



# Walking the path pilot project:

Improving service pathways between primary care and community-based child and youth mental health services

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Mental Health  
Centre d'excellence de l'Ontario  
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# About the Centre

We bring people and knowledge together to strengthen the quality and effectiveness of mental health services for children, youth and their families and caregivers.

## SERVICE AREA SUPPORT

strengthen skills and knowledge in key areas that lead to **improved outcomes**

## SYSTEM SUPPORT

provide consistent evidence-informed approaches that **enhance service planning and delivery**

## IMPACT AND INNOVATION

inspire excellence and innovation through **continuous learning, evolution and innovation**



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A bit of  
background:

**PAVING THE PATH TO  
CONNECTED CARE:  
STRENGTHENING THE  
INTERFACE BETWEEN PRIMARY  
CARE AND COMMUNITY-BASED  
CHILD AND YOUTH MENTAL  
HEALTH SERVICES**

Policy-ready paper developed by the Ontario Centre  
of Excellence for Child and Youth Mental Health

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# Goals and objectives:

- summarize current evidence on the interface between primary care (PC) and community-based child and youth mental health (CB-CYMH) service sectors
- explore evidence-informed models used to guide work in this area
- hear about what's working and what's not working from children, youth, families, and service providers
- provide a series of policy recommendations aimed at strengthening the way the PC and CB-CYMH service systems work

# Methods

- targeted consultations with a wide range of key stakeholders (14 youth, 18 caregivers, 10 PC and 21 CB-CYMH providers)
- systematic scoping review of the literature
- environmental scan of current provincial, national and international practices

# Paving the path to connected care: Results



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# Focus group themes

## Youth and families want...

- sensitivity and developmental training for PC providers and support staff
- more informal, non-clinical spaces
- accessible locations, youth-friendly hours and flexible appointment lengths
- respect for youths' need for confidentiality and consent
- support for the whole family

## PC providers want...

- more information about mental health symptoms, diagnoses, evidence-informed treatments, referral options and processes
- timely mental health support, i.e., while youth and families are still in the clinic
- strong communication channels and relationships to support successful referrals
- confirmation of referrals and continuous report backs from CB-CYMH services

## CB- CYMH professionals want...

- recognition of an overwhelmed system which has led to long waitlists and youth and families not getting the services they need
- clearer definitions of provider roles and responsibilities along the continuum of mental health services
- processes to streamline mental health care services
- strengthened relationships with primary care providers in mental health care

# Scoping literature review themes

Six key themes emerged:

- communication, relationships and collaboration between PC and CB-CYMH services
- referral practices
- roles and responsibilities of each professional within the mental health care system
- PC provider mental health training
- Clinical Information Systems (CIS) (also called Electronic Medical Records)
- standardized screening and assessment tools

# Environmental scan: Interface models

## **Consultation-Liaison models**

- Mental health team supports PC provider with timely consultation and support regarding diagnosis, medications, treatment and community referrals

## **Facilitated Referral and Liaison models**

- Centralized intake and referral services

## **Co-location models**

- PC and mental health services offered at the same location

## ***One-stop-shop models***

- Co-located and integrated care where primary care, mental health services and other social supports are available

## **Chronic Care Model of Collaborative Care**

- Six core elements to organize and manage clinical resources: (1) Leadership teams; (2) Access to decision support for primary care providers; (3) Modification in delivery system and expanded scope of practice; (4) Implementation of clinical information systems; (5) Self-management support for clients; (6) Access and referral to community resources.

# Paving the path to connected care: Recommendations



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# Recommendations

- 8 key recommendations emerged from the focus groups, literature review and environmental scan
  - 3 recommendations became the basis for the pilot project

# Recommendations

## **Pilot project:**

1. Create organizational structures and practices that support inter-provider communication
2. Develop guidelines and standardized clinical pathways
3. Integrate standardized tools in primary care practices

# Recommendations

4. Develop and deliver more effective mental health training for PC providers to build capacity
5. Provide more opportunities for primary care mental health training for mental health specialists
6. Establish effective billing and reimbursement practices that will sustain mental health services
7. Engage families and youth at all levels of the change and monitoring process
8. Support research and ongoing evaluation

# Walking the path pilot project: Bridging evidence to practice



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# Project focus

Pilot three of the paper's recommendations:

- create organizational structures and practices that support inter-provider communication (based on the Chronic Care Model)
- develop guidelines and standardized clinical pathways from PC to CB-CYMH services in each community
- integrate standardized tools (HEADS-ED) in PC practices

# Two pilot sites

- East Metro Youth Services, Toronto
- Algoma Family Services, Sault Ste. Marie



# Key activities and timeframe

Phase	Activities
Scoping May- Aug, 2017	<ul style="list-style-type: none"><li>• identify scope of pilot</li><li>• identify pilot sites</li><li>• establish scientific steering committee</li></ul>
Planning Sept, 2017– Jan, 2018	<ul style="list-style-type: none"><li>• establish local advisory committees</li><li>• develop clinical service pathways</li><li>• site visits</li><li>• HEADS-ED training</li><li>• focus groups with stakeholders (PC providers, CB-CYMH service providers, youth and families)</li></ul>
Implementation Mar – June, 2018	<ul style="list-style-type: none"><li>• implement HEADS-ED and service pathways</li><li>• monitor and track use of HEADS-ED, number of referrals, and completed referrals</li><li>• semi-structured interviews with providers and other stakeholders</li></ul>
Synthesis and reporting Jul – Aug, 2018	<ul style="list-style-type: none"><li>• analyze and synthesize key findings using Theoretical Domains Framework</li><li>• develop summary report</li></ul>
Knowledge mobilization Fall 2018	<ul style="list-style-type: none"><li>• launch report</li><li>• Think Tank</li></ul>

# Start up

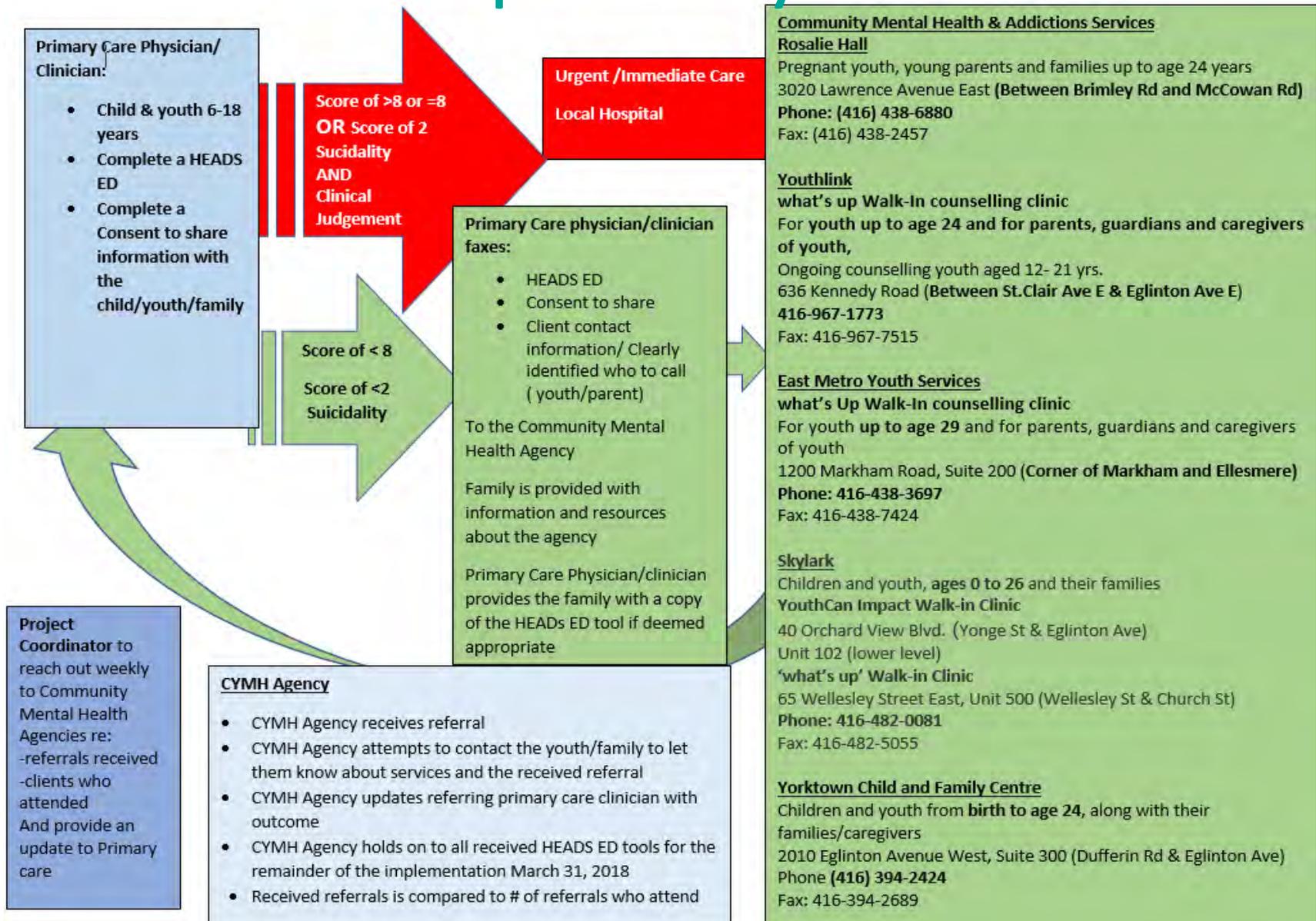
Scientific steering committee:

- representatives from CAMH, CMHO, PCMH, HYPE, LHINs, etc.
- establish initial goals
- support research team
- integrate pilot with other provincial priorities and projects

Local advisory committees:

- based on the Chronic Care Model and need for leadership teams with decision-making power
- comprised of PC providers, CB-CYMH service providers, other community decision-makers
- role is to support pathway development, implementation, monitoring, and maintenance

# EMYS service pathway



# Algoma service pathway

## Primary Care / Clinician:

- Child & youth 6-18 years with mental health and/or addictions concerns
- Purpose to assess need and direct to or reconnect with appropriate service
- Complete a HEADS ED
- Complete a consent to share information with the child/youth/family

Score of >8 or =8 OR  
Score of 2 Suicidality  
AND Clinical  
Judgement

**Urgent/Immediate Care  
Crisis Services in Algoma:**  
Sault Area Hospital  
705-759-3398/  
1-800-721-0077  
Local Hospital

Score of < 8  
Score of <2  
Suicidality

Primary Care faxes to the  
CMH agency the HEADS ED,  
consent to share and client  
contact information-clearly  
identifying who to call

Family is provided  
information and resources  
about the agency or directions  
to walk in for quick access

Copy of HEADS-ED to family if  
appropriate

## Child & Youth Mental Health Agency

- CYMH Agency receives referral and attempts to contact the child/youth/family to let them know about the services AND/OR when the child/youth/family attends the agency a consent to share information is signed and the referring primary care physician/clinician is informed
- CYMH Agency holds on to all received HEADS ED tools for the remainder of the implementation
- Received referrals is compared to # of referrals who attend

## Community Mental Health & Addictions Services

**Algoma Family Services-Intake & Single Therapy Sessions**  
Mental Health (ages 0-18) / Addictions (ages 14-24)  
Sault Ste. Marie: 705-945-5050 Fax: 705-942-9273  
Elliot Lake/Blind River: 705-848-0790 Fax: 705-1078  
Wawa: 705-856-2252 Fax: 705-856-1046

**Algoma Public Health-Addictions** (counselling & assessment) (ages 16+) –**still to be confirmed**  
SSM 705-942-4646 Fax. 705-759-1534  
Elliot Lake-705-848-2314 Fax. 705-848-1911  
Blind River 705-356-2551 Fax. 705-356-2494  
Wawa-705-856-7208 Fax. 705-856-1752

**Canadian Mental Health Association**  
Counselling (ages 16+)  
Central Access Information and Referral Service  
Tel: 705-759-5989/ 1-855-366-1466 Fax: 705-945-0261  
[info@cmhassm.com](mailto:info@cmhassm.com)

**Counselling Centre of East Algoma**  
Counselling (ages 12+) / Addictions (ages 12-24)  
705-848-2585 Fax: 705-848-9687

**Nogdawindamin Children's Mental Health**  
705-946-3700/1-800-465-0999 Fax: 705-946-3717

**Nogdawindamin-Walk In**  
Families with children (0-18), youth 12-18 Parents and Caregivers  
**Sault Ste. Marie-123 March Street-Third Floor**  
Wednesdays 12 noon-8pm  
**East Algoma-Serpent River**  
473 Hwy 17, Building "C", Cutler  
1<sup>st</sup> Wednesday of every month 12 noon-8pm

**Walk in Counselling-SSM children/youth/adults/families**  
Tuesdays-11:30-7:00 last appointment at 5:30  
386 Queen Street East, SSM  
705-759-5989/1-855-366-1466 Fax: 705-945-0261

# Standardized screening & assessment

## The HEADS-ED

	<b>0</b> No action needed	<b>1</b> Needs action but not immediate/moderate functional impairment	<b>2</b> Needs immediate action/severe functional impairment
<b>H</b> ome <i>Example: How does your family get along with each other?</i>	○ Supportive	○ Conflicts	○ Chaotic / dysfunctional
<b>E</b> ducation, employment <i>Example: How is your school attendance? How are your grades? Are you working?</i>	○ On track	○ Grades dropping /or absenteeism	○ Failing / not attending
<b>A</b> ctivities & peers <i>Example: What are your relationships like with your friends?</i>	○ No change	○ Reduction in activities/increased peer conflicts	○ Increasingly to fully withdrawn / significant peer conflicts
<b>D</b> rugs & alcohol <i>Example: How often are you using drugs or alcohol?</i>	○ None or infrequent	○ Occasional	○ Frequent / daily
<b>S</b> uicidality <i>Example: Do you have any thoughts of wanting to kill yourself?</i>	○ No thoughts	○ Ideation	○ Plan or gesture
<b>E</b> motions, behaviours, thought disturbance <i>Example: How have you been feeling lately?</i>	○ mildly anxious / sad / acting out	○ Moderately anxious / sad / acting out	○ Significantly distressed / unable to function / out of control / bizarre thoughts/significant change in functioning
<b>D</b> ischarge or current resources <i>Example: Do you have any help or are you waiting to receive help (counselling etc)?</i>	○ Ongoing / well connected	○ Some / not meeting needs	○ None / on waitlist / non-compliant

The HEADS-ED is a screening tool and is not intended to replace clinical judgment.

# Standardized screening & assessment



## HEADS-ED

*Mental health screening tool for children and young people*

ALGOMA  
[Administrator Login](#)

[HOME](#) [ABOUT](#) [VIDEOS](#) [INFO SHEETS](#) [CONTACT US](#)

### HEADS-ED Patient Profile

\* The HEADS-ED is a screening tool and is not intended to replace clinical judgment. Please read the [terms and conditions of use](#).

Age	<input type="text"/>
Language	<input type="text" value="No preference"/>
Gender	<input type="text" value="--"/>
Autism spectrum / Developmental disability	<input type="text" value="--"/>

# Standardized screening & assessment

	0 No action needed	1 Needs action but not immediate / moderate functional impairment	2 Needs immediate action / severe functional impairment	
<b>H</b> ome <a href="#">sample questions</a>	<input type="radio"/> Supportive	<input type="radio"/> Conflicts	<input type="radio"/> Chaotic / Dysfunctional	<a href="#">Notes</a>
<b>E</b> ducation, employment <a href="#">sample questions</a>	<input type="radio"/> On track	<input type="radio"/> Grades dropping / or absenteeism	<input type="radio"/> Failing / not attending	<a href="#">Notes</a>
<b>A</b> ctivities and peers <a href="#">sample questions</a>	<input type="radio"/> No change	<input type="radio"/> Reduction in activities / increased peer conflicts	<input type="radio"/> Increasingly to fully withdrawn / significant peer conflicts	<a href="#">Notes</a>
<b>D</b> rugs and alcohol <a href="#">sample questions</a>	<input type="radio"/> No or infrequent	<input type="radio"/> Occasional	<input type="radio"/> Frequent / daily	<a href="#">Notes</a>
<b>S</b> uicidality <a href="#">sample questions</a>	<input type="radio"/> No thoughts	<input type="radio"/> Ideation	<input type="radio"/> Plan or gesture	<a href="#">Notes</a>
<b>E</b> motions, behaviours, thought disturbance <a href="#">sample questions</a>	<input type="radio"/> Mildly anxious / sad / acting out	<input type="radio"/> Moderately anxious / sad / acting out	<input type="radio"/> Significantly distressed / unable to function / out of control / bizarre thoughts / significant change in functioning	<a href="#">Notes</a>
<b>D</b> ischarge or current resources <a href="#">sample questions</a>	<input type="radio"/> Ongoing / well connected	<input type="radio"/> Some / not meeting needs	<input type="radio"/> None / on wait list / non-compliant	<a href="#">Notes</a>

# Recommended resources

## Crisis / Urgent Services

**Sault Area Hospital - Crisis Services** [details](#)

Catchments: Central / Sault Ste. Marie  
Ages served: all ages  
Language of service: English, French

**Sault Area Hospital - Mobile Crisis** [details](#)

Catchments: Central / Sault Ste. Marie, North Algoma, East Algoma  
Ages served: all ages  
Language of service: English, French

## Mental Health Services

**Algoma Family Services - Sault Ste. Marie** [details](#)

Catchments: Central / Sault Ste. Marie  
Ages served: all ages  
Language of service: English, French

Web: [www.algomafamilyservices.org/](http://www.algomafamilyservices.org/)  
Phone: 705-945-5050  
Fax: 705-942-9273

**Walk-In Counselling Service – Sault Ste. Marie** [details](#)

Catchments: Central / Sault Ste. Marie  
Ages served: all ages  
Language of service: English, French

Web: [ssm-algoma.cmha.ca/](http://ssm-algoma.cmha.ca/)  
Phone: 705-759-5989  
Fax: 705-945-0261

**Eligibility:**  
First Come, First Served

## Addiction Services

**Algoma Public Health - Sault Ste. Marie** [details](#)

Catchments: Central / Sault Ste. Marie  
Ages served: 16 and over  
Language of service: English, French

Web: [www.algomapublichealth.com/addictions-me...](http://www.algomapublichealth.com/addictions-me...)  
Phone: 705-942-4646  
Fax: 705-759-1534

## Indigenous Services

**Nogdawindamin Family and Community Service - Sault Ste. Marie Walk In** [details](#)

Catchments: Central / Sault Ste. Marie  
Ages served: all ages  
Language of service: English, French

Web: [www.nog.ca/](http://www.nog.ca/)  
Phone: 1-800-465-0999  
Fax: 705-946-3717

# Focus groups (FG)

## Goal:

- Engage youth and families
- Elicit feedback from providers on pathways and use of HEADS-ED tool

## Algoma Family Services:

- Youth FG: n=5, 16-24 yrs
- Provider FG: n=13; 3 PC , 10 CB-CYMH providers

## East Metro Youth Services

- Family FG: n=2, mother-daughter duo
- Youth FG: n=2; 17-18 yrs
- PC practice FG: n = 9; 1 Social Worker, 1 Dietician, 7 Nurse Practitioners
- Core service provider FG: n=5; 4 Managers, 1 Executive Director

# Youth & family FG themes

## ***Accessing services through primary care:***

- primary care providers often did not know how to talk about mental health challenges and concerns were not taken seriously

## ***From primary care to specialized services***

- primary care providers were unaware of community-based mental health services
- it took too long, and too many appointments to get appropriate care
- services were often only available when in crisis
- services are available – but youth and families need support navigating them

## ***Feedback on the pathway***

- the pathway is simple, clear, and would support decision-making
- there is great value of being handed resources and a “next step” to care

# PC provider FG themes

## *Knowledge of services and pathways*

- limited knowledge of CB-CYMH services or existing service pathways in community

## *Skills required to support child/youth mental health concerns*

- psychosocial interviewing skills
- need to address/works with both client, i.e. the child/youth) and the family
- need for regular practice, i.e. “use it or lose it”

## *Feedback on the pathway*

- would support communication and partnerships between sectors/services

## *Feedback on the HEADS-ED tool*

- would support decision-making, triaging, and appropriate referrals

## *Issues or barriers to address for implementation*

- need clear understanding of and agreement on consent and circle of care between PC and CB-CYMH services

# CB-CYMH provider FG themes

## *Knowledge of services and service pathways*

- most aware of community services, of inter-organization/hospital pathways and of HEADS-ED tool

## *Feedback on the pathway*

- concerns about current communication and coordination the experience of children and youth moving through services
- want warm hand-off between providers on pathway
- need to balance PC and CB-CYMH provider needs

## *Feedback on the HEADS-ED tool*

- concerns for capturing all populations and their diverse needs
- see value of tool in promoting common language

## *Needs for implementing pathway and tool*

- training, time, consistency among providers

## *Issues or barriers to address for implementation*

- clarity around consent
- active follow-up with youth and families around referrals

# Walking the path pilot project: Upcoming activities and next steps



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# Implementation and evaluation

- one month implementation phase
- weekly tracking:
  - number of children/youth seen
  - referrals made
  - referrals completed, i.e. seen by CB-CYMH
- key informant interviews and FGs

# Next steps

## Knowledge mobilization

- resource development
- “Think Tank”
  - fall 2018
  - one-day gathering of mental health leaders, and PC and CB-CYMH service representatives from Ontario’s 33 regions
  - share learnings from the pilot project
  - support implementation of the three recommendations across the province



# Questions?

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[excellenceforchildandyouth.ca](http://excellenceforchildandyouth.ca)



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# References

Cappelli, M. & Leon, S. L. (2017). *Paving the path to connected care: Strengthening the interface between primary care and community-based child and youth mental health services*. Ottawa, ON: Ontario Centre of Excellence for Child and Youth Mental Health.

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