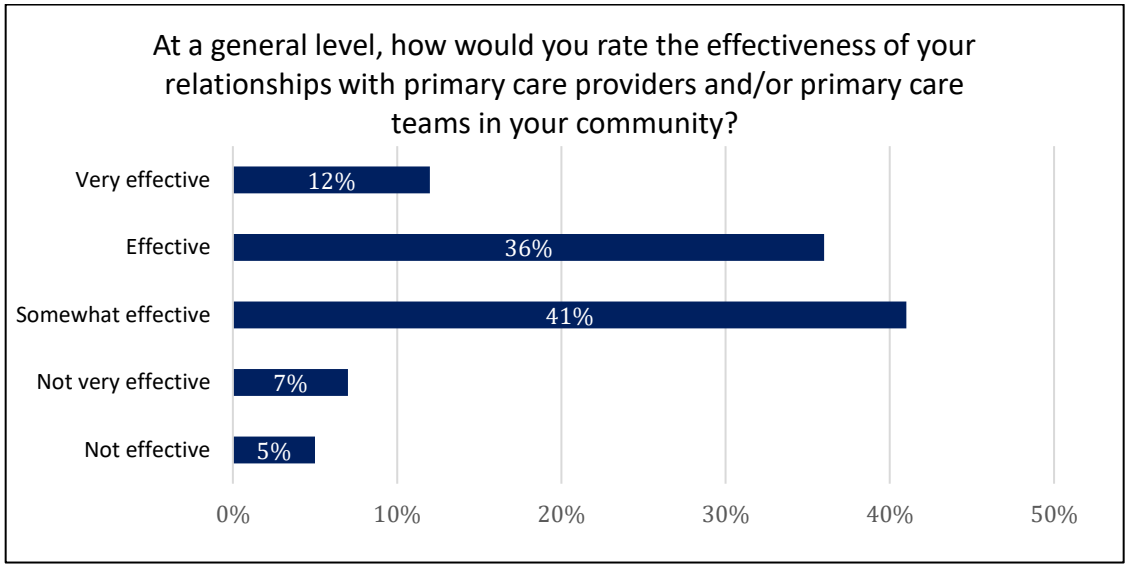
Summary Results: Member Survey on Integrated Service Delivery

Introduction

In October 2018, CMHO conducted a survey to better understand how members collaborate with other sectors. More specifically, the survey aimed to identify the extent to which members engage with the primary care, acute care and adult addictions and mental health sectors to facilitate integrated delivery systems. Respondents were asked to provide examples of successful partnerships and identify key enablers and barriers to collaboration. Approximately 60 members completed the survey and shared their stories of successful collaborations. This briefing note summarizes the key findings from the survey.

Section 1 – Primary Care



Types of Primary Care Partnerships by CYMH Agencies

	Independent Physicians/ Pediatricians	*Aboriginal Health Access Centres*	*Community Health Centres*	*Family Health Teams*	*Nurse Practitioner-Led Clinics*
Formal/structured partnership	26%	10%	9%	13%	2%
Informal/unstructured partnership	63%	36%	51%	33%	17%
No partnership	11%	54%	40%	54%	81%
# of responses	*57*	*50*	*47*	*46*	*48*

Key Enabling Factors for Primary Care Partnerships

1. **Communication**
   - Ensure effective, respectful two-way communication
   - Partner with parents to collaborate with physicians in treatment planning
   - Communicate back to primary care providers (PCP) about care of referred client in a timely manner

2. **Relationship Building**
   - Build strong, trusting, reciprocal relationships
   - Each partner needs a strong willingness to collaborate, established through trust

3. **Knowledge**
   - Ensure both partners have a good understanding of the services offered by the other provider

4. **Demonstrate Value**
   - Demonstrate successful outcomes of CYMH programs and positive feedback from clients with PCPs to demonstrate value
   - Rapidly respond to requests for assessments and/or information from PCPs (as capacity allows)

5. **Formal Agreements**
   - Have a well-defined and/or formal agreement
   - Establish strong, shared referral processes

6. **External Supports**
   - Support from LHIN, including establishing relationships with LHIN Physician Leads
   - All partners having sufficient capacity to keep clients moving through the system (i.e. ensuring that when PCPs refer to CYMH sector, clients are seen in a reasonable timeframe)
   - Shared involvement in inter-disciplinary planning tables (e.g. LHIN planning tables)

Key Barriers in Establishing Primary Care Partnerships

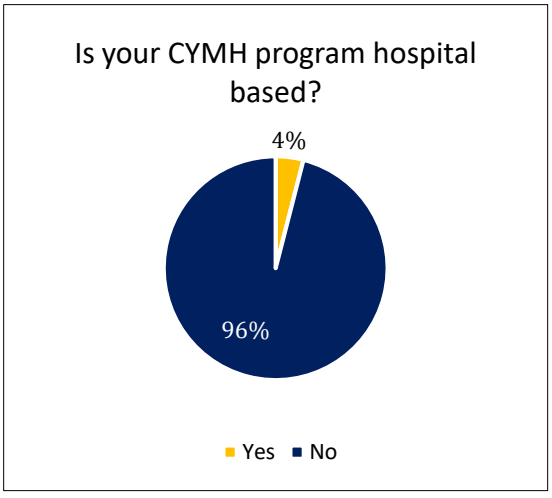
1. **Primary Care Resource Limitations**
   - Difficult for CYMH sector to access and engage PCPs due to their tight schedules
   - Implications of physician billing systems
     - Physicians cannot bill time taken to attend meetings or case conferences, so it can be challenging to get them engaged in collaborative planning
   - Lack of physician involvement in community planning tables (related to physician billing)
   - Lack of PCPs in certain geographies (i.e. Northern, rural communities)
   - Transient physician resources in certain geographies resulting in relationship breakdowns

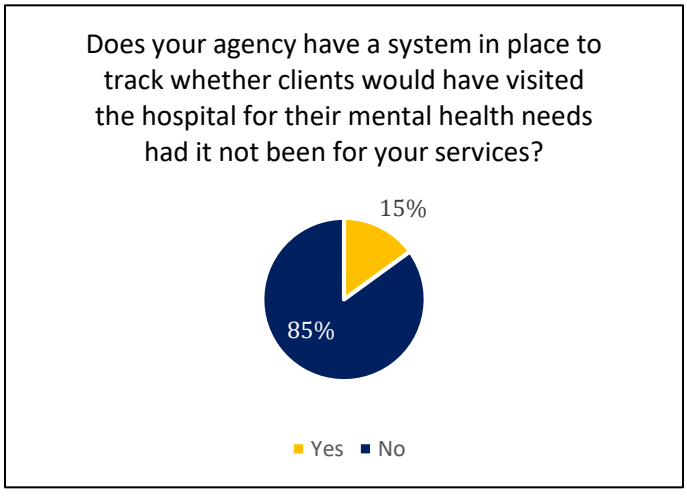
2. **CYMH Sector Resource Limitations**
   - Finding a balance between using resources to conduct outreach and support PCPs, while also responding to high referral numbers
   - Staff turnover resulting in relationship breakdowns
   - Time and resources needed to connect with and engage solo PCPs (who are not connected to teams or hospitals)
   - Collaborations with PCPs can increase referrals, thereby exceeding CYMH agency capacity and resulting in waitlists

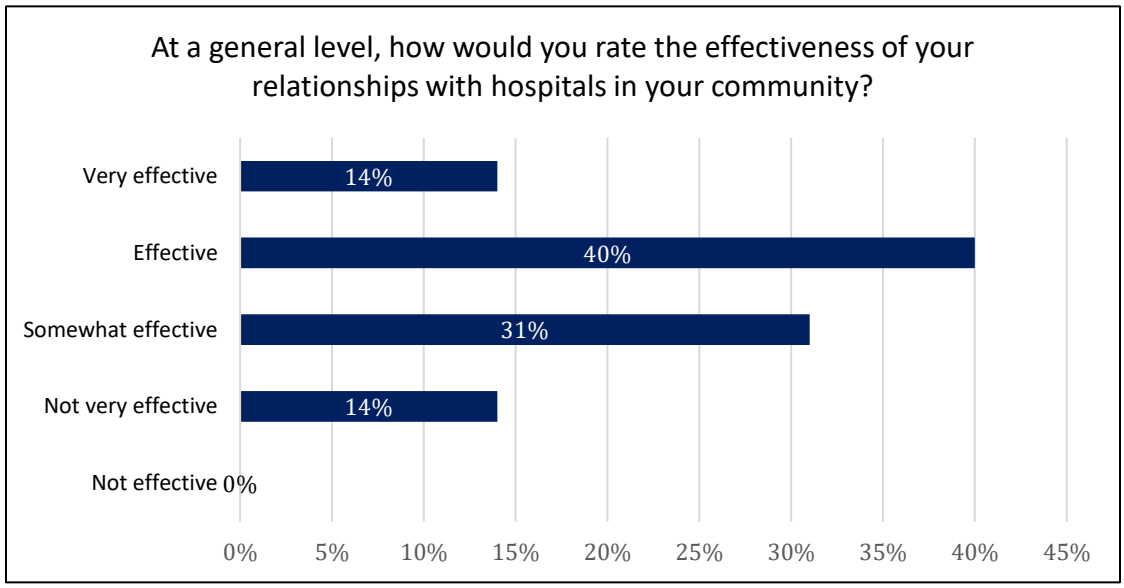
3. **Lack of Awareness**
   - Lack of awareness of services provided by the other provider
     - Not understanding the scope of services provided by CYMH agencies, resulting in inappropriate referrals
   - Convincing primary care to understand and value the role of the CYMH sector
   - Lack of understanding on behalf of PCPs around mental health, and/or professional disagreement of prescribed psychotropic medications

4. **Challenges in Information Sharing**
   - Issues around consent, privacy and information sharing
   - Lack of a central point of access and a shared plan of care
   - Incompatible referral models between medical community and the CYMH system
   - "Breaking" habitual referral processes (physicians referring to other physicians rather than to community CYMH options)

Section 2 – Acute Care







Types of Acute Care Partnerships by CYMH Agencies

Type	*Percentage*
Formal/structured partnership	56%
Informal/unstructured partnership	32%
No partnership	12%
# of responses	*41*

Key Enabling Factors for Acute Care Partnerships

1. **Communication**
   - Processes that allow for collaborative consultation and communication (e.g. Emergency On-Call Psychiatric Consultations)

2. **Champions**
   - Need to have key champions – at all levels – in the hospital sector who support collaboration and value the work of the CYMH sector
   - Establishing and nurturing relationships with key personnel and champions

3. **Formal Agreements**
   - Develop shared protocols, formal governance structures and processes (e.g. for discharge planning)

4. **Relationship Building**
   - A willingness to partner, share in client care and collaborate
   - Shared involvement in community planning tables

5. **Knowledge**
    - Have a good understanding of services provider by the other partner

6. **Shared Values**
    - Have a shared goal of reducing the burden in hospitals and emergency departments

Key Barriers to Acute Care Partnerships

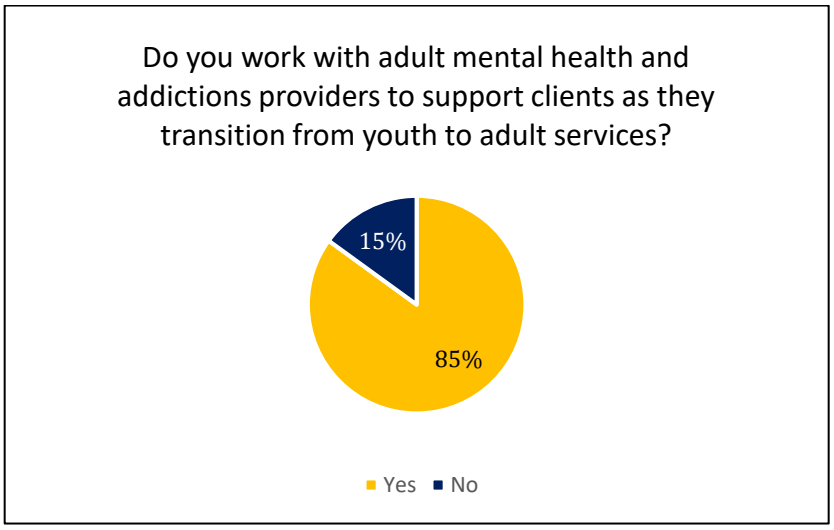
1. **Lack of Communication**
    - Not sharing information between providers when client is discharged
    - No common client record system

2. **Different Mandates**
    - Hospitals and CYMH agencies have different ways of serving clients, including different assessments, tools, processes and perspectives on treatment

3. **Lack of Resources in Both Sectors**
    - Inadequate mental health resources in hospitals
    - Hospitals focused on trying to free up beds, even when clients are still at risk. This can result in discharges that may not be in the best interest of client
    - Lack of time to work collaboratively to develop discharge plans
    - Lack of stepdown CYMH services, including intensive treatment options in community

4. **Differences in Scale**
    - Staff turnover in the hospital leads to relationship breakdown
    - Hospitals have additional barriers to go through to implement and sustain change
    - Can be challenging to get all hospital staff to understand and adhere to protocols (e.g. who to call when referring MH clients)

Section 3 – Adult Mental Health and Addictions



Key Enabling Factors for Partnerships with Adult Mental Health and Addictions Sector

1. **Youth Engagement**
    - Engaging with youth is important for developing resources and protocols to support in the transition

2. **Establish Pathways of Care**
    - Collaborate to clarify a pathway from one system to another
    - Use common tracking mechanisms to ensure accountability

3. **Relationship Building**
    - Especially with key leadership at both agencies
    - Strong relationships with LHINs are valuable
    - Consistent communication; regular meetings

4. **Participation in Community Tables**
    - Allows for gap identification and collaborative solution building

5. **Knowledge**
    - Understanding programs and program criteria for other sector's programs

6. **Pooling resources**
    - Consider co-location of services and pooling resources to support transitional-aged youth

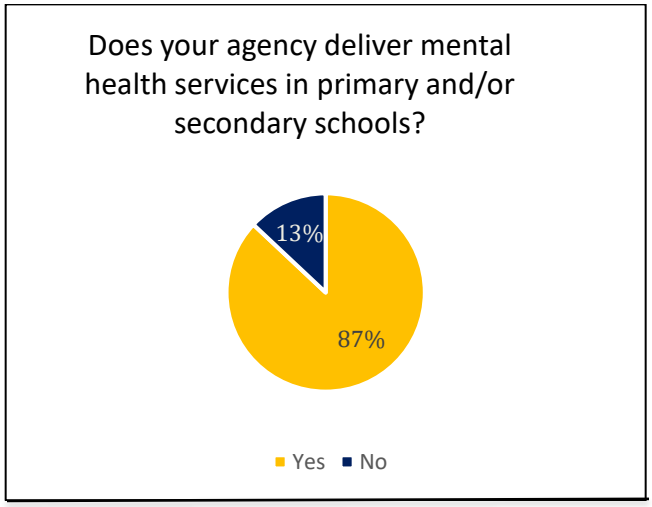
Key Barriers to Partnerships with Adult Mental Health and Addictions Sector

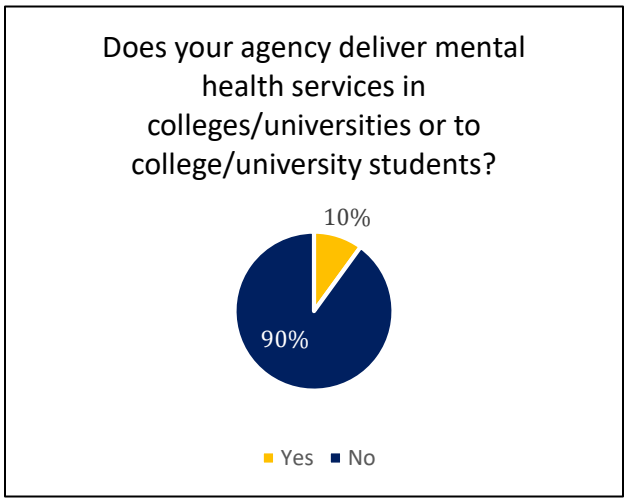
1. **Lack of services for transitional-aged youth**
    - There are often waitlists to access services in the adult sector

2. **Lack of communication**
    - Lack of involvement by both partners in in planning tables
    - Siloed delivery of services; related to different Ministry requirements

3. **Different services between sectors**
    - Programs in adult system are very different and may not meet needs of transitional-aged youth.
    - Criteria for adult services may be hard for youth to meet (focus on serious mental illnesses)
    - Family supports not prioritized in adult sector

Section 4 – Other Collaborations





Other Notes:

- A number of providers offer services in elementary/ secondary schools, including operating Section 23 classrooms.
- Very few agencies deliver services for college/university students; those who do, do so through Walk In Clinics. These clinics will see youth over the age of 18.