

Manitoba's Clinical & Preventive Services Plan

Investing in Better Care, Closer to Home

MENTAL HEALTH AND ADDICTIONS
PROVINCIAL CLINICAL TEAM



Clinical & Preventive Services Plan Summary

An opportunity to elevate outcomes through reconfiguration

Manitoba's key population characteristics create an opportunity for the province's health system to both **meet evolving needs and set the standard for care in priority areas including rural health, healthy aging, and needs of diverse populations.** The significant **Indigenous population** presents an opportunity for leadership in **collaborative design and delivery of health services.**

Key Population Characteristics



Manitoba's Population is Growing

Growth rates vary by region with **higher growth in Winnipeg and Southern regions**, by 45% and 62% respectively, over the next 25 years.



Manitoba is Highly Rural

44% of the population is highly distributed across geographies with less than 10 people per km



Manitoba has an Aging Population

The **largest growth** is projected to occur with the **80+ and 60-70 year old cohorts** however Manitoba remains the only province where youth under 15 exceed the older population



Manitoba has a large Indigenous population

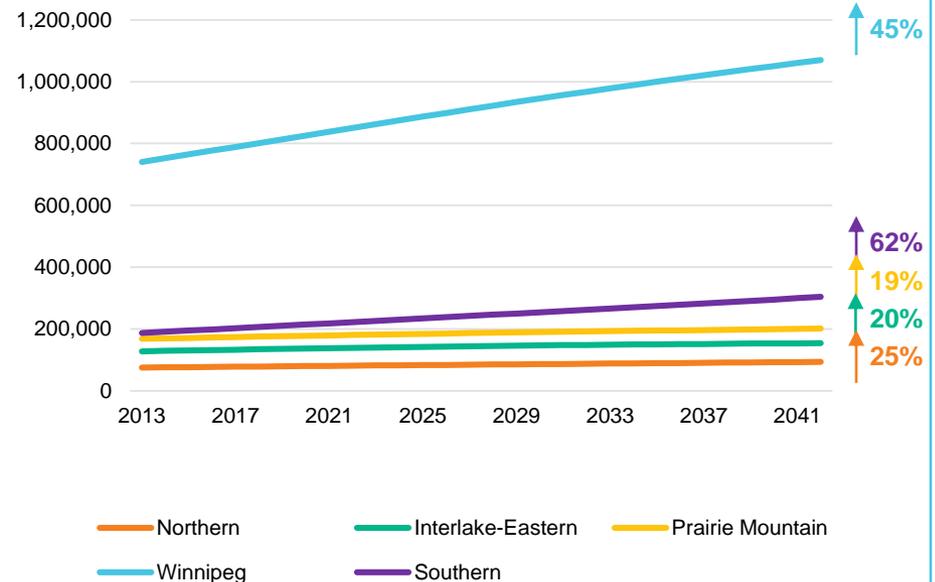
Manitoba's Indigenous population makes up **18% of the population**, the highest of any province in Canada. This population is also younger than the rest of the province



Manitoba has a Diverse Culture

109,925 Manitobans speak French of whom 74% were born in Manitoba. **18.3% of Manitoba's population are immigrants** with 80% settling in Winnipeg

Manitoba Population Growth and Projections by RHA



A strong foundation to build upon

Manitoba already holds **capabilities and characteristics** that can be leveraged to enhance the future healthcare system



One provincial academic hospital

The majority of tertiary health services for Manitoba's 1.3M people are delivered in Winnipeg through one provincial academic hospital: Health Sciences Centre (HSC), an internationally recognized and accredited academic hospital and research centre.



A leading university and research centre

University of Manitoba is a leading centre for the training of health professionals and support for specialist care delivery and rural and urban primary care.



International leadership role in the health of First Nations, Metis, Inuit, and Indigenous Communities

- Leadership role in instituting Jordan's Principle – a Child-First Initiative to assure equitable access to essential care
- Internationally recognized partnership-based health research through Ongomiizwin - Indigenous Institute of Health and Healing



Adaptability to innovative models of care

37% Increase in MBTelehealth utilization over in the past five years and multiple modes in place

1m+ By clients who visited the Mobile Clinic (primary care bus) over five years in Prairie Mountain Health miles saved



Multiple achievements to improve wait times and patient experience

25% Improvement in total time spent in Winnipeg EDs (Winnipeg) – the most improved in Canada

50% Improvement in total wait time for endoscopy through centralized referral and intake models – similar models in place for hip and knee replacements, spine surgeries, and others



Flexible workforce options provide new opportunities to build future models of care

2x More paramedics per 100,000 residents than the Canadian average and more female paramedics (national average: 32%)

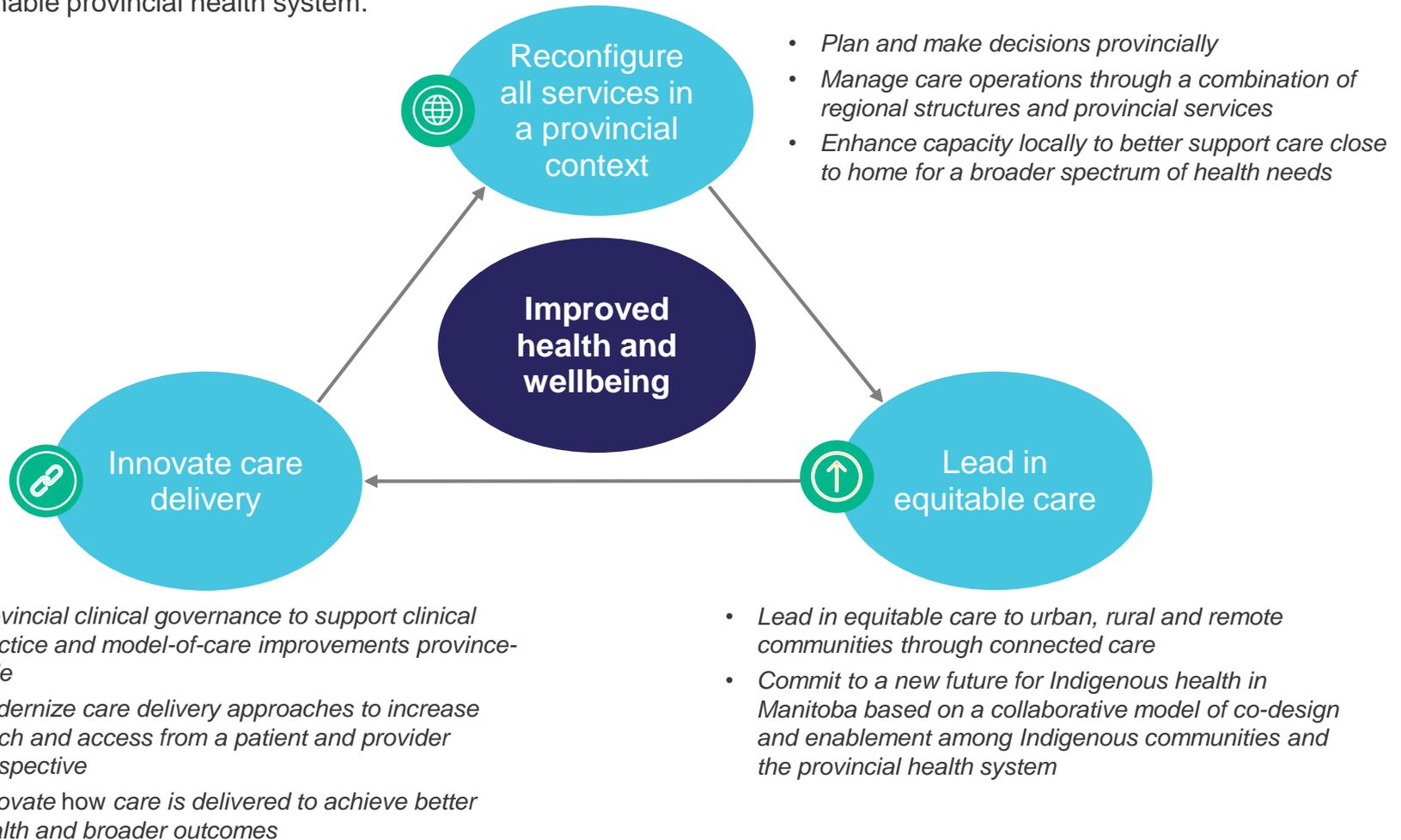
20+ Regulated health professions under one umbrella act (*The Regulated Health Professions Act*) with 21 categories of reserved acts



Expanding scope of Nurse Practitioners (e.g., minor invasive procedures, ordering diagnostic tests). Long standing leader in training, education, and employment of physician assistants including into primary care.

Manitoba's bold new future: Reconfiguring For Better Health and Wellbeing

The **elements of the future vision will work together** to improve how the health system supports Manitobans. Through redefined access and service capabilities across the province, Manitobans will benefit from improved health outcomes and a more sustainable provincial health system.



What does a modernized health system mean for individuals?

TODAY

- **Knowing where to go for the right care can be confusing** – for patients and for providers
- Your health care provider **may not have all the necessary information** about you and your health – this can result in you having to tell your story over, and over, and over again
- You may wait a **long time to access** the right care including diagnostic services and specialist care
- The care you need may not be accessible close to home, **requiring you to travel** to access services
- Your **visits may not be coordinated** across care providers, resulting in multiple trips to access care

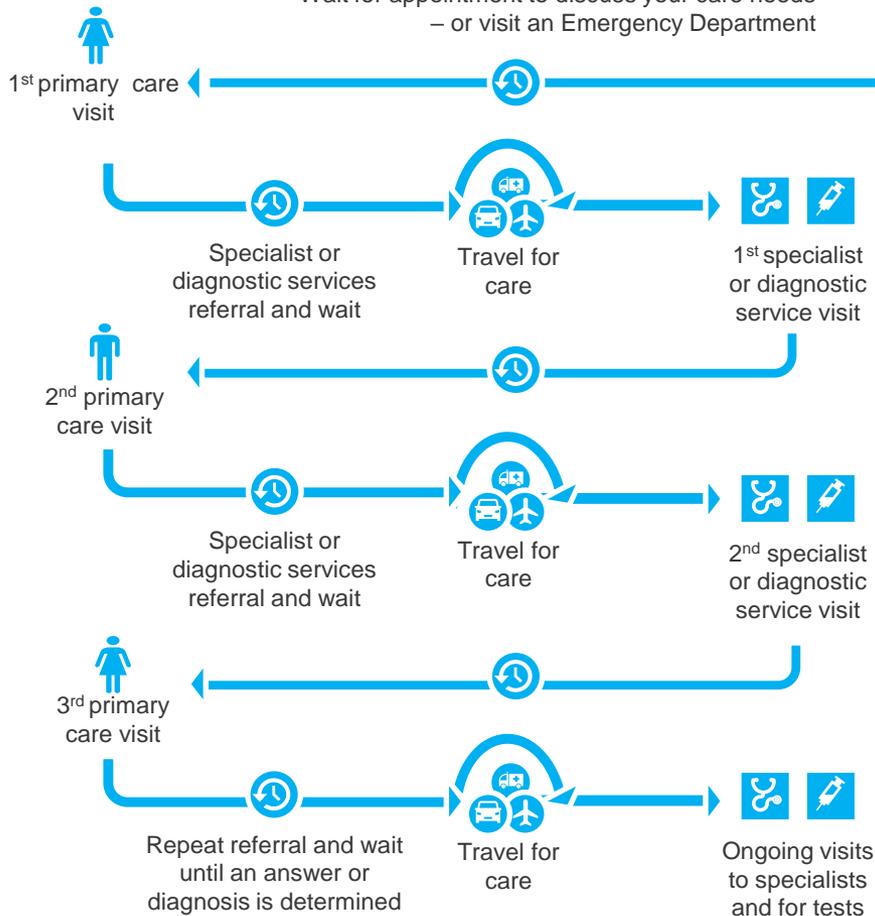
IN THE FUTURE

- Consistent, reliable services will be accessible at facilities that are clearly defined by the care they provide, making it **easier to know where to go for care**
- Your health care providers will have **access to appropriate information** about you and your health needs
- Providers will **work together to coordinate** your care, ensuring that wherever you go, you are able to access the right care
- Coordination will **reduce your wait times** and unnecessary travel
- You will have the choice to **manage and navigate your own care**, in partnership with your primary care provider
- Your primary health team will have support to provide your **care closer to home** through virtual tools, advice and guidance

What does a modernized health system mean for individuals?

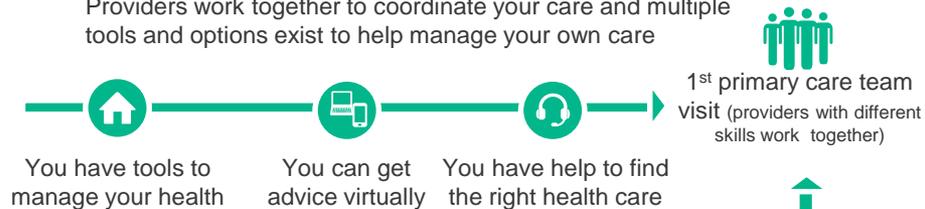
TODAY

Find a family doctor (primary care provider)
Wait for appointment to discuss your care needs
– or visit an Emergency Department



IN THE FUTURE

Providers work together to coordinate your care and multiple tools and options exist to help manage your own care



Your primary health team has the information they need about you and your health **and** has access to ...

... advice and guidance for more specialized care needs that they can manage, with some support

... virtual tools to bring care closer to home

... a network of other teams nearby for in-person or virtual access to care

Each step in your care path seamlessly connects back to your local primary health team, keeping them up to date on your care

... coordinated access to specialists that work together to reduce or eliminate unnecessary travel and coordinate with your primary care team

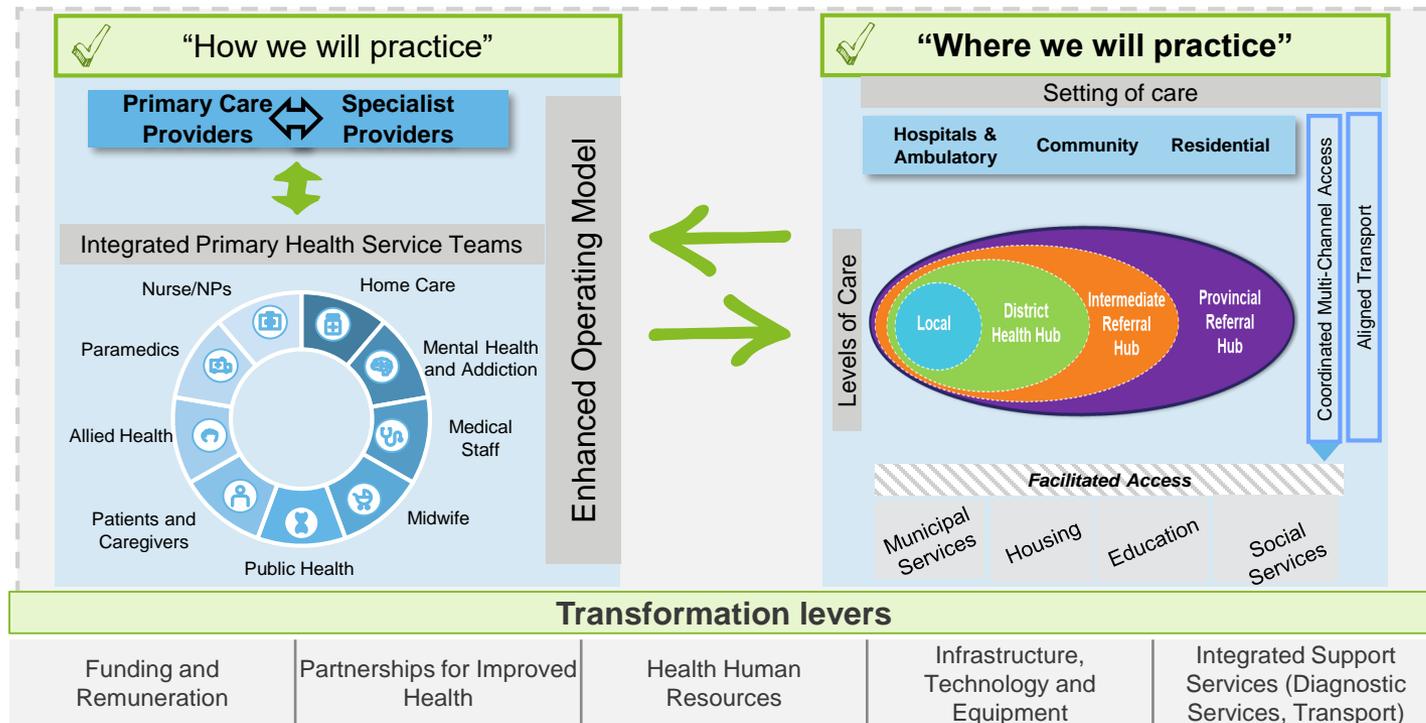


An integrated network for accessing and delivering services is core to the new provincial model

Interdisciplinary Teams Practicing in a New Model



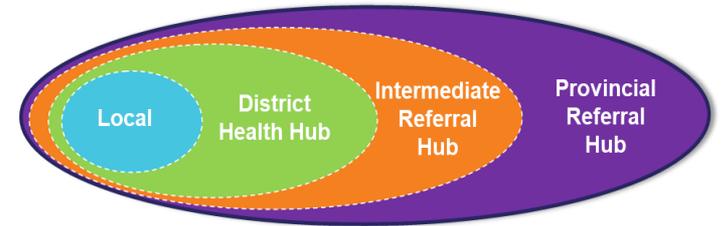
A System That Support Patients and Providers



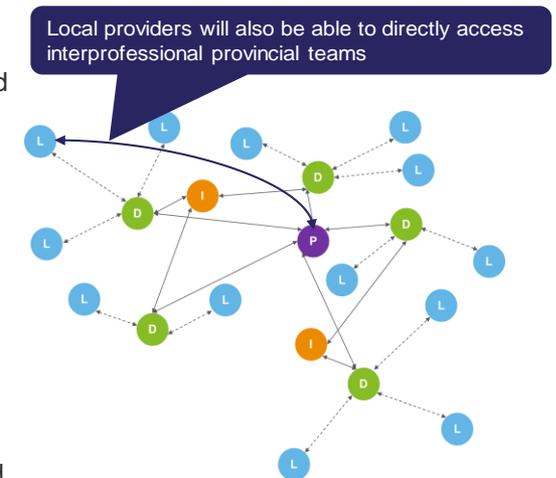
Defining one provincial system with enhanced local capacity and effective access to specialized care province-wide

The Integrated Network Model

- The Integrated Network Model shown below links local, district, intermediate, and provincial hubs and provides common service standards, capabilities and pathways for patients, providers and health system managers in the province.
- The model will reconfigure care to improve the health and well-being of all Manitobans through provincial standards that elevate care and innovative approaches to ensure equitable care delivery. The key to success will be the development of **appropriate, sustainable** capacity at the local level and **standardized pathways** that streamline how patients and providers navigate the system. **Provincial clinical governance** will guide the development and monitoring of standards and pathways. By leading in **connected care**, Manitoba will optimize a hybrid digital and in-person care experience for everyone.
- The network model is intended to facilitate the relationship between providers and the flow of patients in the province. It is not intended to create barriers or “gates” in the system, instead it will be used to **create transparency and certainty of capabilities**.



- L Local Area Hub**
Integrated network for prevention and screening, transitional care, community based support and rehab, and primary and community care
- D District Health Hub**
Integrated network for low-moderate acuity, variable volume general medicine/surgery interventions/procedures, post acute treatment and emergency services
- I Intermediate Referral Hub**
Integrated network for moderate acuity/complexity medicine, surgery, critical care, and emergency services
- P Provincial Referral Hub**
Provincial integrated network for high-acuity, highly complex medicine, surgery, critical care, and emergency services



Capabilities across local area hubs will be standardized along a spectrum, with flexibility to meet with population needs

The network model outlines **minimum service standards and capabilities** as the basis for infrastructure, health human resources, and clinical support services planning. Local Area and District hubs will feature a spectrum of capabilities (Enhanced, Core) to match the needs of its population, with increased acuity along the continuum from District to Provincial. Facilities at the District and Intermediate level may have targeted areas of programmatic focus that extend into higher levels of care.

Local	District	Intermediate	Provincial
<i>Low acuity community-based care</i>	<i>Low to moderate acuity community-based and inpatient care</i>	<i>Moderate to high acuity inpatient and medical/surgical care</i>	<i>High acuity/specialty medical and surgical care</i>
<p>Enhanced</p> <p>Interdisciplinary primary care teams who provide enhanced community services such as mental health support, midwifery, chronic disease management, and/or pain management; supported by appropriate diagnostics and the ability for short-term patient observation</p> <p>Increased focus on prevention and screening with proactive population health management capacity</p> <ul style="list-style-type: none"> My Health Teams, new care models (e.g., collaborative emergency centres in Nova Scotia, advanced care centres in Australia) <p>Core</p> <p>Local primary care providers will be the main point of contact with the health system for most patients (e.g., Home Clinics)</p> <p>Increased focus on prevention and screening with proactive population health management capacity</p>	<p>Core:  Urgent care during set hours for lower acuity patients</p> <p>Enhanced and Intermediate: 24/7 Emergency Department</p> <p>Provincial: 24/7 Emergency Department</p>	<p>General inpatient and ambulatory care with observation and monitoring capabilities, as well as targeted services</p>	
	<p>Enhanced:  Special Care Unit</p> <p>Intermediate: Intensive Care Unit (ICU)</p> <p>Provincial: ICU with specialized capabilities</p>	<p>Core:  Elective surgery, primarily with Family Practice Anaesthesia (FPA)</p> <p>Enhanced and Intermediate: Elective and emergency surgery with FPA or FRCPC</p> <p>Provincial: Elective and emergency surgery with FRCPC</p>	
	<p>Specialist Services may include:  District: Level I Nursery, community cancer care, primary stroke centre, and/or select areas of programmatic focus</p> <p>Intermediate: Level II Nursery, radiation therapy, general rehabilitation, moderate- to high-risk obstetrics and/or primary stroke centre</p> <p>Provincial: Intensive rehabilitation, and specialized mental health services, high-risk obstetrics and neonatal</p>	<p>Provincial Services such as:  Major trauma, thoracic services, comprehensive stroke care, specialty cancer care</p>	

Creating the capacity for a provincial approach to delivery in Manitoba through a 10-Point Plan

This 10-Point Plan outlines key mechanisms for Manitoba to improve access to care across the province and deliver on the benefits of moving to a provincial approach to care design and delivery

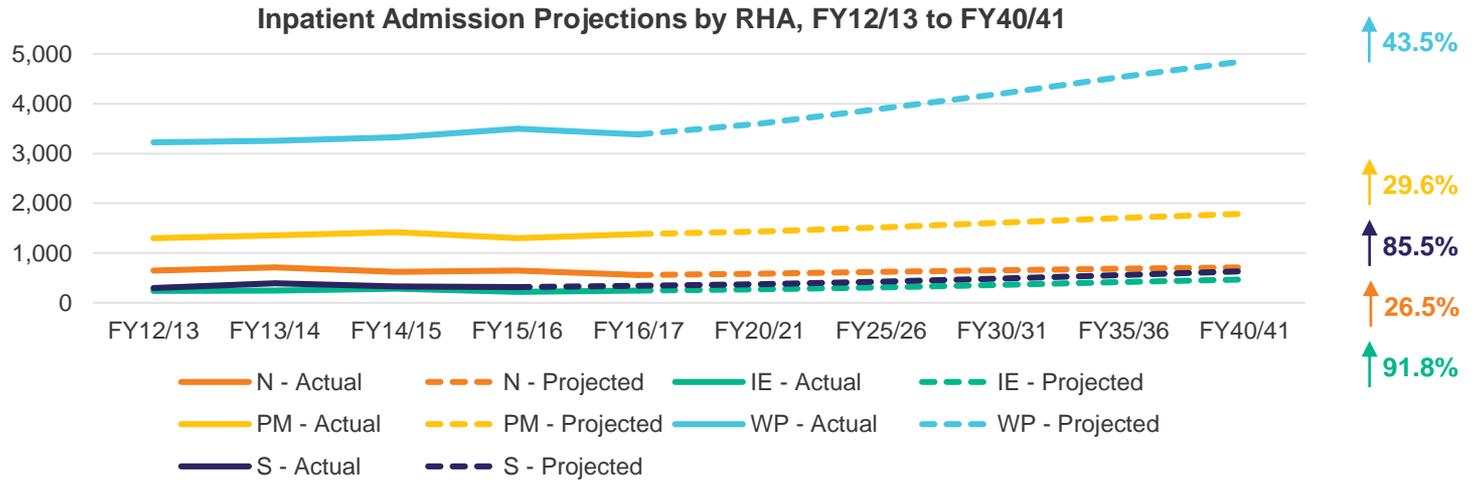


Mental Health and Addictions

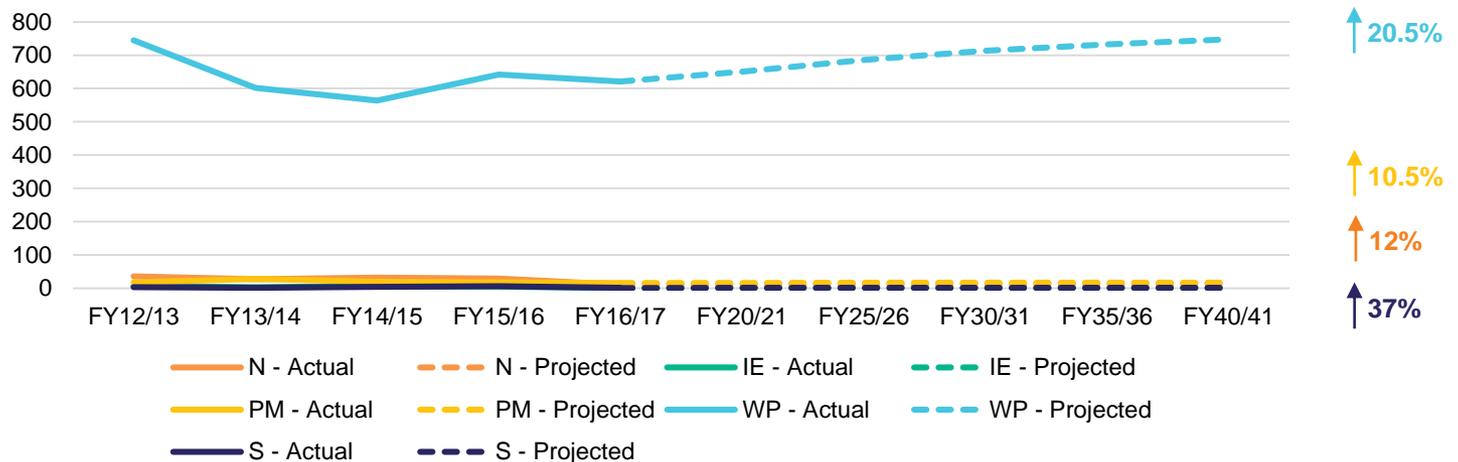
Current state and case for change

Both adult and paediatric inpatient mental health and addictions related admissions are projected to increase by 2040

Adult inpatient mental health and addictions admission are projected to increase **43% in Manitoba** between 2016 and 2040



Paediatric inpatient mental health and addictions admission are projected to increase **20% in Manitoba** between 2016 and 2040



Source: MHSAL – Discharge Abstract Database

***Projection Methodology:** Growth percentages provided by MHSAL were applied to the FY 2016/17 DAD data. The “base-case future scenarios” reflect projections that assume utilization and clinical service delivery are unchanged. In future iterations of the projections, this ‘future base case’ analyses will be updated using input from the PCTs, and other sources, to include alternative future scenarios that reflect the volumes where there are changes to the PCT model.

Current state and case for change

In 2017/18, substance use/addiction and mental health problems and illnesses were declared a national priority. In Manitoba, many individuals including children and youth and Indigenous populations face challenges with coordination and equitable access to mental health and addictions services across the province – there is opportunity to build upon the Virgo Report recommendations and consider alternate modes and settings of care to improve access to limited resources

Manitoba has already initiated programs and initiatives that support access to care closer to home which positions Manitoba well for future transformation

- Virgo Consultants created a Provincial Strategic Plan to improve access and coordination which has informed many of the discussions and planning at the various provincial clinical teams
- Rapid Access to Addictions Medicine (RAAM) Clinics are already opened in Winnipeg, Brandon, Selkirk and Thompson to provide walk-in support for substance abuse and addictions (WRHA, 2018)
- Rapid Access to Consultative Expertise (RACE) has been implemented in WRHA to provide a telephone service that allows primary care physicians to access psychiatry consultations for advice by calling one central number (WRHA, 2016)

Manitoba has a high proportion of adults, children and youth with mental health illness and problems. Where suicide rates are particularly high in First Nations communities, there is a need for shifts in preventative and population health

- Between FY10/11 to FY14/15, 27.6% of adults in Manitoba received a diagnosis of at least one mental illness. During the five-year period, there were 67 deaths by suicide, and 262 attempted suicides per 100,000 adults that resulted in hospitalization (Manitoba Centre for Health Policy, 2018).
- Over one-third of Grade 7 and 8 children and almost half of Grade 9-12 students are at risk for future mental health problems (Manitoba Centre for Health Policy, 2018)
- In Manitoba, suicide is the leading cause of injury deaths in children ages 10 and up. The suicide rate is 74/100,000 for 13- to 19- year olds, where almost one in five youth in First Nations communities have contemplated suicide, and one in ten have attempted suicide at least once (Manitoba Centre for Health Policy, 2018).

There is significant demand for Mental Health and Addictions services, however availability of core mental health and addictions services and supports are not coordinated and aligned to patients' level of need and complexity

- Of patients discharged from inpatient psychiatry in WRHA, many were observed to have multiple mental diagnosis, including about half with substance use disorders, and over 75% with medical diagnosis (Virgo, 2018)
- The prevalence of mental health disorders among children and youth in Canada (including Manitoba) appears to have remained the same since FY06/07, yet there has been an increase in ED visits and hospitalizations of 53% and 47% respectively (Virgo, 2018)
- Over 50% of adults in Opaskwayak Cree Nation were diagnosed with depression or anxiety, yet few were accessing mental health counselling services (Virgo, 2018)
- Manitoba has the lowest number of psychologists per 100,000 residents, compared to other provinces (Mental Health Commission of Canada), with 181 licensed psychologists

Inconsistent provincial adoption of evidence based interventions/programs, resulting in inequitable access/variability of service

- Manitoba has seen a higher number of individuals who access ER mental health support because they have not received help elsewhere, when compared to other provinces; of these many had not been seen by another health care provider in the previous two years (Virgo, 2018)

Moving from today to the future

The vision for the future is based on evidence, informed by PCTs' holistic input, and aligns with jurisdictional practices

	Highlights of Current State	Highlights of Future State
Service Model – Highly Effective Teams	<ul style="list-style-type: none"> • Variable coordination, and inconsistent communication between providers (i.e., primary care and specialists) across services, leading to challenges access services • Variable education and awareness among primary health and community to support access and early intervention at various points of contact • Variable use of multidisciplinary teams and evidence based interventions to provide wrap around care to prevent inpatient admissions 	<ul style="list-style-type: none"> • Central access/call number for family physicians to access psychiatry consultants • Enhanced capacity of primary care to build capacity in the community • Shared care models of service delivery • Specialists provide care through virtual care models to increase access outside WRHA • Standard education and training across various points of contact through core competency models • Integration of mental health and addiction services into MyHT 2.0
Service Standards and Pathways – Coordinated Delivery Systems	<ul style="list-style-type: none"> • Inconsistent adoption of evidence based interventions/programs across the province • Variable coordination of mental health and addictions services, resulting in greater challenges and inequities in access to care • High volume of mental health related emergency room visits • High volume of transfers between sites for assessments • No provincially consistent source of information for the population to access, including system navigation and self-management resources 	<ul style="list-style-type: none"> • Tiered services and supports aligned to patient's level of need and complexity for both mental health and addictions • Alignment and greater integration between mental health and addictions services across the province • Coordinated access through a single point of access for referrals • Rapid access to addictions services through expansion of RAAM clinics • Web-based platform to triage, navigate and support access to resources and information • Collaboration across select government sectors (i.e., Justice, Child Services) to support mental health and addictions care across the province

Provincial view of the future vision

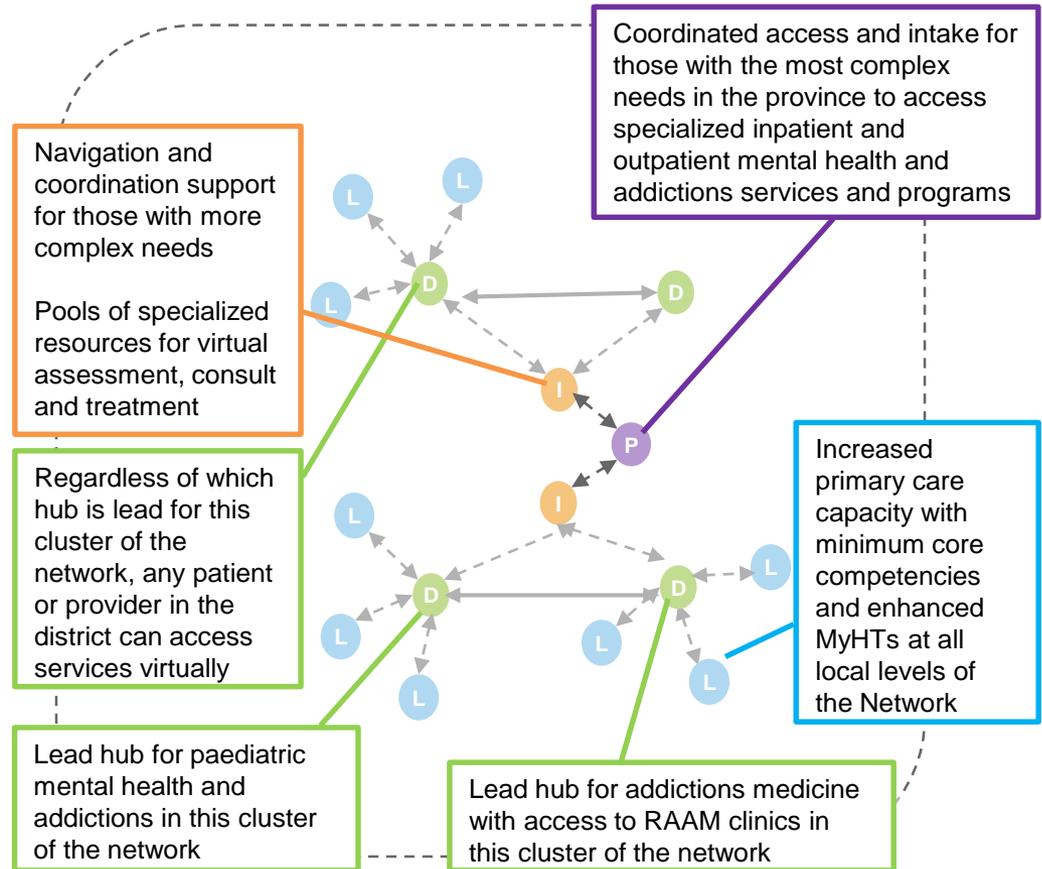
Future Vision: Manitoba will adopt a Stepped Care Model whereby mental health and addictions treatment and recovery support services are aligned to five tiers of complexity as outlined by the 2018 Virgo Report. It is anticipated that the future model will result in:

- Improved access and coordination of mental health and addictions services
- Standardized, streamlined care to support enhanced patient outcomes
- Improved primary care capacity to support service delivery closer to home

Key features of the future vision, include, but are not limited to:

- Tiered services and supports aligned to patient's level of need and complexity
 - Enhance capabilities at Local and District Hubs to provide coordinated care for lower complexity needs closer to home
 - Expand existing initiatives, including RACE, ECHO, Shared Care models to build capacity in primary care and support access to care closer to home
 - Standard tools and supports to enable primary care capacity building
 - Standardize capabilities at Intermediate and Provincial Hubs for higher complexity needs
 - Coordinated intake and assessment for specialized populations (i.e., paediatrics, seniors, trauma, co-occurring needs etc.)
- **Alternate modes of care delivery** (i.e., virtual group classes) to extend the reach of specialists outside WRHA and provide an alternate mode of assessment and consults
- **Standard education and training** through a core competency model at various points of contact across the workforce

Illustrative example of network hubs working together



Future state of the provincial network | Indigenous

Focus on mental health and addictions amongst **Indigenous communities**

Current issues:

- Challenges related to foundational social determinants of health – housing, water, food, education, etc.
- High rate of mental health and addictions challenges including suicide and violence
- Specialists come in to support the community for a short-period of time, where there is a lack of familiarity and trust
- Lack of consistent system coordination and navigation to streamline access to specialist care
- RAAM clinics are not as accessible for Indigenous individuals who require an appointment to access travel benefits
- Challenges related to medication distribution in nursing stations including for opiate replacement therapy
- Maximum time-limit to keep a patient waiting for a virtual consult in a nursing station (i.e., virtual specialist consult) results in higher transfers to WRHA
- Unnecessary Form 4 use

Opportunities:

- Commit to longer-term trust relationships and capacity building within teams across the Network
- Bridge the gap with FNIHB to improve communication and services on-reserve, including supports for nursing stations
- Immediate access to virtual specialist consults to support the local team (i.e., individual providers) and nursing stations, including on-call physicians
 - Provincial Coordinated Access Team Model to provide virtual support in nursing stations, including intake and repatriation decisions
 - Coordinated access system with a single call number
 - Virtual tools to support active consults and assessments
- Standard cultural competency among providers across the province (i.e., language competencies and understanding of diversity across Indigenous communities)
- Rapid access to crisis stabilization for urgent/emergent cases as well as suicide and crisis prevention strategies
- Expand support for children and youth through school systems (e.g., telehealth stations in schools)
- Enhanced scope of practice for paramedics to support EMS response for lower complexity patients

Future state of the provincial network | Overview

Services and programs align with tiers of severity and complexity as outlined by the Virgo Report, and across levels of the Network Model

Tier 2 – Early intervention and self-management services	Tier 3 – Services targeted to moderate MHA needs	Tier 4 – Intensive and specialized services	Tier 5 – Highly specialized, intensive services
<ul style="list-style-type: none"> • Build capacity in primary health through provincial expansion of existing initiatives and increased use of virtual tools through a shared care, team based model • Focus on preventing individuals from moving to higher tiers through early intervention and self-management (i.e., mental health and addictions prevention) • Increase access to specialist services, community supports and virtual group classes • Expand availability of virtual, web-based mental health and addictions treatment and assessment options (e.g., web-based treatment programs; Bounce Back Program, Strongest Families) • Interdisciplinary team model to support care for lower need individuals • Increased cultural competency to support Indigenous individuals in the community 	<ul style="list-style-type: none"> • Standard core competency training and enhanced scope of practice across service providers (i.e., NPs) <ul style="list-style-type: none"> • Focus on evidence based treatment strategies • Build capacity in primary health (i.e., through collaboration with enhanced My Health Teams) • Provincial centralized intake to specialty services to ensure appropriate access to the right services and treatments • Standard screening and assessment tools • Stepped care within the tier with varying methods of service delivery across levels of complexity • Telehealth to increase access to specialist consults • Increased caregiver support and self-management 	<ul style="list-style-type: none"> • Expanded use of telehealth for consults and assessments to expand access to specialist care in the community • Core competency training to enhance provider roles for local service providers including educational workers, police, social workers, etc. • Expansion of outpatient psychosocial programs • Enhanced treatment services for intoxicated individuals and urgent treatment resources for high needs addiction patients • Expand mobile crisis teams • Centralized coordination of dedicated beds 	<ul style="list-style-type: none"> • Standard assessment tools to identify Tier 5 patients • Core competencies across all communities in the same hub of the Network to support higher need individuals • Focus on treatment, including medical withdrawal management • Care coordination/case manager to support Tier 5 patients across levels of the Network • Coordination of system navigation and access (i.e., through Provincial Coordinated Access Team) • Wrap-around service team across levels of the Network • Increased peer supports • Urgent treatment resources for high needs addiction patients • Housing supports in the community to allow for faster discharge • Expand mobile crisis support teams • Centralized coordination of dedicated beds
<p>Consistent mental health and addictions competencies among primary care providers including appropriate training depending on scope of practice Virtual access to specialist consults and assessments across levels, including on-reserve communities Standard assessment tools to determine appropriate level of support needed Enhanced access and support for hard to reach population (i.e., homeless, Indigenous individuals) Collaboration with peer support organizations</p>			

Service standards and provider roles | Tier 2

Tier 2 – Low need, early intervention and self-management services		
	Service standards	Provider roles
Provincial Referral Hub	<ul style="list-style-type: none"> Enhance capacity for development, implementation and evaluation of programs in intermediate, district and local hubs (ECHO, RACE, psychological and biological treatments) Addictions prevention strategies to prevent individuals from moving to higher tiers 	<ul style="list-style-type: none"> Development of education, training and evaluation of treatments Mental health and addiction specialists to provide virtual consults, assessments and treatment to Intermediate, District, Local Hubs
Intermediate Referral Hub	<ul style="list-style-type: none"> Enhance awareness of self-management tools and navigation of the mental health and addiction system 	
District Health Hub	<ul style="list-style-type: none"> Provincial standard for trauma-informed care Feedback circuits to support primary care providers in managing patients who end up in the ED to avoid future crisis Streamlined and more timely transition of care between the ER and primary care in discharge planning 	<ul style="list-style-type: none"> Competency based training for evidence-based treatments <ul style="list-style-type: none"> Incorporate clinical supervision into competency building Pharmacist support for medical reconciliation
Local	<ul style="list-style-type: none"> Build capacity in primary health: <ul style="list-style-type: none"> Provincial expansion of RACE to increase primary care access to psychiatry consults Provincial expansion of the ECHO Model of Care to increase primary care capacity in treatment, management of MH&A Outreach to Indigenous communities that is culturally safe and familiar Improve access to services: <ul style="list-style-type: none"> Virtual access to MH&A consults and services to support early intervention treatment Increase access to behavioural therapies to avoid pharmacological interventions Consistent access to evidence-based (behavioral, biological and psychosocial) treatments Enhance access to class based and group based interventions (e.g., CBTm, and shared medical visits) Access to brief interventions in primary care, including for addictions management Integrate self-help tools into primary care Ensure standard access to primary care providers Enhance early identification: <ul style="list-style-type: none"> Enhance use of wellness assessments to support early identification Increased screening for early MH&A treatments, including in schools 	<ul style="list-style-type: none"> Shared Care Models of MH&A service delivery with interdisciplinary teams to support patients to remain in their community <ul style="list-style-type: none"> Enhanced MyHT to provide assessment and treatments Enhanced MyHT to promote non-medication interventions Increased use of spiritual care providers, elders and traditional healers to support cultural differences Addictions counsellors to support patients in community and contribute to addictions prevention Standardization of training for local care providers including allied health, social workers, paramedics, police, etc.

Service standards and provider roles | Tier 3

Tier 3 – Moderate need, services targeted to moderate MHA needs		
	Service standards	Provider roles
Provincial Referral Hub	<ul style="list-style-type: none"> Provincial expansion of virtual access to specialized services (i.e., telehealth for child, adult, geriatric psychiatry, psychology), including consistent competencies to use technology/virtual tools 	<ul style="list-style-type: none"> Competency based training for evidence-based treatments <ul style="list-style-type: none"> Incorporate clinical supervision into competency building Mental health and addiction specialists to provide virtual consults, assessments and treatment to Intermediate, District, Local Hubs
Intermediate Referral Hub	<ul style="list-style-type: none"> Provincial expansion of virtual access to specialized services (i.e., telehealth for child and adult psychiatry, psychology) where needed Telepsychiatry in EDs to support emergent MH&A cases 	
District Health Hub	<ul style="list-style-type: none"> RAAM Clinics expanded to all RHAs Telepsychiatry in EDs to support emergent MH&A cases Telehealth to allow for virtual consults with specialists in Intermediate or Provincial Hubs Increase standard basket of services including case management, psychosocial rehab, brief treatments, system navigation, etc. 	
Local	<ul style="list-style-type: none"> Build capacity in primary health: <ul style="list-style-type: none"> Provincial expansion of RACE to increase primary care access to psychiatry consults Provincial expansion of the ECHO Model of Care to increase primary care capacity in treatment, management of MH&A (e.g., through My Health Teams) Standard assessment tools for screening in primary care clinic waiting rooms to measure aspects of MH&A (i.e., algorithm developed to determine appropriate resources) Improve access to services: <ul style="list-style-type: none"> Regional and provincial coordinated access to ensure equitable access and appropriate triage to providers and programs in the community Virtual access to MH&A consults and services and standard education to use virtual tools Consistent access to standard evidence-based treatments (e.g., CBT, DBT, IPT, CPT) and virtual group classes Brief interventions for select patient populations Standard assessment to identify patient needs Stepped care within the tier (i.e., web-based evidence-based treatments, group therapy, individual therapy) 	<ul style="list-style-type: none"> Shared Care Models of MH&A service delivery an providers working to full scope of practice (e.g., Psychiatric NP) <ul style="list-style-type: none"> Enhanced MyHT to provide assessment and treatments Increased use of spiritual care providers, elders and traditional healers to support cultural differences Competency-based training for evidence-based treatments and appropriate supervision Standardization of training for local care providers including allied health, social workers, paramedics, police, etc.

Service standards and provider roles | Tier 4

Tier 4 – Moderate to severe need, intensive and specialized services		
	Service standards	Provider roles
Provincial Referral Hub	<ul style="list-style-type: none"> • Crisis support services available to all via in person or virtual supports • Specialized paediatric and seniors MH&A services with centralized intake and standard assessment • Access to inpatient services including psychosocial rehab and DBT programs • Standard bed management for forensic and co-occurring needs • Specialized assessment and treatment for complex trauma and PTSD • Enhanced treatment services for intoxicated individuals and urgent treatment resources for high needs addiction patients (e.g., housing, medical, harm reduction) • Enhanced access to novel neurostimulation and biological treatments 	<ul style="list-style-type: none"> • Competency based training for evidence-based treatments <ul style="list-style-type: none"> • Incorporate clinical supervision into competency building • Mental health and addiction specialists to provide virtual consults, assessments and treatment to Intermediate, District, Local Hubs
Intermediate Referral Hub	<ul style="list-style-type: none"> • Telepsychiatry in EDs to support emergent MH&A cases • Specialized paediatric and seniors MH&A services via telehealth and dedicated itinerant models • Crisis support services available to all via virtual care supports • Standard bed management for forensic and co-occurring needs • Specialized assessment and treatment for complex trauma and PTSD • Enhanced treatment services for intoxicated individuals and urgent treatment resources for high needs addiction patients (e.g., housing, medical, harm reduction) 	
District Health Hub	<ul style="list-style-type: none"> • RAAM Clinics expanded to all RHAs • Telepsychiatry in EDs to support emergent MH&A cases • Telehealth to allow for virtual consults with specialists in Intermediate or Provincial Hubs • Access to outpatient services including psychosocial rehab and DBT programs • Recovery services for acutely intoxicated individuals (i.e., detoxification vs. treatment) • Coordinated bed management 	<ul style="list-style-type: none"> • Mobile crisis team to support access to services • Standard education and awareness in trauma informed care
Local	<ul style="list-style-type: none"> • Enhanced community services for early psychosis and co-occurring MH&A needs • Enhanced forensic community programming • Treatment services for acutely intoxicated individuals (i.e., enhanced capacity for recovery services for 'revolving door' patients) 	<ul style="list-style-type: none"> • Standardization of training for local care providers including allied health, social workers, paramedics, police, etc.

Service standards and provider roles | Tier 5

Tier 5 – Severe or complex need, highly specialized, intensive services		
	Service standards	Provider roles
Provincial Referral Hub	<ul style="list-style-type: none"> Emergency mental health consultation and assessment services available to all via in person or virtual supports Specialized paediatric and seniors MH&A services with centralized intake and standard assessment Standard bed management for forensic and co-occurring needs Enhanced treatment services for intoxicated individuals and urgent treatment resources for high needs addiction patients (e.g., housing, medical, harm reduction) 	<ul style="list-style-type: none"> Management teams for detox support/medical withdrawal and stabilization Psychiatric emergency nurses in ED Care coordinator/manager available 24/7 to follow patient through levels of the Network Mental health and addiction specialists to provide virtual consults, assessments and treatment to Intermediate, District, Local Hubs
Intermediate Referral Hub	<ul style="list-style-type: none"> Telepsychiatry in EDs to support emergent MH&A cases Emergency mental health consultation and assessment services available to all via in person or virtual supports Specialized paediatric and seniors MH&A services with centralized intake and standard assessment Virtual access to MH&A consults at the Provincial Hub Enhanced treatment services for intoxicated individuals and urgent treatment resources for high needs addiction patients (e.g., housing, medical, harm reduction) 	<ul style="list-style-type: none"> Management teams for detox support/medical withdrawal and stabilization Psychiatric emergency nurses in ED
District Health Hub	<ul style="list-style-type: none"> RAAM Clinics expanded to all RHAs Virtual access to MH&A consults at the Provincial Hub Wrap-around services available through mobile and virtual support, including EMS and police 	<ul style="list-style-type: none"> Care coordinator/manager available 24/7 to follow patient through levels of the Network <ul style="list-style-type: none"> Assessment and treatment services available in the community through virtual supports Psychiatric emergency nurses in ED Expand mobile crisis support teams
Local	<ul style="list-style-type: none"> Services available locally for tier 5 patients as they decrease in acuity Wrap-around services available through mobile and virtual support, including EMS and police 	<ul style="list-style-type: none"> Care coordinator/manager with standard core competencies available 24/7 to follow patient through levels of the Network <ul style="list-style-type: none"> Standard assessment and treatment services available in the community through virtual supports Access to a coordinated consult system (i.e., Provincial Coordinated Access Team) to gain advice on provincial services To support mobile crisis planning (in home or remotely), which can also be triggered by EMS/police for assessment at local level

Opportunities for innovative service delivery

Innovative service delivery and improved access to care can be achieved through digital technology, including associated information and technology requirements, as well as integrated support services including diagnostics, patient transport, Emergency Services, infrastructure and equipment. The table below highlights key elements for the Mental Health and Addictions PCT as they are unique to those outlines in the Provincial chapter. Further, Key Performance Indicators have been outlined to assess the implementation of this model.

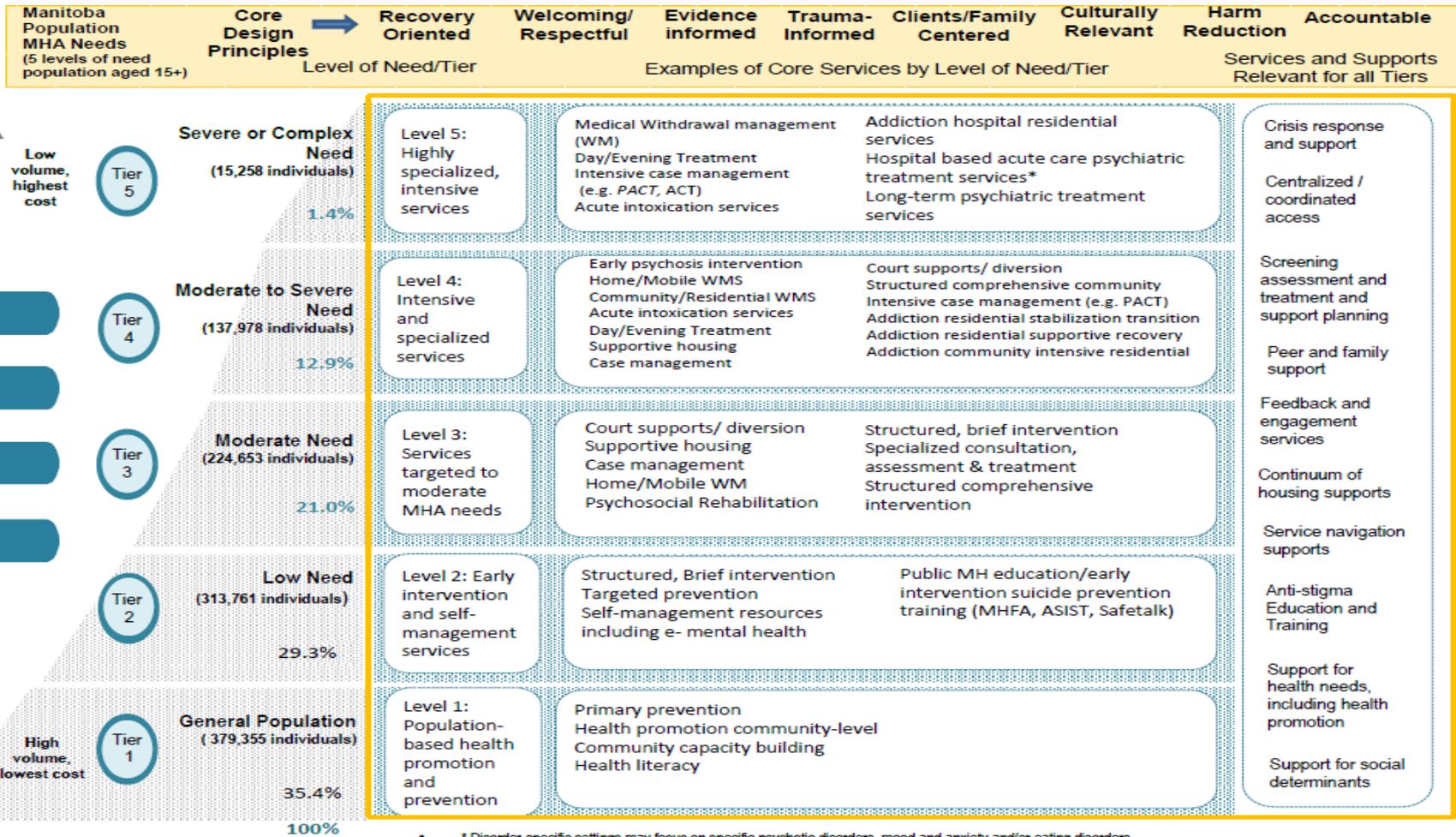
Digital Health	<ul style="list-style-type: none"> Digital enablers to support the implementation of provincial programs (i.e., RACE and ECHO), and to provide alternate modes of consult, assessment and treatment (i.e., through telehealth, eConsult, etc.) to increase access to care in Local and District Use of outcome measures embedded in service delivery
Diagnostic Services	<ul style="list-style-type: none"> Diagnostic considerations to include increased access and coordination of mental health and addictions diagnostics including psychiatry and clinical health psychology diagnostic supports
EMS/Patient Transport	<ul style="list-style-type: none"> Enhanced community supports (i.e., community paramedics) to support emergent mental health and addictions needs
Infrastructure and Equipment	<ul style="list-style-type: none"> Physical space considerations required to support enhanced capacity in the community, including RAAM clinics, space for delivering expanded programs (i.e., RACE, RAAM), and equipment for mobile crisis teams
Prevention	<ul style="list-style-type: none"> Mental health and addictions support services to include rapid access to crisis stabilization for urgent/emergent cases as well as suicide and crisis prevention strategies, including in First Nations communities Collaboration with FNIHB and linkages with nursing stations to support equitable access and prevention for First Nations communities

Key Performance Indicators

1. Increased use of urgent treatment resources for high needs addictions patients, resulting in a reduction in the number of patients who cycle through the ED
2. Increased number of Tier 2, 3 patients managed in the community through enhanced primary health and virtual tools
3. Reduced suicide rates, including in First Nations communities, with implementation of a provincial suicide prevention strategy
4. Implementation of standard core competency training to enhance provider roles for local service providers (i.e., educational workers, police, social workers, etc.)
5. Consistent use of standard assessments and coordinated intake for specialized populations, including paediatric, seniors, trauma, co-occurring needs, etc.

Appendix – Virgo Report Tier Descriptions

Mental Health and Substance Use/ Addiction Treatment System Framework for Manitoba



Appendix – Future Provincial Clinical Services Pathway – Mental Health and Addictions

