Newfoundland and Labrador Action Plan on Home and Community Care and Mental Health and Addiction Services

INTRODUCTION

On December 23, 2016, the Government of Canada and the Government of Newfoundland and Labrador publically agreed to new federal funding for investments in home and community care, including palliative care, and mental health and addictions. Over the 10-year period (2017-18 to 2026-27), the Government of Canada will support home and community care and mental health and addictions initiatives in Newfoundland and Labrador through combined funding of an estimated $160.7 million ($87.7 million for home care and $73 million for mental health initiatives). This Action Plan outlines how federal funding will be invested for the first five years of this ten-year period.

Ensuring the long-term sustainability of the health care system is a continuous challenge in Newfoundland and Labrador. The province is challenged to meet the needs of rural and remote communities, a rapidly aging population, the increasing prevalence of chronic diseases, and the growing rates of mental health and addictions. The targeted federal investments will allow the province to move forward in supporting the delivery of more and better home care services and making high quality mental health services more available to people who need them.

The Action Plan outlines the Province's approach to achieving home and community care and mental health and addictions services objectives. In home and community care, Newfoundland and Labrador has been developing and implementing a *Home First Initiative*, which will make transformational changes in how services are delivered to individuals with complex care needs who want to receive their care at home. Newfoundland and Labrador will advance this initiative and use federal funding to support three pillars of activity which will: create a **Home First Integrated Network** of care for clients with complex needs in the community and for clients discharging from acute care; **integrate a palliative approach across the health care system** with enhancements to supports, services, and coordination of care and implementation of a consistent policy on advance health care planning; and **enhance services for persons with dementia** with a specific focus on supporting caregivers, including psychological interventions, training and support.

In mental health and addictions, policy priorities in Newfoundland and Labrador are guided by the recent All-Party Committee on Mental Health and Addictions Review, which was conducted to identify gaps in services and areas for improvement in the province. The Committee's report, *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador*, outlines 54 recommendations to address service gaps and to support what is currently working well in the mental health and addictions system in the province. In June 2017, the Provincial

Government released *Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador*. The Plan sets out short, medium, and long-term goals to ensure implementation of all the recommendations. Newfoundland and Labrador will use federal funding to implement elements of this Plan in four areas: implement **integrated service delivery for youth** to help them effectively manage stress and anxiety; introduce **e-mental health services** and initiatives to improve access to care; expand access to **addictions services**; and invest in **community-based services** to support individuals with complex needs.

Newfoundland and Labrador will participate in a Federal-Provincial-Territorial process, including working with stakeholders and experts, through the Canadian Institute for Health Information (CIHI), to develop common indicators and to share relevant data in order to permit CIHI to produce annual public reports that will measure pan-Canadian progress on home and community care and mental health and addictions services.

HOME AND COMMUNITY CARE

Overview

An aging demographic, high incidence of chronic disease and a large rural population have created social and economic challenges in Newfoundland and Labrador. Individuals in need of care have stated they want to receive necessary supports at home. This, combined with growing evidence that community-based care is often the most appropriate and cost-effective approach, have been compelling arguments to enhance community-based health care services to meet the needs of individuals who are otherwise high users of acute and long term care services.

Newfoundland and Labrador has identified that a lack of integration of health care services has resulted in a fragmented system that is more responsive to organizational priorities than to the changing health needs of the population. Services and supports are built around programs, hospitals, long term care facilities, clinics or community offices which has resulted in a health system that is difficult to navigate and an over reliance on costly facility-based care.

Home and Community Care in Newfoundland and Labrador Today

Home and Community Care

Newfoundland and Labrador is committed to improving home and community care as indicated in the Department of Health and Community Services Strategic Plan (2017-2020) and consistent with the commitment to the implementation of recommendations from a 2016 review of the Province's Home Support Program. The 2016 review recommended significant changes and improvements in the quality of services delivered with an enhanced focus on integration of care and improved clinical outcomes.

In Newfoundland and Labrador, individuals with complex care needs are the highest users of facility-based care, often for care that could be provided in the community. In response, Newfoundland and Labrador will invest federal health accord funding in a community-based approach to service delivery for clients with complex needs, including palliative/end-of-life care needs. This initiative will complement the work the province is already undertaking to improve the quality of and access to community-based services.

Priority Areas for Cost-Shared Investment

Newfoundland and Labrador has been developing and implementing a *Home First Initiative*, which will see transformational change in how services are delivered to individuals with complex care needs, including palliative and end-of-life care, who want to receive their care at home. The *Home First Initiative* is the umbrella term used to capture all the improvements identified within the Action Plan.

The *Home First Initiative* will integrate with regular programming. The federal funding will add to Regional Health Authority (RHA) funding for clinical positions and programs and services. The federal funding alone cannot sustain the scope and reach of the *Home First Initiative*. The approach is built on maximizing existing regional resources while using the federal funding to increase the regional capacity to support people with complex and palliative care needs.

Through this initiative, Newfoundland and Labrador will:

- Enhance home care and coordination of supports for clients with complex needs in the community and clients discharging from acute care;
- Integrate a palliative approach across the health care system with enhancements to supports, services, and coordination of care and implement a consistent policy on advance health care planning;
- Enhance services for persons with dementia with a specific focus on supporting individuals to remain in their own homes through the use of technology and by supporting caregivers.

To support these objectives, federal funding will be allocated to the following areas as part of the *Home First Initiative*:

1. **Home First Integrated Network**: Enhance clinical services in the Regional Health Authorities (RHAs) with additional clinical positions necessary to provide complex care in the community. Clinicians funded will include nurse practitioners, community health nurses, licensed practical nurses, social workers, occupational and physiotherapists.

2. **Palliative Care/End-of-Life Improvement**: Enhance clinical positions for palliative and end-of-life care; implement a professional development plan focused on enhancing awareness and skill development for clinicians, service providers and caregivers involved in the provision of palliative/end-of-life and dementia care; fund a broad public awareness campaign and the development of

supporting tools to promote palliative care and advance health care planning; and support the creation and operation of hospice beds in two RHAs.

3. **Support for Individuals with Dementia**: Provide better respite services for caregivers; implement professional development for providers and caregivers; and expand remote monitoring technology through a Provincial Dementia Care Program.

1. Home First Integrated Network

In Newfoundland and Labrador, regular programming is most often provided through a structure that is organization-centered, with policies, rules and budgetary allocations that can serve to prevent individuals from accessing the care they need, forcing individuals to shop around for the right package of supports. Clients with complex needs, including palliative/end-of-life needs, are most vulnerable to falling through gaps in programming and often need assistance to help in navigating through systems.

To address the barriers and limitations of regular programming, Newfoundland and Labrador will develop and implement a *Home First* approach across the health care system to ensure access to timely supports and services for individuals with complex and palliative/end-of-life care. To support the intended design, the following service principles were developed:

- Services will wrap around clients where they are located;
- Implementation will not be constrained by policies that present barriers to a seamless service or the heath sector boundaries of existing professional staff;
- Existing regional health system resources will be maximized; and
- Services will be available in the community beyond traditional work hours.

Action: Additional Clinical Positions to Create the Network
Federal funding for additional clinical positions will support the development of a *Home First Integrated Network* of professionals who will provide services to clients with complex and palliative support needs in their geographical zones, and also support the implementation of *Home First* throughout the region. Funding will support salaries and operational costs to implement the network.

How it will work

- Learnings from *Home First* approaches in this province and in other jurisdictions point to key service areas that have proven to be most significant in supporting individuals with complex care needs in their homes, including:

    - Case Management;
    - Home Support Services (including personal care, homemaking and respite);
    - Rehabilitation Services;
    - Nursing Services;
    - Physicians;

- Pharmacy Services;
- Counselling and or spiritual supports; and
- Medical Equipment.

- In the *Home First* approach, once a client has been identified as having complex/palliative/end-of-life needs and is at high risk for unfavorable outcomes, he/she will be assigned a singular point of contact for case planning and care coordination. The clinicians assigned will have a responsibility to help identify and access the supports required, coordinate the care, as well as to include family, build relationships and to individualize the support plan.

- The client will work with a clinician in the development of a person centered care plan. The clinician will ensure an integrated approach through intensive care coordination with all identified service providers, in particular, primary health care, and provide active support throughout the transition to longer term services if required. The design allows for up to 8 weeks of enhanced supports to facilitate smooth transitions for clients with complex needs and, as long as clinically-required for palliative/end-of-life clients.

- Clinicians responsible for care coordination will draw on supports and services available where the client lives, and, where no required service exists, will draw on the Network to problem solve. For example, Networks will have clinicians with expertise in palliative care that clinicians in other areas of the region who may not have the same level of expertise will draw on to mentor and coach them in providing the type of care required.

- Clients with complex needs may have significant non-clinical needs that are contributing to their health outcomes. Partnerships at the community level through collaboration with other community and social services are therefore critical to meeting needs. Case managers will help facilitate access to medical care as well as community services and supports. Regular monitoring, frequent communication and open exchange of information are key activities in coordination of care.

- Case managers will support clients to transition from regular programing or facility-based care to the community through the *Home First Initiative,* and from *Home First* to regular programming if required. This could include Community Support Services, Personal Care Homes, Long Term Care or other supports external to services and programs offered through the RHAs. Successful transitions use case management strategies that include a broad range of health and other supportive services, face to face communications and full participation of the client, family and support network. Case management strategies will span across and integrate with emergency and acute care, primary health care (in particular family physicians), community and facility-based care.

- Managing transitions will entail warm handoffs to the next service or program. This approach ensures the smooth transfer of professional responsibility and

accountability to another clinician or service provider for longer term services and wherever possible will include a structured meeting between services.

- The RHAs will reorganize service delivery processes to ensure clinicians are available to support this initiative beyond traditional community-based office hours.

- Individuals with palliative conditions, complex chronic disease or dementia, and the frail elderly, are some of the populations who will benefit from this flexible, person-centered approach.

- The addition of funding for clinical positions, combined with maximizing existing regional resources, and the development of technology solutions will allow individuals in areas less densely-populated to access better care at home.

- The RHAs have been able to recruit for clinical positions for *Home First* in more densely populated areas and have been able to access privately-contracted services in some more remote areas where RHA professional services are not available. The use of technology in the provision of professional services is also being explored to enhance the capacity of the regions to implement *Home First* in more remote locations, such as the use of technology to conduct remote occupational therapy assessments. Newfoundland and Labrador is undertaking a review of occupational and physiotherapy services in the province with a view to enhancements, efficiency and potential new models of service delivery.

  These investments align with the agreed-to *Common Statement of Principles on Shared Health Priorities* by:
  - Spreading and scaling evidence based models that are integrated and connected to primary health care.

2. Palliative Care/End-of-life Improvement

Currently in Newfoundland and Labrador clients who are palliative but not eligible for regular programming must wait until the predicted last 28 days of life before they can access the supports and services required to manage their condition at home. The limitations in regular programming have resulted in clients seeking supports from facility-based care, including emergency departments and admissions to acute care beds throughout their illness and at end-of-life.

Some of the barriers include: financial ineligibility and a lack of timely access to home support services such as personal care and housekeeping; lack of timely access to equipment and supplies from regular programming such as hospital beds, medications and nursing supplies; and lack of timely access to professional nursing services. The current capacity of nurse practitioners, community health nurses, licensed practical nurses, social workers and other allied health professionals to deliver high quality, timely care in all areas of the province is limited.

In Newfoundland and Labrador, the emphasis on advance health care planning is limited across the health care system with critical decisions often happening in acute care. There are regional policies to support community-based conversations with clients on advance care planning but it is not standardized, monitored or supported consistently. Newfoundland and Labrador has recognized the need to promote and support advance health care planning much earlier in an individual's health care journey.

Additionally, Newfoundland and Labrador does not have hospice facilities. Options for individuals who prefer residential care at end-of-life are therefore limited to dedicated acute care beds within hospitals and regular acute care beds where capacity in dedicated beds has been maximized.

Action: Enhanced Access to Palliative Home Care

- As part of the *Home First Initiative*, federal funding will support enhanced access to supports and services to clients with palliative conditions earlier in the trajectory of the illness (above current eligible coverage and funding levels). When a client is assessed as nearing the end stage of their illness, an individualized plan will be developed and implemented. Clients will receive supports and services at point of clinically-assessed need, eliminating the delays inherent in regular programming. This includes home supports, medications, and medical equipment and supplies.

- Federal funding will also support additional clinicians, including nurse practitioners, community health nurses, licensed practical nurses, occupational therapists and social workers in each of the regional health authorities to enhance the regional capacity to provide the clinical services necessary to support palliative clients in managing their condition at home. Working with community partners, Newfoundland and Labrador will assist to develop and fund hospice bed capacity in two RHAs. Federal funding will be used to cost-share the cost of 20 new hospice beds (60% federal; 40% provincial).

Action: Improved Quality of Service

- Clinicians will be educated throughout the healthcare system to direct palliative/end-of-life clients/patients/residents – who need supports and services but are not eligible under regular programming – to the Regional Home First Integrated Network.

- Clinicians across the health system will be better prepared through the implementation of professional development initiatives to provide palliative/end-of-life care across the RHAs. Specifically, all clinicians in the RHAs who are currently and/or are likely to provide services to clients with palliative conditions, at any point in the trajectory of the illness, will receive consistent education on palliative care, in particular, Learning Essential Approaches to Palliative Care (LEAP). Staff are very keen to receive this training and funding will be allocated to support the staff relief to allow staff to attend. Initially this training is targeted to regional health staff. Initiatives

under development from the review of the Provincial Home Support Program will target development of qualifications for home support workers.

Action: Better knowledge and preparation

- A public campaign will be launched to raise awareness of palliative care and to increase uptake of advance health care planning. The purpose of the initiative is to develop standardized health policies and tools specific to Newfoundland and Labrador that individuals, or the clinicians that are supporting them, can use to help facilitate the process. A public awareness campaign will promote the process and tools both to the public and within the RHAs to remove barriers to planning and increase the incidence of individuals seeking health care services with an advance health care plan that is accessible at all points of intersection in the health care system.

These investments align with the agreed-to *Common Statement of Principles on Shared Health Priorities* by:

- Spreading and scaling evidence based models that are integrated and connected to primary health care;
- Enhancing access to palliative and end-of-life care at home or in hospices; and
- Enhancing home care infrastructure, such as digital connectivity, remote monitoring technology and facilities for community-based service delivery.

3. Support for Individuals with Dementia - Improvement Initiative

In Newfoundland and Labrador, supports for individuals with dementia to live at home longer is limited by barriers within regular programming often resulting in premature admission to facility-based care. Barriers include financial eligibility, limits on allocations of home support hours, lack of coverage for wearable technology and clinician capacity to provide the intensive levels of support required to support individuals with advancing dementia at home. For example, currently the Home Support Program allows for a maximum of 6.4 hours of care per day for clients with the highest level of care needs. A client with dementia will often require up to 9 hours a day of respite to allow a caregiver to work during the day and in some cases up to 24 hours of care in the short term until a longer term plan can be developed. Often in these situations of higher need, caregivers experience burnout and bring their loved ones to emergency departments in the absence of adequate supports from the community.

Additionally, not all clinicians, service providers and caregivers have the knowledge and level of awareness necessary to support an individual with dementia. If those providing care lack training and understanding of how best to work with a client with dementia, then the supports are often ineffective and clients again will resort to facility-based care. Enhancing core competencies in community care is a key element in ensuring clients with dementia can live at home longer. Home support workers (known as personal support workers (PSW) in some areas), in particular, will spend the greatest length of time with client. Currently in this province, specialty area expertise is not required when

assigning a worker to a client. Newfoundland and Labrador is working on this more broadly as a recommendation from the Provincial Home Support review, but this initiative will focus specifically on dementia care within the context of *Home First*.

Action: Respite for Caregivers

- Federal funding will be allocated to support enhanced access to home care services through the *Home First Initiative* for clients with complex needs, palliative care needs and dementia through a range of activities that will be of direct benefit to caregivers of dementia patients, including better access to respite services, training and psychological intervention.

Action: Expand Remote Monitoring through the Provincial Dementia Care Program

- Newfoundland and Labrador will implement a Provincial Dementia Care Program that will provide support to persons with moderate to severe dementia and their caregivers, as well as to primary care physicians. Using technology, a health care team will provide geriatric and allied health e-consult, comprehensive geriatric assessment and coordinated care planning.

- Federal funding will be used to support two nurse practitioners and related service delivery costs. The program will begin in 2018 in Newfoundland and Labrador's largest RHA and expand across the province in the second year. The program will target 400-500 clients in the first year, 800-1000 in the second. This technology will integrate with existing services including the remote technology projects currently in place in the regional health authorities.

Action: Professional Development for Caregivers

- Clinicians, service providers and caregivers will be better prepared to provide care for individuals with dementia through the implementation of a professional development initiative, beginning with training in the Gentle Persuasion Approach. Initial targets are 50 community dwelling clients with an estimated three caregivers, including home support workers, per client equating to approximately 150 receiving training in this approach.

- Home support workers will be compensated for training time. This cost is included in the Enhanced Access to Care line in the funding table below as part of the Home First Integrated Network.

These investments align with the agreed-to *Common Statement of Principles on Shared Health Priorities* by:

- Enhancing critical home care infrastructure; and
- Increasing support for family caregivers.

Expected outcomes and results from implementing these initiatives

These initiatives will prevent unnecessary hospital admission, support earlier discharge to home, and increase access to end-of-life services, using additional and existing home and community-based services. This approach will empower clients to be more actively involved in their plan of care, assist in achieving better outcomes, improve quality of life and create a more effective and efficient health service delivery system.

Specifically at the individual level

1. Increased access to home care supports including nursing, personal support, homemaking services, respite for caregivers, occupational and physiotherapy for individuals with complex care needs, including palliative and end-of-life care.
2. Individuals will be supported at home while waiting for long term care versus waiting in acute care.
3. Individuals who choose to manage the palliative/end-of-life stage at home will be supported to do so.
4. Individuals will experience person centered and integrated care; supporting safe transitions to other longer term services.

Systemically:

1. Reduced waitlist for long term care facilities;
2. Reduced alternate level of care stays;
3. Reduced length of stay for required acute care services; and
4. Increase in number of individuals moving to long term care from the community.

Performance Measurement

Currently, Newfoundland and Labrador uses Resident Assessment Instrument – Home Care (RAI-HC) in community and Personal Care Homes and RAI-Minimum Data Set (MDS) in long term care facilities. This requires reporting to the Home Care Reporting System (HCRS), which reports data to CIHI. Newfoundland and Labrador uses these indicators in measuring program performance.

Additionally, there are other sources of data but they are somewhat inconsistent and fragmented. The review of the provincial home support program recommended the development of a performance management framework which, when implemented, will also provide data relevant to these initiatives.

Individual level data is collected on the *Home First Initiative*, which can be used to inform common indicators across the provinces and territories. Additionally, the province is implementing the RAI-Contact assessment, which will report into CIHI in the same manner as RAI-HC and RAI-MDS.

Newfoundland and Labrador will work with CIHI and through our participation in the Canadian Partnership Against Cancer (CPAC) to identify indicators to be used for regional and jurisdictional comparisons (for example, patient deaths in acute care

hospitals, patient admissions to hospitals and visits to emergency departments in the last month of life). Also, data collection will be standardized across regions to ensure the province is capturing program utilization data.

The performance management framework for *Home First Initiative* in still under development but below are some key performance indicators under consideration.

Performance Domain: Access

- Indicator: Time from completion of RAI- Contact Assessment (CA) to service provision
- Indicator: Number of individuals at end-of-life who die at home

Performance Domain: Quality and Safety

- Indicator: Number of clients receiving enhanced services with a brief support plan within three days
- Indicator: Client inclusion in development of support plan
- Indicator: Client satisfaction on care continuity, integrated service delivery and responsiveness of case manager

Performance Domain: Effectiveness

- Indicator: Waitlist for long term care placement
- Indicator: Number of Alternate Level of Care (ALC) stays
- Indicator: Number of early supported discharges for social admissions

Performance Domain: Sustainability

- Indicator: Change in service provision over 8-week period for enhanced services
- Indicator: Cost per client

Allocation of Health Accord Funding – Home First Initiative

Funding Requirements ($millions)[1]						
	2017-18[2]	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**Total**
HOME FIRST INTEGRATED NETWORK						
Additional Clinicians for Palliative/Complex Care	$2.82	$3.10	$3.23	$3.29	$3.77	$16.21
Enhanced Access to Palliative/Complex/Dementia Care*		$3.94	$4.53	$3.97	$7.10	$19.54
PALLIATIVE CARE/END-OF-LIFE IMPROVEMENT						
Public Awareness Campaign for Advanced Health Care Planning		$.10				$.10
Additional Hospice Bed Capacity		$1.10	$1.10	$1.10	$1.10	$4.4
SUPPORT FOR INDIVIDUALS WITH DEMENTIA – IMPROVEMENT INITIATIVE						
Provincial Dementia Program		$.20	$.30	$.80	$.80	$2.1
Professional Development – Palliative/Dementia Care	$.10	$.20	$.20	$.20	$.20	$0.9
Total	**$2.92**	**$8.64**	**$9.36**	**$9.36**	**$12.97**	**$43.25**

1. Allocations are notional. Funding allocations are subject to annual adjustment based on the formula described in section 4.2.2 of the Agreement
2. Funding for 2017-18 was provided to the Newfoundland and Labrador Department of Finance in August 2017 upon acceptance of the Common Statement of Principles for Shared Health Priorities.

*Enhanced program costs are over and above current allowable program expenditures; could include additional home support services, elimination of client co-pay, medical equipment, supplies, private professional services (OT, PT, Pharmacy).

MENTAL HEALTH AND ADDICTIONS

Mental Health and Addictions in Newfoundland and Labrador Today

Mental illness or addiction touches almost everybody in Newfoundland and Labrador either directly or through family, friends or co-workers. In any given year, one in five people will experience a mental illness or addiction. The chance of developing a mental disorder at some point in life is close to 50 per cent.

The province's four RHAs provide direct services for individuals who experience mental health and addiction challenges. RHAs are supplemented by other health care providers, including fee-for-service physicians, psychologists, social workers, pharmacists and community agencies. There are over 900 dedicated and highly skilled mental health and addictions staff in the province. In communities where there is no psychiatrist, access to a psychiatrist is available through telehealth.

Nearly 40 per cent of the total provincial budget is allocated to health care. RHAs spend 5.7 per cent ($135.9 million) of their total expenditures on mental health and addictions. This does not include other public expenditures, such as Medical Care Plan and prescription drugs.

The province's psychiatric hospital, the Waterford Hospital, is located in St. John's. There are currently 127 beds, which consist of acute care, short stay, forensic, geriatric assessment and residential and psychiatric rehabilitation. There are additional acute care psychiatric units located in general hospitals within three of the four RHAs (Eastern Health, Central Health, and Western Health). Labrador Grenfell Health is the Newfoundland and Labrador RHA that does not have a dedicated psychiatric unit; however, most acute care facilities in the province, including those in the Labrador Grenfell Health region, admit patients for mental health and addictions care.

There are two new youth residential treatment centres for male and female (ages 12-18). The Tuckamore Centre located in Paradise provides treatment for youth with complex mental health issues and the Hope Valley Centre located in Grand Falls-Windsor provides treatment for youth with addictions issues.

There are two adult addictions treatment centres: the Grace Centre located in Harbour Grace and the Humberwood Centre located in Corner Brook. Both centres are part of a continuum of care for adults impacted by addictions. Other adult addictions services include outpatient counselling available through each RHA as well as the Opioid Treatment Centre (Methadone Maintenance Treatment Program) and the Recovery Centre (withdrawal management service) located in St. John's.

Mental health and addictions services can be difficult to navigate and individuals are not always matched with the most effective or efficient service/level of intensity to meet their needs. The system consists of a continuum of services and supports for individuals and families ranging from primary care, to specialized community-based mental health and

addictions services, to inpatient and residential programs, to highly specialized tertiary care and programs. The system also has services and supports provided in other locations such as schools, housing programs and correctional settings. Cutting across the entire continuum, involvement of people with lived experience, family and significant others, peer support and self-help supports are recognized as being central to a "recovery-oriented" system.

Mental health and addictions referrals are steadily increasing in the province. On average, there are 20,000 referrals annually; approximately 12,000 calls placed to the 24/7 provincial Mental Health Crisis Line; and, about 3,000 admissions to in-patient mental health and addictions services, 15 per cent of which are for treatment of concurrent mental health and addiction disorders. While some services have no wait times and wait times for other services have been reduced, services that have long wait times are keeping people from getting the treatment they need in a timely manner. The number of people waiting for mental health and addictions counselling services increased by about 56 per cent between September 2014 and September 2016. At the end of September 2016, there were approximately 3,000 people throughout the province waiting for mental health and addictions counselling, not including psychiatry services.

Rural, remote and northern areas, as well as urban areas, each present unique challenges for health systems planning, particularly for mental health. Urban areas may face challenges with inadequate resources for population density and difficult-to-navigate access points, whereas rural, remote and northern areas disproportionately face challenges with recruiting and retaining mental health professionals, resulting in inadequate access to services.

Canada is currently facing an opioid crisis. The Government of Newfoundland and Labrador has responded by implementing an Opioid Action Plan. Components of the plan include:

- Implementing a Provincial Prescription Monitoring Program focused on prescription drugs with high potential for abuse;
- Implementing a provincial Take Home Naloxone Kit program to increase capacity for Opioid Overdose response; and,
- Access to Suboxone as a first line treatment for opioid addiction.

While prescription drug abuse is a real concern, alcohol dependence remains the most common form of addiction. In 2014, Newfoundland and Labrador exceeded the national rate of heavy drinking, with the third highest heavy drinking rates in the country (exceeded only by Yukon and Northwest Territories). The 2014-15 Canadian Student Tobacco, Alcohol and Drugs Survey reported that in the previous 12 months, 44.6 per cent of students, Grades 7 to 12, in Newfoundland and Labrador drank and 30.1 per cent reported binge drinking.

For young people aged 16 to 25 years old, seeking help for the first time for a mental health or addictions issue is particularly challenging. There are very few services

dedicated to the emerging adult population and their needs are often not met by either the child or adult systems. Young people who received services in the child system are often not well supported as they move into the adult system.

In the Provincial Government's plan entitled *Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador*, short, medium, and long-term goals are established to ensure implementation of all 54 recommendations contained in the All-Party Committee Report. The following four pillars, and related focus areas, set the policy direction for the mental health and addictions system over the next five years.

1. Promotion, prevention and early intervention:
    - Promote positive mental health and well-being;
    - Prevent mental health problems, mental illness, substance use and addiction problems;
    - Prevent suicide; and
    - Adopt a school health and wellness framework.

2. Focusing on the person:
    - Place the person at the center of the system;
    - Reduce harms associated with substance use and mental health problems; and
    - Work together toward a recovery-focused system.

3. Improving service access, collaboration and continuity of care:
    - Reduce wait times to access services;
    - Replace services at the Waterford Hospital with services closer to home;
    - Introduce stepped care, including e-health options;
    - Implement provincial opioid dependence treatment system; and
    - Create provincial policies and programs applied consistently and equitably across all regional health authorities.

4. Including all people everywhere
    - Educate policy makers, community agencies, physicians and regional health authority staff on inclusion;
    - Address mental health needs of people incarcerated;
    - Address mental health needs of students;
    - Eliminate stigma and discrimination;
    - Support Indigenous people with their mental wellness goals; and
    - Incorporate accessibility and inclusion requirements into all services.

Priority Areas for Cost-Shared Investment

In addition to sustained provincial investments, federal funding will be used to advance and expand initiatives under the *Towards Recovery Mental Health and Addictions Action Plan*. Federal funding will be directed towards significant planning initiatives such

as: provincial integrated service delivery model for children and youth/emerging adults; new e-mental health initiatives; improved access to addiction services; and improved community-based services.

1. Integrated Service Delivery for Children, Youth, and Emerging Adults

- The Provincial Government will complete a plan for a comprehensive integrated service delivery program to meet the needs of children, families, youth and emerging adults ages 0 to 29 as outlined in the Towards Recovery Action Plan. This new service delivery model will address existing barriers or gaps in current services and forge a responsive and seamless continuum of services from prevention and early intervention to more intensive mental health and addictions treatment services.

- The new integrated service delivery model will be collaborative in nature and include key service providers from the community. The model will also address a broad spectrum of issues that impact the mental wellbeing of this population including family breakdown, housing, employment, education and daily living challenges. Once implemented, the new model will have a substantial impact on access to mental health and addictions services by providing a continuum of care that includes prevention and early intervention. The integrated service delivery model will also assist with reducing wait times for services because fewer children and youth will be on waitlists.

- Federal funding will be used to hire two Child, Youth, and Emerging Adult Mental Health and Addictions specialist positions. These positions will lead the planning and implementation of provincial mental and addictions programs and policies aimed at improving the mental health and well-being of children, youth and emerging adults. These positions will develop the integrated service delivery model for multiple sites throughout the province with a focus on transforming mental health and addiction services into a person-centered, accessible and efficient system that is responsive to the mental health and substance use/addiction needs of children, youth and their families/guardians.

- These positions will engage and partner with children, youth and their families with lived experience, multiple government departments, school boards, RHAs, community agencies, and others to ensure that an inclusive continuum of services is provided at the right time, right intensity, right place and by the right people. They will also help inform the work related to children, youth and emerging adults for all project teams under the Towards Recovery Action Plan.

These investments align with the agreed-to *Common Statement of Principles on Shared Health Priorities* by:

- Expanding access to community-based mental health and addiction services for children and youth; and,

- Expanding availability of integrated community-based mental health and addiction services for people with complex needs.

2. New E-mental Health Initiatives

- The Department of Health and Community Services has a number of e-mental health solutions in operation including, but not limited to, Bridge the gApp, the Breathing Room™ program, Strongest Families Institute (SFI), telehealth, and a number of helplines including the Provincial HealthLine, Gambling line and Crisis line.

- E-mental health uses the Internet and related technologies, like phone-apps, to let patients receive care when and where they need it most, regardless of how close they live to their care provider. When integrated properly, e-mental health is proving to be just as effective as face-to-face services and the technology is improving every day. Not only can this result in more people accessing help, it can also improve the quality of care delivered, reduce costs, and overcome challenges and barriers that are present in our current traditional health care system.

- Newfoundland and Labrador will expand existing services as well as introduce new e-mental health initiatives that support a continuum of e-health for all ages and ensure evidence-based models of community mental health care and culturally- appropriate interventions are integrated with primary health care. E-mental health services will support the province's new integrated stepped care service delivery model, as well as improve access to mental health and addiction services for rural and remote areas of the province. As part of a larger continuum of care, e-mental health is also used by the Towards Recovery Wait Time Reduction Team to help reduce wait times for mental health and addiction services.

- Federal funding will be used to expand SFI. The award-winning evidence-based program, endorsed by the Mental Health Commission of Canada, provides customized telehealth and coaching to children and youth ages 3-17 and their families for mild to moderate mental health and behavioural problems. The program has strong uptake in Newfoundland and Labrador with local families having an 87 per cent success score in resolving the presenting issue. Newfoundland and Labrador aims to increase access to SFI to prevent an increase in wait times in this province and ensure families receive early interventions in a timely manner. SFI is part of the province's circle of care whereby a family or child in need of additional services is referred to local RHAs for appropriate services.

- Federal funding will also be used to hire four new e-Mental Health Positions (one in each RHA). These positions are health care providers with an expertise in the delivery of mental health and addiction services through technology. These

positions will provide leadership to further advance and integrate current e-mental health services as well as support the uptake and launch of new services across the continuum of care and in accordance with a new stepped care model.

- The provincial government will also use federal funding to implement Therapy Assisted Online (TAO) throughout the province. TAO is a platform that pairs online education materials with brief clinician contact by phone, chat or video conferencing to improve treatment outcomes for individuals with mental health problems. TAO consists of engaging modules on a variety of topics including anxiety and depression, which individuals complete online via computers, tablets or smartphones.

These investments align with the agreed-to *Common Statement of Principles on Shared Health Priorities* by:

- Expanding access to community-based mental health and addiction services for children and youth; and
- Spreading evidence-based models of community mental health care and culturally appropriate interventions that are integrated with primary health services.

3. Improved Access to Addictions Services

- The provincial government will complete a plan for redesigned addictions treatment services, including a plan for provincial opioid dependence treatment. A working group has been formed to focus on Opioid Dependence Treatment. This group is comprised of regional health authority management and staff, representatives from professional associations and regulatory bodies, community representatives, and persons with lived experiences. The main objective of the working group is to support the development, implementation and evaluation of a provincial opioid treatment system. Currently, there is significant regional disparity for people wanting to access opioid dependence treatment. In many parts of Newfoundland and Labrador, people must travel over two hours daily to receive methadone maintenance treatment or Suboxone.

- The plan proposes a provincial system that includes: increasing access to Suboxone; enhancing harm reduction initiatives, including needle exchange, naloxone, and safe consumption sites; improving capacity for addictions with treatment providers, including physicians, psychiatrists, nurses, pharmacists and counsellors; and supporting a peer group of persons with lived and living experience. The plan will include a number of peer support programs and harm reduction initiatives.

- In partnership with community-based groups, federal funding will be used to hire two peer support workers in community organizations and expand peer support programs for those in recovery from addictions. Peer support is the process by which like-minded individuals with similar experience encourage and assist each

other to continue growing. Peer support programs have demonstrated positive outcomes in Newfoundland and Labrador.

- In partnership with community-based groups, federal funding will also be used to expand the needle exchange program from select sites to throughout the province. Needle exchange programs focus on harm reduction and provide people with accurate information, compassion and support that enable them to make informed choices about their own health care.

- Federal funding will be used for the distribution of additional Naloxone Take Home Kits. The initiative increases access to naloxone, a safe and effective compound that reverses the effects of opioid overdose. The kits, and the education on how to use them, provide drug users and their families with valuable information on overdose prevention.

These investments align with the agreed-to *Common Statement of Principles on Shared Health Priorities* by:

- Expanding availability of integrated community-based mental health and addiction services for people with complex needs.

4. Improved Community-based Services

- Psychiatric hospitals, such as the Waterford Hospital, provide care to 2-3 per cent of the provincial population who require access to mental health services. Access to beds and community services is needed closer to home. Good outcomes are yielded when psychiatric hospital beds are replaced with community services and small residential facilities in communities, when well-planned and adequately resourced.

- Adequate funding and a continuum of alternatives are needed to replace hospital care, including: access to peer support; partial hospitalization; psychological therapies; evidence-based intensive case management teams, such as flexible assertive community treatment (FACT); community crisis beds; housing and appropriate home support; transportation; self-help; employment programs; family/caregiver supports; supports for schools, correctional settings and workplaces; and a range of promotion/prevention initiatives.

- Adequate multi-year funding of community groups would provide stability to enable them to focus on delivery of their respective mandates, as well as planning and evaluation. Appropriately supported, evidence-based services delivered in the community are responsive, efficient, and lead to reduced hospitalizations, lengths of stay and ER visits, and an improved quality of life.

- The Provincial Government will provide a provincial mental health and addictions community-based model of programs and services across the four RHAs to replace the Waterford Hospital. Federal funding will be used to implement new

community-based services aimed and reducing/lessening hospitalizations. These services include single session walk-in clinics, day treatment hospitals, and community crisis beds located in the community throughout the province.

- Single-session clinics provide individual access to a health care professional on a first-come, first-serve basis, for those who feel they need to speak to someone right away. These clinics greatly improve access to services and reduce waitlists. Funding will be used for additional clinical and clerical staff.

- Day hospitals provide acute treatment of mental illness by day and serve as a step down/alternative to admission to an acute care facility. These services lead to reduced hospitalizations, lengths of stay and ER visits, and an improved quality of life.

- Community crisis beds provide a safe place for people experiencing a mental health crisis. Several models will be explored for these beds, based on emerging needs of each RHA.

- Federal funding will also be used to increase individual and group access to psychological therapies, including dialectical behavior therapy (DBT), throughout the province. DBT is a form of cognitive behavioural therapy used for depression, anxiety and addictions.

- Federal funding will also be used to scale up Flexible Assertive Community Treatment (FACT) teams in all regions of the province. FACT is a multidisciplinary team-based approach to support individuals living in the community who are dealing with significant mental health issues. FACT teams have demonstrated positive results in reducing hospitalization and allow people with moderate to severe mental illness to be treated within the community and closer to home. A review of existing case management is currently underway with a reorganization into FACT teams expected to take place in 2020/21.

- Responding to mental health and addictions issues is a shared responsibility and requires the support of community-based partners and advocates. Government departments, RHAs, community groups and individuals with lived experience must work together to address challenges. In partnership with the community, federal funding will be used to expand peer support services at single session walk-in clinics and expand the Warm Line. The Warm Line is a peer-led, pre-crisis support service available 12 hours a day, seven days a week. Peer support programs have demonstrated positive outcomes in Newfoundland and Labrador.

- Federal funding will also be used to hire two Knowledge Exchange positions and two Evaluation Specialist positions to support all aspects and project teams under the Towards Recovery Action Plan. These positions will ensure an evidence-based approach to the transformative redesign of hospital to community services. These positions will also provide analytical support and

provide recommendations for improvement or change to existing programs and services as well as support the development of a stepped care approach to accessing mental health and addictions services.

These investments align with the agreed-to *Common Statement of Principles on Shared Health Priorities* by:

- Expanding access to community-based mental health and addiction services for children and youth; and
- Spreading evidence-based models of community mental health care and culturally appropriate interventions that are integrated with primary health services.

Performance Measurement

The Provincial Government will collaborate with the other PTs and CIHI to develop a focused set of common indicators in mental health and addictions. The Province is also working with the Newfoundland and Labrador Centre for Health Information (NLCHI) to develop indicators as part of an evaluation framework that will measure improvements in community-based mental health and addictions services and a person-focused health care system. The evaluation framework is currently under development, but the following key performance indicators, which are tracked over time and included in NLCHI's Mental Health and Addictions Programs Performance Indicator report, are currently under consideration.

Performance Domain: Quality
- Indicator: Readmission
- Indicator: Repeat hospitalizations
- Indicator: Client inclusion in treatment plan

Performance Domain: Safety
- Indicator: Adverse inpatient events
- Indicator: Inpatient self-harm events
- Indicator: Inpatient suicide events

Performance Domain: Access
- Indicator: Mental health and addictions hospitalizations
- Indicator: Average Alternative Level of Care (ALC) days
- Indicator: Psychiatric/mental health providers

Performance Domain: Utilization
- Indicator: Hospitalization rate
- Indicator: Patient days

Performance Domain: Efficiency

- Indicator: Alternate Level of Care (ALC) days

Performance Domain: Health Outcomes

- Indicator: Perceived mental health status
- Indicator: Prevalence of mood disorders
- Indicator: Suicide
- Indicator: Intentional self-injury hospitalizations

Allocation of Health Accord Funding – Mental Health and Addictions

Funding Requirements ($millions)[1]						
	2017-18[2]	2018-19	2019/20	2020/21	2021/22	Total
INTEGRATED SERVICE DELIVERY FOR CHILDREN, YOUTH AND EMERGING ADULTS						
Child/Youth/ Emerging Adult Specialists	$0.05	$0.23	$0.23	$0.23	$0.23	$0.97
E-MENTAL HEALTH INITIATIVES						
E-mental health positions (4)	$0.12	$0.52	$0.52	$0.52	$0.52	$2.2
Therapy Assisted Online	$0.10	$0.10	$0.10	$0.10	$0.10	$0.50
Strongest Families Initiative	$0.35	$0.50	$0.50	$0.50	$0.50	$2.35
IMPROVED ACCESS TO ADDICTION SERVICES						
Peer Support Program		$0.12	$0.12	$0.12	$0.12	$0.48
Needle Exchange Program		$0.20	$0.20	$0.20	$0.20	$0.8
Naloxone Take Home Kits	$0.05	$0.20	$0.23	$0.25	$0.25	$0.98
IMPROVED COMMUNITY-BASED SERVICES						
Knowledge Exchange Specialists	$0.11	$0.22	$0.22	$0.22	$0.22	$0.99
Evaluation Specialists	$0.11	$0.22	$0.22	$0.22	$0.22	$0.99
Peer Support Walk- in Clinics	$0.05	$0.18	$0.18	$0.18	$0.18	$0.77
Single Session Walk-in Clinics	$0.25	$0.65	$0.90	$1.00	$1.00	$3.8
Additional 4 Peer Support Positions	$0.18	$0.18	$0.18	$0.18	$0.18	$0.9
Psychological Therapies (DBT program)			$0.40	$0.40	$0.40	$1.2
Day Treatment			$0.20	$0.20	$0.20	$0.6
Warm Line		$0.28	$0.28	$0.28	$0.28	$1.12
6 New Community Crisis Houses	$0.04		$2.00	$2.50	$2.50	$7.04
New Fact Teams	$0.04			$1.54	$1.54	$3.13
Total	**1.45**	**3.60**	**6.48**	**8.64**	**8.64**	**28.82**

1. Allocations are notional. Funding allocations are subject to annual adjustment based on the formula described in section 4.2.2 of the Agreement
2. Funding for 2017-18 was provided to the Newfoundland and Labrador Department of Finance in August 2017 upon acceptance of the Common Statement of Principles for Shared Health Priorities.