



HSRCU

Assessing system impact of a new mental health funding initiative in Ontario

Knowledge Translation Conference

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seei

systems
enhancement
evaluation
initiative

Overview

- Introduce SEEI and Impact Study
- Impact mid-study findings:
 - Province and LHINs
 - Local service area reporting
- Hospital report findings
- Next steps

System Enhancement Evaluation Initiative (SEEI) - Background

- Significant entry of new funds into community mental health system 2004-2007
 - Federal Accord - targeted ICM, ACT, crisis, EI
 - Service enhancement - to support diversion of individuals with mental illness from criminal justice system - ICM, court support, crisis, safe beds, supportive housing
- MOHLTC committed to assess impact of capacity enhancement through routine accountability reporting and evaluation research
- MOHLTC requested a proposal from the Health Systems Research and Consulting Unit

System Enhancement Evaluation Initiative - Funded studies

Phase I:

The Impact Study

- System wide assessment of the impact of new funding

The Matryoshka Project

- Impact of new resources on EI and court diversion program clients

System Enhancement Evaluation Initiative – funded studies

Phase II - 7 studies in these areas:

- Court outreach - Ottawa
- Fidelity and Recovery ACT study - Hamilton
- Police mobile crisis services-a review of three models-London
- Crisis system network-Waterloo/Wellington
- Integrated crisis-case management-Kingston
- Service match (CCAR)-Kingston
- Community-based discharge planning - Sarnia

Impact Study Team

Core team

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Advisory

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Impact Study Objectives

1. To assess change in community mental health service capacity.
2. To assess change in use of hospital emergency and inpatient services by persons with mental illness.
3. To assess change in contact with criminal justice and corrections services by persons with MI (diversion)
4. To assess whether better outcomes are achieved in 'better functioning' systems of care (opening the black box)

Impact Study Overview

Scope

- System-wide, existing data sources

Reporting periods

- Fall 06 (baseline system status - FY02-04)
- Mid term (system status to FY05)
- Winter 09 (system status to FY07)

Indicator selection criteria

- Important: Pertain to MOHLTC goals
- Expected to change as result of new \$\$
- Feasible: system-wide data of adequate quality
- Trending

Areas of measurement

Funding (1)

- Per capita CMH funding

Overall hospital use (2)

- Inpatient admissions
- Emergency room visits

Early return to hospital (within 30 days) (3)

- Readmission after discharge
- Return to ER post discharge
- Return to ER after previous ER visit

Police contact (2 - developmental)

- Suicide related calls, MHA apprehensions

Data sources

Health service use

- Hospital use: DAD, NACRS (migrate to OMHRS)

Funding

- Community Mental Health Budgets & Programs Inventory (migrate to OHFS database)

Justice & Corrections

- Direct data collection from police services

Reporting & Measuring change

Reporting levels

- Provincial, LHIN (current)
- local service areas (to come)

Foci

- Change over time
- Inter-LHIN variation

Reporting periods (mid term report)

- FY-02-04 (baseline)
- FY05 (follow-up)

Findings - Mid-term report

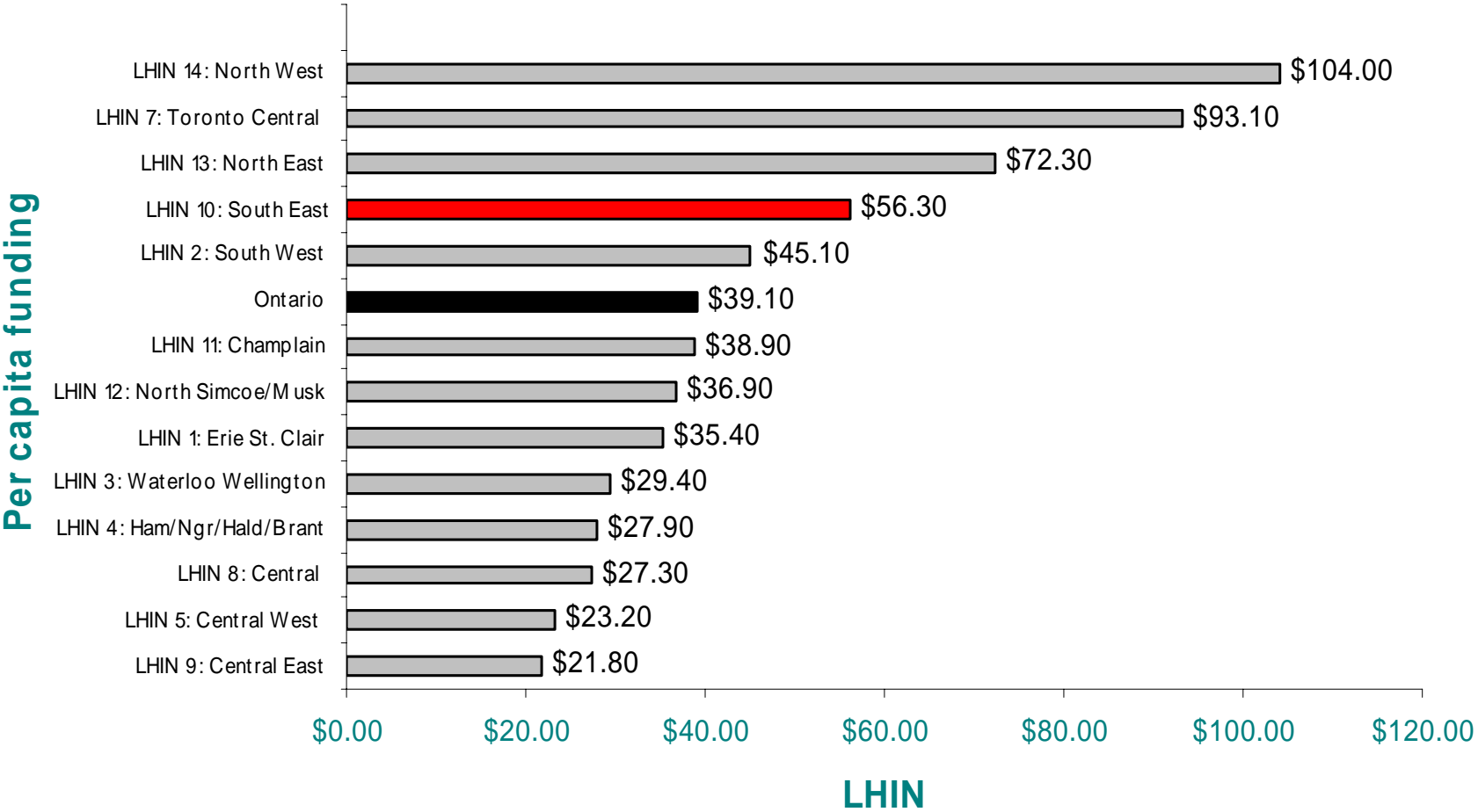


Province & LHINs

Community mental health funding (MoH) (p/c - total population)

Indicator	Baseline FY02-04	Follow-up FY05
Community mental health funding	\$29.80	\$39.10
LHIN range	\$8.40 - 84.30	\$12.00 - \$104.00
LHIN 10	\$46.50	\$56.30

Community mental health funding FY05



Bed/ Physician Supply - FY05

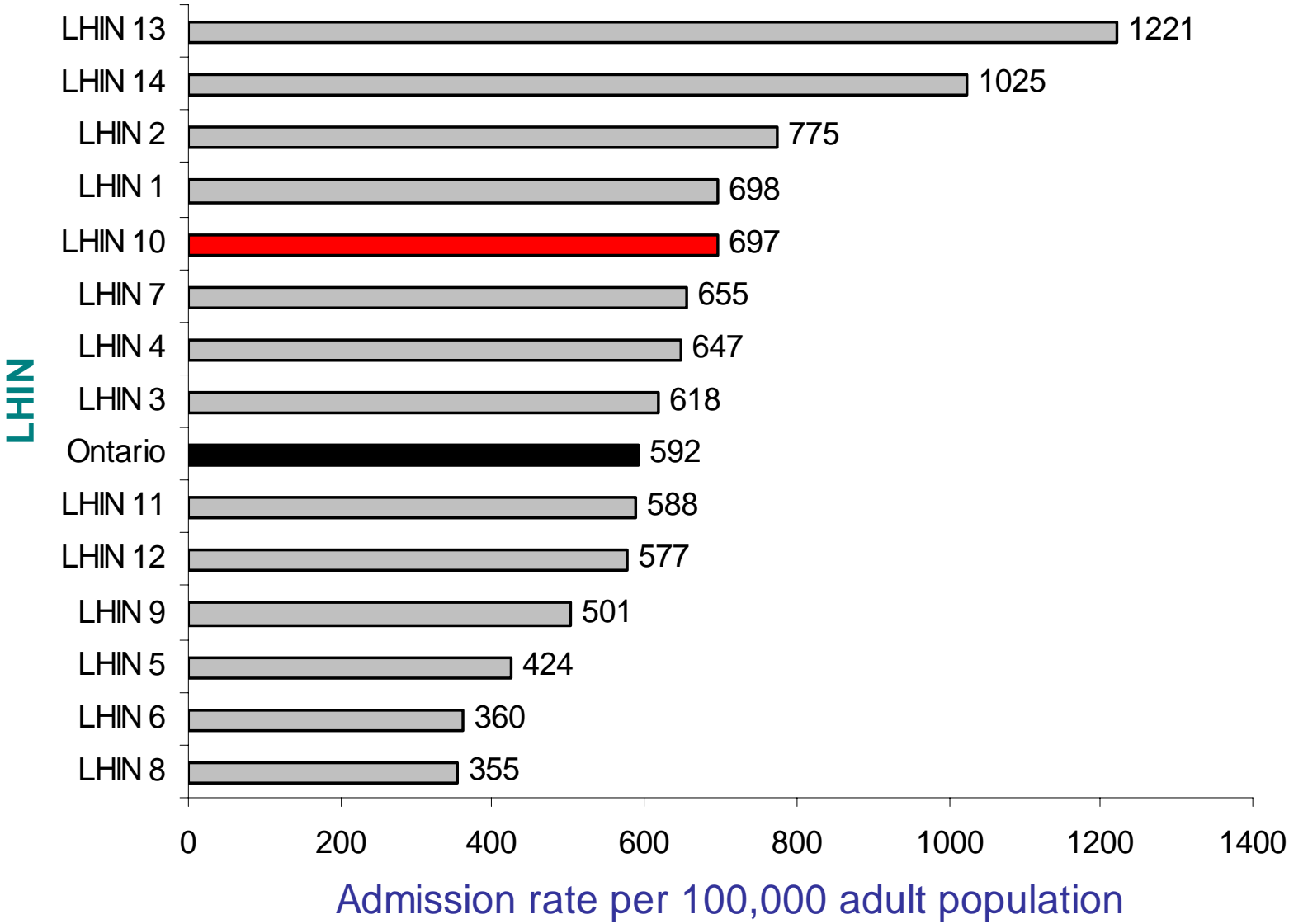
Indicator	LHIN 10	Ontario	LHIN range
Schedule 1 beds /100K pop	57	38	9 - 75
- specialty	- 44	-21	
- acute	- 13	-17	
Physician supply 2004 (FTEs/100K pop)			
- GP/FP	78	74	55-115
- Psychiatrist	14	13	3-53

Hospital use – mental health conditions (16-64 yrs)

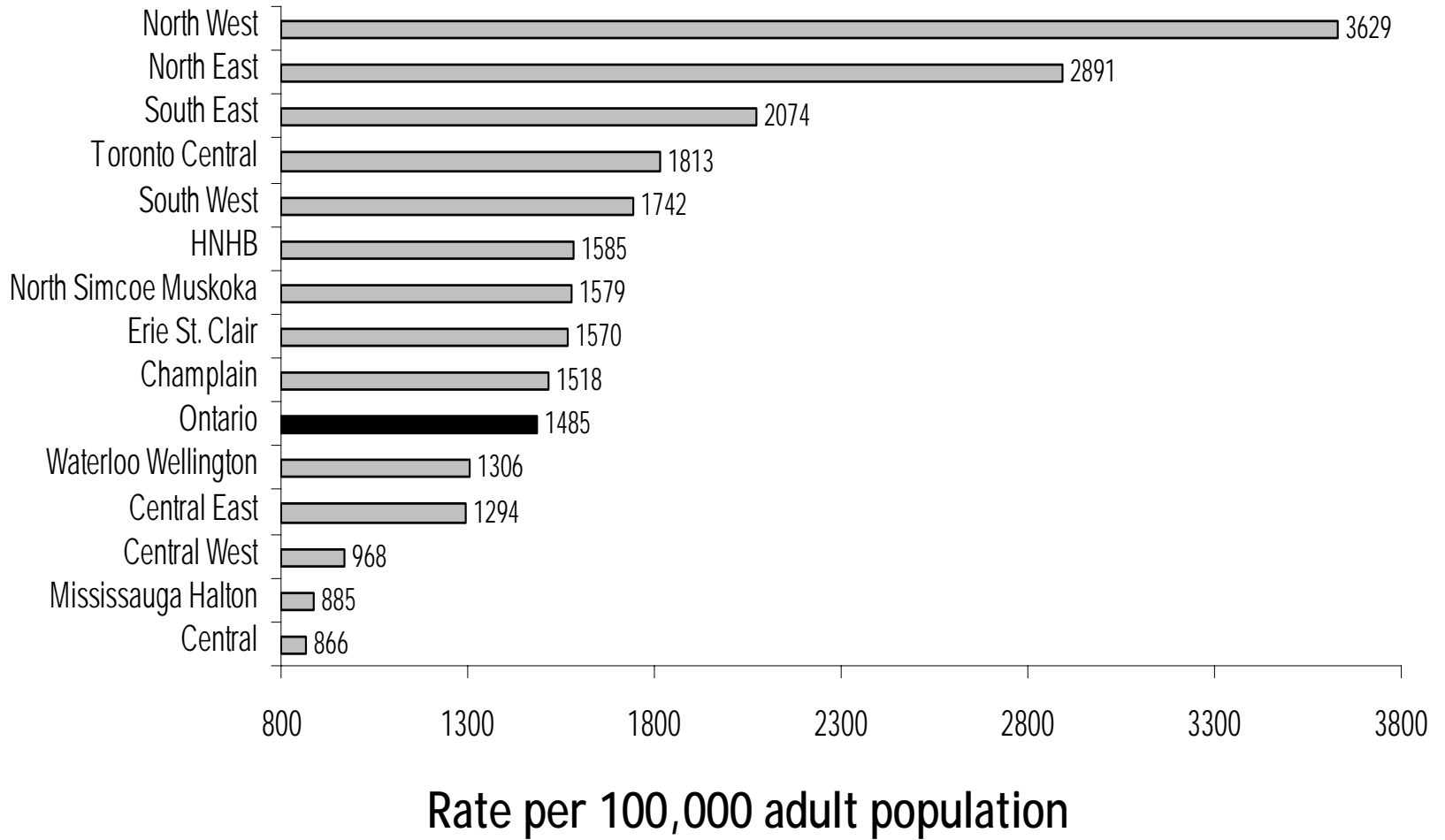
Indicator	Baseline FY02-04	Follow-up FY05	LHIN range
Inpatient admissions	48,000 or 575/100K adults	50,200 or 592/100K adults	Volume increased in all but 3 LHINs
LHIN 10	(672)	(697)	
Emergency room visits	115,400 or 1400 /100K adults	126,000 or 1485 /100K adults	Volume increased in all LHINs
LHIN 10	(1764)	(2074)	

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Admission rates - FY05



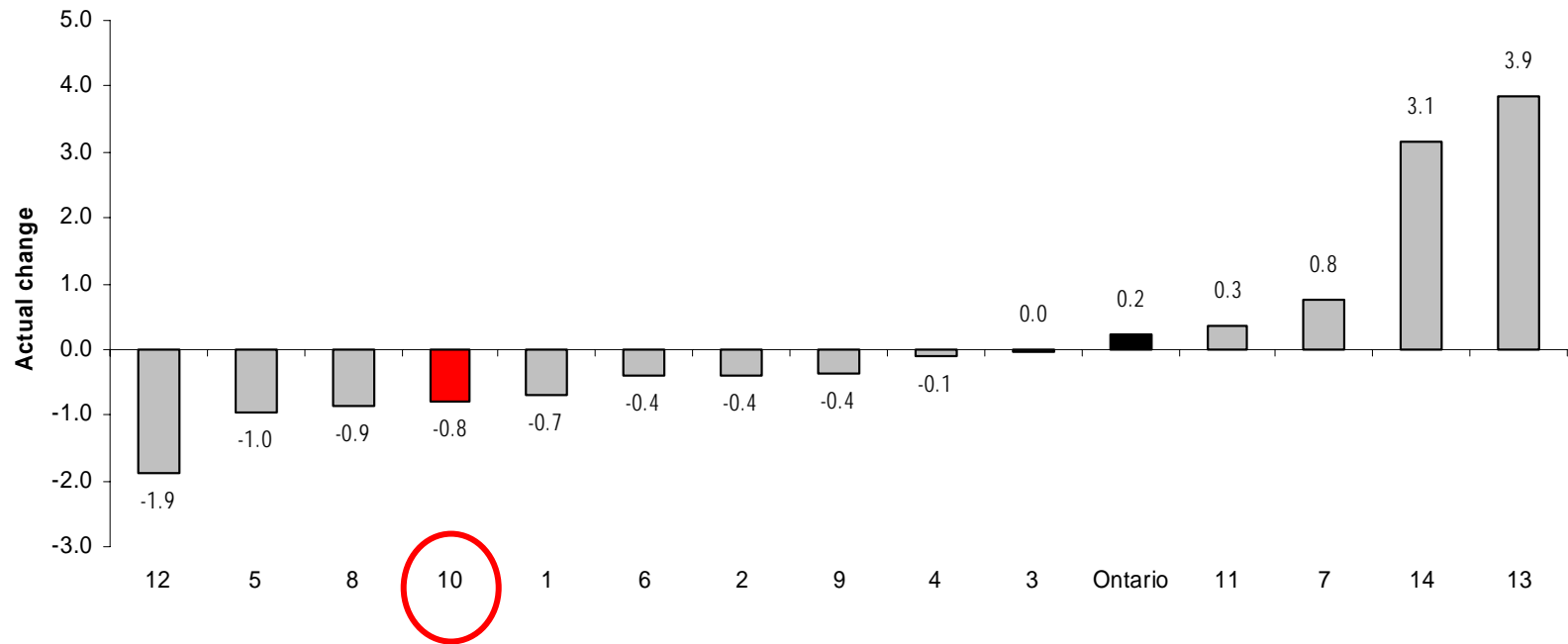
ER visit rate FY05



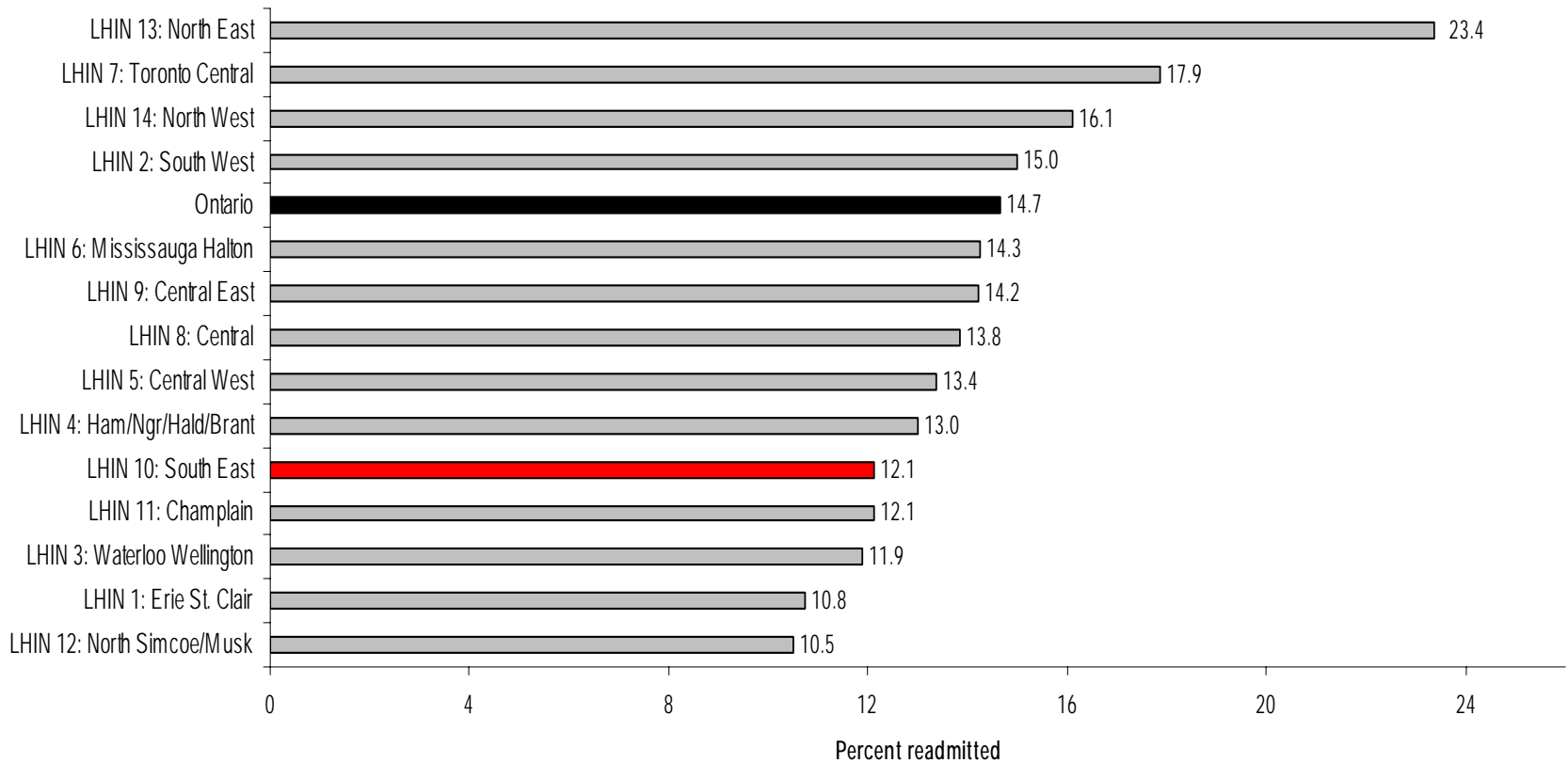
Early return to hospital indicators

Indicator	Baseline (%)	Follow-up (%)	LHIN change
Readmission post discharge	14.4	14.7	5↑ 8↓
Return to ER post discharge	16.8	16.7	3↑ 10↓
Return to ER after previous ER visit	17.1	16.5	2↑ 11↓

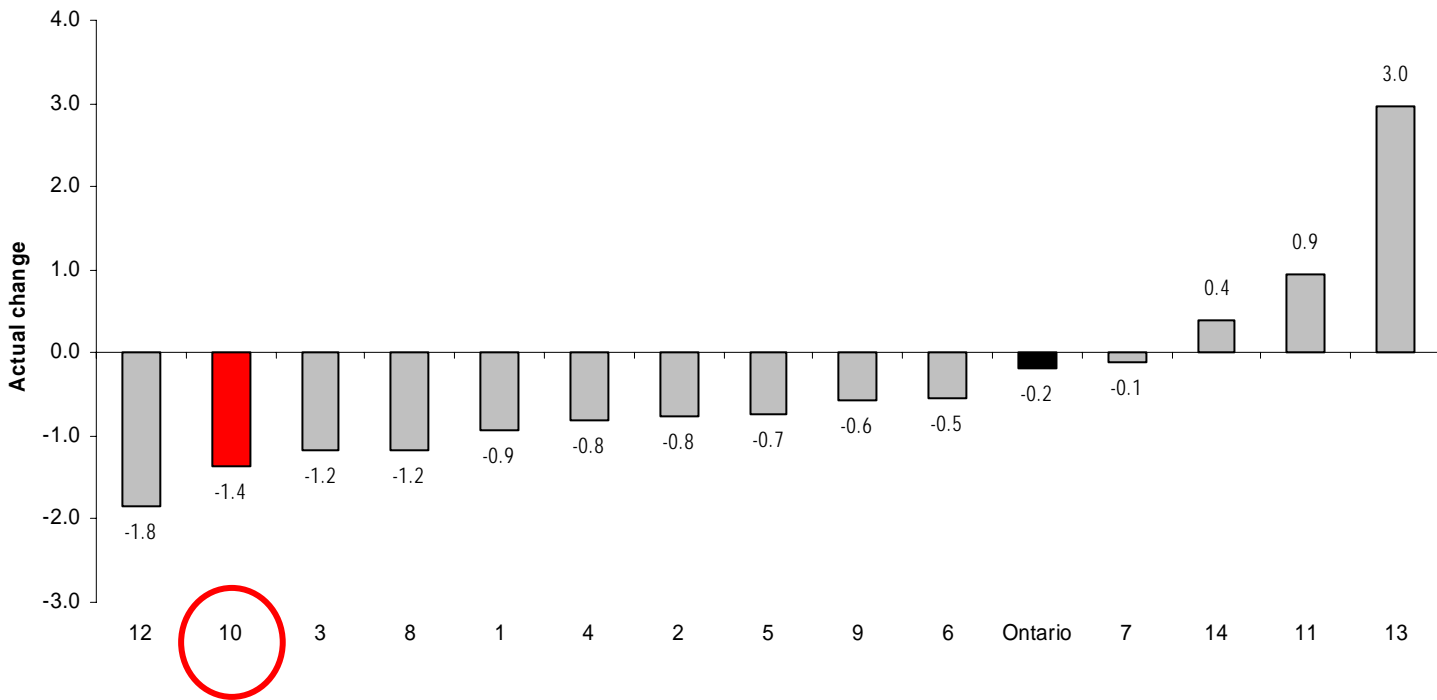
Change in rate of early readmission after discharge?



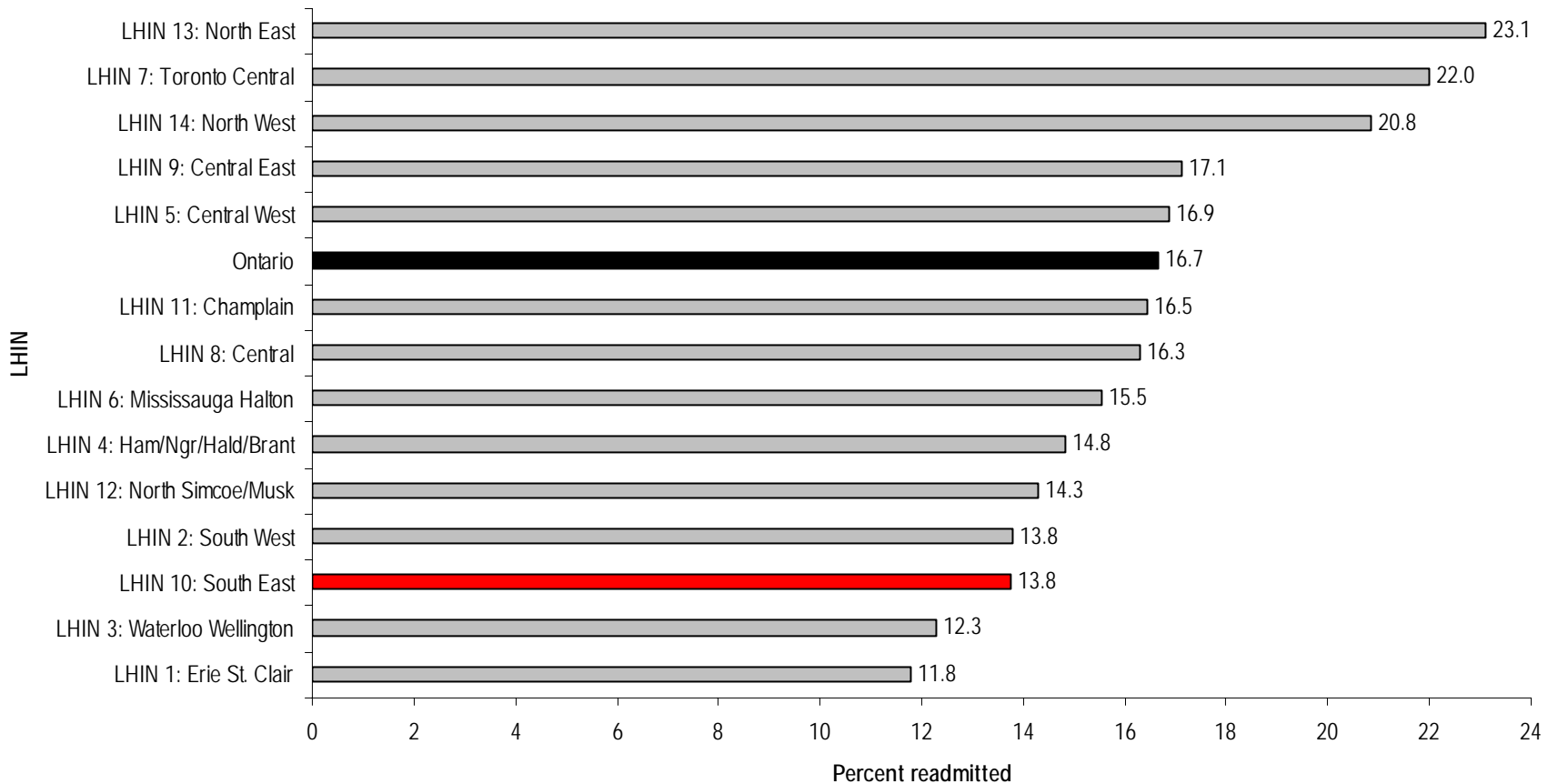
LHIN variation in early readmission FY05



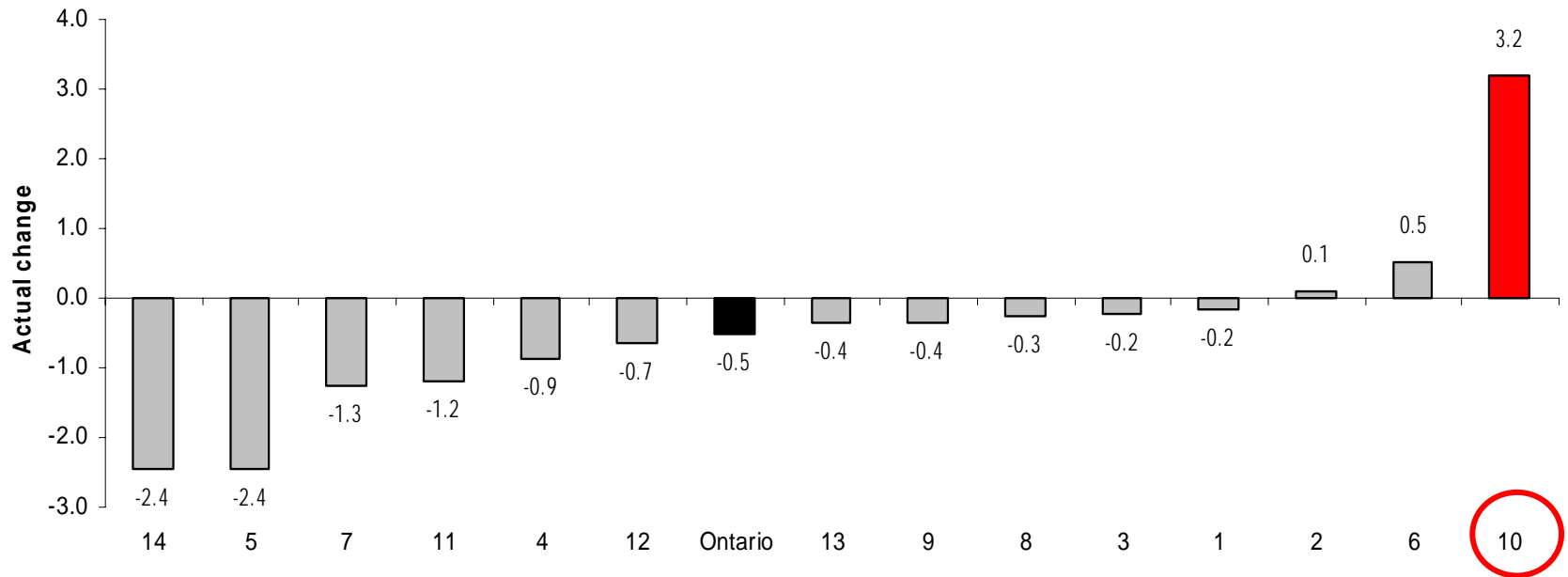
Change in rate of return to ER after discharge?



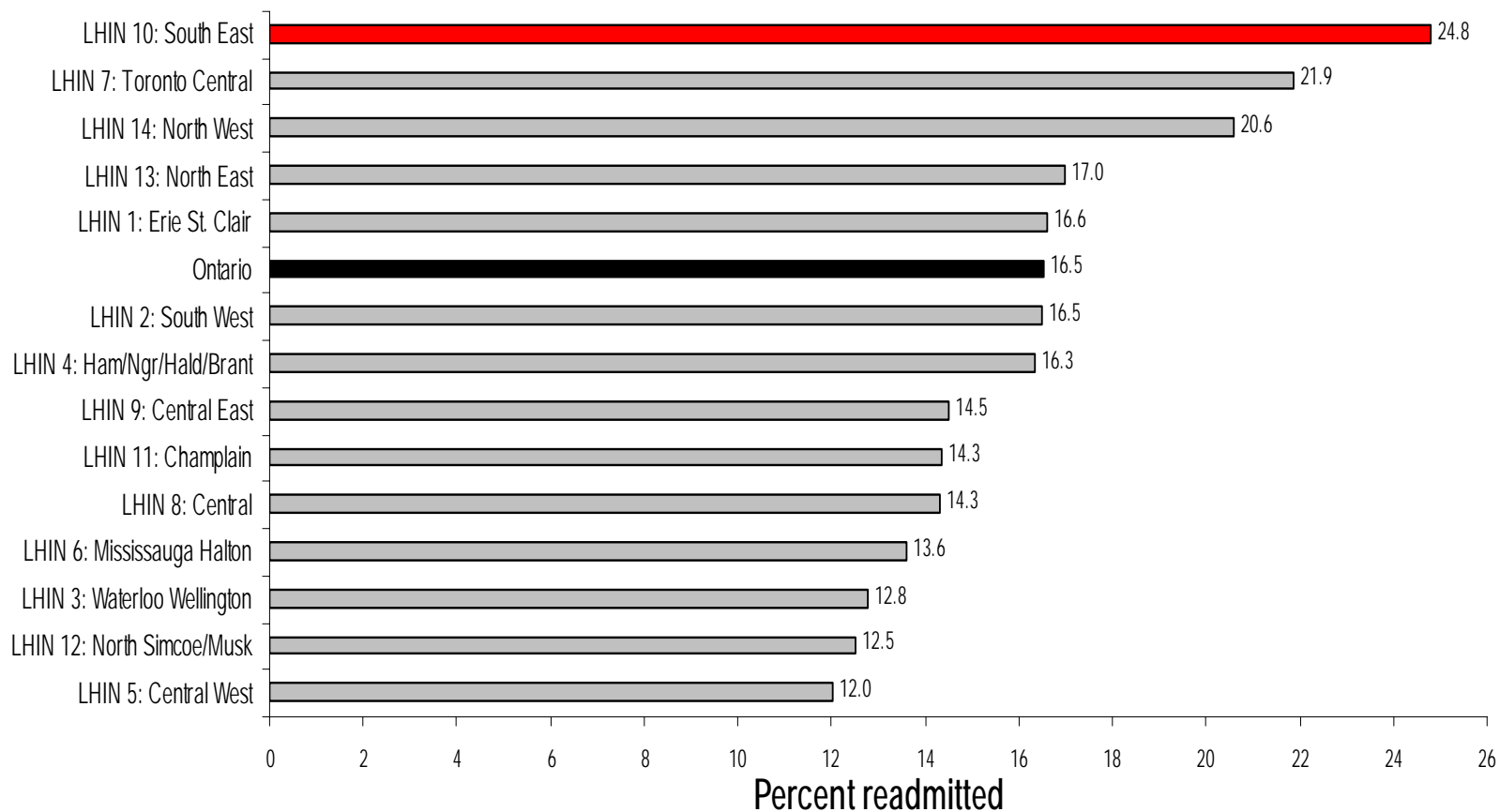
LHIN variation in return to ER after discharge FY05



Change in rate of early return to ER after previous ER visit?



LHIN Variation in Early Return to ER after previous ER visit



Overall LHIN Performance in Return to Hospital Indicators



Police service indicators (developmental)

Burden

- Suicide related calls
- Suicide related contacts

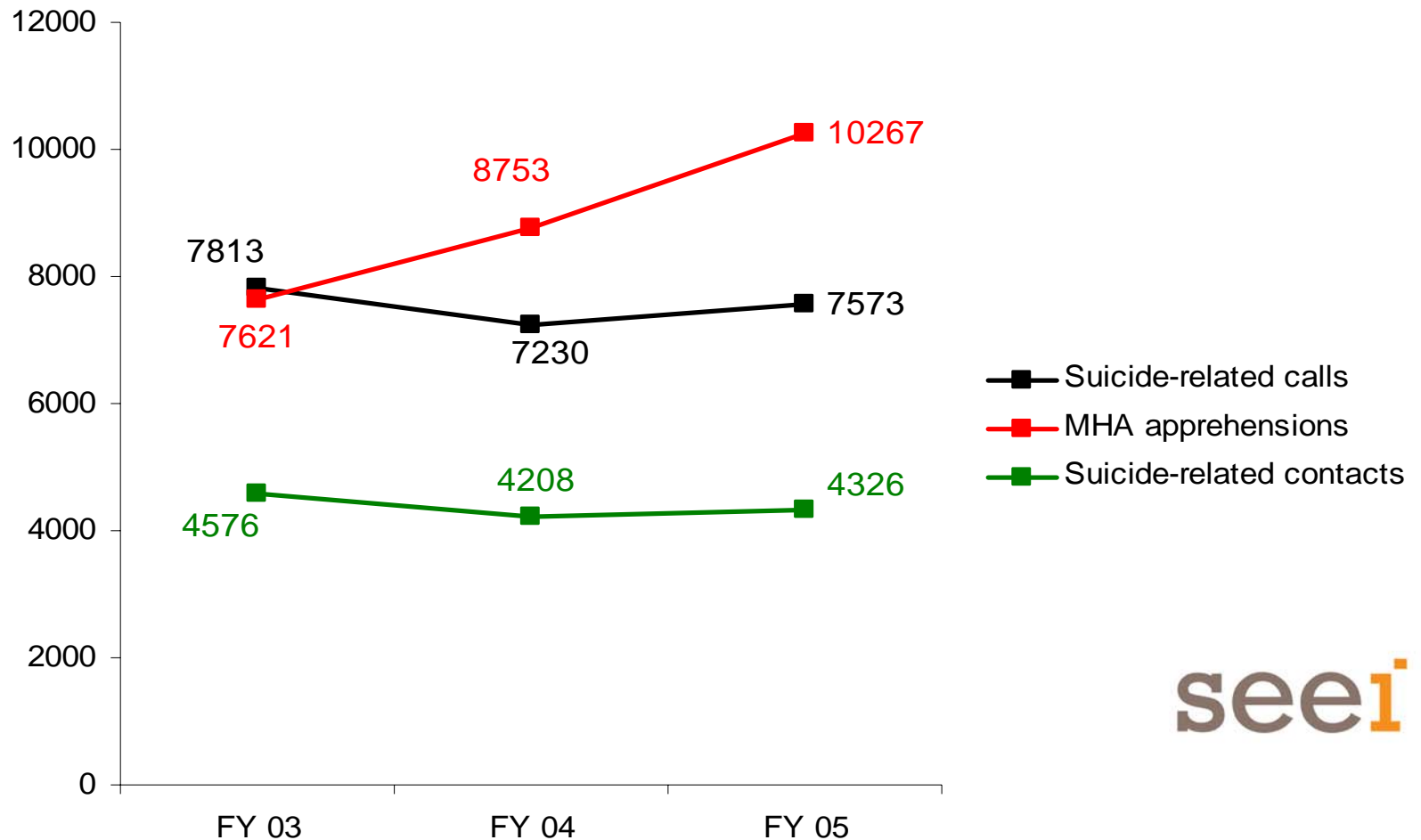
Outcome

- MHA apprehensions

Police services responses

- 31/60 forces responded (55% Ont pop)
- Most could report data
- Accuracy rated as high by most forces
- Analyses - some data quality issues

Police Service Indicator Results



Impact mid-study findings

South East LHIN

Local Service Areas

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South East: Local Service Areas (draft)

Within LHIN

- Lanark-Leeds-Grenville
- Frontenac-Lennox-Addington
- Prince Edward-Hastings

Ex LHIN

- North Lanark /North Grenville

Local Systems Indicators (LHIN 10)

Indicator	LHIN 10	Prince Edward-Hastings	Frontenac-Lennox-Addington	Lanark-Leeds-Grenville
Adult pop 16-64 yrs	317,933	97,320	119,725	103,100
Hosp admissions (per 100K)	697	682	776	726
ER visits	2074	1592	3069	1745
Readmission post discharge	12.1	10.7	13.2	11.1
ER visit after discharge	13.8	13.4	17.7	8.6
ER visit post previous visit	24.8	15.2	32.5	13.3
Short stay (<= 3 days)	26.2	38.3	20.2	23.0

Main Findings from Mid Term Report

Hospital use

- Volume increasing (ER visits, admissions)
- Suggestion of stable/declining return to hospital events
- Considerable cross LHIN variation

Police

- Stable citizen contact for suicide related concerns
- Increase in MHA apprehensions

System planning

- LHIN level planning tables forming
- Increased demands on time /resources
- Recruitment challenges for program implementation

Impact Study



Next Steps

Next Steps

Local service area definitions and reporting

Indicator analyses

- Add two years of data, change measurement
- Indicator refinement, follow specific cohorts such as persons with SMI, concurrent disorders, 'no fixed address'

Next Steps

Crisis program survey & system measurement

- Potential system indicators
 - capacity in key areas - telephone, mobile, walk-in, hospital
 - emergency beds & meds in community
 - selected linkages for referral into crisis services
 - selected linkages for referral post crisis services
 - system initiatives
 - CMH \$\$
 - urban/rural

Next Steps

Police services survey

- Add 2 more data points
- Learn about police service practices for managing contacts with persons with mental illness
- Expand participation - municipal, OPP

THANK YOU!

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