia's diverse populations and communities.

In partnership with the Emergency Program of Care and first responder organizations, improve competencies of providers related to mental health disorders and/or harmful substance use/gambling.

Continue to integrate trauma-informed approaches into service delivery to create safety and trustworthiness through our health practices, our physical and emotional environments, and social interactions with clients, families, and communities.

### MILESTONES ACHIEVED

We are improving the availability of high-quality, culturally competent service for our diverse populations and are currently working to develop and foster critical partnerships that will enable us to build trust and cultural safety into our work with these communities.

MHA is working in partnership with provincial emergency departments to develop a mental health and addictions-specific education program.

MHA has commissioned a pilot of trauma-informed care education to take place in Cumberland. Results and lessons learned from this pilot will be used to inform our provincial roll-out of trauma-informed practices.

## Improving Access, Treatment and Coordination

### ACTION ITEM

Continue to monitor and evaluate compliance with the provincial model of care for inpatient withdrawal management services for all units providing withdrawal management.

Continue to expand, monitor and evaluate community-based withdrawal management models for people who are in need of withdrawal management but do not require inpatient care.

Strengthen the culture of recovery-oriented practice within MHA and with other care/service providers, building on the belief that recovery is possible.

### MILESTONES ACHIEVED

MHA has undertaken a provincial quality initiative to determine the service delivery model for a continuum of withdrawal management services in NS. Recommendations from this initiative are expected in spring 2019.

We have enhanced access to community-based supports through the addition of new clinical positions. We launched the Day Wellness Program in Western Zone (flexible/walk-in basis), including an evidence-based withdrawal management education support program and one to one support as needed.

We are strengthening the culture of recovery-oriented and trauma-informed practice among our staff by working with the IWK in the roll-out of trauma-informed practice training across the province.

## Advancing Provincial System Supports

### ACTION ITEM

Strengthen MHA quality and safety infrastructure and processes; implement a consistent program-wide framework.

Establish a provincial approach to evidence-based policy development, implementation and evaluation.

Improve routine data collection, analysis and reporting for MHA.

Develop a provincial evaluation framework which includes targets, milestones and key performance indicators for transforming MHA in Nova Scotia.

### MILESTONES ACHIEVED

We have established a provincial Mental Health And Addictions quality structure and have adopted a quality lens for all new initiatives. A significant focus has been outcomes measurement, including key indicators for safety and quality.

We have increased capacity for evidence-based policy development and are implementing provincial policies to address high priority and/or high-risk areas. A provincial policy and planning team has been created and work is underway.

Provincial reporting structure has been developed for routine operational and system-level reports, including SIMS, DAD, Meditech, STAR reports and the necessary training. An example of this is our work to standardize wait time measures and triage levels for scheduled appointments in community Mental Health and Addictions clinics.

We are making progress on our ability to monitor and report on key performance measures. Our provincial data team is facilitating this work. Our standards for our key performance indicators are aligned with national benchmarks for MHA.

## Advancing Provincial System Supports

### ACTION ITEM

Increase involvement of people and their families living with mental health disorders and/or harmful substance use/gambling in accreditation, priority setting, system planning, monitoring, and advisory bodies in the MHA system.

A renewed investment in MHA workforce development strategy to ensure training and competency development is evidence-based and coordinated, in keeping with strategic priorities and addressing the needs of Nova Scotians.

Establish research priorities based on MHA's plan and strategic priorities and promote internal and external research within these areas.

Continue to build relationships and partnerships with the research community to strengthen MHA infrastructure, to improve scientific research and knowledge exchange.

### MILESTONES ACHIEVED

We are working across the program to establish expectations regarding family support groups, to train staff in information-sharing guidelines, and to create formal mechanisms (including public advisory groups) for people and families to be meaningfully engaged.

NSHA's People Services and MHA are working as a team to recruit, retain and manage skilled and competent members of our teams. This includes identifying and developing incentives to recruit for hard-to-fill positions because of location. We have worked to increase our psychiatry capacity by providing incentives, offering support through tele-psychiatry, and initiating a clinical assistant program.

MHA has hired a health outcomes scientist whose focus will be on the development and oversight of research priorities for the program.

The health outcomes scientist has critical relationships with local and national researchers. We are partnering with the Mental Health Commission of Canada, Memorial University, Dalhousie University, as well as with DHW and the IWK on an e-mental health strategy, and are developing tools to support involvement of research across all zones.