Inter-agency Collaboration: A Bridge from Hospital to Community Services
Presenters: Dr. Mariève Hurtubise, Pamela Storey Baker, Dr. Hazen Gandy and Dr. Smita Thatte

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MITIGATING POTENTIAL BIAS

- **Presenter:** Dr. Mariève Hurtubise, Pamela Storey Baker, Dr. Hazen Gandy and Dr. Smita Thatte

- **Mitigation of conflict:** N/A
LEARNING OBJECTIVES

1) Learn practical aspects of collaboration within an inter-agency and interdisciplinary team.
2) Learn about the transition from hospital to intensive community services.
3) Become more familiar with the Bridges’ program evaluation framework.
Inter-agency Collaboration: A Bridge from Hospital to Community

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Youth Services Bureau
Bureau des services à la jeunesse

CHEO
Mental Health - Care & Research
Santé mentale - Soins et recherche

The Royal
Santé publique
Introduction

• Welcome
• Theme – ‘Collaboration’
• Collaborative influences
  (Dr. David Pare; Dr. Vikki Reynolds)
• Curiosity
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>
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<tr>
<th>Year</th>
<th># Visits</th>
<th># Patients</th>
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<tbody>
<tr>
<td>2009/10</td>
<td>2169</td>
<td>1406</td>
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<td>2010/11</td>
<td>2823</td>
<td>1641</td>
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<td>2013/14</td>
<td>3844</td>
<td>2207</td>
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<tr>
<td>2014/15</td>
<td>3651</td>
<td>2106</td>
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</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).
Identified Gaps in Mental health Services for Youth

• A period of particularly **high risk** for suicide attempts among adolescents inpatients and youth presenting to the emergency departments is within the **first months after discharge**.

(Czyz & King, 2015; Hughes et al., 2017; Yen et al., 2013)
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:

1) The Youth Services Bureau of Ottawa (YSB);
2) The Children’s Hospital of Eastern Ontario (CHEO);
3) The Royal Ottawa Health Care Group (The Royal);
4) 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/music/art)
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$^{\text{th}}$ 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.
What makes Bridges/Passerelles unique?

• Video clip (clinicians’ voices)
Collaboration

Figure 1: The National Competency Framework

Goal: Interprofessional Collaboration
A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

Role Clarification
Learners/practitioners seek out, integrate and value, as a partner, the input and the engagement of the patient/client/family/community in designing and implementing care/services.

Interprofessional Conflict Resolution
Learners/practitioners actively engage self and others, including the patient/client/family, in dealing effectively with interprofessional conflict.

Team Functioning
Learners/practitioners understand the principles of team dynamics and group processes to enable effective interprofessional team collaboration.

Collaborative Leadership
Learners and practitioners work together with all participants, including patients/client/families, to formulate, implement and evaluate care/services to enhance health outcomes.

Quality Improvement
Learners/practitioners from varying professions communicate with each other in a collaborative, responsive and responsible manner.

Contextual Issues

(CIHC, 2010, page 11)
Collaboration at Bridges:

- Co-therapy (reduces client’s repetition of information)
- Staff feel well supported
- Power sharing (non-hierarchical)
- Small program, close proximity to one another
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.

Needs

* 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.

Inputs/Resources

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)

STEERING COMM.
- Representatives from YSB, CHEO, The Royal, and OPH

FUNDING
- Champlain LHIN
- Ottawa Public Health
- ON Nursing Secretariat
- Sen's Foundation, DIFD, Bell Let’s Talk, and Danbe

Activities

1. REFERRALS:
   - Received/reviewed & assign to Counsellors & Psychiatric Nurse

2. INTAKE:
   - Consent, "Getting to Know You", Roadmap, Measures, High Risk

3. TEAM MEETING
   - Review of presenting issues/needs for treatment planning

4. TREATMENT
   - Individual and family counselling
     - Groups (DBT, Parent,)
     - Psychology/Nursing Psychiatry/OT

5. DISCHARGE
   - Referrals, Measures, Feedback to clients
     - Feedback from clients

Outputs/Deliverables

- # of youth referred
- # of referrals retained
- Length of time from referral to engagement
- # of youth who complete program
- # of client contacts
- Length of time from intake to completion
- # of recommendations and referrals
- Client satisfaction

Short-term Outcomes

- Decrease in clients identified as high risk
- # Referrals to community services
- # Referrals to Bridges
- Decrease in symptoms of depression, anxiety
  - Improve overall functioning of clients
- Improve emotional regulation skills of clients
- # of re-admission to inpatient services during programming

Intermediate Outcomes

- Decrease in clients identified as high risk
- Decrease in symptoms of depression, anxiety
  - Improve overall functioning of clients
- Decrease in ER visits*
- Decrease in re-admissions to psychiatric inpatient services post discharge (3-12months)
- # Referrals to community services
- # of recommendations and referrals
- Client satisfaction
OUR REFERRAL AGENTS (N=261)

- CHEO: 80%
- ROYAL: 12%
- MOBILE (YSB): 8%
OUR REFERRAL AGENTS (N=261)

- CHEO IP: 54%
- CHEO ER: 17%
- CHEO UC: 12%
- ROYAL IP: 8%
- MOBILE: 9%

OUR CLIENTS

• Youth 13-18 years and their families
• 261 clients referred (April 2013-March 31\textsuperscript{st} 2017)
• 42 declined services from program
• 190 clients completed services (April 2013-March 31\textsuperscript{st} 2017)
• **Average length in program=152 days (22 weeks)**
Age distribution (N=190, Mean =15.4)
Gender Distribution (N=190)

- Female: 77%
- Male: 16%
- Transgender: 4%
- Agender: 3%
Diagnosis of clients at referral

- Depressive Disorders: 42.72%
- Anxiety Disorders: 27.27%
- Borderline Personality Traits: 4.84%
- Trauma and Stressor-Related Disorders: 12.12%
- Feeding and Eating Disorders: 6.66%
- Substance related: 3.33%
- OCD and Impulse Control: 2.12%
- Psychotic Disorders: 0.90%
Percentage of clients presenting with multiple diagnoses

- Yes: 55.71%
- No: 44.29%
Percentage of clients presenting with various number of diagnostics:

- 3 or more: 17.80%
- 2 diagnostics: 37.89%
- 1 diagnostic: 31.51%
- None: 12.79%
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 \( (t(106)=12.62, p=.000) \).

**Figure 1.** Means of overall symptoms of depression (t-scores) reported by youth at intake and discharge (N=107).
Significant improvements with respect to overall symptoms of anxiety ($t(105)=6.12$, $p=.000$).

*Figure 2.* Means of overall symptoms of anxiety (t-scores) reported by youth at intake and discharge (N=106).
Significant improvements with respect to overall concerns and psychosocial stressors ($t(105)=7.63$, $p=.000$).

**Figure 3.** Means and standard deviations of psychosocial stressors and patterns of overall concerns measured by the HoNOSCA (self-report measure).
Figure 4. Means and standard deviations of psychological stressors and patterns of overall concerns measured by the HoNOSCA (parent measure, N=72).

Significant improvements with respect to overall concerns and psychosocial stressors ($t(71)=6.91, p=.000$).
No significant improvements in overall substance use. Large standard deviations and most youth are below cut off score (37).

**Figure 5.** Means and standard deviations of reported substance use scores at intake and discharge as measured by the AADIS (N=98)
Bridges Follow-up Interview

- 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)
- N=70
Approximately 86% of clients receive several recommendations (including referrals to mental health services) at discharge.

56% of clients took action and were able to obtain recommended services post-Bridges.

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

5 re-referrals to program (1.92%)
Percentages of youth admitted to inpatient services (for 2 days or longer) post Bridges derived from SCA-PI

83%
17%

YES
NO
What does research tell us?

The course of suicidal ideation post hospitalization is not uniform for all adolescents.

3 different courses have been identified:

1) High suicidal ideation in hospital and rapid decline within the first months of services (57.4%)
2) High suicidal ideation in hospital and subclinical levels at discharge (31.6%)
3) Persistent or chronic ideation (10.9%)

(Czyz & King, 2015)
Future Directions

• Sustainable **funding**
• **Increase capacity** of the program
• **Increase program evaluation and research capacity**
• **Increase youth & family engagement** initiatives
• **Increase caregiver/family counselling services**
• **Increase training** capacity of the program
Clients’ voices

• Video clip (youth & caregiver voices)
References


Thank you!

Merci!

BRiDGES
PASSERELLES