Inter-agency Collaboration: A BRIDGE to Success

Pamela Storey Baker, Clinical Coordinator Bridges – Passerelles Program, YSB
Karen Tataryn, Director of Mental Health, CHEO
Christine Slepanki, Director of Patient Care Services, Youth Psychiatry, The Royal
Ben Leikin, Supervisor of Public Health, Mental Health Team, OPH
Dr. Mariève Hurtubise, Psychologist Bridges – Passerelles Program, The Royal
Dr. Hazen Gandy, Psychiatrist Bridges – Passerelles Program, CHEO
Introduction

- Welcome
- Theme – ‘Collaboration’
- Collaborative influences
  (Dr. David Pare; Dr. Vikki Reynolds)
- Curiosity
- Video clip
History of Bridges

• At CHEO, inpatient service shifted to crisis stabilization with a shorter length of stay.

• Rapid and sustained increase in Emergency Department Mental Health visits from 2009/10 to present.
Emergency Visits with Mental Health Diagnosis

Annual Totals

<table>
<thead>
<tr>
<th>Year</th>
<th>Visits</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>2169</td>
<td>1406</td>
</tr>
<tr>
<td>2010/11</td>
<td>2823</td>
<td>1641</td>
</tr>
<tr>
<td>2011/12</td>
<td>3057</td>
<td>1911</td>
</tr>
<tr>
<td>2012/13</td>
<td>3416</td>
<td>2132</td>
</tr>
<tr>
<td>2013/14</td>
<td>3844</td>
<td>2207</td>
</tr>
<tr>
<td>2014/15</td>
<td>3651</td>
<td>2106</td>
</tr>
</tbody>
</table>
Identified Gaps in Mental Health Services for Youth

• No capacity for long-term inpatient hospitalization for ages under 16 (focus is crisis oriented short-term inpatient stay);
• Lack of partial hospitalization / day treatment programs, particularly for under < 16 years;
• Lack of availability of intensive services following discharge from inpatient;
• Lack of appropriate services for 16-18 years old with severe mental illness (SMI).
Consequences

• **Repeat presentations to emergency** department or contact with mobile crisis service;

• **Repeat emergency admissions/re-admissions**

• **Poor access and longer wait times** for hospital and community outpatient services;

• In cases of older youth with SMI, longer stay admission in the hospital due to **difficulty in discharge planning**, thus reducing the hospital inpatient capacity.
Vision

The ‘BRIDGES Project’ was developed in direct response to increasing numbers of youth and families accessing mental health crisis services over the past several years who also required intensive treatment services once their immediate crisis situation had been stabilized.
Unique features of Bridges Program Development

- Cross sectoral collaboration
- Bringing our services together for youth/family’s easy access
- Building on strengths of partners
- Intensive services in the least restrictive environment
- Program evaluation framework development
- Ongoing monitoring of patient/family outcomes and satisfaction
- MOU between all partners
- Ongoing Bridges Advisory Committee
Memorandum of Understanding (MOU)

• Bridges is located at YSB Ottawa
• YSB is responsible for day-to-day operation
• Core funds are distributed between CHEO, The Royal, and YSB to pay for designated Bridges staff positions
• CHEO & Royal staff are seconded to work at Bridges (remain employees of home agencies)
MOU

• OPH directly seconds an existing staff to Bridges.
• CHEO and The Royal psychiatrists are aligned to Bridges.
• An Advisory Committee with representation from 4 partners meets regularly.
• The MOU outlines roles and responsibilities for the partners in Bridges.
Funding

CORE FUNDING:
• Champlain District Local Health Integration Network (LHIN);
• Nursing Secretariat;
• Ottawa Public Health;

WITH SUPPORT FROM:
• Ottawa Sen’s Foundation
• DIFD, Bell Let’s Talk, and Danbe Foundation
Partnering Agencies

Bridges is a collaborative service supported by four partnering agencies:

• The Youth Services Bureau of Ottawa (YSB);
• The Children’s Hospital of Eastern Ontario (CHEO);
• The Royal Ottawa Health Care Group (The Royal);
• Ottawa Public Health (OPH).
Partners – Youth Services Bureau (YSB)

• YSB is an accredited Children’s Mental Health Centre and a multi-service agency providing a range of services within the Ottawa-Carleton community;

• Seven mental health programs (including Youth & Family Counselling, Integrated Crisis Response Services/Mobile Team [Phone/Mobile/Residential], Walk-In Clinic, Intensive Family Support and Wraparound);

• Services include Housing, Employment, Youth Justice, Community Services, Health, and Youth Engagement.
Partners – Children’s Hospital of Eastern Ontario (CHEO)

CHEO is a tertiary care pediatric hospital and research centre serving children and youth aged 0-18 years in Eastern Ontario, Western Quebec, Nunavut.

Mental Health services provide Emergency and Urgent psychiatric services, acute inpatient psychiatric care, day treatment, eating disorders and outpatient services.
Partners – Royal Ottawa Mental Health Centre (The Royal)

The Royal provides specialized, tertiary mental health services to adults and adolescents in the Champlain District Local Health Integration Network and Nunavut.

The Youth Psychiatry Program serves youth aged 16-18 years, and provides inpatient, partial hospitalization, day treatment, and outpatient services.
Partners – Ottawa Public Health

Ottawa Public Health (OPH) provides public health programs and services to individuals and communities while advocating for public policies that make our city and its residents healthier. OPH is a teaching health unit and works with all postsecondary educational institutions in the area.

OPH works closely with all hospitals, school boards and community agencies to promote mental health, resiliency and recovery, and suicide prevention throughout the city.
Program Description

Bridges provides a link between hospital and community offering intensive short-term (16 wks) clinical intervention and skill building for youth and their families presenting with complex mental health needs.

• Community-based services /coordinated response;
• Services offered in both official languages
• Integrated, intensive, interdisciplinary team;
• The Bridges team:
  • Clinical Coordinator (1);
  • Youth and Family Counsellors (3 x 1.0);
  • Public Health Nurse (.6);
  • Psychiatric Registered Nurse (1.0);
  • Occupational Therapist (.5);
  • Psychologist (.4);
  • Psychiatrist (presently 2.5 days per week);
  • Administrative Assistant (.4).
  • Volunteers (yoga instructor, music teacher)
Program Description

REFERRAL SOURCES:

YSB Integrated Crisis Response Services/Mobile Team, CHEO (inpatient, urgent care and Emergency dept.), The Royal (inpatient).

CLIENT PROFILE:

Youth aged 13-17 yrs (up until their 18\textsuperscript{th} birthday) who reside within the Champlain LHIN and are experiencing symptoms of complex mental illness (anxiety, depression, psychosis and/or emotional disregulation), and require enhanced services before transitioning to ongoing community-based mental health services.
**BRIDGES: THE LOGIC MODEL.**

**Mission:** To offer intensive short-term intervention and skill building for youth and their families within an interdisciplinary and collaborative environment while offering a bridge from hospital to community services.

<table>
<thead>
<tr>
<th>Needs</th>
<th>Inputs/Resources</th>
<th>Activities</th>
<th>Outputs/Deliverables</th>
<th>Short-term Outcomes</th>
<th>Intermediate Outcomes</th>
</tr>
</thead>
</table>
| * Direct access to intensive, short-term specialized services and interdisciplinary team.  
* Provide support following discharge or crisis.  
* Reduce barriers to services.  
* Individualized and client centered. | CLINICAL TEAM  
Counsellors (3 x 1.0)  
MH Nurse (1.0)  
PH Nurse (0.6)  
OT (0.5)  
Psychology (0.4)  
Psychiatry (0.4)  
Coordinator (1.0)  
Admin (0.4) | 1. REFERRALS:  
Received/reviewed & assign to Counsellors & Psychiatric Nurse | # of youth referred  
# of referrals retained | Decrease in clients identified as high risk |
| | STEERING COMM.  
Representatives from YSB, CHEO, The Royal, and OPH | 2. INTAKE:  
Consent, "Getting to Know You", Roadmap, Measures, High Risk | Length of time from referral to engagement | # Referrals to community services |
| | FUNDING  
Champlain LHIN  
Ottawa Public Health  
ON Nursing Secretariat  
Sen’s Foundation, DIFD, Bell Let’s Talk, and Danbe | 3. TEAM MEETING  
Review of presenting issues/needs for treatment planning | # of youth who discontinue prematurely  
# of re-admission to inpatient services during programming | Decrease in symptoms of depression, anxiety  
Improve overall functioning of clients |
| | | 4. TREATMENT  
Individual and family counselling  
Groups (DBT, Parent,)  
Psychology/Nursing  
Psychiatry/OT | # of youth who complete program  
# of client contacts  
Length of time from intake to completion | Improve emotional regulation skills of clients |
| | | 5. DISCHARGE  
Referrals, Measures,  
Feedback to clients  
Feedback from clients | # of recommendations and referrals  
Client satisfaction | # re-referrals to Bridges  
Decrease in ER visits*  
Decrease in re-admissions to psychiatric inpatient services post discharge (3-12months) |
OUR REFERRAL AGENTS

- Cheo: 80.31%
- Mobile (YSB): 7.09%
- Royal: 12.60%
OUR CLIENTS

- Youth 13-18 years and their families
- 156 clients referred (April 2013-August 2015)
- 127 clients received services (April 2013-August 2015)
- Average length in program=137 days (19.5 weeks)
- Median=132 days (18.6 weeks)
- Standard deviation (σ=72.19)
Age distribution (N=127, Mean =15.72)
GENDER DISTRIBUTION (N=127)

- Female: 74.80%
- Male: 18.11%
- Transgender: 3.94%
- Gender Independent: 3.14%
PRESENTING PROBLEMS OF CLIENTS (INTAKE)

- **Depressive Disorders** 39.83%
- **Anxiety Disorders** 27.80%
- **Borderline Personality Traits** 10.79%
- **Trauma and Stressor-Related Disorders** 9.54%
- **Feeding and Eating Disorders** 6.22%
- **Substance related** 2.48%
- **OCD and Impulse Control** 2.09%
- **Psychotic Disorders** 1.25%
Percentage of clients presenting with multiple problems (comorbidity)

- Yes: 64.48%
- No: 35.52%
PERCENTAGE OF CLIENTS PRESENTING WITH VARIOUS NUMBER OF DIAGNOSTICS

- 28.40% 1 diagnostic
- 43.23% none
- 21.25% 2 diagnostics
- 7.12% 3 or more
Approximately 75% of clients receive several recommendations (including referrals to mental health services) at discharge.

56% of clients are involved in services post-Bridges.

These services include: (counselling, psychology, psychiatry, intensive parenting support, alternative schooling, specialized programs, adult services, etc.).

2 re-referrals to program (1.54%)
Program Evaluation Measures

Self-Report Measures are administered pre/post treatment

• Children’s Depression Inventory 2nd Edition (CDI-2:SR)
• Multidimensional Anxiety Scale for Children 2nd Edition (MASC 2-SR)
• Health of the Nation Outcome Scales for Children and Adolescents (HoNoSCA Self Assessment and Parent’s Assessment versions)
• Adolescent Alcohol and Drug Involvement Scale (AADIS)
Significant improvements with respect to overall symptoms of depression ($t(59)=8.57, p=.000$).

**Figure 1.** Means and standard deviations of overall symptoms of depression (t-scores) reported by youth at intake and discharge (N=59).
Significant improvements with respect to overall symptoms of anxiety ($t(58)=3.98, p=.000$).

*Figure 2.* Means and standard deviations of overall symptoms of anxiety (t-scores) reported by youth at intake and discharge.
Significant improvements with respect to overall concerns and psychosocial stressors ($t(58)=4.93$, $p=.000$).

**Figure 3.** Means and standard deviations of psychological stressors and patterns of overall concerns measured by the HoNOSCA (self-report measure).
Significant improvements with respect to overall concerns and psychosocial stressors ($t(34)=4.53$, $p=.000$).

**Figure 4.** Means and standard deviations of psychological stressors and patterns of overall concerns measured by the HoNOSCA (parent measure).
Average scores fall below cut-off score (37)

Large standard deviations...

Figure 5. Means and standard deviations of reported substance use scores at intake and discharge as measured by the AADIS (N=111)
Adapted from the Services for Children and Adolescents/Parent Interview (SCA-PI; Jensen, Hoagwood, Roper, Arnold & Odbert, 2004) and from the CHEO emergency department follow-up interview

At least 3 months post discharge from program (3-12 months)
RE-ADMISSIONS TO INPATIENT SERVICES DURING PARTICIPATION IN BRIDGES

Percentage of Youth Requiring Hospitalization during Bridges

- Yes: 27%
- No: 73%
Community Psychiatry
Role of Psychiatry

• Diagnostic Clarification
• Medical Monitoring
• Medication management
• Psycho-education
• Supportive Therapy/DBT reinforcement
• Family Support/Therapy
• Advocacy/linking to other resources
• Linking with community physicians
Unique Aspects

- Inter-agency collaboration
- Tight knit team
- Capacity to integrate innovative approaches easily
- Physical location in the community
John

• 17 yo male referred from CHEO inpatient unit following a suicide attempt by crashing parents car.
• Dx with depression and some social anxiety
• Professional parents and academically advanced older female sibs
• Started on SSRI
• DBT group
• Family therapy by a separate therapist
• Individual IPT
Mary

• 17 yo female referred from CHEO’s Eating Disorder Program
• Lengthy inpatient admission including long period of deemed incapacity
• Multiple dx – ED, PTSD, substance abuse, Mood disorder, possible emerging psychosis, marked family discord
• Extremely difficult to engage
• DBT, medication, individual support offered
Billy

- 14 yo male referred from CHEO inpatient unit after making a “hit list” and expressing suicidal ideation

- Diagnostic challenge – elements of mood disorder, ADHD, OCD, ASD, antisocial PD, NSSI, sexual orientation issues but no clear picture

- Continued behaviour challenges, acting out outside of his very supportive family

- DBT, Medication, individual therapy, family support, neuropsychology assessment
Challenges

• Complex difficult to serve population
• Lived experience population – often difficult to engage
• Limited capacity to manage emergency situations
• Patient flow
• Patients often difficult to discharge to community resources
• Uneven coverage of psychiatry
• Difficult to integrate research opportunities
• Scheduling
Summary Comments

• Development of Bridges
• Program Description
• Interdisciplinary Team
• Community Psychiatry
Future Directions

- Sustainable funding
- Increase capacity of the program
- Capture re-admissions to hospitals more efficiently
- Increase program evaluation and research capacity
- Obtain reliable data from partners (hospital admissions during/post discharge)
- Finding appropriate services for transitional-aged youth
- Increase youth & family engagement initiatives
Clients’ voices

• Video clip (youth & caregiver voices)
Thank you!

Merci!
QUESTIONS?