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Partnership for Passage:
Transitioning Youth with Severe Mental Illness from Child to Adult Services in Eastern Ontario.



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+ **Presentation Overview**

1. **Background: Translating Theory to Practice**
2. **Implementation of a Pilot Transition Program**
3. **Building Community Capacity and Networks**
4. **Outcome Evaluative Framework**
5. **Next Steps**

Statement of the Problem

McGorry (2007) explains:

"public mental health services have followed a pediatric split in service delivery, mirroring general and acute health care. The pattern of peak onset and the burden of mental disorders in young people means that the maximum weakness and discontinuity in the system occurs just when it should be at its strongest" (p. s53).

+ **Statement of Importance**

Why focus on the transition from CAMHS to AMHS?

- 70% of adult mental health problems in Canada have an onset occurring in childhood/adolescence (Government of Canada, 2006).
- In Ontario, between 15 and 21% of young people have at least one diagnosable mental health disorder (Ministry of Child and Youth Services, 2006).
- The greatest financial and institutional weaknesses occur during the CAMHS and AMHS transition, affecting individuals between the ages of 16 and 25 (e.g., Singh et al., 2005; Pottick et al., 2007; McGorry et al., 2006).

+ **Implications of Systematic Weaknesses**

- Lack of integration is believed to "jeopardize the life chances of transition-age youth who need to be supported to successfully adopt adult roles and responsibilities" (Pottick et al., 2008, p. 374).
- In 60% of known cases, young people with enduring mental health concerns and continuing needs disengage from service during the transition (Harpaz-Rotem et al., 2004).
- Re-engagement is usually crisis driven.

+ **Transition**

Transition versus Transfer

Transition: (Blum, 1993)

Purposeful, planned movement from child-centered to adult-oriented health care systems

Care that is uninterrupted, coordinated, developmentally appropriate, psychosocially sound, and comprehensive

Transfer: (Burke et al., 2008 as cited in Singh et al, 2010)

Termination of care by a children's health provider which is re-established with an adult provider

+ Transition

Institutional Transition	Developmental Transition
<ul style="list-style-type: none"> Marked by a change in status as the client/patient moves from one service provider to another. Defined as an administrative event that is mediated by bureaucratic and legal considerations. Often occurs as a result of "aging out" due to chronological age. 	<ul style="list-style-type: none"> Is defined by a maturational process. It is mediated by cultural and natural guidelines. Results in increased competence and social changes. Is concerned with developmental age.

+ Transition

Multiple Transitions

Transition in mental health care is but one part of the wider transition from dependent child to independent adult

Young people undergo systematic, cultural and clinical changes

+ Project Funders

- Policy Ready Paper :
 - Ontario Provincial Centre of Excellence for Child and Youth Mental Health**
- Policy Research, Stakeholder Focus Groups and Survey Research:
 - Champlain LHIN**
- Implementation of Recommended Model:
 - Champlain LHIN**

+ Project Activities

5 Phases of Development

- Phase 01: Literature Scan
- Phase 02: Policy
 - Part A: Meeting with Local Policy Leaders
 - Part B: Policy Ready Paper
 - Part C: Publication and Conferences
- Phase 03: Stakeholder (Youth, Parents, Providers)
- Phase 04: Model Recommendation
- Phase 05: Implementation
 - Part A: Business Plan
 - Part B: Funding and Implementation
 - Part C: Evaluation

+ Phase 01: Literature Scan

+ Identifying Transitional Models

Reciprocal Service Agreements (UK)	Standalone Transition Service Providers (e.g., "Oxygen" and "Headspace" in Australia)	Transition Teams
<ul style="list-style-type: none"> Having agreements to direct the transition helps clarify roles and responsibilities Protocols must be realistic given the context of the service and they must be used to be effective Often relies on chronological age 	<ul style="list-style-type: none"> Prioritizes the transition for youth Targets youth from 12-25 Considers developmental age Costly and contingent upon stakeholder buy-in at multiple government and community levels. Youth encounter two transitions: at entry and exit of the Headspace program. 	<ul style="list-style-type: none"> Better coordination of care Assists in the management of responsibility concerns. CAMHS-AMHS Team Collaboration Costs associated Requires buy-in by service providers.

+ Facilitators to Successful Transition Between CAMHS to AMHS

1. An active, future-focused process
2. Young-person-centered
3. Inclusive of parents/care-givers
4. Starts early
5. Resilience framework
6. Multidisciplinary, inter-agency
7. Involves pediatric and adult services in addition to primary care
8. Provision of coordinated, uninterrupted health care
 - age and developmentally appropriate
 - culturally appropriate
 - comprehensive, flexible, responsive
 - holistic – medical, psychosocial and educational/vocational aspects
9. Skills training for the young person in communication, decision-making, assertiveness, self-care and self-management
10. Enhance sense of control and interdependence in health care
11. To maximize life-long functioning and potential

+ Phase 02: Policy

Ministries Involved:

- 1) Health
- 2) Education
- 3) Child and Youth Services
- 4) Training, Colleges and Universities

+ Phase 02: Meeting with Provincial Policy Leaders

Policy-Level Recommendations

01. The CAMHS/AMHS transitional model should reflect the policy goals for mental health.
02. Policy-makers would like to help shape clinical practice rather than impose standards. To make key decisions about which transitional model might work best for CAMHS/AMHS transitions, policy leaders need information about the best-supported models for CAMHS/AMHS transitions as well as feedback from stakeholders.
03. Policy-makers agree there needs to be increased flexibility related to developmental age for youth transitioning from CAMHS to AMHS. Accordingly, a more elastic approach to funding services is needed for services related to transition-age youth.
04. Longitudinal outcome data are required to evaluate future transitional programs/models of care. Changes will need to be made to legislation in order to link ministerial data in an effort to support a coordinated model of healthcare.
05. Policy-makers require more information from youth to determine how to proactively best serve transition-age youth and prevent crisis-driven reconnection.
06. The CAMHS/AMHS transition could be considered as a model for reform in healthcare.

+ Phase 02: Meeting with Provincial Policy Leaders

Practice-Level Considerations

01. Developmental considerations should play a major role in helping to direct the transitional process for youth.
02. Transitional planning needs to be initiated earlier, and transitional care plans need to be flexible to adapt to different service environments and the needs of the youth involved.
03. Transitional planning needs to be viewed as a shared responsibility rather than a risk transfer.
04. AMHS perspectives need to be engaged at both the policy and service levels in order to support a successful model of transition for youth.
05. Families are important stakeholders and need to be engaged in the transition process while still respecting the burgeoning autonomy of youth in transition.

+ Phase 03: Stakeholder Research

(Youth, Parents, Providers)

Participants	Method
Care Providers	Survey
Care Providers	Focus Group
Youth	Focus Group
Caregivers	Focus Group

+ Findings from Professional Practice Leader Questionnaire

Theme 01: Lack of Policy/Direction Indicated

“Process is much more half hazard – if youth do not fit the criteria ... unfortunately, patients are often sent back to their family physician without their appropriate follow up arrangements”

Theme 02: Barriers to Achieving Successful Transition

“Different approach (philosophy) in providing services through the life span. (E.g. in child and adolescent psychiatry, the work involves a partnership with the family, the school, CAS while in adult services, the work is mostly done with the patient only”

“Stringent criteria in adult specialized programs in which many youth do not fit.”

+ Findings from Youth Focus Group

Theme 01: Difficulties Accessing Services/Retaining Care
 "I didn't feel better inside I felt like what am I suppose to like do something horrible to myself to make you realize that I'm actually not doing well"

Theme 02: Poor Transitional Planning
 "you're in the middle of a crisis and you're in the hospital and because your birthday comes while you're in there they'll wheel you away. And that terrified me so as I got older I would panic."

Theme 03: Philosophical Differences
 "CAMHS it's more of a lean on me we'll walk down this road where out of CAMHS its kind of like take a hike, there's the road that's all you get. You have to depend on yourself a lot more and that can be hard when you don't have a lot of trust in yourself."

+ Youth Goals for Transitions

YOUTH DRIVEN
 "The Important thing is respecting the patient's wishes of what is transition to them. Working with the patient to figure out what the transition plan is for them instead of like saying it to them and saying this is what you're going to do. Asking like, what do you think would be helpful? I felt like that wasn't really done."

SUPPORTED, COORDINATED, AND PLANNED
 "Maybe if they know you're going to be transferred to AMHS maybe bringing you there with somebody, seeing the place, kind of getting more comfortable instead of just poof you're there."

COMMUNICATION/SHARED CARE
 "More communication between CAMHS and the AMHS when you're being transferred ... your chart is so thick that... on the first day and your having an anxiety attack they don't have time to go through it to see that X drug is not good for her system."

+ Phase 03: Findings from Parent Focus Group

Theme 01: Accessing Services
 "The wait time is excruciating. I essentially advise parents to mortgage their house and go get private care."
 "... there are services but they're fractured throughout the community."

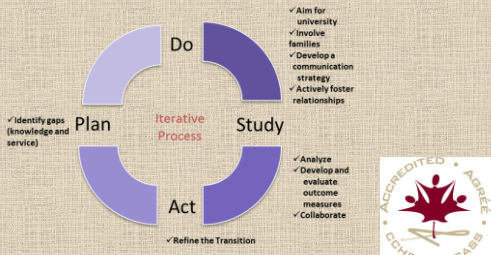
Theme 02: Difficulties with Transitioning
 (at point of transition) "Now we're figuring out where her treatment goes. There's a lot of shuffling, to figure out where her clinic work will go and which doctors will prescribe meds. So it's very confusing. She's (daughter) been worrying about it for over a year."
 "There's no communication there. That's the biggest thing; it's not a collaborative thing. They did not listen."

+ Parent Goals for Transition


"We need to have transition workers who are aware of the different issues. We're all dealing with the need for respite; we're all dealing with the need for continuity of care; safety; we all need some form of education and some part of assisted employment and assisted living. We all need these things."



+ Phase 04: Model Recommendation



+ DELIVERABLE




http://www.excellenceforchildandadolescent.ca/sites/default/files/policy_growing_up_to_do.pdf

+ Key Messages of the Policy Paper


1. Clear channels of communication to be established between Ministerial leadership bodies.
2. The selected model of care to maintain a youth-centered approach where transitional planning is completed proactively rather than reactively
3. The transition program that is selected should be guided by current evidence in knowledge translation and implementation science

+ Phase 05: Implementation

- Part A: Business Plan
- Part B: Funding and Implementation
- Part C: Evaluation



+ Implementation Funder: Champlain LHIN



+ Implementation Pilot Project

Activities
1. Define Scope of Problem
2. Business Case Submission to LHIN
3. Hiring of Transitions Coordinator
4. Identify Referral Criteria
5. Identify Partners and Contributions
6. Developing Standard Case Review Process
7. Evaluation Platform
8. Referrals
9. Follow Up

+ Scope of Problem

Champlain LHIN* Population (2006): 1,145,077					
Renfrew County* Population (2006): 97,543	North Lanark/North Grenville* Population (2006): 46,952	Ottawa West* Population (2006): 388,99	Ottawa Central* Population (2006): 229,674	Ottawa East* Population (2006): 212,325	Eastern Counties* Population (2006): 190,583
15-19 yrs* Population (2006): 6,576	15-19 yrs* Population (2006): 3,471	15-19 yrs* Population (2006): 23,092	15-19 yrs* Population (2006): 13,780	15-19 yrs* Population (2006): 15,712	15-19 yrs* Population (2006): 14,103
15-19 yrs in Champlain LHIN* Population (2006): 78,697					
Prevalence of Mental Illness Among Children and Youth is 15% ¹ Estimated Prevalence of Mental Illness Among 15-19 year olds in the Champlain LHIN: 11,805			Prevalence of Severe Mental Illness Among Children and Youth is 5.4% ² Estimated of Severe Mental Illness Among 15-19 year olds in the Champlain LHIN: 4,250		
Only 1 in 5 Children and Youth in Need of Mental Health Services Receive Care ³ Estimated Number of 15-19 year olds in the Champlain LHIN that are in Need of Services and Receive Care: 2,361			Only 1 in 5 Children and Youth in Need of Mental Health Services Receive Care ³ Estimated Number of 15-19 year olds in the Champlain LHIN that are in Need of Services and Receive Care: 850		
Children and Youth in Need of Mental Health Services Who Receive Care Per Year of Age Estimated Number of Individuals Per Year of Age in the Champlain LHIN that are in Need of Services Receive Care: 472			Number of Children and Youth in Need of Mental Health Services Who Receive Care Per Year of Age Estimated Number of Individuals Per Year of Age in the Champlain LHIN that are in Need of Services and Receive Care: 170		

+ Transitions Advisory Group – Service Delivery Partners and Project Sponsor

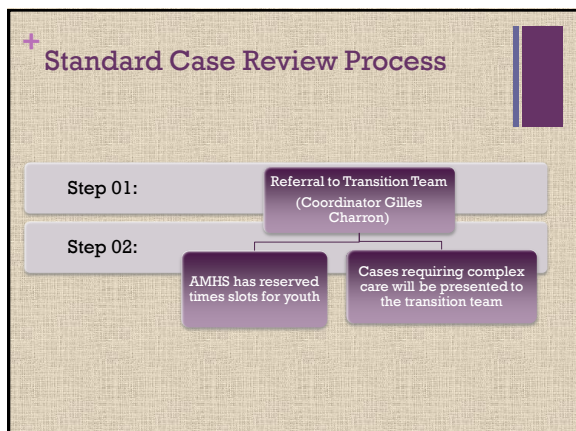
Member	Affiliation	Member	Affiliation
Jean-Claude Bisserbe	ROH	Bruce Kennedy	TOH
Clare Gray	CHEO	Diane Lavallée	Montfort
Mario Cappelli	CHEO	Joanne Lowe	CHEO
Wendy Cole	OCH	Anne MacDonald	OCH
Elizabeth Druss	TOH	Colleen MacPhee	TOH
Alison Freeland	ROH	Alison Middlebro	ROH
Katharine Gillis	TOH	Christine Slepanski	ROH
Francine Gravelle	YSB	Natalie Sochocky	UoO
Hazen Gandy	CHEO	Robert Swenson	TOH
John Lyons	U of O	Audrey Tedford	CMHA
Simon Davidson	CHEO	Smita Thatte	ROH
Karen Tataryn	CHEO	TBA	Colleges and Universities
Glen Barnes	David Smith Centre	Gilles Charron	Coordinator
Project Sponsor	Champlain LHIN (Elaine Medline, Louise Grenier, Nicole Lafreniere-Davis)		

+ Partner Contributions

(Continued Development)

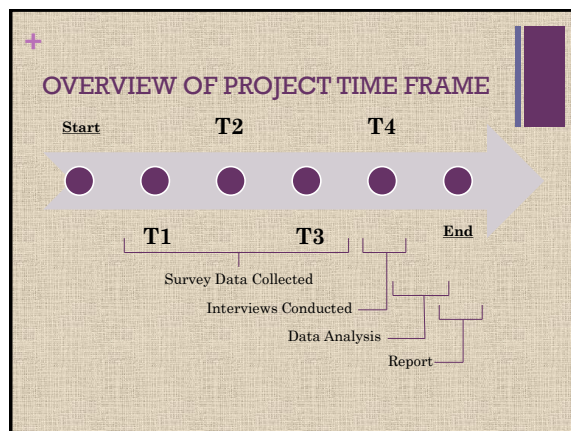
Partner	Contribution
Royal Ottawa Mental Health Centre (Adult) - potential	<ul style="list-style-type: none"> Recovery service unit Urgent Care Consultation Service: prioritized referral within 2 weeks for medication consultation and/or diagnostic clarification Telehealth Clinical Bridging Services to schizophrenia team Phone Consultations
Canadian Mental Health Association	<ul style="list-style-type: none"> Outreach Services... could lead to case management services TBIT Concurrent Disorder Services
Youth Services Bureau	<ul style="list-style-type: none"> Walk-in Clinic Wraparound services Counselling (potential)
Queensway-Carleton Hospital	<ul style="list-style-type: none"> Will see up to 10% of the patients in project (10 to 12) Psychiatric involvement confirmed with possibility of allied health staff to be determined on case by case basis
The Ottawa Hospital	<ul style="list-style-type: none"> Clinical time will be dependent on the nature of patient's condition Access to outpatient services could be expedited for urgent consultations Psychiatric problem must be acute and of a short duration (mandate of clinic is short-term psychiatric care) Referral process to First Episode Psychosis Program and regional Eating Disorders Program currently in place and could be available for this project for appropriate referrals
Dave Smith Centre Royal Ottawa Hospital (Youth) Montfort Hospital CHEO Mental Health	TBD

- ### + Referral Criteria/Guidelines
- Youth 16 to 24 years of age, living in Ottawa (may also be receiving services from Ottawa provider)
 - In active care of project partner
 - Complex mental health problems such as bipolar, psychosis, co-occurring substance use and mental illness, as well as comorbidity possible personality disorder
 - May be in need of specialized assessment to facilitate transition to adult mental health services
 - Current provider agrees to be involved in developing transitional plan of care and participating actively in transition team
 - In need of services that are available from partners
 - In need of integrated multiple services (more than one)



- ### + Case Review Committee
- Tasks:
 - Review challenging referrals (e.g., dual diagnoses)
 - Multiple resources required
 - Advocate for specific program planning/youth service (e.g. Creation of an Anxiety Psychotherapy Group for Transitional Youth)
 - Membership:
 - Chair – Manager (AMHS)
 - 3 Clinicians – (CAMHS, AMHS, Community)
 - Manager (Tertiary Care AMHS)
 - Coordinator

- ### + Evaluation Platform
- Goal of Evaluation: Assess the Efficacy of the Transition Program
 - Timeline: Evaluation Platform finalized April 28, 2011
 - Evaluation Process:
 - 4 Time Periods
 - Referral to transition team
 - Referral accepted and processed
 - First appointment with AMHS
 - One month following first appointment with AMHS
 - Assessment Measures
 - Health Service Tracking
 - ANSA, OCAN, GAIN-SS
 - Client Satisfaction Questionnaire
 - 4 qualitative interviews
- 



+ QUANTITATIVE TRACKING MEASURES (T1 TO T4)

- 4 Time frames
- 4 Tracking booklets
- All forms have an interactive PDF version
- Based on questionnaires used in TRACK study by Singh et al (2010)
- Tailored questions for our purpose

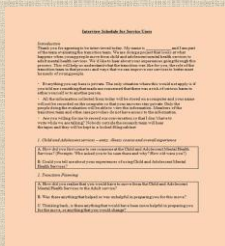


+ Standardized Outcomes Measures

- Assessments measuring needs (and strengths) of youth / adults
- Used predictively (not to investigate functional outcomes following transition)
- Adult Needs and Strengths Assessment (ANSA) - Clinician rated
- Global Appraisal of Individual Needs - Short Screener - Clinician rated
- Ontario Common Assessment of Needs - Clinician and Youth

+ QUALITATIVE INTERVIEWS – T4

- Youth, caregivers, CAMHS, and AMHS
- Questions about the transition process
- Improvements / Barriers
- Observed differences between CAMHS and AMHS
- Also, Client Satisfaction Questionnaire



Sample Characteristics

Age: (N=29)	17.93	Min. 16 Max. 20
Gender: (N=29)	Male	8
	Female	21
Living Arrangement: (N=26)	Independent	3
	Parental Home Maternal Home	20 3
School Attendance: (N=27)	Full Time	15
	Part Time	5
	Not Attending	7
Employment: (N=28)	Full Time	1
	Part Time	5
	Not Employed	22
Diagnosis: (Non-inclusive)	ADHD	5
	Depression	10
	Borderline Personality	3
	Anxiety	14
	Substance Abuse	8
	Mood	3
	Sexual Abuse	1
	ODD	2
	Mild Dev. Delay	5
	Eating Disorders	3
	School Refusal	1
Delusional Thoughts	1	
Schizophrenia	1	

+ Results To Date (September 30, 2011)

Average Time for Transition	Days	88.55
	Minimum	25
	Maximum	154
Services Sought in AMHS (Non-inclusive):	Community Mental Health Team	13
	Psychiatrist	15
	DBT	4
	Psychology Team	3
	Adult Outpatient Unit	4
	Early Intervention Psychosis Team	1
	Eating Disorders Service	1
	Adult Psychotherapy Service	1
	Mood and Anxiety	2
Addictions	3	

+ Pilot Study Limitations

- Mostly Ottawa focused
- Small numbers
- Limited follow-up timeframe



+ Discovering Challenges and Needs

- Gap Analysis - leading to increased funding in clinical services
- Expanded Outcome Management Evaluative Framework
- Inclusion of the Regional Reach
- August - LHIN request for transitional youth proposals
- Successful HSIP regarding intensive case management for transitional youth.

+ Youth Services Bureau of Ottawa

Intensive Case Management for Youth: A New Approach in Ottawa

+ Intensive Case Management for Youth

Outline:

- Emerging Needs among Transitional Youth
- What is Intensive Case Management?
- Why consider this model of intervention for youth?
- Champlain LHIN proposal

+ Emerging Needs among Transitional Youth (cont'd)

- Most significant gap: lack of integration between CAMHS and AMHS.
- May 2010, YSB hosted forum with 300 participants entitled: "Building Bridges to a Promising Future: Youth to Adulthood".
- For some youth, intensive case management during their transition years may shorten their journey to recovery. "Mental illness left untreated in adolescents and young adulthood can readily become a chronic illness in adulthood (McCay, 2011)
- According to youth, accessible mental health services should be offered "on site", such as at shelters where they reside and drop-in programs and services. They should be non-stigmatizing and non-threatening with careful attention given to engaging youth in a therapeutic relationship (McCay, 2011)

+ Intensive Case Management (ICM): What is it?

- A clinical service that promotes independence and improved quality of life through the coordination of appropriate services and the provision of constant support as needed.
- The client is directly involved in the development of a trusting, caring and supportive relationship between the case manager and him/herself.
- It is responsive to multiple and changing needs.
- It plays a pivotal role in coordinating required services across the mental health system as well as other systems such as justice, addictions, housing).
- It is an intensive service meaning that the ratio of clients to staff is very low at 20:1 and can be as low as 10:1 depending on the needs of the clients.

+ ICM - What is it? Cont'd

Specific Functions of ICM include:

- Outreach and client identification
- Assessment and Planning
- Direct Service Provision/Intervention
- Monitoring, Evaluation and Follow up
- Information, Liaison, Advocacy, Consultation and Collaboration

+ ICM: What is it? Cont'd

What do these functions "look like on the ground?"

- Engaging the client into a trusting, productive, caring and supportive relationship (Outreach)
- Assisting the client to determine their needs and strengths (Assessment)
- Establish a treatment plan with the client (Planning)
- Review the treatment plan regularly and adjust accordingly (Monitoring, Evaluation and Follow up)

+ ICM: What is it? Cont'd

- Coordinate services across several areas such as mental health, housing, employment, recreation, addictions (Information, Liaison, Advocacy, Consultation and Collaboration)

What does Intensive mean?

- * ICM is a model of service that has been established to respond to the needs of individuals with complex mental health needs. For adults, this refers to those individuals who represent 20% of the population with a severe mental illness.

+ ICM: What is it cont'd

- The Ministry of Health and Long-term Care recognizes three dimensions to identify individuals with serious mental illness/severe mental health problems: disability, anticipated duration and/or current duration and diagnoses.
- Very low client to worker ratio at 20:1 and often 15:1.

+ Why Consider this Model of Intervention for Youth

- Lack of individualized, portable clinical services for youth in Ottawa: missing piece in providing community based treatment and support services to a targeted and marginalized group of youth.
- Lack of service integration and transition from child and adolescent mental health services to adult mental health services when needed. Need to strengthen cross-sectoral networks through collaborative service provision

+ Why this model for youth? Cont'd

- Evidence-based practice
- Reduction of criminal justice involvement
- Decrease in repeat Emergency Department visits
- Increased likelihood of youth being successful in permanent housing

+ Champlain LHIN Proposal


- Partnership with Canadian Mental Health Association, Ottawa Branch (CMHA) and CHEO (and 3 other regional partners)
- Access to other services that include primary health care (CMHA); housing; concurrent disorders treatment; psychiatric assessment
- 4 FTE
- Existing integrated treatment approach: Mental Health Community Support Services

+ Next Steps

- **Launch of Intensive Case Management**
- **Increased Clinical Services (MSW)**
- **Linkage between the Pilot Youth Transition Program and Intensive Case Management**
- **Expanded Evaluative Framework**
 - **Follow up planned for 6 and 12 month intervals post-transition.**
 - **Inclusion of Larger Regional Partnership including Intensive Case Management**

+ Thank you for your attention!

Questions ? Comments?



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