



# Treating Vulnerable Clients with Complex Health Care Issues

# Complex Mental Health/ Addiction Populations

- Defined as individuals who have
  - disabling addictions
  - underlying mental health issues
  - complex medical needs and
  - behavior issues
- that leave them vulnerable to multiple harms and unable to fully benefit from existing services

# Complex Concurrent Disorder Population – Service Characteristics

- Significant and concurrent mental health substance use and medical problems
- Centre of a health and social system crises
- Higher users of crisis and emergency services
- Homeless or at risk for homelessness
- Involved in Criminal Justice system

# Complex Concurrent Disorder Population – Clinical Co-morbidities

- Psychosis
- Trauma/Depression/Anxiety
- Neurodevelopment
- Neuropsychiatric
- Emergent psychopathology
- Polysubstance Use
- Chronic Medical Conditions
- Acute Medical Conditions

# Complex Concurrent Disorder Population – Demographics

- Estimates hard to determine
- Data is not reliable
- Projected population to be served within VCH conservative estimate of 30,000 - 32,500
- Projected population to be served across the Province 125,000

# System Challenges

## Barriers to Client Care

- Mental health service mandate exclusive focus on psychotic spectrum disorders
- Exclusion of people with disabling substance use problems from mental health services
- Inconsistent system level approach to the development of an integrated system
- Lack of professional leadership and cultural competencies in this area

# Costs to Client and Health Care System

- Poor access to client care
- Inappropriate use of ER
- Inappropriate utilization of in patient beds
- Transfer of health care burden to judicial system of care
- Poor and over utilization of first responders costly
- Significant costs to: client, system and society

# Reasons for a New Regional Program

- This population has been invisible; not included in the 10-year MH/A plan; outcomes not being measured
- Stigma associated with population – among health care providers and general public
- Lack of understanding about the population results in exclusionary criteria for accessing services

# Reasons (continued)

- Requires a regional approach to ensure equitable, coordinated, comprehensive approach
- Strength-based model provides new tools, competencies and skills for health care providers to engage this client population
- Necessary to integrate and reorganize services along the needs of these clients, providing easy accessible clinical pathways

# **Vision** for a Regional Program

- Patient-centered integration across settings and interventions
- Clinical pathways instead of institutional programs
- Accountability and outcome monitoring
- Defined levels of care, developing a stepped care approach

# **Vision** for a Regional Program cont...

- Leadership, transparency and advocacy of Health Care in addressing health needs
- Defining and Implementation of Catchment Areas
- Reach out to the Community and to all providers

# Aims and Principles for a New Regional Program

- Understanding the gaps – assessment of the current state of affairs (programs, capacity, challenges)
- Implementing a new governance model in partnership with treatment and service providers
- Developing a concept for necessary clinical pathways through ongoing needs assessment and monitoring
- Integration of Mental Health, Addiction and General Medical Care, Community Agencies

# Regional Program Responsibilities

- Represent VCH at regional, provincial and federal initiatives affecting this population
- Ensure integration between Regional Program, BC Ministries, Municipal Initiatives
- Advocate for the population and their families
- Develop a comprehensive strategic plan (completed)
- Teaching, education, research re: client population

# Features of the CCD Program

- Includes full continuum of acute and community mental health and addiction services
- Organized around clinical pathways
- Developed by Catchments Areas
- Specialized services at Regional Level
- General services at Local Level
- Uses a Recovery Monitoring process
- Supported by a research and evaluation business unit

# What We Hope to Achieve

- With the general public
  - Decrease stigma and provide education
  - Build capacity to welcome and support this population
  - Forge new partnerships
- With VCH staff:
  - Decrease stigma and increase skills
  - Educate staff about the strengths of this population
  - Conduct research to better understand this population
  - Forge new partnerships
  - Implement the strength-based model
  - Identify champions within the system

# What We Hope to Achieve cont...

- For Complex MH/A Populations (Adults, Youth, Aboriginals) and their families:
  - Support clients where they are in their lives and help them engage in continuum of care as they are ready
  - Improve client care, access and outcomes
  - Assist clients identify the skills they have
  - Create a community of support around clients
  - Improve population health overall

# CCD and Aboriginal Programs Partners in Creating Care

- Improve Access to Mental Health and Addiction care
- Partner Aboriginal Strategic Planning with Mental Health and Addictions Regional Strategic CCD Plan
- Partner to ensure cultural competencies and cultural safety is inherent in all CCD programs
- Partner to focus on youth and prevention
- Partner to provide next generations with a decreased burden of disease