

# MSDSB 12 Month Report

January 1<sup>st</sup> 2020 –December 31<sup>st</sup> 2020

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

Presented to: Manitoulin Sudbury District Services Board

Presented by: Canadian Mental Health Association Sudbury/Manitoulin

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## 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

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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	MSDSB 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 (MSDSB)	

### 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 13 referrals to EAST, 12 of which met the AER criteria. Between January 1<sup>st</sup> 2020 and December 31<sup>st</sup> 2020 four referrals were brought forward. All four referrals 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	13	12	10	8
January 1 <sup>st</sup> 2020 to	4	4	12	10

<b>Table 2. EAST Statistics</b>				
	<b>Total referrals</b>	<b>Total referrals that met AER criteria</b>	<b>Average # risk factors per discussion</b>	<b>Average # Agencies involved in responses</b>
<b>December 31<sup>st</sup> 2020</b>				

<b>Table 3. EAST Referral Summary</b>		
<b>Month</b>	<b># Referrals</b>	<b>No. Met Acutely Elevated Risk threshold</b>
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%)
July 2020	-	-
August 2020	-	-
September 2020	-	-
October 2020	-	-
November 2020	3	3 (100%)
December 2020	-	-
<b>Total</b>	<b>13</b>	<b>12</b>

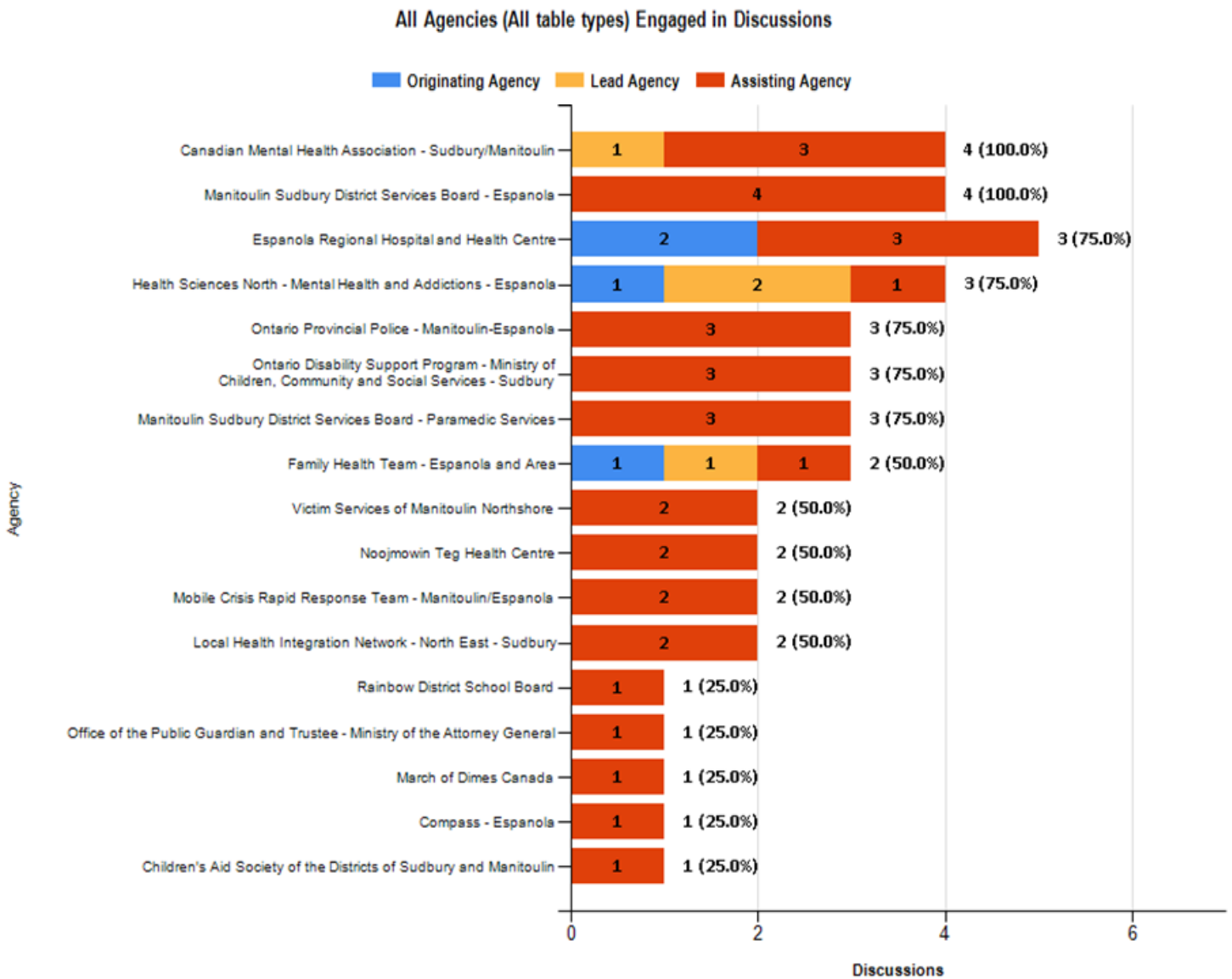
### EAST Agency Engagement

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.

Lead and assisting agencies participate in each RMT response based on their mandate and capacity to respond to the risk factors presented. All responding agencies contribute to the planning of the response based on their prior involvement or the perspective that they bring to understanding the situation. The lead agency is responsible for coordinating the response and providing a report back at the next EAST meeting.

On average 10 agencies were engaged per discussion that met the threshold of Acutely Elevated Risk. Chart 1 and Table 4 provide an overview of agency engagement in the four referrals presented to EAST in 2020.

**Chart 1: EAST Agency Engagement (January 1<sup>st</sup> 2020 – December 31<sup>st</sup> 2020)**



<b>Table 4. EAST Agency Engagement (January 1<sup>st</sup> 2020 – December 31<sup>st</sup> 2020)</b>					
<b>Agency</b>	<b>Originating Agency</b>	<b>Lead Agency</b>	<b>Assisting Agency</b>	<b>Total # of Discussions Engaged In</b>	<b>Percentage (Engagement out of 4 Discussions)</b>
Canadian Mental Health Association - Sudbury/Manitoulin	0	1	3	4	100.0%
Manitoulin Sudbury District Services Board - Espanola	0	0	4	4	100.0%
Espanola Regional Hospital and Health Centre	2	0	3	3	75.0%
Health Sciences North - Mental Health and Addictions - Espanola	1	2	1	3	75.0%
Ontario Provincial Police - Manitoulin-Espanola	0	0	3	3	75.0%
Ontario Disability Support Program - Ministry of Children, Community and Social Services - Sudbury	0	0	3	3	75.0%
Manitoulin Sudbury District Services Board - Paramedic Services	0	0	3	3	75.0%
Family Health Team - Espanola and Area	1	1	1	2	50.0%
Victim Services of Manitoulin Northshore	0	0	2	2	50.0%
Noojmowin Teg Health Centre	0	0	2	2	50.0%
Mobile Crisis Rapid Response Team - Manitoulin/Espanola	0	0	2	2	50.0%
Local Health Integration Network - North East - Sudbury	0	0	2	2	50.0%
Rainbow District School Board	0	0	1	1	25.0%
Office of the Public Guardian and Trustee - Ministry of the Attorney General	0	0	1	1	25.0%
March of Dimes Canada	0	0	1	1	25.0%
Compass - Espanola	0	0	1	1	25.0%
Children's Aid Society of the Districts of Sudbury and Manitoulin	0	0	1	1	25.0%
<b>Total:</b>	<b>4</b>	<b>4</b>	<b>34</b>	<b>38</b>	

## EAST Referral Demographics

Demographic data was captured for the four referrals that met the AER threshold between January 1<sup>st</sup> 2020 and December 31<sup>st</sup> 2020. All four referrals were for individuals. One individual was in the age group 12-17 years and three individuals were in the age group of 40-59 years. Two of the individuals were male and two were female. No family or dwelling referrals were brought forward.

## EAST Risk Information

The Ministry of the Solicitor General 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 analysis of *Risk Factors by Discussion* demonstrates how many discussions have at least one risk factor of a certain risk category. Table 5 provides a summary of *Risk Factors by Discussion*. The Risk Category of Mental Health was identified in all four discussions supported by EAST in 2020.

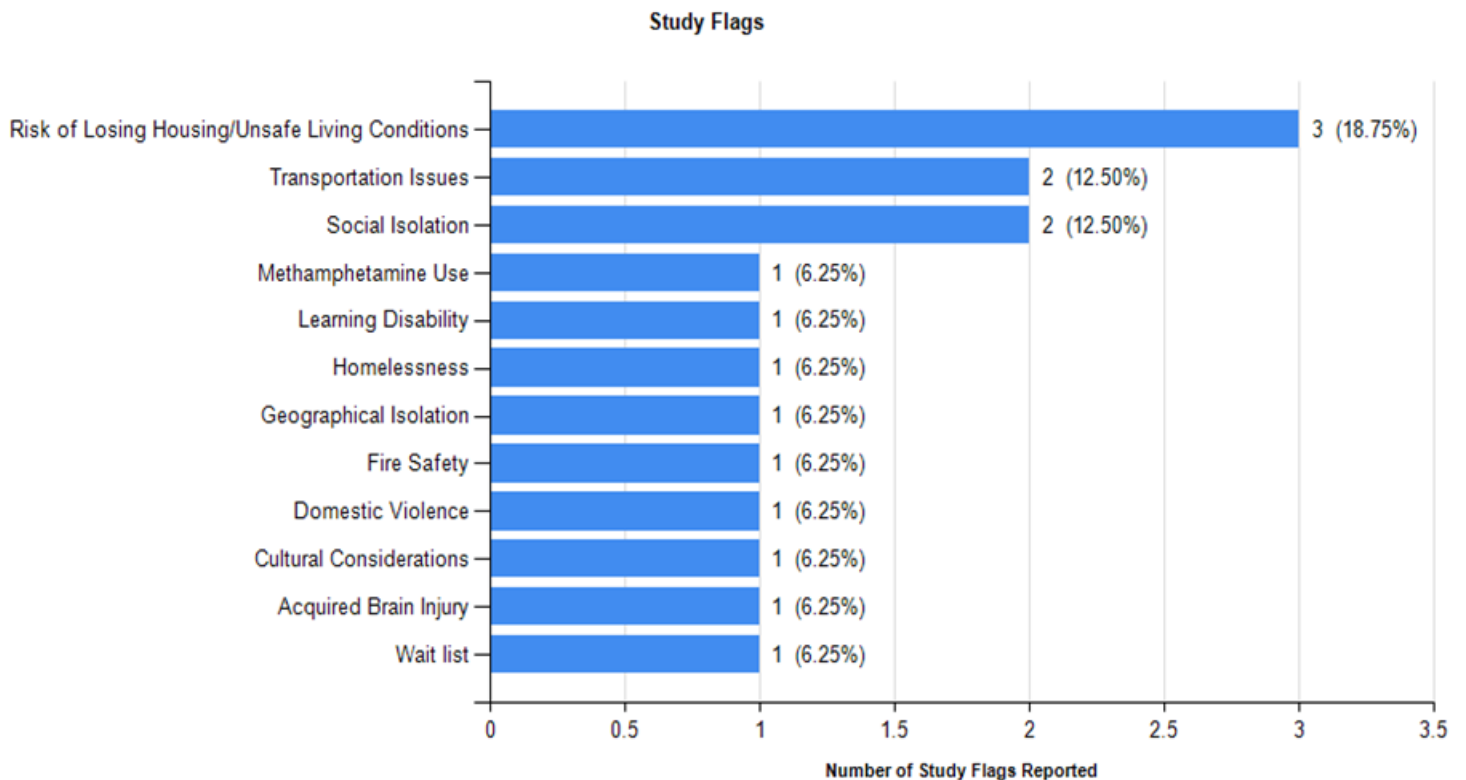
Table 5. Risk Factors by Discussion		
Risk Category	Total Discussions n = 4	
	Number	Percentage
Mental Health	4	100.00%
Basic Needs	3	75.00%
Housing	3	75.00%
Physical Health	3	75.00%
Alcohol	2	50.00%
Drugs	2	50.00%
Emotional Violence	2	50.00%
Physical Violence	2	50.00%
Poverty	2	50.00%
Suicide	2	50.00%
Unemployment	2	50.00%
Antisocial/Negative Behaviour	1	25.00%
Cognitive Functioning	1	25.00%
Crime Victimization	1	25.00%
Missing School	1	25.00%
Missing/Runaway	1	25.00%
Parenting	1	25.00%
Self Harm	1	25.00%
Sexual Violence	1	25.00%
Supervision	1	25.00%

Study flags are additional considerations that may help to guide EAST responses. The most frequently identified Study Flags, in the four situations that met the threshold of acutely



elevated risk presented to EAST in 2020, were Risk of Losing Housing/Unsafe Living Conditions followed by Transportation Issues, and Social Isolation. Chart 2 provides a full description of the Study Flags identified in the four referrals presented to EAST in 2020.

**Chart 2: Frequency of Study Flags Identified in Situations of Acutely Elevated Risk (n=4)**



### Closure of EAST Presentations

Of the four referrals that met the threshold of Acutely Elevated Risk in 2020, three (75%) were closed with the reason “Overall Risk Lowered-Connected to Services”. One referral (25%) was closed with the reason “Still Acutely Elevated Risk-Systemic Issue”. The average number of days that situations remained opened in 2020 was four.

### Services Mobilized

When closing discussions, EAST members have the opportunity to identify which services were offered or provided to the individual during the response. In order to track this, the team has a generalized list of services that correlates with the options captured in the Risk Tracking Database. Additionally, team members identify the level of service mobilization (i.e. whether the individual or family refused, was informed of, connected to, or engaged with that service because of the EAST intervention).

Of the situations where the team identified services mobilized, Housing, Medical Health, and Addiction were the most frequently identified. Table 6 provides a summary of the services

mobilized for the four situations presented at EAST that met the threshold of acutely elevated risk in 2020.

**Table 6. Services mobilized and type of mobilization**

Service \ Mobilization Type	Informed of Service	Connected to Service	Engaged with Service	Refused Services	No Services Available	Total	Percentage
Housing	0	3	0	0	0	3	16.67%
Medical Health	0	1	2	0	0	3	16.67%
Addiction	0	1	1	1	0	3	16.67%
Food Support	1	1	0	0	0	2	11.11%
Mental Health	0	1	1	0	0	2	11.11%
Social Assistance	0	1	0	0	0	1	5.56%
Cultural Support	0	0	1	0	0	1	5.56%
Home Care	0	0	1	0	0	1	5.56%
Police	0	0	1	0	0	1	5.56%
Education Support	0	0	0	1	0	1	5.56%
<b>Total</b>	<b>1</b>	<b>8</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>18</b>	<b>100%</b>

## 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 7).

Table 7. Sudbury East Mobilization Table Partners		
Ministry of the Solicitor General – Adult Probation and Parole	Manitoulin Sudbury District Services Board (MSDSB)	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 1<sup>st</sup> 2020 and December 31<sup>st</sup> 2020 one referral was brought forward. This referral met the threshold for AER. Table 8 presents a summary of SEMT referral statistics.

<b>Table 8. SEMT Statistics Summary</b>				
	<b>Total referrals</b>	<b>Total referrals that met AER criteria</b>	<b>Average # risk factors per discussion</b>	<b>Average # agencies involved in responses</b>
<b>Since Inception</b>	2	1	10	9
<b>January 1<sup>st</sup> 2020 to December 31<sup>st</sup> 2020</b>	1	1	10	9

## SEMT Agency Engagement

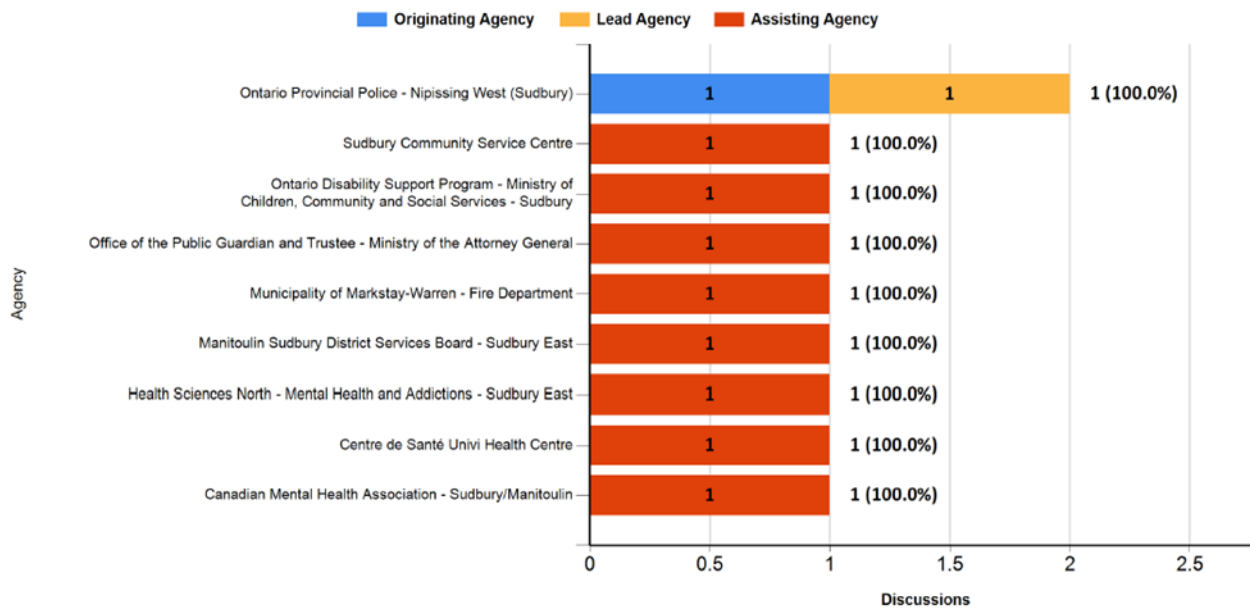
The Sudbury East Mobilization Table follows an ad-hoc process. When a referral is brought forward, all partner agencies are notified and receive the meeting details. Agencies are required to respond indicating their attendance within 24 hours of receipt of the meeting notification.

The Ontario Provincial Police – Nipissing West made a referral to SEMT between January 1<sup>st</sup> 2020 and December 31<sup>st</sup> 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 3 provides a summary of the agencies that were involved in the SEMT discussion.

### Chart 3: SEMT Agency Engagement (January 1<sup>st</sup> 2020 – December 31<sup>st</sup> 2020)

All Agencies (All table types) Engaged in Discussions



#### SEMT Referral Demographics

Demographic data was captured for the one referral that met the Acutely Elevated Risk threshold between January 1<sup>st</sup> 2020 and December 31<sup>st</sup> 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 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 identified for the situation of acutely elevated risk brought forward in January 2020 are as follows:

- Basic Needs
- Cognitive Functioning
- Criminal Involvement
- Housing
- Mental Health
- Poverty
- Threat to Public Health and Safety
- Unemployment

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 9).

Table 9. SEMT Risk Factors Summary by Category (January 1 <sup>st</sup> 2020 – December 31 <sup>st</sup> 2020)	
Risk Category	No. of times identified in referral (n= 1)
Mental Health	2

Table 9. SEMT Risk Factors Summary by Category (January 1 <sup>st</sup> 2020 – December 31 <sup>st</sup> 2020)	
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 (January 1<sup>st</sup> 2020 – December 31<sup>st</sup> 2020)

### Orientation Event

On February 26<sup>th</sup> 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 15<sup>th</sup> 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 24<sup>th</sup> 2020 and the SEMT Meet & Greet was hosted on June 25<sup>th</sup> 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.

### **Session 1 – July 2020**

The first sessions were held in July 2020. The training used a case study to demonstrate the Four Filter process, from referral to response planning and mobilization.

14 members attended the EAST session and 5 members attended the SEMT session.

All of the informal 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.

### **Session 2 – September 2020**

The second sessions were held on September 16<sup>th</sup> 2020.

The session topic was chosen based upon feedback from the July session.

These sessions aimed to familiarize partner agencies with the services and supports provided by other members of the table. This may support referring agencies in identifying the most appropriate agencies to assist with response planning and mobilization – and may help to support engagement.

Agencies were invited to provide a brief description of their services that may be considered when brining a referral forward to the table. A reference document outlining a brief description of each partner agency's services was provided to all. This was previously shared with agency Leads to confirm and approve the content.

13 members attended the EAST session and 8 members attended the SEMT session.

### Session 2 – Feedback Survey

After the September 16<sup>th</sup> session a short electronic Feedback Survey was distributed to all members (you did not need to have attended the Information Session to complete it). We requested feedback to help us ensure we are providing the information and resources that will best support members in their role at the tables.

Seven people responded to the EAST survey. One had not attended the September Information Session but completed the relevant portion of the survey. One respondent opened the survey but did not complete it and was not included in the analysis.

Seven people responded to the SEMT Survey. Two had not attended the September Information Session but completed the relevant portion of the survey.

All respondents (100%) “Agreed” or “Strongly Agreed” that the session was helpful to them in their role as a member of the Situation Table and that the resource document provided helped them to become more familiar with partner agencies and services they provide.

All respondents (100%) “Agreed” or “Strongly Agreed” that the session will help them in identifying appropriate agencies that may support response planning and mobilization for situations of acutely elevated risk.

Three individuals responded when asked for other feedback regarding the November Information Session. Their comments are shared below:

- Thanks for having this informative session.
- It would have been beneficial for all ... members to attend to review their organization and their function.
- Wonderful session!

All respondents, even those who had not attended the session responded to the remaining questions.

All respondents (100%) stated that they would be interested in attending future information sessions.

All respondents except one (93%) stated that they have the information and resources they need to support them in their role as a member of the Situation Table. One respondent (7%) indicated that they “Neither Agree nor Disagree” with the statement.

71% of respondents would like the information sessions to occur every 2 months. 14% indicated monthly and 14% indicated “Other” (as needed).

Continued opportunities to engage with, and learn about, other partner agencies at the Situation Table was requested as a prospect for future information sessions. As well, additional reviews of Situation Table processes (e.g. 4 Filter Process, Case Studies) was also brought forward as a suggestion for future information sessions.

### **Session 3 – November 2020**

Information Sessions for EAST and SEMT were held on November 18<sup>th</sup> 2020. The session reviewed the Filter 1 process, including how to assess Acutely Elevated Risk. The session also included a review of Case Studies.

Ten members attended the EAST session and eight members attended the SEMT session.

#### Session 3 – Feedback Survey

After the November 18<sup>th</sup> session a short electronic Feedback Survey was distributed to all members (you did not need to have attended the Information Session to complete it). We requested feedback to help us ensure we are providing the information and resources that will best support members in their role at the tables.

Ten people responded to the EAST survey. Two had not attended the Information Session but completed the relevant portion of the survey.

Five people responded to the SEMT Survey. Four had attended the SEMT information session and one skipped this question.

Of the thirteen individuals who responded, eleven (85%) “Agreed” or “Strongly Agreed” that the session was helpful to them in their role as a member of the Situation Table. Two individuals (15%) indicated that they “Neither agreed nor disagreed”.

Of the thirteen respondents, eleven (85%) “Agreed” or “Strongly Agreed” that the information and resource documents provided helped them to become more familiar with identifying situations of Acutely Elevated Risk. Two individuals (15%) indicated that they “Neither agreed nor disagreed”.

Of the thirteen respondents twelve (92%) “Agreed” or “Strongly Agreed” that the information and resource documents provided will help them to identify when a situation may be appropriate for a referral to the Situation Table. One individual (8%) indicated that they “Neither agreed nor disagreed”.

Five individuals responded when asked for other feedback regarding the November Information Session. All comments indicated that the session was appreciated. For example:

- Great job it was a quiet crowd.
- Very informative and helpful
- It was more of a refresher which at times is good. For example, if it's been a while since we have brought a situation to the table or for anyone new joining the table then something like we did today would be very helpful.
- Great job... This is very useful. Thank you.
- I really appreciated the case studies as it helped give concrete examples of when to refer, the possible risk factors, meeting threshold, and how to identify agencies that need to be involved.

All respondents, even those who had not attended the session responded to the remaining questions.



Of the fifteen respondents 14 (93%) stated that they would be interested in attending future information sessions. One (7%) indicated they would not be interested.

All respondents except one (93%) stated that they have the information and resources they need to support them in their role as a member of the Situation Table. One respondent (7%) indicated that they “Neither Agree nor Disagree” with the statement.

Continued opportunities for training sessions and more Case studies was requested as a prospect for future information sessions. Information on the roles and responsibilities of members was also requested along with various times for the session to be offered.

#### **Session 4 – January 2021**

Information sessions are planned for January 2021 which will provide an overview of the Four Filter processes, including the roles and responsibilities of members, as well as a review of Confidentiality guidelines. Case studies will also be presented.

#### 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) 2020**

<b>Challenge</b>	<b>Opportunities for QI</b>
<p><b>Maintaining engagement and capacity</b> 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><b>Implementation of regular training sessions</b> Regular training sessions began to be held for the EAST and SEMT in July 2020 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>

Challenge	Opportunities for QI
	<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><b>COVID-19 Pandemic</b> 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><b>Implementation of regular training sessions</b> 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><b>Implementation OTN–PCVC meeting platform</b> In order to respect social distancing guidelines the OTN–PCVC 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><b>Geographically dispersed team</b> 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><b>Implementation OTN – PCVC meeting platform</b> 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>

A general feedback survey was administered to SEMT and EAST members on January 4<sup>th</sup> 2021. The aim of the survey is to collect feedback to help ensure we are providing the supports and resources needed to facilitate effective meetings and to support members in their roles on EAST and SEMT. The information from this survey will help to identify the strengths and challenges of the Tables related to helping to ensure individuals and families at acutely elevated risk are connected to community supports and assistance through rapid, coordinated responses. Challenges related to COVID-19 pandemic will also be explored. The use of OTN as a platform to host meetings will be assessed. As well, members will have an opportunity to provide feedback related to any training or resources they would like to help support them in their role.

Overall, in response to the current identified challenges the primary strategies to support continuous quality improvement include:

1. Continuing to implement 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 1<sup>st</sup> 2020 – December 31<sup>st</sup> 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 (MSDSB) 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.

Referrals Received:	Referring Organization		Total Referrals Received
	Centre de santé Univi Health Centre	Manitoulin-Sudbury District Services Board	
Since inception (November 2019)	14	5	19
January 1 – June 30, 2020	4	5	9
July 1 – December 31, 2020	5	1	6

Referrals and Caseload break down by month (November 2019 – December 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
July 2020	0	0	8

<b>August 2020</b>	0	0	8
<b>September</b>	0	0	8
<b>October</b>	1	0	9
<b>November</b>	0	1	8
<b>December 2020</b>	3	4	6
<b>Number of Ontario Common Assessment of Need (OCAN) completed between January-December 2020: 6</b>			

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 MSDSB 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 MSDSB, certain staff in the Transitional Community Support (TCS) program were able to deliver food baskets to residents in MSDSB 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.

As of year-end we have seen a decrease in referrals due to the ongoing pandemic. Case Management services are still being offered through video conference, telephone and face to face. CMHA S/M will continue to reach out to individuals in need as well as the referring agencies.

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

Challenge	Opportunities for QI
<p><b>Geographically dispersed service recipients</b> 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><b>Implementation of an increased schedule for Sudbury East service delivery</b> 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><b>Implementation of virtual/alternative methods of service delivery</b> 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><b>Limited options for neutral, non-residential community meeting spaces (i.e. Tim Hortons, non-seasonal restaurants)</b> 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><b>Implementation of virtual/alternative methods of service delivery</b> 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><b>Exploring opportunities for space at referring agencies locations</b> 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><b>Limited community awareness of CMHA Services and the stigma of receiving mental health supports</b> As a newer program in the area, some community partners may not be aware of the opportunity for CMHA service with Univi/MSDSB individuals. Additionally, some individuals have identified that the small community makes it difficult to access services without others finding out.</p>	<p><b>Implementation of educational/advertising platforms</b> 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><b>COVID-19 Pandemic</b> 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><b>Implementation of virtual/alternative methods of service delivery.</b> 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>