The Rotary Home
Mental Health Bed Program @ Maryvale

A collaboration between the Ministries of Health, Education, and Children and Youth Services in South Western Ontario

Matt Brooks, Residential Treatment Supervisor, School Liaison, Maryvale Adolescent and Family Services, Windsor, ON

Maryvale Adolescent and Family Services, Windsor, ON
- A Children’s Mental Health Treatment Centre in Windsor, Ontario, providing a variety of services across a wide spectrum of disciplines.
- Maryvale provides services for over 650 young people and families each year, ranging from intensive residential treatment, day treatment, to brief service outpatient therapy, and parent coaching groups.

Maryvale Services
- 20 Residential (assessment, stabilization, treatment) beds in 3 different 24 hour buildings.
- 6 inpatient child and adolescent psychiatric hospital beds in a satellite location of Windsor Regional Hospital.
- Approximately 100 day treatment spaces across school, 8-8, and intensive 1:1 day programming.

Maryvale Services (cont’d)
- Outpatient adolescent psychiatry (6 Child and Adolescent Psychiatrists currently see patients @ Maryvale)
- Brief Outpatient Counselling Services, with an emphasis on Cognitive Behavioural Therapy
- PPP parent coaching groups, presented by Maryvale Child and youth Workers certified to do so.

Maryvale Services (cont’d)
- School Liaison Services
- In home assessment, and support work

The Child and Adolescent Acute Psychiatric Hospital Program
- The 6 bed, acute child and adolescent Psychiatric Program (Mental Health Bed Program) is an off-site satellite of Windsor Regional Hospital, housed in the Rotary Home for Children and Youth, a state of the art facility on the grounds of Maryvale.
- This program is the result of a collaboration between 3 ministries: Health, Education, and Children and Youth Services.
Addressing a Community Need

This Partnership was necessitated by a clear need in Windsor-Essex/Chatham-Kent counties.

- Over 400 children present to local emergency rooms each year (Windsor-Essex) with potentially life threatening mental health concerns/psychiatric illnesses. The old model of care was not working.

The Old Model Of Care

- Under the old model of care, young people who were experiencing emotional distress/mental health issues (suicidal ideation, suicide attempt, chronic mental illness interfering in daily functioning) were assessed @ the Emergency Room, perhaps admitted to the Paediatric unit @ the Hospital. Typical length of stay was many weeks.

The Old Model of Care

- Young people were referred to the Children’s Centre intervention specialists, and faced a wait time of up to 6 months for an outpatient appointment.
- Schools, families, and service providers were disconnected, and unable to provide coordinated support in a timely manner.

The New Model

- A new, community model of integrated care was developed through the ministry partnership (ministries of education, health and children’s services).
- Windsor Regional Hospital, Windsor Regional Children’s Centre, Maryvale, and Local School Boards have partnered to provide a coordinated model of care.

The Integrated Model of Care

- Young people who present to emergency rooms in crisis are assessed by the Paediatric Crisis Social Work Team, provided by the Windsor Regional Children’s Centre (WRCC).
- If the team determines that an inpatient assessment is needed, the Child and Adolescent Psychiatrist is contacted, and approves admission to the Mental Health Bed Program @ Maryvale.

The Integrated model of Care

- The inpatient assessment in the Mental Health Bed Program is comprehensive, yet efficient, with an average length of stay of 8 days.
- Milieu staffing provides ongoing assessment of emotional and social functioning as well as coping skills interventions delivered by Child and Youth Workers.
- Multidisciplinary assessments from the following professionals: Child And Adolescent Psychiatrist, Clinical Psychologist, Social Worker, Nurse, General Practitioner, special education teacher. They attend school in our GECDSB classroom.
The Integrated Model of Care

• During the course of the assessment, outpatient referrals are made to WRCC, and clients are prioritized for immediate follow up outpatient services. Family physicians are updated, to provide medical follow up.
• School personnel are contacted (with guardian consent), so that the details of our mental health assessment as it relates to the youth’s diagnosis and treatment needs can be shared and plans are collaboratively implemented between program staff and community school partners including strategies we have found to be helpful to support the young person when they return home and to school.

The Integrated Model of Care

• Discharge
  – Average wait time for first contact w/ WRCC counsellor is less than 7 days.
  – Schools are prepared for the student to return, the day following discharge via contact from school liaison staff.
  – Prior to discharge our nursing staff arranges appointment with Family physicians w/in 30 days for medical follow up (assessment of medication regimen, if applicable, etc...)

The Multidisciplinary Team @ Maryvale

• The Focus of the Child and Adolescent Psychiatrist: Maryvale currently works with 6 consulting Child and Adolescent Psychiatrists, who are available to the Paediatric crisis assessment team for individual case management.
• One of the psychiatrists is present @ the Rotary Home to assess young people.

The Team (cont’d)

• Focus of the psychiatrist (cont’d):
  • The psychiatrist completes their assessment and differential diagnosis based on patient and family interviews, social histories provided by the social worker, information from schools, and CYW observations of the youth’s social, and emotional functioning.
  • Medications are prescribed/initiated/adjusted by doctor, as needed, and administered with guardian consent.
  • The psychiatrist determines need for admission and discharge readiness.

The Team (cont’d)

• Clinical Psychologist:
  • Two clinical psychologists @ Maryvale are able to complete psycho-educational assessments, and personality testing.
  • Feedback is provided to families, and with the young person's community school, pending guardian consent.
  • Intellectual and academic testing often reveals areas of need or strength, that can have a direct impact on a child’s stress levels and overall mental health.

The Team (cont’d)

• Social Worker/Case Manager: Two MSWs provide case management, and assessment to young people and families @ Rotary.
• The social worker will take a detailed developmental/social history from guardian upon a young person’s admission, and provide relevant diagnostic information to the psychiatrist, both in terms of historical importance, and details around the current crisis/precipitating issue.
The Team (cont’d)

• SW/Case Manager (cont’d):
  • The social worker also meets with the young person throughout their stay, to obtain their perspective on the situation, and gain insight into what treatment interventions may be effective, moving forward.
  • The social worker also serves as the contact person for the family throughout the inpatient stay.
  • Discharge planning is key and the social worker facilitates the connection to the outpatient treatment team.

The Team (cont’d)

• Child and Youth workers: Child and youth workers (CYWs) work 24 hours/day in the Rotary Home, providing supervision, and support for young people, through all routines of daily living.
  • CYWs also closely observe patients socio-emotional functioning, complete rating/assessment scales for psychiatry.
  • Introduce therapeutic information around healthy coping, and behaviour management, if applicable. CYWs receive training from Maryvale’s Clinical Leadership team on how to implement cognitive behavioural therapeutic approaches, through workbooks developed @ the agency.

The Team (cont’d)

• Nurse/Nurse Practitioner:
  • Maryvale’s consulting GP provides young people with an admission physical w/in 48 hours of admission, and is on-call @ all times to provide consultation of a medical nature, as needed.
  • The GP also serves an essential liaison role with the general hospital in those rare instances when a child needs to be transferred back to the hospital due to medical issues.

The Team (cont’d)

• Nurse/Nurse Practitioner: Nursing staff are present @ the Rotary Home, 5 days a week, through business hours and on-call, 24/7.
  • Nursing provides on-site medical assessment and treatment for young people, as well as education on mental health issues, diet, nutrition, and medication for young people and their families.
  • Young people are assessed by nurse daily through the week, and again on weekends, when needed.

GECDSB Teacher: The Mental Health Bed Program has it’s own dedicated, section 23 classroom @ Maryvale’s school.
A Greater Essex County School Board (GECDSB) teacher provides individual instruction and support for each student in the classroom, in order for them to continue with their academic work while they are in hospital.
That teacher also has contact with key staff at the community school.

The Team (cont’d)

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A Typical Day…

• On most days in the Rotary Home, young people get up and prepare for their day (shower, breakfast, etc…), and go to the classroom with CYW staff, who remain with them in class.
  • The classroom is in a separate building, allowing patients to move about the grounds, and spend time out of the residential setting.
  • 3 days a week, the psychiatrist meets with clinical assessment team (Case Manager, nurse, psychologist, Program Manager), to be updated on the current status of the patients.
A Typical day (cont’d)...  
- After the team meeting, psychiatrist will assess each child individually, and determine how they are functioning, responding to treatment/medication, and if they are prepared for discharge, or approaching discharge readiness.
- Young people often meet with their Case Manager/therapist through the day, as well, to discuss their current state, and review treatment/coping interventions.
- Lunch is provided in the Rotary Home, and students return to the classroom in the afternoon.

A Typical Day (cont’d)...  
- After the school day ends, patients return to the Rotary Home for the afternoon, and evening.
- The afternoon and evening is divided into semi-structured recreational time, and therapeutic time, with a heavy emphasis on learning healthy coping strategies for managing anxiety and depression.
- Family members (immediate) are encouraged to visit in the evenings and child and youth workers support healthy communication between parent and child as conflict is common.
- Dinner is provided @ Rotary, and young people are encouraged to participate in routines of daily living; cleaning their room, doing their laundry, home work, etc....

Preparing for Discharge  
- WRCC is represented @ each team meeting  
- Each child is discussed, and a determination is made around what type of outpatient service is appropriate, and whom the child and family’s therapist will be, if family agrees to the plan.
- School liaison notifies the receiving school of discharge plans and assists in transitioning the youth back to their community school.

Preparing for Discharge (cont’d)...  
- The social worker will notify family of the plan, and provide all diagnostic feedback, and outpatient contact information @ the time of discharge.  
- He/She also reviews safety planning with child and family, and outlines the emergency protocol, if the child struggles, or relapses in the near future.
- Medications, and prescriptions are provided, if applicable, and the child is discharged to the care of their legal guardian.

Ongoing Treatment  
- The typical wait time for first appointment w/outpatient provider is less than 7 days.
- Family Doctor is aware of the admission and discharge, and provided with all relevant medical information, with the intent of follow up within 30 days of discharge.
- Outpatient psychiatric follow up will be provided, if necessary, in a time frame determined by the responsible psychiatrist @ discharge.

Analysis and Feedback  
- The integrated model of care has played a significant role in recruiting Child and Adolescent Psychiatrists to Windsor-Essex. At the time of the Program’s inception, 1 part time 75 year old psychiatrist provided service to our communities. At present, there are 6 who consult w/the Rotary Home.
- With the use of non-traditional inpatient programming, and reduced length of stay, annual savings are estimated @ $2.2 Million.
Analysis and Feedback (cont’d)...

- Essex/Kent District Health Council formally monitored the service for 9 years. In their final report (2004), they state: “the bed access protocols are working exceptionally well, and the program has been successfully implemented, and is addressing the needs of both Windsor-Essex and Chatham-Kent”.

- The new model of care results in 5280 fewer inpatient days than the previous system (based on 240 admissions annually, avg. length of stay= 8 days, down from 30).

  - Children and Families complete client satisfaction measures upon discharge, which are reviewed by Program Manager, and Quality Assurance committee.

Analysis and Feedback (cont’d)...

- Wait times in ER have been significantly reduced, as crisis team responds to triage immediately.

- ER physicians and nurses are freed up, as the crisis team carries out a rapid assessment of child and family.

- Pediatric beds @ Windsor Regional Hospital are not used for emotionally ill children

Windsor Essex County Patients

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Male Admissions - A Typical Month

Female Admissions - A Typical Month

Average Length of Inpatient Stay

Patient Profile - Age

Occupancy Rates

Identifying and Addressing New Needs

- As the Mental Health Bed Program has developed, the occupancy rate has steadily increased.
- With this increase in numbers served, a key area of need in the integrated care model has emerged: Transitioning young people from hospital back to their community schools.
- The School Liaison Service was made possible by an influx of MCYS funding for a full time position dedicated to providing services to students, and their community schools.
The School Liaison Service

• The Rotary Home Mental Health Bed Program’s efficient and comprehensive mental health assessments were being completed, and students were returning to community schools after a 3-7 day absence, without School personnel being aware of the student’s situation. Critical information was also being provided to assessment professionals in a less than timely matter.

School Liaison Service (cont’d)

• The liaison service was created in response to collaborative efforts with our area school boards (WECDSB, GECDSB, LKDSB, SCCDSB, CSDECO) to determine what services are needed and able to be provided by Maryvale’s Mental Health Professionals, in our community.

The School Liaison Service (cont’d)

• The School Liaison service was initiated as a mode of obtaining information from Community Schools within the first 24 hours of a young person’s admission to hospital.
• With guardian consent, the school liaison contacts Principal/VP, to obtain information in 5 areas critical to the completion of an accurate mental health assessment.

Critical Information from Schools

• 1) Socio-emotional functioning: Is the student isolated, well-liked, what social role do they fill?
• 2) Academic strengths or weaknesses
• 3) Behavioural or disciplinary concerns
• 4) Attendance patterns
• 5) Previous assessment info in OSR

Staying Connected

• During the assessment period, the school liaison will remain in contact w/Principal/VP, or designate (guidance dep’t, school SW), and update them on the student’s assessment, how they are functioning, and when the student is likely to return to school.
• Liaison will also request schoolwork, if needed.

Discharge Information

• The Liaison will provide school personnel w/ a detailed summary of assessments completed @ Rotary: psychiatric, socio-historical, medical, and psycho-educational, if applicable.
• Information on any relevant diagnoses and treatment planning will also be provided to the school @ the time of discharge, including what strategies and supports might be effective for the individual student.
Discharge Information/Planning

- School liaison will provide the receiving school with information on what CBT approaches, and coping strategies the young person has been working on in the inpatient program.
- Safety, behaviour, and worrisome behaviour/threat risk assessment planning support is also available to schools, at their request.

Discharge Information/Planning

- Information is provided to schools, with the clear goal of providing a maximum amount of support to the student, in a discrete, empathic, and empowering manner, to help ensure their immediate, and long term success in an educational setting.
- Relationship building, and positive reinforcement are key elements of transition planning for students returning to school.

Transitioning/Treatment Planning

- When psycho-educational assessments are completed, the liaison will bring a copy of the report to the school, and discuss and assist in the interpretation of the assessment with guidance from the psychologist.
- The Liaison is also available to assist with any academic, safety or general mental health planning.

Aftercare

- The school liaison is available to provide brief service aftercare, as a Community Mental Health Professional, when appropriate, and requested by school/family.
- The liaison can meet briefly with students, 2 or 3 “check-ins” in the 7-10 day period between discharge from hospital, and initiation of outpatient services.

Client Profile

- Male/Female Admissions

Client Profile (cont’d)

- Elementary/Secondary Admissions
Aftercare (cont’d)

• Generally, releases of information between Rotary Home and school boards are valid for 6 months, so the liaison can be contacted at any point in that time period to consult, collaborate, or provide any support that Maryvale may be able to offer.

New Directions

• The School Liaison Service continues to expand, to offer support to young people dealing with severe OCD symptomology, or social anxiety/phobias, that interfere with their ability to attend school.
• The use of an Evidence Based Practice Service Model, focusing on CBT coping skills, psycho-educational strategies for managing anxiety, and parent support/coaching, and involvement has become paramount.

New Directions (cont’d)...

• A second, fully MCYS funded position, dedicated to working with young people in school settings will allow this service, and treatment delivery model to expand, and provide more intensive supports to young people, and their Community Schools, as needed.

New Directions

• The old Model of Care had to begin fresh with each crisis, recreating solutions and collaborations. The system itself seemed always to be in crisis.
• The collaborative efforts of the 3 Ministries have produced a new, streamlined Model of care that allows young people and families to access essential Mental Health Services in a timely, and thorough manner, and to develop comprehensive mental health treatment plans. It has allowed us to create a system that identifies, responds to, and intervenes effectively, in crises.