



Canadian Mental
Health Association
Sudbury/Manitoulin

Association canadienne
pour la santé mentale
Sudbury/Manitoulin

Manitoulin-Sudbury DSB 6 Month Report

Espanola and Area Situation Table
Sudbury East Mobilization Table
Sudbury East Case Management

January 1st, 2020 – June 30th, 2020

September 24, 2020

Prepared by: Canadian Mental Health Association
Sudbury/Manitoulin

Contents

Espanola and Area Situation Table and Sudbury East Mobilization Table Update..... 3

 Community Mobilization Background 3

Espanola & Area Situation Table..... 3

 Espanola & Area Situation Table Goals 4

 EAST Statistics Summary 4

 EAST Agency Engagement 5

 EAST Referral Demographics 6

 EAST Risk Information..... 6

 Closure of EAST Presentations 7

Sudbury East Mobilization Table 7

 Sudbury East Mobilization Table Goals 7

 SEMT Statistics Summary 8

 SEMT Agency Engagement..... 8

 SEMT Referral Demographics 9

 SEMT Risk Information 9

 Closure of SEMT Presentations 10

EAST and SEMT – Activity Update 10

EAST and SEMT – Opportunities for Quality Improvement (QI)..... 12

Sudbury East Case Management Statistics..... 13

Sudbury East Case Management – Service Snapshot..... 13

Sudbury East Case Management – Early Successes 14

Sudbury East Case Management – Impact of COVID-19..... 15

Sudbury East Case Management – Opportunities for Quality Improvement (QI) 15

Espanola and Area Situation Table and Sudbury East Mobilization Table Update

Community Mobilization Background

Community Mobilization is a partnership representing agencies from diverse community sectors including health, children’s services, policing, education, mental health and addictions, housing and municipal services. These agencies have come together around a common need and desire to build multi-sectoral and collaborative mechanisms for responding to situations of acutely elevated risk. The Community Mobilization threshold of acutely elevated risk refers to:

a situation affecting an individual, family, group or place where there is high probability of imminent and significant harm to self or others, (e.g. offending or being victimized, experiencing an acute physical or mental health crisis, loss of housing). Circumstances require the support of multiple service providers and have accumulated to the point where a crisis is imminent if appropriate supports are not put in place.

Community Mobilization is not a stand-alone program or service, but rather a way of utilizing and mobilizing existing systems and resources in a coordinated and collaborative way. It is based upon a well-established, evidence-informed, and evaluated model that originated in Scotland and has since been replicated in communities across Canada and the United States. In Ontario alone, over 60 similar initiatives are now operating or in development.

The Community Mobilization model is an upstream investment of resources in the coordinated prevention of negative outcomes, rather than a response to harmful incidents once they have occurred. Community Mobilization collaborations result in coordinated responses and supports. These early interventions have demonstrated their potential to reduce the need for more intensive and “enforcement-based” responses such as hospitalizations, arrests and apprehensions.

The Community Mobilization program supports three partner situation tables: the Rapid Mobilization Table (RMT), the Espanola & Area Situation Table (EAST), and the Sudbury East Mobilization Table (SEMT).

Espanola & Area Situation Table

The Espanola & Area Situation Table (EAST) launched on October 2, 2018 and consists of twenty partner agencies (Table 1). The EAST supports Espanola as well as surrounding communities including the townships of Baldwin, Sables Spanish Rivers, Nairn-Hyman and the communities of Sagamok Anishnawbek, Whitefish Falls, Willisville, Beaver Lake and Worthington.

Table 1. Espanola and Area Situation Table Partners		
Alzheimer Society of Sudbury-Manitoulin North Bay & Districts	HSN Mental Health and Addictions Program	DSB Paramedic Services
COMPASS	Manitoulin Northshore Victim Services	NE LHIN – Home and Community Care
Children’s Aid Society	March of Dimes Canada	Noojmowin Teg Health Centre
Canadian Mental Health Association – Sudbury/Manitoulin	Ministry of Children, Community and Social Services – ODSP	OPP – Manitoulin/Espanola
Community Living Espanola	The Mobile Crisis Rapid Response Team – Manitoulin/Espanola	Rainbow District School Board – Espanola High School
Espanola and Area Family Health Team (FHT)	Ministry of the Solicitor General – Adult Probation and Parole	Ministry of the Attorney General – Office of the Public Guardian and Trustee (OPGT)
Espanola Regional Hospital and Health Centre	Manitoulin-Sudbury District Services Board (DSB)	

Espanola & Area Situation Table Goals

For the individuals we serve: Individuals and families at acutely elevated risk are connected to community supports and assistance through rapid, coordinated responses.

For the agencies we work with: Our collaborative approach to situations of acutely elevated risk is strengthened through knowledge exchange and by leveraging the mandates and existing relationships our agencies have with one another and the community.

For the Espanola and Area Community: Espanola and Area Situation Table participants collaborate and advocate for a stronger, safer, and more supported environment for those at acutely elevated risk and the Espanola & Area community as a whole.

EAST Statistics Summary

Since inception there has been a total of 10 referrals to EAST, 9 of which met the AER criteria. Between January 1st 2020 and June 30th 2020 one referral was brought forward. This referral met the threshold for AER. Table 2 and 3 present a summary of EAST referral statistics.

Table 2. EAST Statistics				
	Total referrals	Total referrals that met AER criteria	Average # risk factors per discussion	Average # Agencies involved in responses
Since Inception	10	9	9	8
January 1st, 2020 to June 30th 2020	1	1	9	11

Table 3. EAST Referral Summary		
Month	# Referrals	No. Met Acutely Elevated Risk threshold
October 2018	1	0
November 2018	1	1 (100%)
December 2018	-	-
January 2019	1	1 (100%)
February 2019	-	-
March 2019	-	-
April 2019	1	1 (100%)
May 2019	1	1 (100%)
June 2019	1	1 (100%)
July 2019	1	1 (100%)
August 2019	-	-
September 2019	-	-
October 2019	-	-
November 2019	1	1 (100%)
December 2019	1	1 (100%)
January 2020	-	-
February 2020	-	-
March 2020	-	-
April 2020	-	-
May 2020	-	-
June 2020	1	1 (100%)
Total	10	9

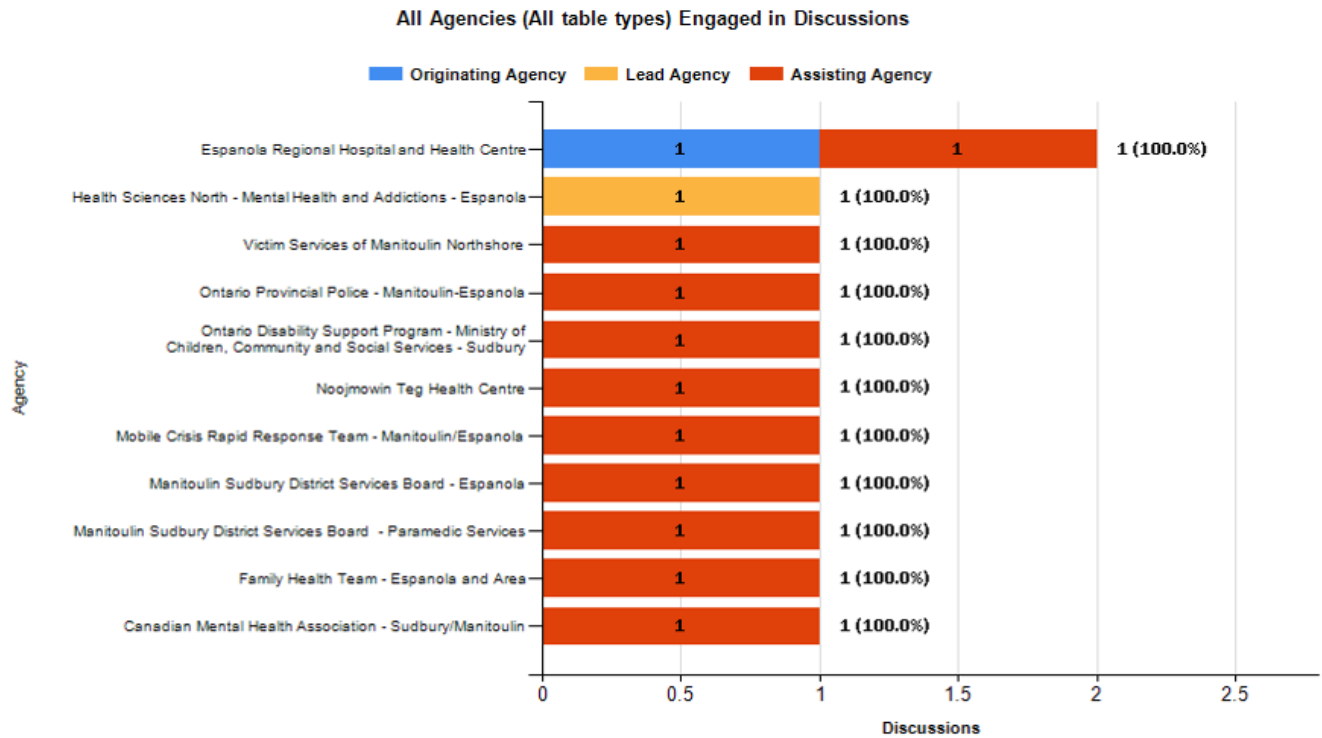
EAST Agency Engagement

The Espanola and Area Situation Table follows an ad-hoc process. When a referral is brought forward, all partner agencies are notified and receive the meeting details. Agencies are required to respond indicating their attendance within 24 hours of receipt of the meeting notification.

The Espanola Regional Hospital and Health Centre made a referral to EAST between January 1st, 2020 and June 30th, 2020. The referral was made in June 2020.

Eleven (lead and assisting) were involved in the response planning and undertaking of the referral brought forward. Chart 1 provides a summary of the agencies that were involved in the discussion.

Chart 1: EAST Agency Engagement (January 1st, 2020 – June 30th, 2020)



EAST Referral Demographics

Demographic data was captured for the one referral that met the AER threshold between January 1st, 2020 and June 30th, 2020. The presentation involved a 40-59 year old female individual. No family or dwelling referrals were brought forward.

EAST Risk Information

The Ministry of the Solicitor General (MSG) provides the Risk Tracking Database (RTD) for use by Situation Tables to track de-identified discussion data. The RTD identifies 27 risk categories to facilitate situation presentation and AER threshold assessment. The risk categories can be further broken down into a total of 105 risk factors. The number of risk factors identified for the referral brought forward in June 2020 was nine. Table 4 presents a summary of the risk factors.

Table 4. EAST Risk Factor Summary by Category (January 1st, 2020 – June 30th, 2020)	
Risk Category	No. of times identified in referral (n= 1)
Self-Harm	2
Suicide	2
Unemployment	1
Alcohol	1
Drugs	1
Housing	1
Mental Health	1

No study flags were reported for the June 2020 referral.

Closure of EAST Presentations

The referral brought forward in June 2020 was closed with the reason “Still Acutely Elevated Risk – Systemic Issue”.

Services mobilized included:

- Addiction (engaged with service)
- Medical Health (engaged with service)
- Mental Health (engaged with service)
- Police (engaged with service)

Data on the services mobilized as well as the level of mobilization (informed, connected or engaged) continues to be collected during the report back process. Over time, this information may assist in the identification of service gaps in the community.

Sudbury East Mobilization Table

Sudbury East Mobilization Table (SEMT) is the newest of the tables which began October 22, 2019 to support the municipalities of French River, St. Charles, Markstay-Warren and Killarney. SEMT has 16 partner agencies (Table 5).

Table 5. Sudbury East Mobilization Table Partners		
Ministry of the Solicitor General – Adult Probation and Parole	Manitoulin Sudbury District Services Board (DSB)	Aide aux Séniors de Sudbury Est/Sudbury East Seniors Support Line
Manitoulin Sudbury District Services Board – Paramedic Services	Alzheimer Society of Sudbury-Manitoulin North Bay & Districts	North East LHIN
Canadian Mental Health Association - Sudbury/Manitoulin	Ministry of the Attorney General – Office of the Public Guardian and Trustee (OPGT)	Centre de Santé Univi Health Centre
Ministry of Children, Community and Social Services – ODSP	Children’s Aid Society	OPP – Nipissing West (Sudbury Detachment)
Compass	Sudbury and Area Victim Services	Health Sciences North
Sudbury Community Service Centre		

Sudbury East Mobilization Table Goals

For the individuals we serve: Individuals and families at acutely elevated risk are connected to timely and appropriate community supports and assistance through rapid, coordinated responses

For the agencies we work with: Human service agencies have an improved capacity to respond efficiently, effectively and collaboratively to situations or acutely elevated risk by leveraging the mandates & existing relationships they have with one another and the community

For the Sudbury East Community: Table members identify local strengths and challenges impacting human service delivery and advocate for stronger, safer and more supported environments for those at acutely elevated risk and the Sudbury East community as a whole

SEMT Statistics Summary

Since inception there has been a total of 2 referrals to SEMT, 1 of which met the AER criteria. Between January 1st, 2020 and June 30th, 2020 one referral was brought forward. This referral met the threshold for AER. Table 6 present a summary of SEMT referral statistics.

Table 6. SEMT Statistics Summary				
	Total referrals	Total referrals that met AER criteria	Average # risk factors per discussion	Average # agencies involved in responses
Since Inception	2	1	10	9
January 1st, 2020 to June 30th 2020	1	1	10	9

SEMT Agency Engagement

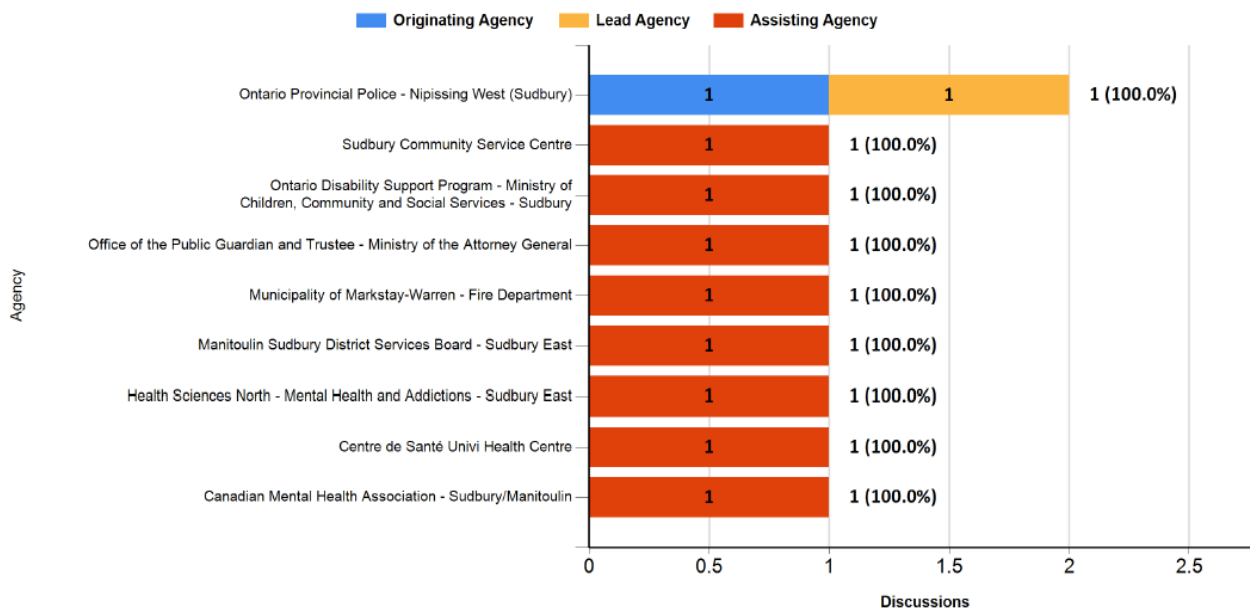
The Sudbury East Mobilization Table follows an ad-hoc process. When a referral is brought forward, all partner agencies are notified and receive the meeting details. Agencies are required to respond indicating their attendance within 24 hours of receipt of the meeting notification.

The Ontario Provincial Police – Nipissing West made a referral to SEMT between January 1st, 2020 and June 30th, 2020. The referral was made in January 2020.

Nine agencies (lead and assisting) were involved in the response planning and undertaking of the referral brought forward. Chart 2 provides a summary of the agencies that were involved in the SEMT discussion.

Chart 2: SEMT Agency Engagement (January 1st, 2020 – June 30th, 2020)

All Agencies (All table types) Engaged in Discussions



SEMT Referral Demographics

Demographic data was captured for the one referral that met the AER threshold between January 1st, 2020 and June 30th, 2020. The presentation involved a 40-59 year old male individual. No family or dwelling referrals were brought forward.

SEMT Risk Information

The Ministry of the Solicitor General (MSG) provides the Risk Track Database (RTD) for use by Situation Tables to track de-identified discussion data. The RTD identifies 27 risk categories to facilitate situation presentation and AER threshold assessment. The risk categories can be further broken down into a total of 105 risk factors. The number of risk factors identified for the referral brought forward in January 2020 was ten (Table 7).

Table 7. SEMT Risk Factors Summary by Category (January 1 st , 2020 – June 30 th , 2020)	
Risk Category	No. of times identified in referral (n= 1)
Mental Health	2
Basic Needs	2
Housing	1
Poverty	1
Unemployment	1
Criminal Involvement	1
Threat to Public Health & Safety	1
Cognitive Functioning	1

Study flags are also collected to provide the group with more information on the situation. The referral brought forward in January 2020 included the following study flags: cognitive disability; developmental disability; fire safety; geographical isolation; hoarding; learning disability; risk of losing housing/unsafe living conditions; social isolation; and transportation issues.

Closure of SEMT Presentations

The referral brought forward in January 2020 was closed with the reason “Overall risk lowered—connected to services”.

Services mobilized included:

- Fire Department (engaged with service)
- Mental Health (engaged with service)
- Medical Health (engaged with service)
- Social Assistance (engaged with service)
- Education Support (connected to service)
- Food Support (connected to service)
- Housing (connected to service)
- Legal Support (informed of service)
- Social Services (informed of service)

Data on the services mobilized as well as the level of mobilization (informed, connected or engaged) continues to be collected during the report back process. Over time, this information may assist in the identification of service gaps in the community.

EAST and SEMT – Activity Update

Orientation Event

On February 26th, 2020, a Community Mobilization orientation event was hosted for the EAST, the SEMT and the RMT. This event included a review Situation Table processes and provided an opportunity for open discussion and shared learning between the rural tables and the RMT. Nine members from EAST and eight members from SEMT were in attendance.

New Community Mobilization Coordinator

A new Community Mobilization Coordinator, Carolynn Sheehan, joined our team on June 15th, 2020. Carolynn and Caitlin have implemented a cross training plan to ensure a seamless transition of duties. Caitlin will serve in the role of backup coordinator for the tables.

Meet & Greet

A Meet & Greet was hosted to introduce the EAST and SEMT members to Carolynn. The EAST Meet & Greet occurred on June 24th, 2020 and the SEMT Meet & Greet was hosted on June 25th, 2020.

Training Sessions

The Meet and Greet also provided an opportunity to discuss the interest and perceived value in scheduling regular training sessions to support ongoing capacity building. These sessions will provide general training (e.g. case studies and practice sessions) related to the Four Filter process and overall procedures and functioning of situation tables. This type of training was identified as a best practice by the provincial Situation Table Community of Practice. The members present at the EAST and SEMT Meet & Greet events agreed that regular training sessions would be of value to the tables. The first training sessions were held on July 21st, 2020 (EAST) and July 22nd, 2020 (SEMT). The training used a case study to demonstrate the Four Filter process; from making a referral through to the report back process. 14 members attended the EAST session and 5 members attended the SEMT session.

All of the feedback provided from both tables indicated that the members felt the session was a valuable training and modeling exercise. It was shared that, as the tables meet only on an ad-hoc bases, the session was a helpful refresher of the situation table processes. It was also shared that the session provided a valuable opportunity to get together and connect with other members of the table. Feedback to guide the planning of future training sessions was also collected.

These sessions can be leveraged to identify and address gaps in skills and resources, strengthen engagement, and provide opportunities to obtain feedback from the tables to support continuous quality improvement.

Ontario Telemedicine Network Personal Computer Video Conferencing (OTN-PCVC)

In order to respect social distancing guidelines, put in place as part of the COVID 19 pandemic response strategy the situation tables began to meet using Ontario Telemedicine Network Personal Computer Video Conferencing (OTN-PCVC) technology. To date OTN-PCVC continues to be a viable method to conduct meetings and support collaborative discussions and response planning.

EAST and SEMT – Opportunities for Quality Improvement (QI)

Challenge	Opportunities for QI
<p>Maintaining engagement and capacity Given that the EAST and SEMT meet only on an ad-hoc basis, the tables do not currently have regularly scheduled monthly meetings. This may have an impact the momentum of building engagement and capacity.</p>	<p>Implementation of regular training sessions Regular training sessions will be held for the EAST and SEMT to provide training related to the Four Filter process and overall procedures and functioning of situation tables. These sessions will serve as an opportunity to strengthen engagement and build the capacity of the situation tables.</p> <p>This strategy will support the ability to effectively assess and leverage community strengths and facilitate the communication, collaboration and coordination needed to create comprehensive and sustainable solutions for situations of acutely elevated risk of harm brought forward to the tables.</p> <p>Feedback from the tables will guide the content and delivery of the sessions and will also be used to support an ongoing evaluation of the effectiveness of the sessions in meeting the needs of the tables.</p> <p>The regular training sessions may also help to keep referrals to the EAST and SEMT on the forefront as an option for supporting situations of acutely elevated risk.</p> <p>The sessions will also provide an opportunity to share information, identify successes and discuss opportunities for continuous quality improvement.</p>
<p>COVID-19 Pandemic In order to protect the health, safety and well-being of service users, volunteers and employees, many community services have been altered and adapted to respect social distancing guidelines. These changes have likely impacted the number of referrals brought forward as agencies have had to suspend most face-to-face service delivery and adjust to pandemic conditions.</p>	<p>Implementation of regular training sessions Building capacity and engagement through the implementation of regular training sessions will support the readiness of the tables to respond to the potential increase in referrals as agencies return to face-to-face service delivery.</p> <p>Implementation OTN–PCVC meeting platform In order to respect social distancing guidelines, the OTN–PVCV meeting platform was implemented for EAST and SEMT. To date, it has proven to be a viable method to host meetings and support collaborative discussions and response planning.</p>
<p>Geographically dispersed team The EAST and SEMT serve multiple communities and members may be located in areas dispersed across the catchment area. This may create challenges for scheduling and attending face-to-face meetings.</p>	<p>Implementation OTN – PCVC meeting platform The ONT-PCVC platform implemented in response to the COVID 19 social distancing guidelines could continue to be leveraged to help address the challenges of scheduling meetings for geographically dispersed teams when required.</p>

In response to the current identified challenges the primary strategies to support continuous quality improvement include:

1. Implementing regular training sessions
2. Leveraging the OTN-PCVC meeting platform

These quality improvement strategies are designed to support the tables and the achievement of the EAST and SEMT goals.

Sudbury East Case Management Statistics

(January 1st, 2020 – June 30th, 2020)

Sudbury East Case Management – Service Snapshot

Since inception (November 2019), the Sudbury East Case Management program has received 19 referrals. Centre de santé Univi Health Centre (Univi) was the primary referral source in the early start of the program, referring ten individuals between November 2019 and December 2019. The Manitoulin-Sudbury District Services Board (DSB) began referring individuals in January 2020. Collection and analysis of statistical information has been impacted by the COVID-19 pandemic.

The development of an accurate and streamlined documentation process for this project was an on-going activity between CMHA-S/M's case management team and Quality Improvement Coordinator prior to the COVID-19 pandemic. During reporting, it was noted that while the agency documentation software (BCare) was set up to specifically identify Sudbury East individuals, this function was not consistently used during documentation. This may have limited the ability to analyze all Sudbury East case management information. This issue has been identified and resolved with a clear documentation process moving forward. In addition, the data analysis process has been impacted by staff change-over in response to the COVID-19 pandemic.

	Referring Organization		
Referrals Received:	Centre de santé Univi Health Centre	Manitoulin-Sudbury District Services Board	Total Referrals Received
Since inception (November 2019)	14	5	19
January 1 – June 30, 2020	4	5	9

Referrals and Caseload break down by month (November 2019 – June 2020)			
Month	No. Opened by end of month	No. Closed by end of month	No. Still Active at end of month
November 2019	4	0	4
December 2019	6	1	9
January 2020	3	2	10
February 2020	5	3	12
March 2020	0	0	12
April 2020	0	1	11
May 2020	0	0	11
June 2020	1	4	8
Number of Ontario Common Assessment of Need (OCAN) completed between January-June 2020: 4			

The Sudbury East Case Manager travelled twice a week to the area to provide case management services. The schedule alternated between Mondays and Wednesdays to provide service to individuals referred from Univi and Fridays were held for DSB individuals as well as any outstanding Univi individuals. This schedule was interrupted by agency adjustments as a response to the COVID-19 pandemic (see section *Sudbury East Case Management – Impact of COVID-19*).

While CMHA-S/M remained open for referrals at the onset of the COVID-19 pandemic, there does not appear to have been a referral to the Sudbury East Case Management Program between March – May 2020. This could be due in part to referring organizations' response to the pandemic and limited awareness of ability to continue service. In addition, as services were only being offered virtually, some individuals may have declined a referral as they preferred face to face.

Sudbury East Case Management – Early Successes

Increasing Referrals

As the program develops, partnerships continue to strengthen between CMHA-S/M and referring partner agencies. Referrals to the Case Management program increased as knowledge of services increased.

Increased awareness amongst Individuals accessing services

Some individuals have shared their positive experience with the CMHA-S/M case management program with friends and family, contributing to increased awareness of available programming through word of mouth.

Building connections with other community partners

As a result of participation at the Sudbury East Mobilization Table and through the case management work, early work is under way to build new connections with community partners and participate in knowledge exchange activities.

Sudbury East Case Management – Impact of COVID-19

In response to the COVID-19 pandemic, CMHA-S/M suspended all in-person service delivery effective March 18, 2020. This included in-person services at CMHA-S/M office sites as well as community visits.

Case management services shifted to telephone appointments while the agency explored additional methods of service delivery (i.e. the use of videoconferencing/other technologies). As part of the pandemic response, CMHA-S/M also underwent a staff redeployment, resulting in the existing Sudbury East Case Manager being redeployed and the caseload being transferred to a different case manager. Individuals were informed of these changes and were provided with the opportunity to continue services via telephone as home/community visits were not an option.

A number of individuals indicated that they preferred in-person appointments versus telephone appointments and chose to pause case management services until such time as in-person services could resume. In addition, some individuals were difficult to reach via phone and did not respond to the new case manager. Per program process, individuals with no contact or who wished to discontinue services were closed.

As of June 30, 2020 CMHA-S/M had not resumed in-person service delivery of case management services. However, through partnership with the DSB, certain staff in the Transitional Community Support (TCS) program were able to deliver food baskets to residents in DSB buildings, including those in the Sudbury East area.

Individuals remaining on the caseload continue to receive support through telephone appointments and the program is still accepting referrals. As highlighted in the Opportunities for Quality Improvement below, CMHA-S/M case management staff continue to explore the implementation of virtual service delivery through the use of the Ontario Telemedicine Network's PCVC program, in which service can be delivered via secure videoconferencing.

Sudbury East Case Management – Opportunities for Quality Improvement (QI)

Challenge	Opportunities for QI
<p>Geographically dispersed service recipients The Sudbury East Case Management services extend across multiple communities and service recipients may be located in areas dispersed across the catchment area. This may create challenges for scheduling and attending face-to-face meetings.</p>	<p>Implementation of an increased schedule for Sudbury East service delivery Creating a schedule in which the Case Manager is available to travel and hold appointments in Sudbury East at least twice per week. Rotating communities to minimize travel between towns and maximize service delivery to individuals residing in each town.</p> <p>Implementation of virtual/alternative methods of service delivery The OTN-PVCV meeting platform is being explored for CMHA clinical service use. To date, it has proven to be a viable method to host other types of meetings and support collaborative discussions.</p>

Challenge	Opportunities for QI
<p>Limited options for neutral, non-residential community meeting spaces (i.e. Tim Hortons, non-seasonal restaurants) Difficulty in scheduling community visits due to lack of location options. Some individuals may not wish to meet in their home, or it is unsafe for the worker to do so.</p>	<p>Implementation of virtual/alternative methods of service delivery The OTN–PVCV meeting platform is being explored for CMHA clinical service use. To date, it has proven to be a viable method to host other types of meetings and support collaborative discussions.</p> <p>Exploring opportunities for space at referring agencies locations Connecting with both individuals and community partners to see what space might be available and accessible to those who wish to meet in the community.</p>
<p>Limited community awareness of CMHA Services and the stigma of receiving mental health supports As a newer program in the area, some community partners may not be aware of the opportunity for CMHA service with Univi/DSB individuals. Additionally, some individuals have identified that the small community makes it difficult to access services without others finding out.</p>	<p>Implementation of educational/advertising platforms Increasing awareness amongst community partners of CMHA service delivery in the area. Working with CMHA Health Promotion to develop pamphlets, posters and other tools to increase awareness amongst referring agencies and individuals.</p> <p>Working with CMHA Health Promotion program to address stigma in accessing mental health services and promoting additional resources (i.e. Bounce Back).</p>
<p>COVID-19 Pandemic In order to protect the health, safety and well-being of service users, volunteers and employees, many community services have been altered and adapted to respect social distancing guidelines. These changes have likely impacted the number of referrals brought forward as agencies have had to suspend most face-to-face service delivery and adjust to pandemic conditions.</p>	<p>Implementation of virtual/alternative methods of service delivery. In order to respect social distancing guidelines, the OTN–PVCV meeting platform is being explored for CMHA clinical service use. To date, it has proven to be a viable method to host other types of meetings and support collaborative discussions.</p>