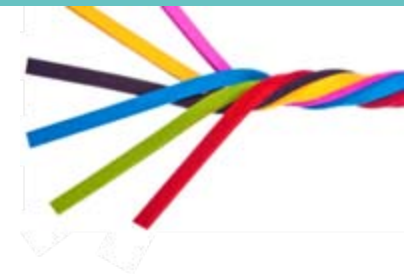


Systems Improvement through Service Collaboratives

Champlain Youth Justice Collaborative

June 19, 2013



Welcome!

Bienvenue!

Marcia Gibson, Manager, East Region, CAMH

Chantal Wade, Health Promotion Lead, East Region, CAMH

Today's Agenda



- 1. Welcome and Introductions**
- 2. SISC Overview**
- 3. Overview of Justice Collaboratives**
- 4. Youth Justice & Health System Overview**
- 5. Needs Validation Update**
- 6. System Gaps Identified by the HSJCC**
- 7. Discussion on Key Themes and Issues**
- 8. Process Moving Forward**
- 9. Closing Remarks**

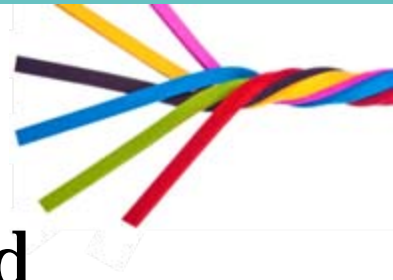


SISC Overview

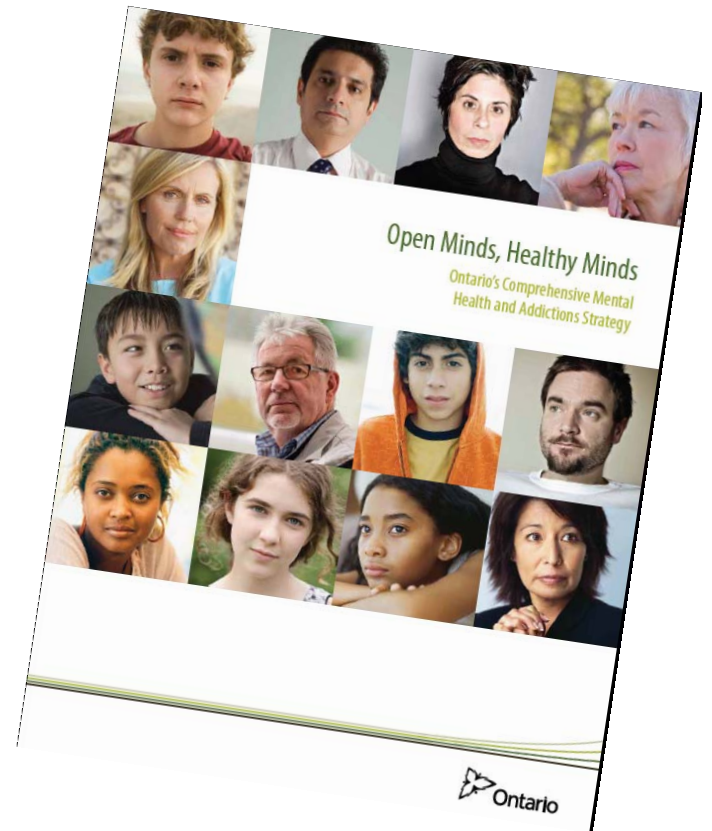
Marcia Gibson, Manager, East Region, CAMH

Open Minds, Healthy Minds:

Ontario's Comprehensive Mental Health and Addictions Strategy



- Commits to the transformation of mental health and addiction services for all Ontarians
- Begins with a three-year-plan that focuses on children and youth
- 22 initiatives have been rolled out to support this strategy, including 18 Service Collaboratives



Ontario's Comprehensive Mental Health and Addictions Strategy

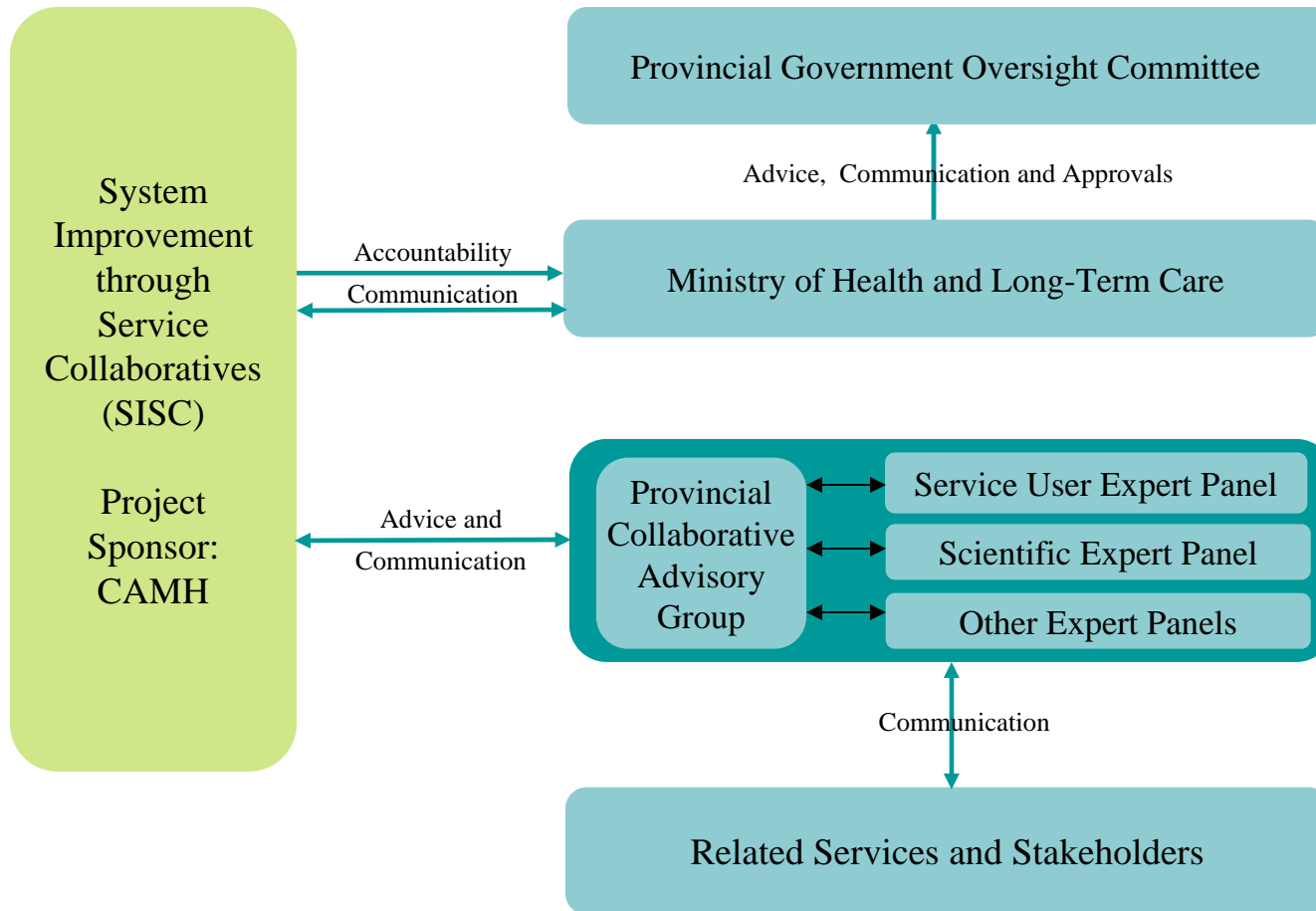
OVERVIEW OF THE THREE YEAR PLAN

Starting with Child and Youth Mental Health

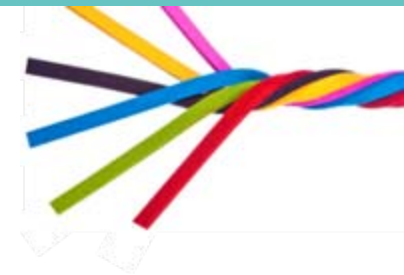
Our Vision: An Ontario in which children and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth reach their full potential.

THEMES	<p>Provide fast access to high quality service</p> <p>Kids and families will know where to go to get what they need and services will be available to respond in a timely way.</p>	<p>Identify and intervene in kids' mental health needs early</p> <p>Professionals in community-based child and youth mental health agencies and teachers will learn how to identify and respond to the mental health needs of kids.</p>	<p>Close critical service gaps for vulnerable kids, kids in key transitions, and those in remote communities</p> <p>Kids will receive the type of specialized service they need and it will be culturally appropriate</p>			
INDICATORS	<ul style="list-style-type: none"> • Reduced child and youth suicides/suicide attempts • Educational progress (EQAO) • Fewer school suspensions and/or expulsions • Higher graduation rates • More professionals trained to identify kids' mental health needs • Higher parent satisfaction in services received • Decrease in severity of mental health issues through treatment • Decrease in inpatient admission rates for child and youth mental health • Fewer hospital (ER) admissions and readmissions for child and youth mental health • Reduced Wait Times 					
INITIATIVES	<p>Improve public access to service information</p>	<p>Pilot Family Support Navigator model Y1 pilot</p>	<p>Implement <i>Working Together for Kids' Mental Health</i></p>	<p>Implement standardized tools for outcomes and needs assessment</p>	<p>Enhance and expand Telepsychiatry model and services</p>	<p>Provide support at key transition points</p>
	<p>Funding to increase supply of child and youth mental health professionals</p>	<p>Increase Youth Mental Health Court Workers</p>	<p>Amend education curriculum to cover mental health promotion and address stigma</p>	<p>Develop K-12 resource guide for educators</p>	<p>Hire new Aboriginal workers Implement Aboriginal Mental Health Worker Training Program</p>	<p>Improve service coordination for high needs kids, youth and families</p>
	<p>Reduce wait times for service, revise service contracting, standards, and reporting</p>	<p>Outcomes, indicators and development of scorecard</p>	<p>Implement school mental health ASSIST program and mental health literacy provincially</p>	<p>Provide designated mental health workers in schools</p>	<p>Expand inpatient/outpatient services for child and youth eating disorders</p>	<p>Hire Nurse Practitioners for eating disorders program</p>
			<p>Implement Mental Health Leaders in selected School Boards</p>	<p>Provide nurses in schools to support mental health services</p>	<p>Create 18 service collaboratives</p>	<p>Strategy Evaluation</p>

Advisory & Accountability Structures



Who is Participating?



Implementation Frameworks

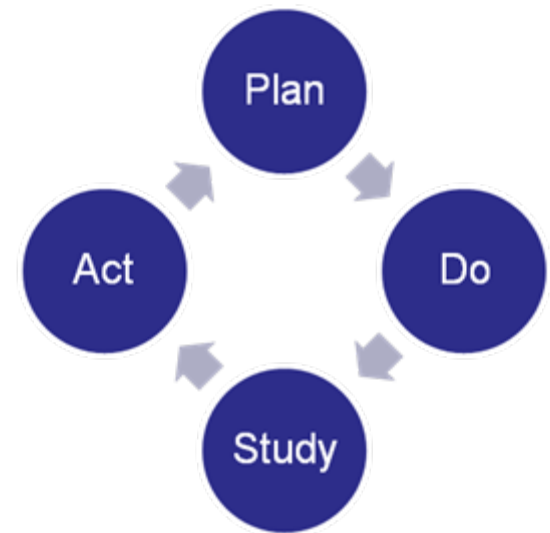


Implementation Science

- A specified set of **purposeful activities** at the practice, program, and system level designed to put into place a program or intervention of known dimensions with fidelity. It is the science of bringing evidence-based research into practice to improve client outcomes.

Quality Improvement

- **Systematically improving system processes.** The SISC initiative has incorporated QI tools within our Implementation Science framework to support collaborative partnership development and the implementation of evidence-informed interventions.



Quality Improvement Cycle

Implementation Frameworks



Use of evidence

- Evidence is defined as the integration of the best available findings from the external research world with clinical practice judgment/expertise and client preferences/lived experience.

Health Equity

- The [Health Equity Impact Assessment \(HEIA\) tool](#) is being used at different phases of the Collaborative's process, including while engaging members and during the selection of interventions, to ensure data on health inequities informs decisions and inclusive representation of high priority populations.

Developmental and ongoing evaluation

- Developmental evaluation is not one specific method, but rather an approach that can be used to select the most suitable methods, types of data, or focuses. SISC's evaluation methods include traditional logic models, performance measurement and also qualitative methods, like case studies.

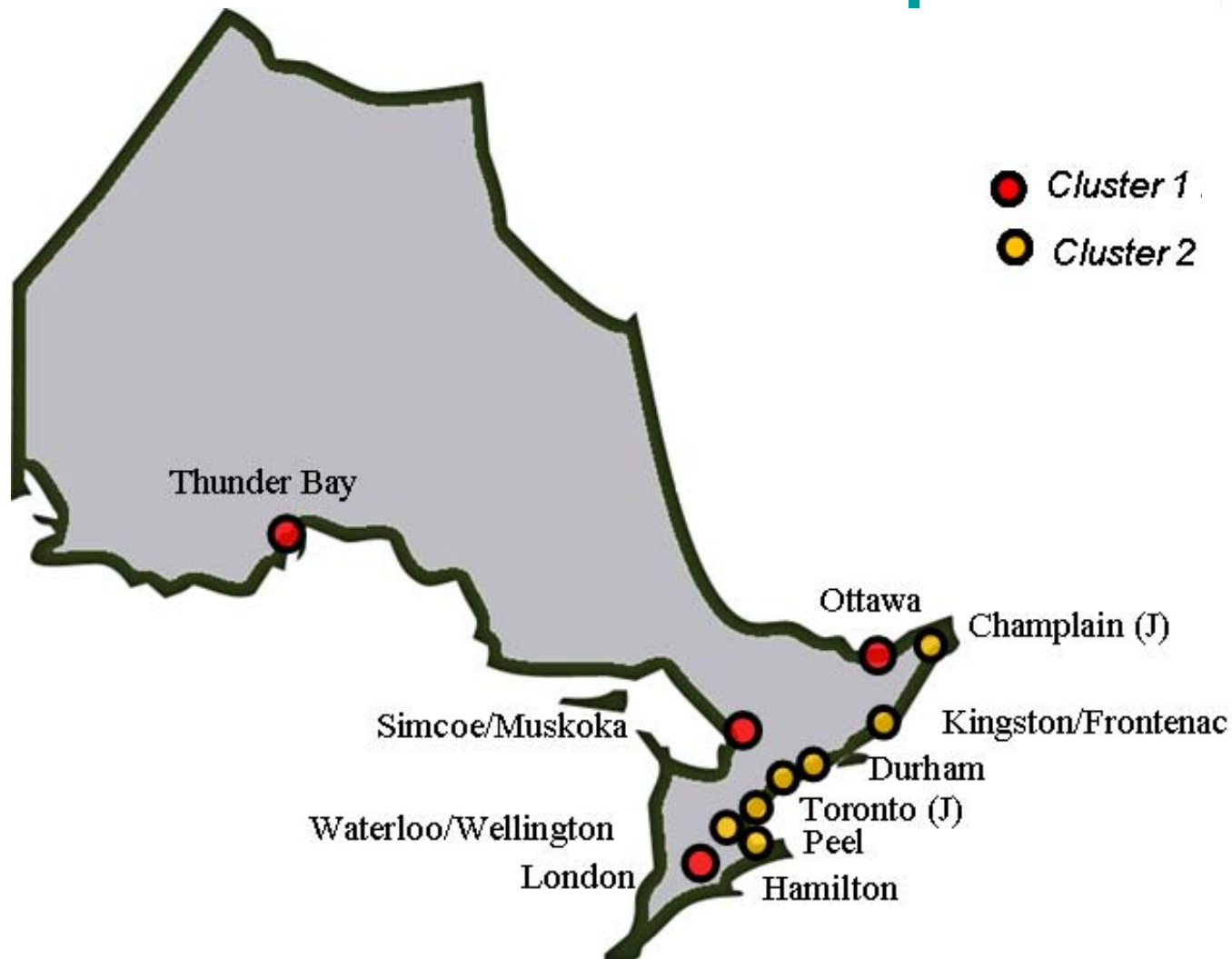
Service Collaborative Rollout



The *Strategy's* First 3 Years – Children & Youth



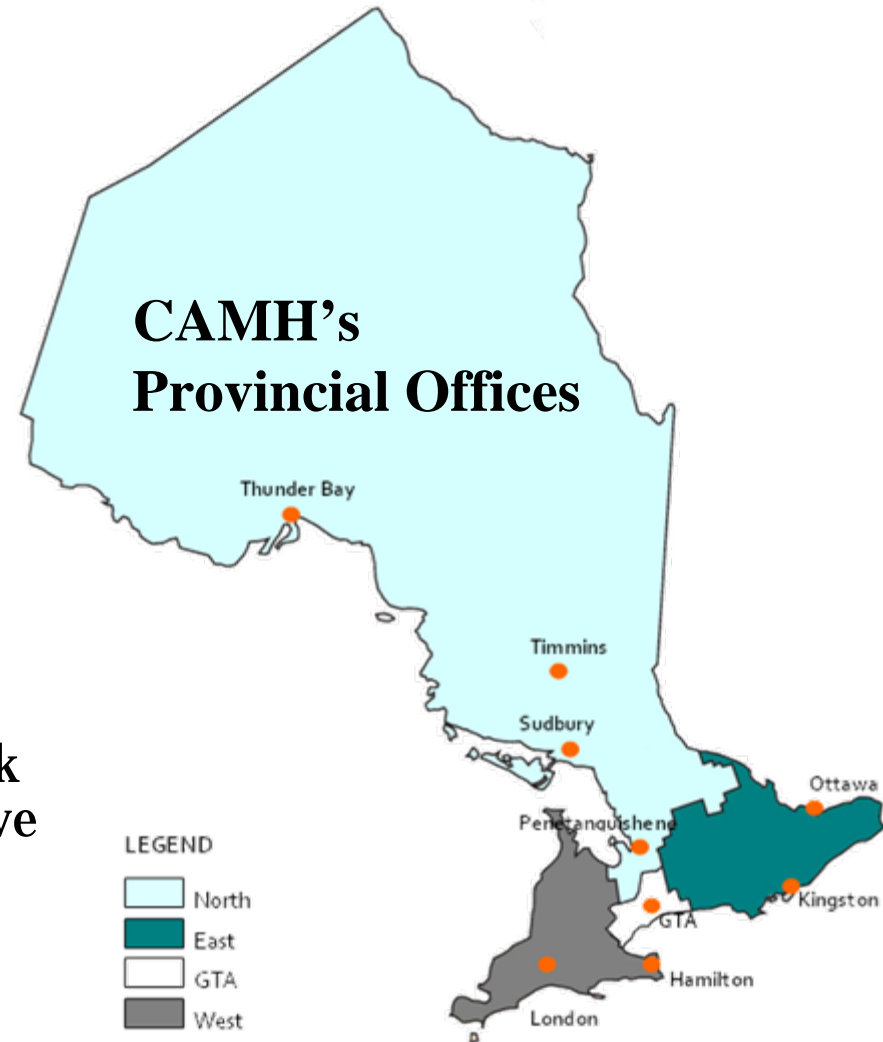
Service Collaborative Update



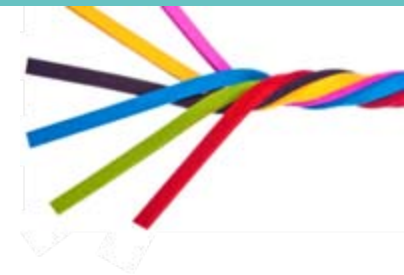
Provincial System Support Program (PSSP)

The Provincial System Support Program is a CAMH program focused on supporting the province by:

- Identifying, implementing and monitoring evidence-based mental health and addictions related programs Ontario
- Using research expertise to develop an evaluation framework and monitor outcomes to improve system evaluation and performance monitoring



CAMH's Provincial System Support Role



Performance Measurement and Implementation Research

Bringing expertise and capacity to support the field in measurement and data integration

Knowledge Exchange

Using KE resources and expertise (such as Evidence Exchange Network) to increase the system's capacity to access and apply the best evidence

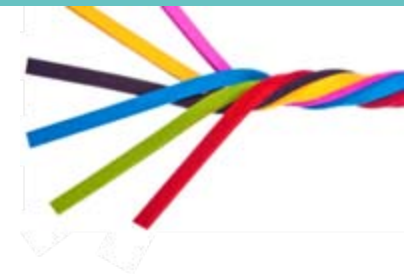
Health Promotion and Prevention

Providing expertise and access to research, best practices and programs in health promotion and prevention

Regional Implementation Structure

Four regional implementation teams distributed across the province will support the Collaboratives and ensure dissemination of the identified evidence-based practices across the province through training in implementation and evaluation

System partners and stakeholders across Ontario



Overview of Justice Collaboratives

Uppala Chandrasekera, Project Leader, Justice Collaboratives, CAMH

Justice Collaborative Framework

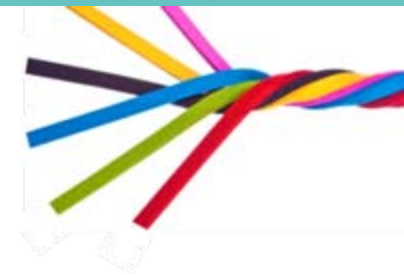


The Justice Collaboratives will:

- Focus on improved connections and co-ordination of services at **key transitions points** between the health + justice system
- Target a key transition or focal point for action, with consideration to the **unique needs** of each community
- **Assist** police, mental health workers, youth and adult provincial courts, etc., to know when, where and how to assist persons with mental illness and addictions
- **Improve integration and collaboration** between justice + health + other human services

The 6 Ministries have created a Framework that will inform the work of the Justice Collaboratives.

Role of the HSJCC



It is important that the Service Collaboratives are closely aligned with the work of the HSJCC.

- **Human Services and Justice Coordinating Committees** (HSJCCs) were established based on the Provincial Strategy to Coordinate Human Services and Criminal Justice Systems in Ontario (1997), in response to a need to coordinate resources and services, and plan more effectively for people in conflict with the law.
- The **HSJCC** has **established networks** to coordinate service delivery among human, health and criminal justice service organizations.
- **Membership** includes hospitals, mental health and addictions, community services, policymakers, government, police, corrections, attorneys, service users, etc.

Minimum Specifications for Collaboratives



- Focus on improving transitions
- Multi-sector partnerships
- Use of implementation science & quality improvement approaches
- Focus on equity
- Evaluation

Levels of Engagement



1. Informed

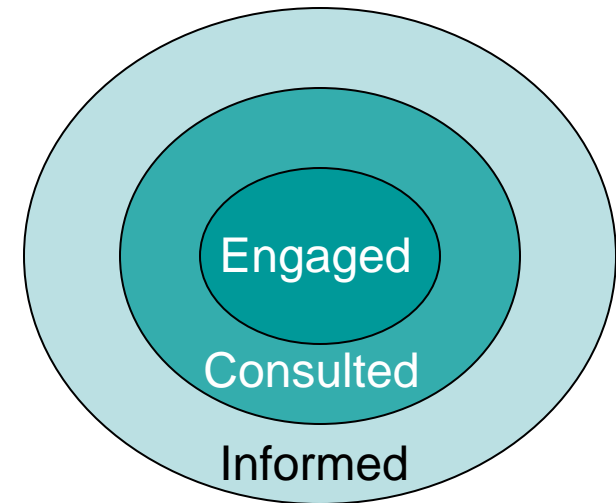
- Receiving minutes
- Checking out the SISC web site

2. Consulted

- Input at key points in the process
- Hosting/organizing a focus group

3. Actively engaged

- Ongoing communication and decision-making as Service Collaborative Team member



Roles and Responsibilities



CAMH

- Consult with local and provincial leaders
- Identify and engage potential members
- Facilitate knowledge exchange
- Evaluate the intervention and impact of SISC overall
- Provide expertise and support in best-practices and evidence
- Report outcomes to the MOHLTC

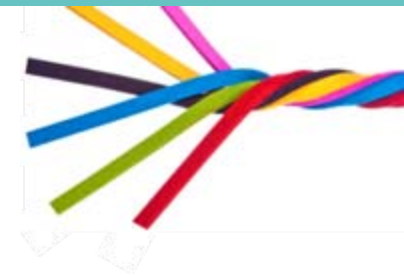


Service Collaborative Members

- Review materials
- Make decisions within their agency
- Attend meetings
- Respond to requests
- Communicate back to agency
- Implement intervention at service level
- Support evaluation at service level



- ✓ Formalized collaboration between sectors
- ✓ Shared processes and tools
- ✓ Improved services and client experience



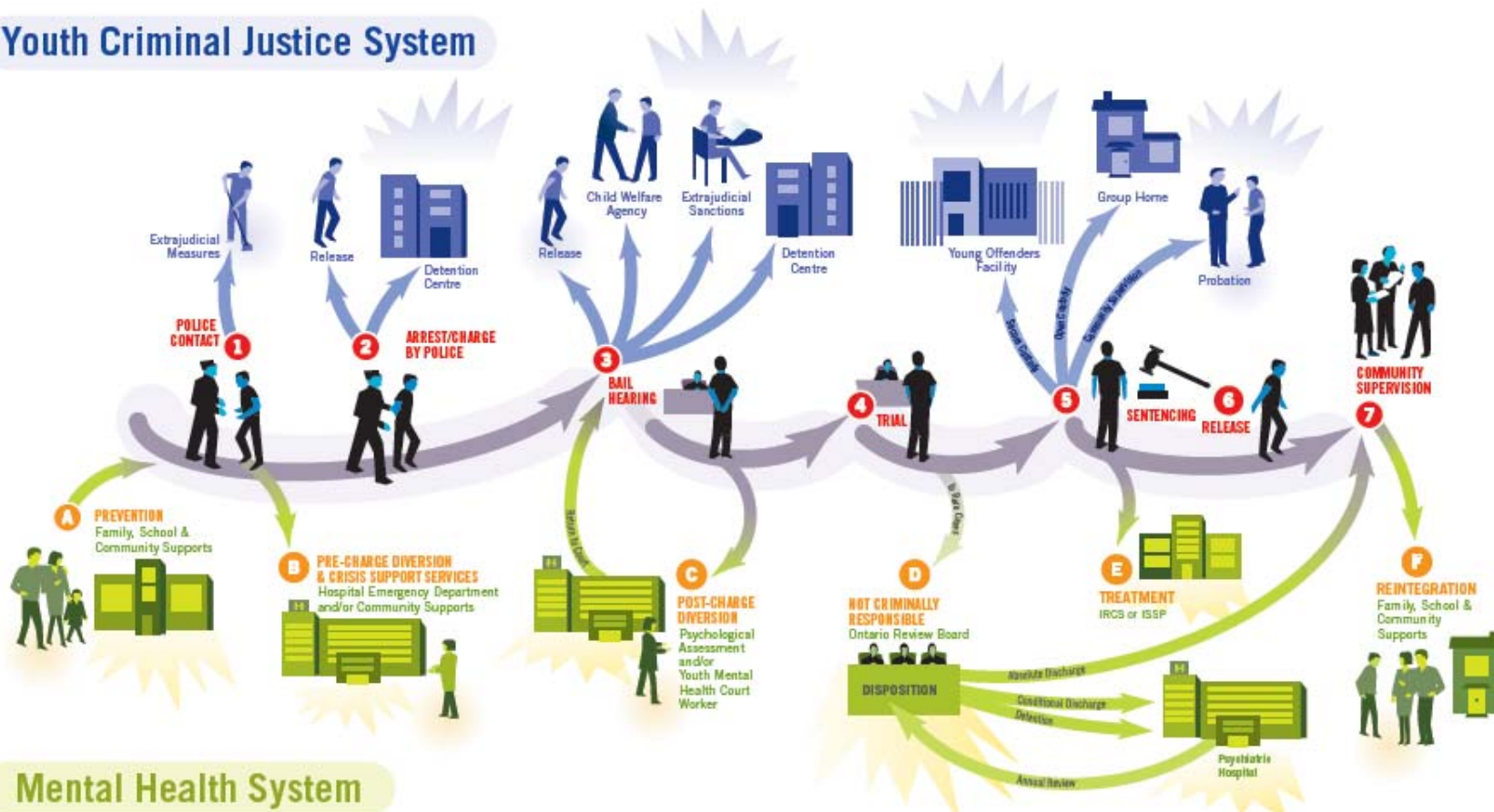
Youth Justice & Health System Overview

Uppala Chandrasekera, Project Leader, Justice Collaboratives, CAMH

Navigating the Youth Criminal Justice & Mental Health Systems in Ontario



Youth Criminal Justice System

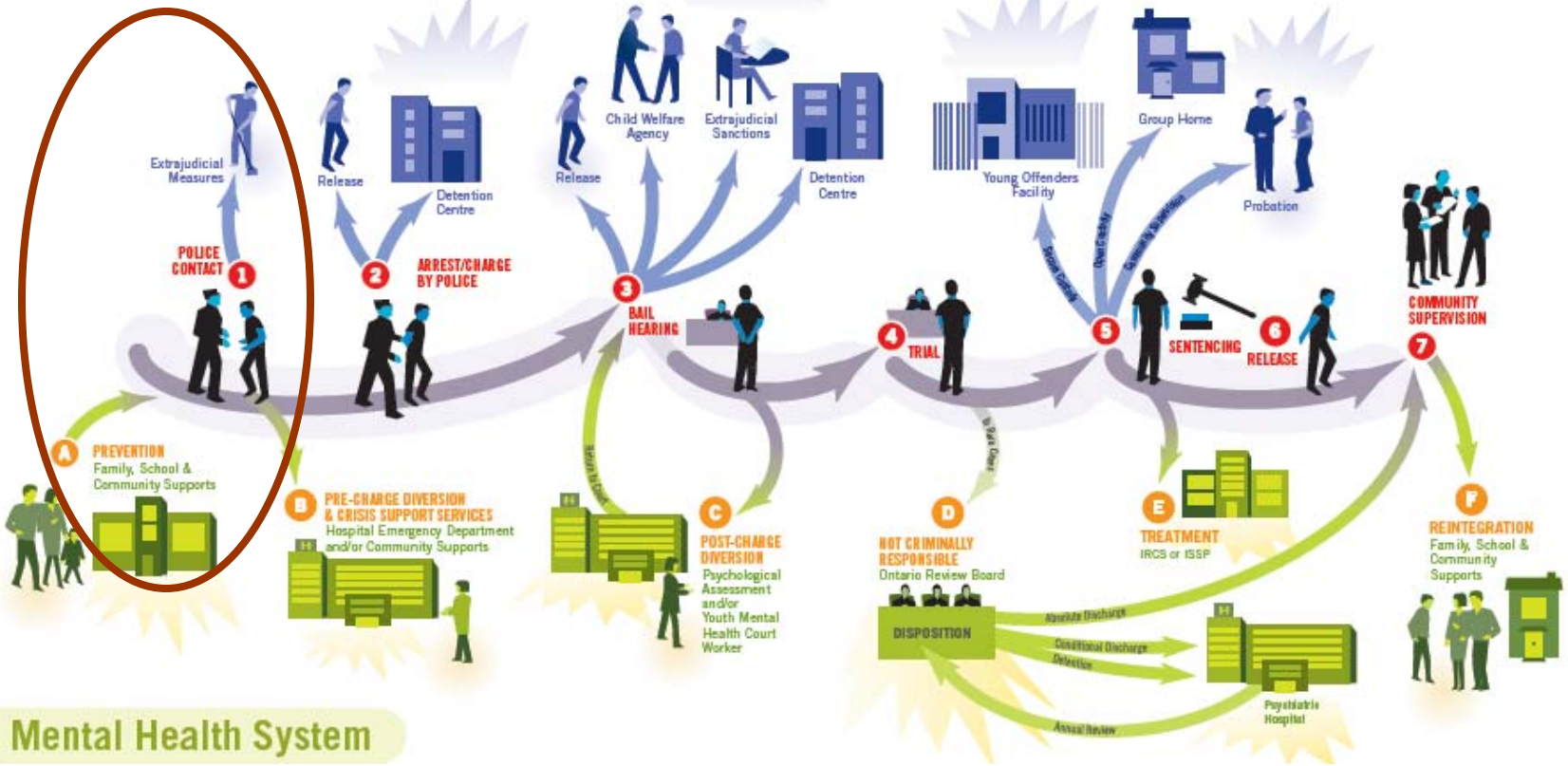


Mental Health System

Intersection Point 1



Youth Criminal Justice System



Mental Health System

Prevention, Police Contact & Pre-Charge Diversion



Prevention:

- Family, school and community supports
- Access to social determinants of health

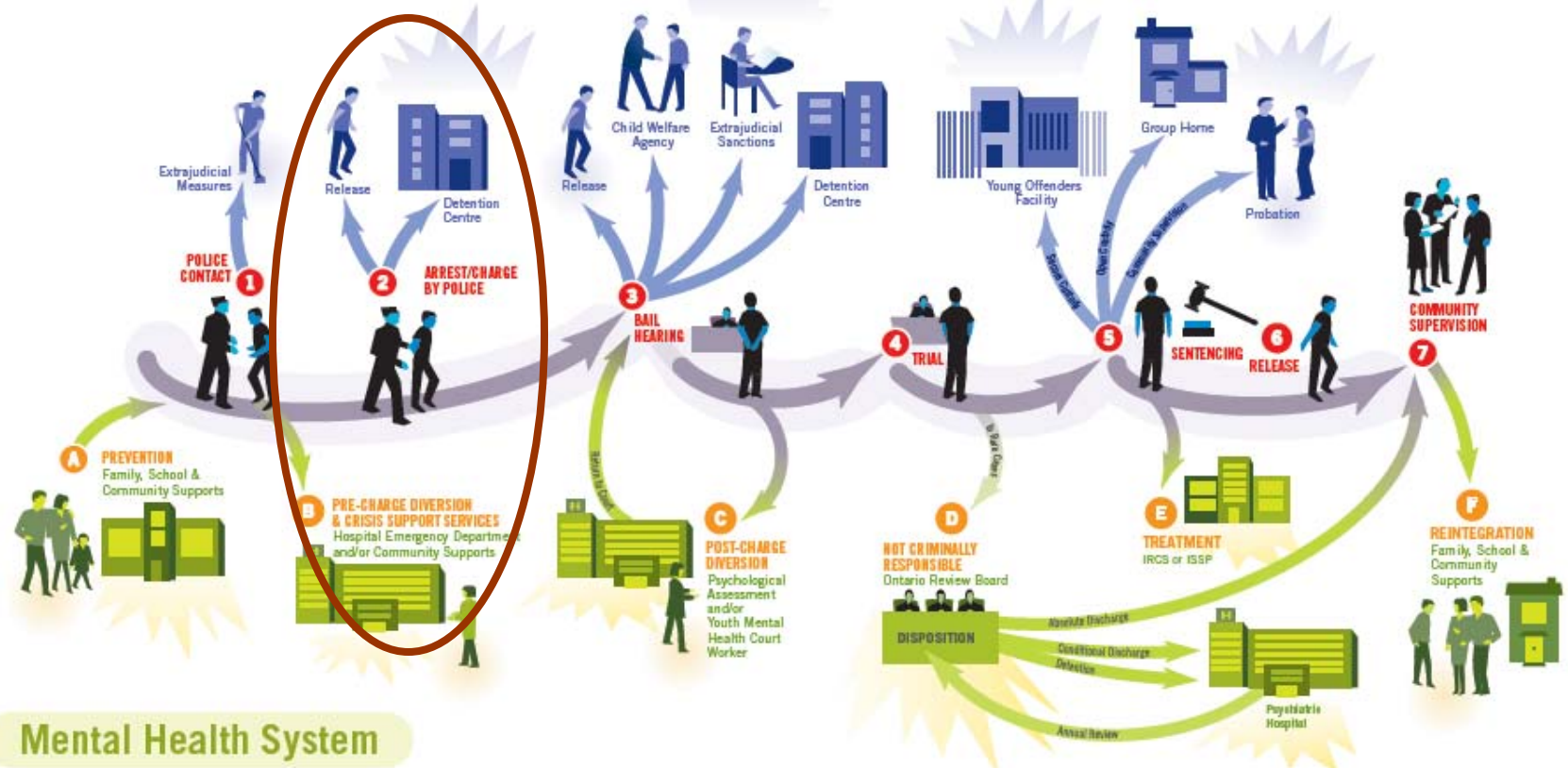
Police contact:

- Police are often the first to arrive on the scene
- Extrajudicial measures
- Crisis supports provided in the community

Intersection Point 2



Youth Criminal Justice System



Mental Health System

Arrest & Mental Health Act Apprehension



- Mental Health Act apprehension by police
- Accompanied by police to the Emergency Department (ED)

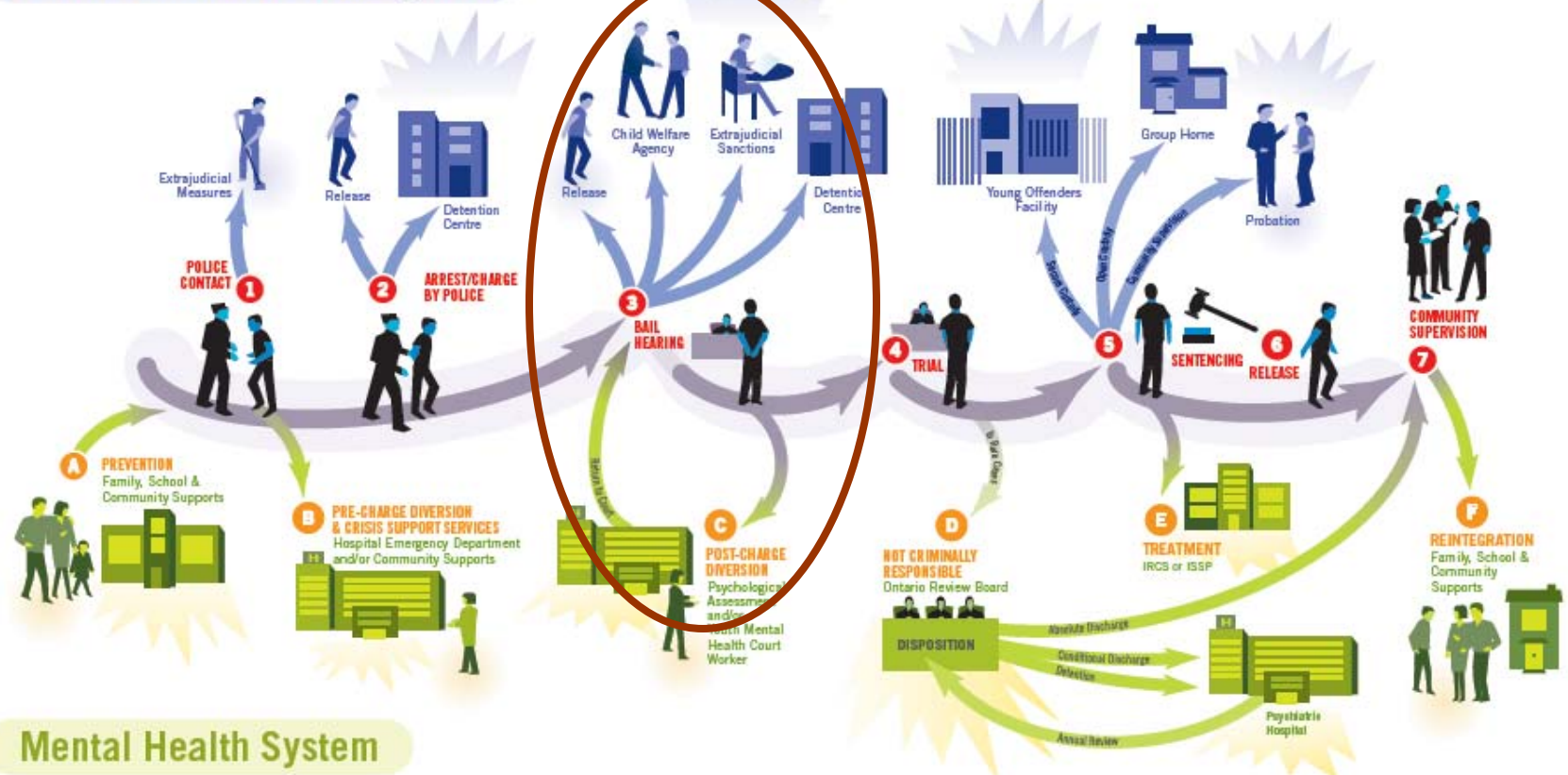
After charge is laid:

- Released on promise to appear
- Accompanied by police to detention centre

Intersection Point 3

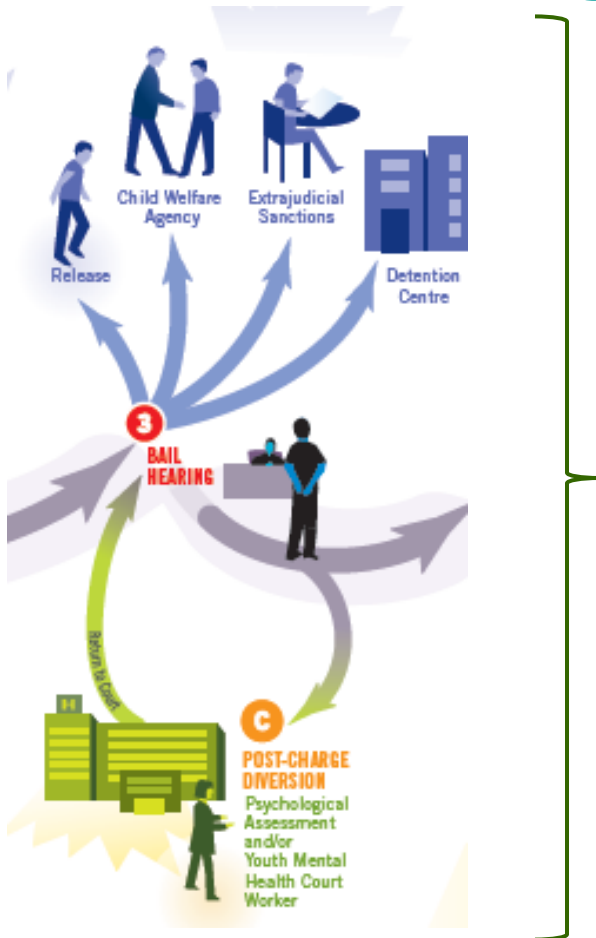
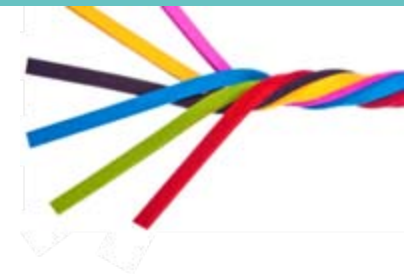


Youth Criminal Justice System



Mental Health System

Court Appearance & Post-Charge Diversion



- Released
- Referred to child welfare Agency
- Extrajudicial sanctions
- Transferred to detention centre
- Referred to Youth Mental Health Court Worker
- Issue of “fitness to stand trial” can be raised at any point during the court process
- Psychological or Fitness Assessment can be ordered by the court
- If found “unfit,” court can issue a treatment order

Intersection Point 4

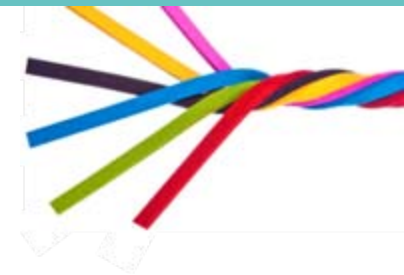


Youth Criminal Justice System



Mental Health System

Trial



- Not guilty
- Guilty
- Pre-sentencing report developed

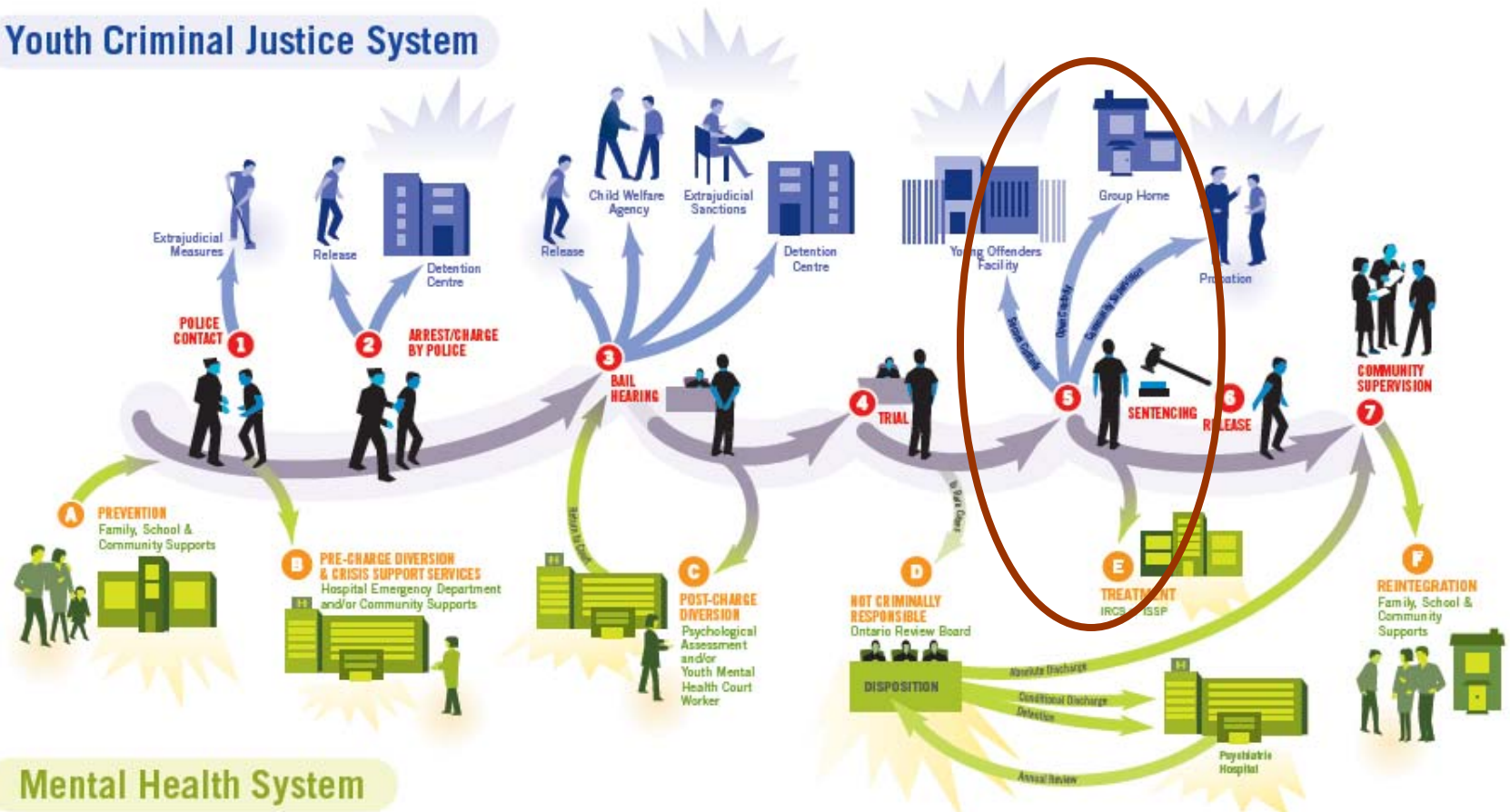
In rare cases:

- Unfit to stand trial (even after treatment order)
- Not criminally responsible (NCR)
- If found unfit to stand trial or NCR, case is transferred to the Ontario Review Board (ORB)
- Annual ORB hearing held to determine if the youth should be detained at a psychiatric hospital, or conditionally or absolutely discharged

Intersection Point 5



Youth Criminal Justice System



Mental Health System

Sentencing

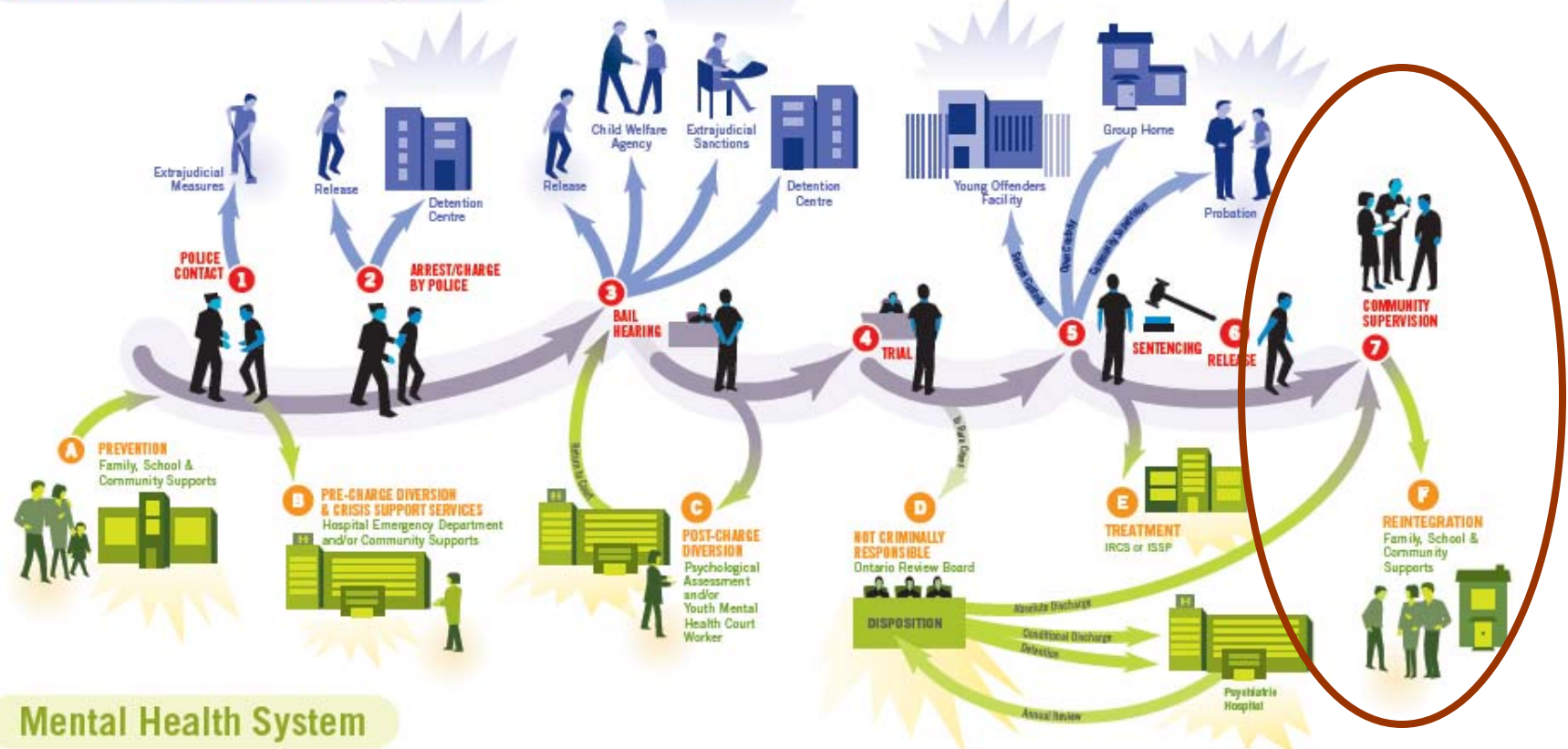


- Probation & community supervision
- Open custody
- Secure custody
- Intensive Rehabilitative Custody & Supervision (IRCS)
- Intensive Support & Supervision Program (ISSP)

Intersection Point 6 & 7

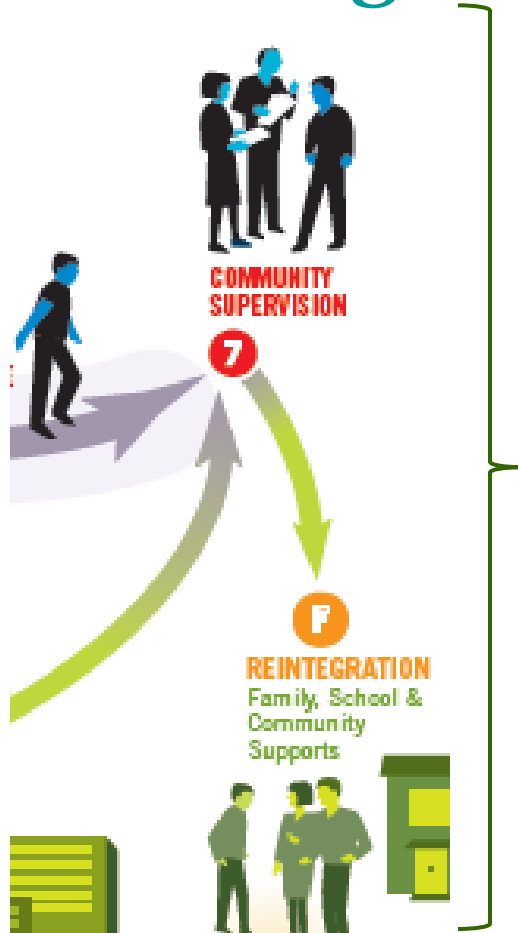
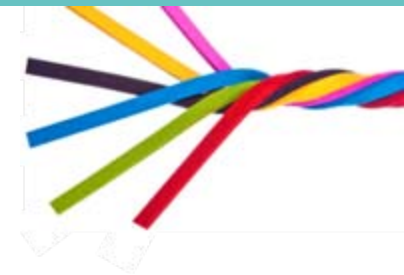


Youth Criminal Justice System



Mental Health System

Release, Community Supervision & Reintegration



- Release/discharge plan created
- Directed to community supervision
- Connected to community supports

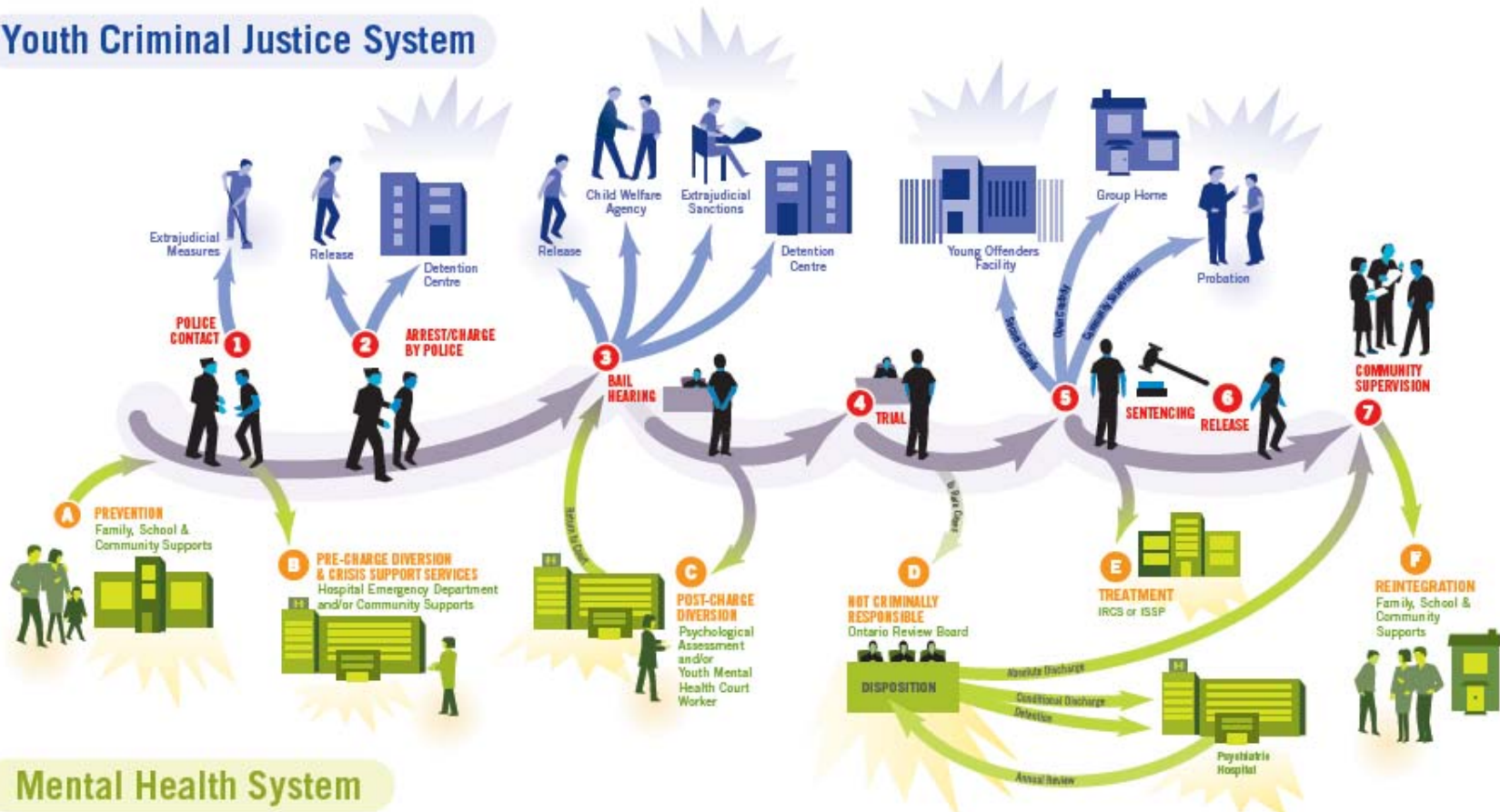
Reintegration:

- Family, school and community supports
- Access to social determinants of health

Navigating the Youth Criminal Justice & Mental Health Systems in Ontario



Youth Criminal Justice System

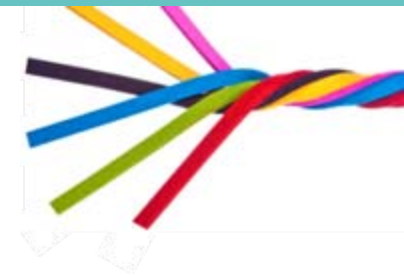


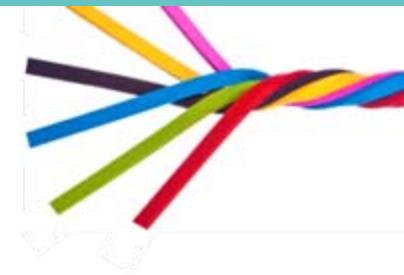
Mental Health System

Key Questions



1. Does this map resonate with your understanding of the youth justice system?
2. Are there any key intersection points between the youth justice system and mental health system that are missing from this map?





Needs Validation Update

Greg Harrington, Optimus SBR

Champlain LHIN Context



CHAMPLAIN LHIN

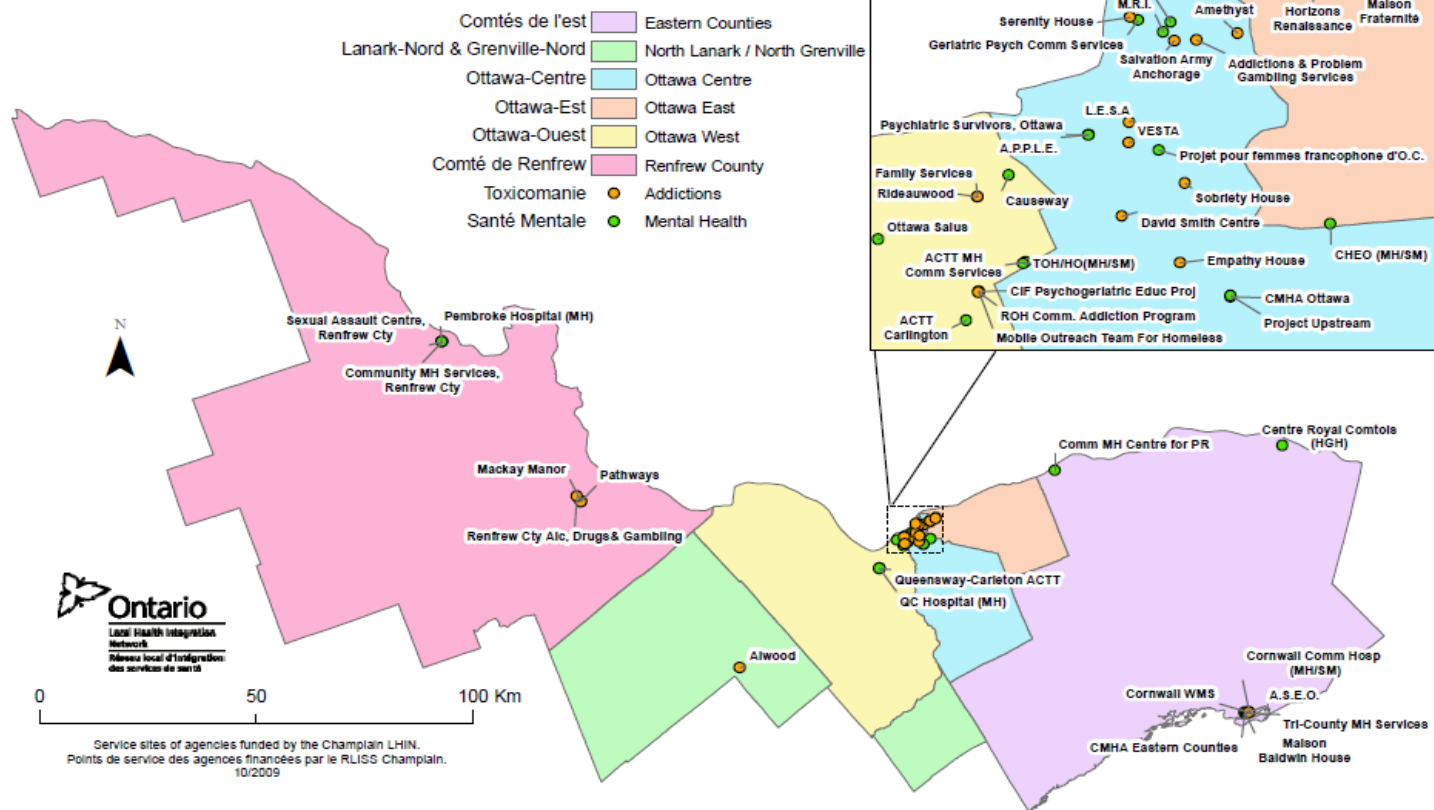
- Champlain LHIN includes the City of Ottawa, Renfrew County, North Grenville, North Lanark and the Eastern Counties.
- With a population of 1.2 million people Champlain LHIN and a concentration of advanced health providers, serving much of Eastern and Northern Ontario, Champlain is one of the major providers of health service in Ontario.
- Champlain LHIN contains 19.2% Francophone residents (Source: MOHLTC Population Health Profile)
- There is a large population of people with Aboriginal (First Nations, Métis, Inuit) Identity within the Champlain LHIN, with over 20,500 individuals in the City of Ottawa alone (Source: 2006 Census).

Champlain LHIN Context

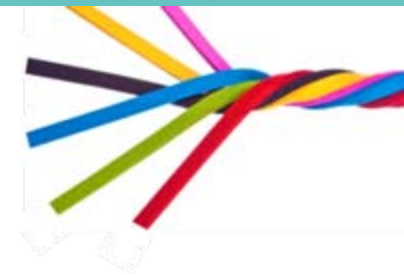
Champlain LHIN
RLISS de Champlain

Agences des services de toxicomanie et de santé mentale

Addictions and Mental Health Agencies



Consultation Context



INTERVIEW CONTEXT

- This month OPTIMUS | SBR has been contacting a number of stakeholders in Champlain LHIN in support of the Champlain Youth Justice Service Collaborative to arrange interviews to identify gaps and opportunities to improve processes at key transition points for clients in the Champlain LHIN.
- Interviews are ongoing and being facilitated by OPTIMUS | SBR, to date a total of 14 individual interviews have occurred. Interviews are ongoing and not yet complete.
- French language interviews are being provided by CAMH.

Consultation Context



INTERVIEW FOCUS

- A series of questions are being asked of interview participants focusing on four specific areas. All conversations were guided but do not strictly adhere to the list of questions, if participants wanted to discuss other issues the facilitators followed that path. Focus areas include:
 - TARGET POPULATION NEEDS
 - SERVICE PROVISION
 - COLLABORATION AND SERVICE TRANSITIONS
 - FURTHER INFORMATION (WHAT/WHO SHOULD WE FOLLOW UP WITH)

Needs Validation Survey

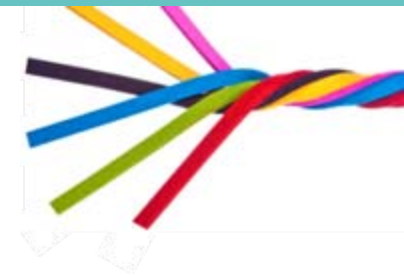


- A Champlain Justice Service Collaborative online survey has been released. This survey is available in both English and French and was built to:
 - Validate the needs identified through various planning activities and consultations
 - Give opportunity for survey responders to talk about system gaps
- Survey launched to stakeholders on June 11, 2013
 - 26 Completed responses have been collected so far, the survey remains open for feedback after today's event
 - Wide variety of participation
- If you have not participated in the Survey, please find the link in your invitation to this event or go to:
<http://fluidsurveys.com/surveys/optimus-sbr/champlain-justice-service-collaborative-1/>



Gaps in Youth Justice System: HSJCC Perspective

Joan Dervin, Co-Chair, Champlain HSJCC



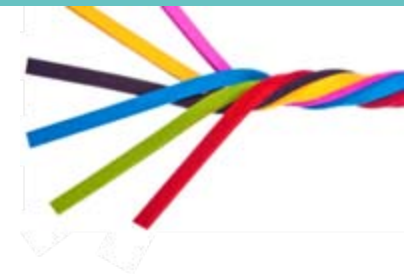
Key Emerging Themes: Group Discussion

Shauna MacEachern, Knowledge Exchange Lead, CAMH

Key Questions/Questions clés



- Which juncture point do you think the youth justice collaborative should address?
- Quel point de jonction devrait être adressé par le Projet de services judiciaires pour les jeunes?
- Which key issue/gap do you think the youth justice collaborative should address?
- Quelle lacune devrait être adressée par le Projet de services judiciaires pour les jeunes?



Report Back from Group Discussion

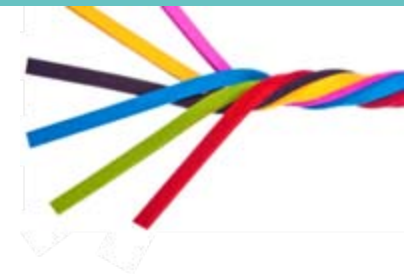
Shauna MacEachern, Knowledge Exchange Lead, CAMH

Key Questions to Report On

What priorities emerged from your group?

What key issues have been missed?





Moving Forward

Marcia Gibson, Manager, East Region, CAMH

Stages of Implementation



Exploration
May - Oct 2013

Decide **What** to adopt and implement



Installation
Nov 2013 - Feb 2014

How will it happen. Plan what needs to be in place to implement the **What**



Initial Implementation
March – July 2014

Put the plan on the ground and implement the **What** (continuous PDSA cycles)

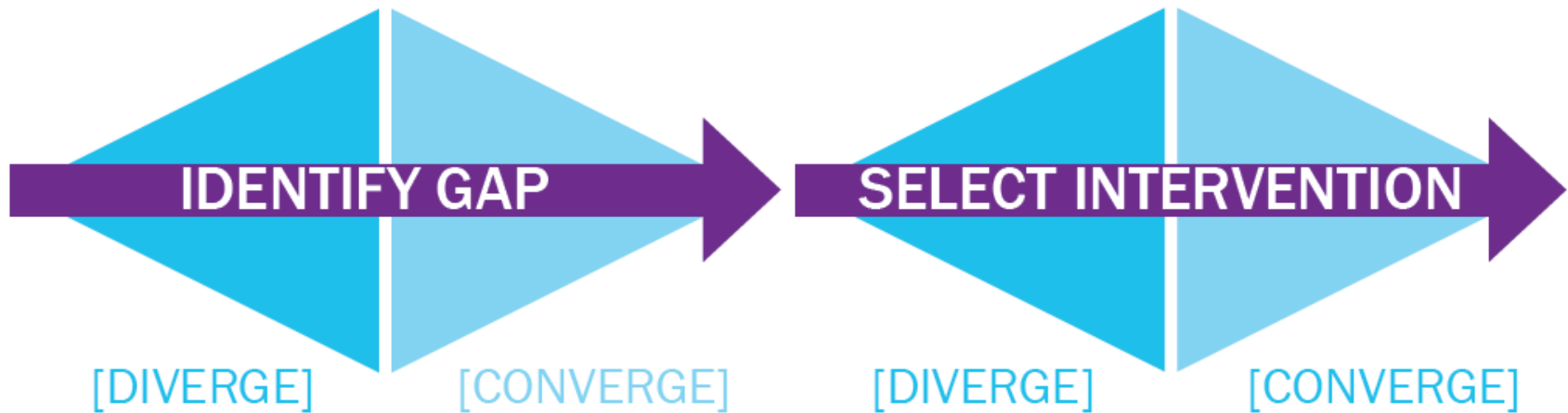


Full Implementation
Aug 2014 - Aug 2015

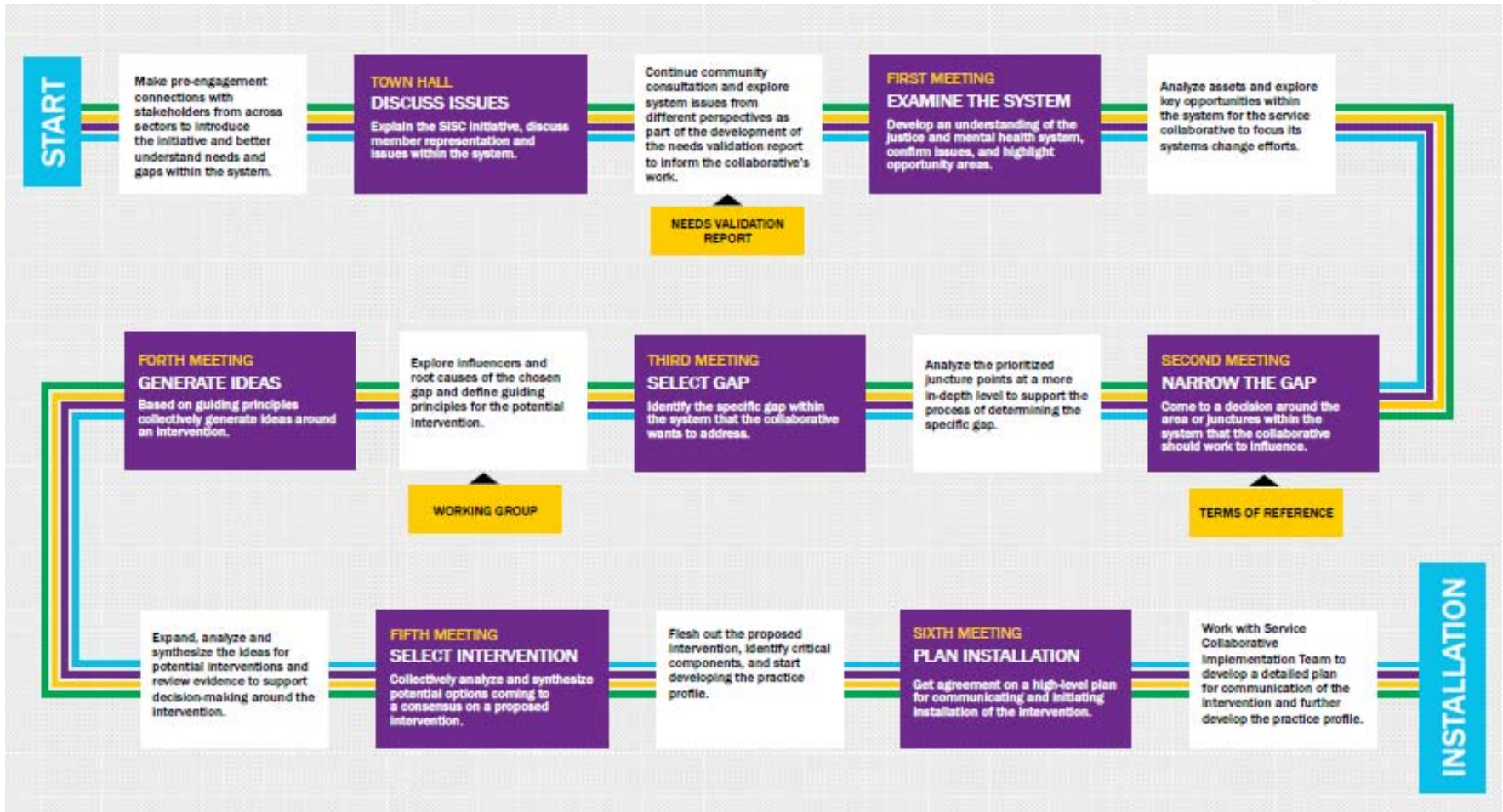
Make sure it works, then do it better (PDSA) and make it “business as usual”.

Stages are iterative and overlap often occurs. Sustainability planning is important at all stages.

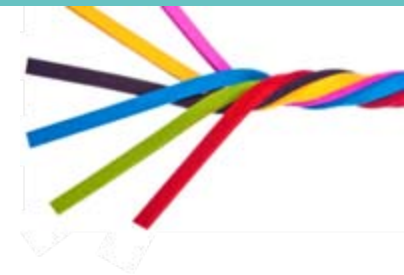
Overall Flow of Exploration



Exploration Phase Process Guide



Next Steps



1. Completion of the needs validation report
2. Analysis of assets and resources to make change
3. Digging deeper into potential opportunities
4. Continuing today's conversation
5. Working to narrow the gap and define collaborative roles at next meeting

Mark your calendars!

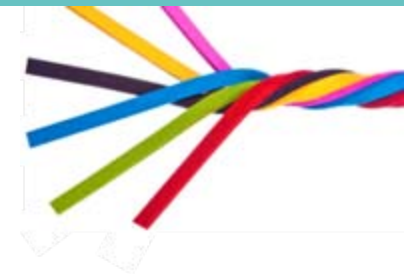


Our next meetings are:

July 23

August 20

September 12



Thank you for your time and we look forward to future collaboration.

For more information about the *Systems Improvement through Service Collaboratives (SISC)* initiative, contact:

Marcia Gibson

Manager, East Region
613-569-6024 x 78203

Marcia.Gibson@camh.ca

Uppala Chandrasekera

Project Leader, Justice Collaboratives
416-535-8501 x 30117

Uppala.Chandrasekera@camh.ca