

# Expression of Interest

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## Introduction

We are writing to express our interest in participating in the full pan-Canadian research-to-practice network in Youth and Adolescent Mental Health. Our establish partnership is comprised of the Algoma Anchor Agency and Dr. Nicola Shaw of the Health Informatics Institute and Algoma University. This partnership is one of service delivery and academia working together to ensure the best outcomes for our community here in the Algoma district of Northern Ontario.

## The Problem - The Algoma District

The Algoma District is a division of Northern Ontario, which is comprised of 145 municipalities, 106 First Nations, over 150 unincorporated communities, and 10 territorial districts. Northern Ontario expands over 800,000 square kilometres, covering 90 percent of Ontario's land area, and has a population density of one person per square kilometre.

The Algoma district runs from Elliot Lake in the east, Sault Ste. Marie in the southwest, to past Hornepayne in the north. It includes Wawa, Chapleau, Blind River, St. Joseph Island, Spanish, Thessalon, and White River. Framed by Lake Superior and Lake Huron the International Bridge divides Sault Ste. Marie, Ontario from Sault Ste. Marie, Michigan, in the United States of America.

The 2002 Canadian Community Health Survey (CCHS) indicates that across Canada, the self-rated health of Canadians declines from the most urban regions of the nation to the most rural and remote areas. Geographic location is thus a determinant of health. The CCHS reveals that men and women living in rural and small towns have a lower life expectancy than the average Canadian. These residents also have elevated rates of being overweight, smoking, arthritis/rheumatism and high blood pressure. Furthermore, individuals living in rural and northern areas have higher than average rates of major depressive disorder. Mental health is a major concern in our community.

Mental health and addiction services are critical support networks that consumers rely on to receive care and support. In the Algoma district mental health and addiction services are provided by several capable organizations offering services for different niche populations. These services are in high demand and spread over large geographic areas, thus creating a fragmented system for consumers. This fragmented environment leads to gaps and overlap in service provision which is neither efficient nor cost-effective. As a result, the Algoma Anchor Agency has been recently establishment to address this problem by bringing 13 separate organisations under one umbrella provide a single point of entry to services for our community. This agency is explained further below.

## Research Team & Progress to Date

We're a small team which could be merged with other teams or integrated into a larger proposal. Our leaders and partners are described below.

### Anchor Agency

The Algoma Anchor Agency has been mandated by the North East Local Health Integration Network to facilitate the integration of 13 mental health and addiction providers, and more than 100 services, offered in the Algoma District under one organizational structure. This agency will offer more patient-focused care by providing a single doorway to the system.

The Anchor Agency Steering Committee began meeting in November 2010. They were guided by the vision developed by representatives of mental health and addiction agencies.

***“To provide timely, holistic, client and family driven, culturally responsive, mental health and addiction services that is simple to access, caring and respectful and preserve the dignity of clients and families. These services will be provided through an integrated and accountable service system.”***

The organization was incorporated in February 2012 and completed development of By-laws in May 2012. The Agency received its Health Service Provider Number on August 17, 2012 which allows for the organisation to begin taking on the delivery of mental health and addictions services.

In order to provide better service the Anchor Agency worked with the Dr. Nicola Shaw, and her staff from Algoma University & the Health Informatics Institute, to complete a Consumer Needs Assessment on what users of service and service providers were identifying as strengths in the service system as well as where services could be improved. This study was completed in October 2012.

Additionally, an Environmental Scan was also completed in October 2012 outlining all of the existing services being delivered in mental health and addictions across the District of Algoma.

These two studies provided valuable information for the service design model that the Anchor Agency will be implementing as part of the integration of mental health and addictions services.

Some of the key features in this new service delivery model will be a single point for calling one number for accessing mental health and addictions services across Algoma and redirecting individuals towards community based services versus hospital services whenever possible.

The Algoma District health and addiction service providers listed below, are funded by the NE LHIN and will be integrating into the Algoma Anchor Agency.

1. Algoma Family Services -- Sault Ste. Marie
2. Algoma Public Health -- Sault Ste. Marie
3. Anishnabie Naadmaagi Gamig Treatment Centre -- Blind River
4. Breton House -- Sault Ste. Marie
5. Canadian Mental Health Association -- Sault Ste. Marie
6. Counselling Centre of East Algoma -- Elliot Lake

7. Ken Brown Recovery Home -- Sault Ste. Marie
8. Lady Dunn Health Centre -- Wawa
9. North Shore Community Support Services Inc. -- Elliot Lake
10. Phoenix Rising Women's Centre -- Sault Ste. Marie
11. Sault Area Hospital -- Sault Ste. Marie
12. St. Joseph's General Hospital -- Elliot Lake
13. Women in Crisis Inc. -- Sault Ste. Marie
14. Other agencies may be added in the future.

The Anchor Board of Directors has agreed to a phased-in approach to the integration to ensure that people and their families are cared for during the transition. This is important as we want to minimize any disruptions in services for individuals that are currently receiving services. There are also unique needs across North, East and Central Algoma and our model of service has to ensure that we are meeting the needs of the local communities. The Anchor Agency has not launched the new service delivery model yet. That will begin in 2013/2014 but we are confident that developing a single access to services and bringing services under one organization will improve access and focus more on the needs of the person.

### **Dr. Nicola Shaw – ESRI Canada Research Chair in Health Informatics**

Dr. Shaw has been working with the Anchor Agency since before its inception. Her staff at the Health Informatics Institute conducted the Consumer Needs Assessment that is helping shape the service delivery model being established by the Anchor Agency. Dr. Shaw is an Associate Professor with Algoma University (Sociology) and with the Northern Ontario School of Medicine (Human Sciences Division). She is an applied social researcher with an emphasis on the use of informatics to support quality care and to improve patient outcomes. She brings with her applied expertise in the application of Geographical Information Systems (GIS) in health, extensive research experience around the use of Electronic Health / Medical Records (EMR/EHR), mixed method research expertise, many years of experience in evaluation and quality in health care research. Furthermore, she has worked in mental health since the late 1990's when she was exploring the role of telepsychiatry in the North West of England prior to her immigration to Canada in 2003. She is currently teaching a course in the Sociology of Mental Health to the 2/3<sup>rd</sup> year students in Sociology, Psychology and Social Work at Algoma University.

Additionally, Dr. Shaw is a member of a small team at Algoma University who are currently developing an application to the Mental Health Innovation Fund Spring Call for Proposals. The project being proposed is being designed to both identify and close the gaps in mental health services for our students on and off campus; to enable and promote knowledge sharing and best practices; to facilitate partnerships with our local community and to focus specifically on our Aboriginal population given Algoma University's special mandate to serve Anishnaabe communities. Further, the project will support innovative approaches to mental health service delivery and support improved outcomes that will be measured by Dr. Shaw and her research team.

Dr. Shaw, in partnership with the Community Geomatics Centre (Sault Ste. Marie Innovation Centre), is also currently working with the Algoma Family Services on the Triple P (Positive Parenting Program)

which serves parents of children aged 0-18 years with mild to moderate behavioural difficulties. Given the focus of the Transformational Research in Mental Health (TRAM) network we would expect that this relationship would be expanded further should our team be included in the development of the full pan-Canadian TRAM network in Youth and Adolescent mental health.

## **Algoma Family Services**

Algoma Family Services is a provider of specialized services for children, youth, adults and families in the Algoma District. Their services are evidence-based, client-centered, family-focused and delivered by a team of skilled professionals. Their work is focused in the following key areas:

1. Child and youth mental health services
2. Specialized programs for youth substance abuse, young offenders and family violence.
3. Community Partnerships, as a lead sponsor for a number of programs with local collateral agencies.

## **Our Contribution**

We can offer an established partnership that works well together and provides an enterprise of service delivery, academic research and outcomes evaluation experience in a unique area of Canada. The Algoma district is a perfect natural laboratory. Constrained by geography and with limited available services we have to be innovative and novel in our service provision to be able to meet the needs of our population given the exceptionally high needs they face. The extreme difficulties in accessing services felt across Canada are being exacerbated for us because of our local geography.

The goal of the TRAM Network in Youth and Adolescent mental health is to unite patients/family representatives, policy makers, researchers, service providers, community organisations and other stakeholders to move innovative interventions, practices, therapies or policies out of the research environment and into common use in the real world. If we were able to participate in the full pan-Canadian network we would provide a site that is already taking steps towards meeting this goal within our local community and as such provide the perfect opportunity to demonstrate improved health outcomes in five years.

## **Research & Implementation Strategy**

We are currently developing our model of service delivery and as it is phased in, we will include additional active representation of patients/families representatives, policy makers, researchers, service providers & community organisations in its development and implementation.

The Consumer Needs Assessment conducted by Dr. Shaw identified a number of potential indicators of change:

1. Increased funding for consumer access to offered services
2. Lower re-admission rates to in-patient care/ Lower relapse rates for recovering addicts
3. Improved mental wellness and sobriety outcomes

4. Improved referral processes for consumers
5. Improvement in the management of consumers to ensure that they are in appropriate services
6. Improved awareness of all available services
7. Improved coordination of services within the mental health and addiction treatment system
8. Improved transitions for consumers throughout the mental health and/or addiction treatment system
9. Improved public awareness and education of mental health and addiction conditions
10. Improved number of staff with mental health and addiction credentials

As the service delivery plan is further developed and implemented these indicators will likely form the basis of the metrics that will be used to measure success.

## Conclusion

Whilst this small team is represented here by the co-leadership of the Algoma Anchor Agency and Dr. Shaw, it is imperative to realise that they in turn are the gateway to extensive numbers of additional potential participants in terms of patients/families representatives, policy makers, researchers, service providers & community organisations that would also participate in the TRAM Network should we be invited to join the Network development process.

We recognise that we are a very small team however we represent a community that is in desperate need of the kind of support and linkages that would be available to us from our participation in a pan-Canadian network. Additionally, we have a great deal to offer such a network as our experiences will be very different to those experienced in more urban settings and our inclusion will help to ensure that the network is truly representative of Canada and the 6.3 million people who live in rural areas as well as our Francophone and First Nations populations.

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