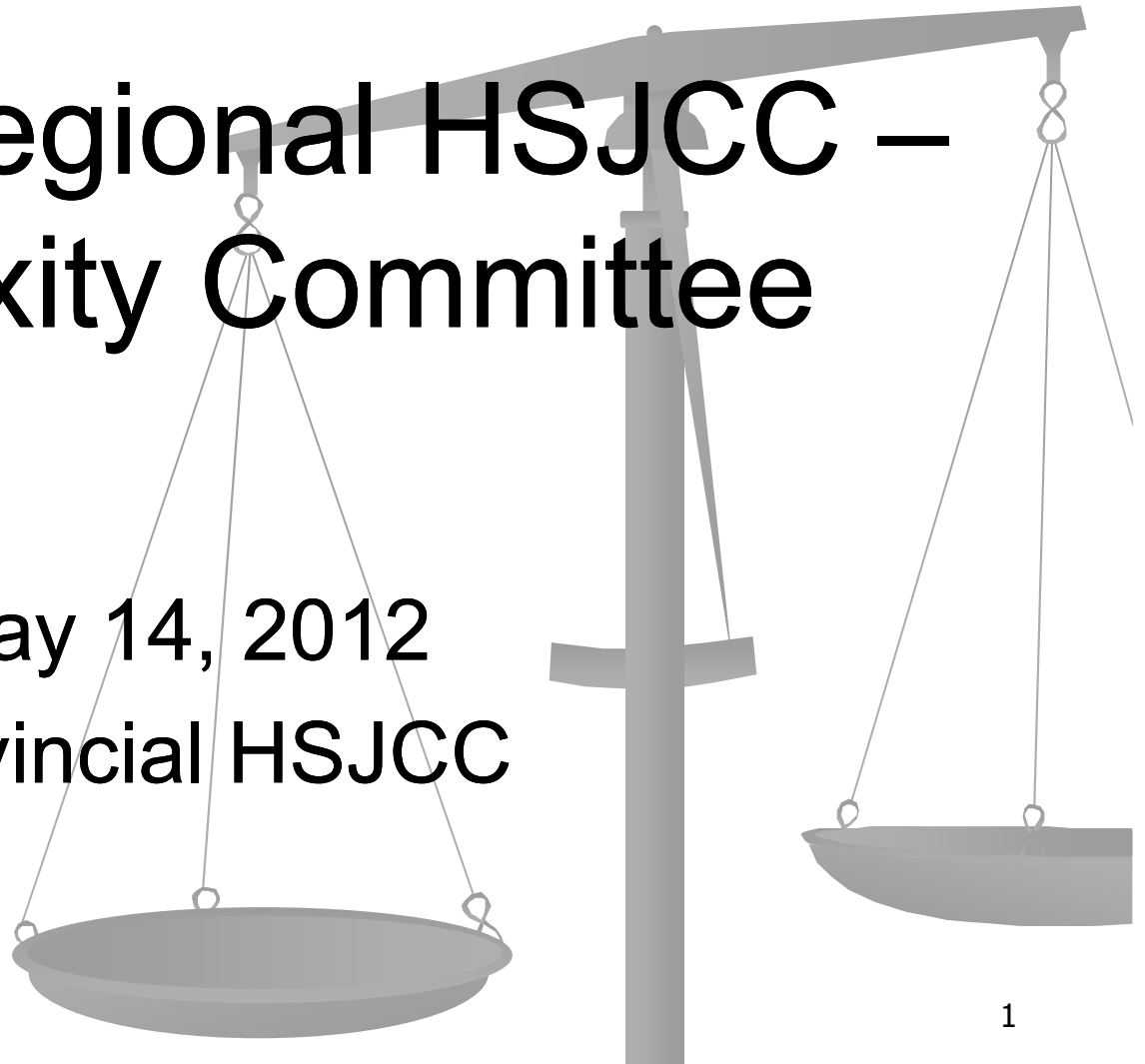


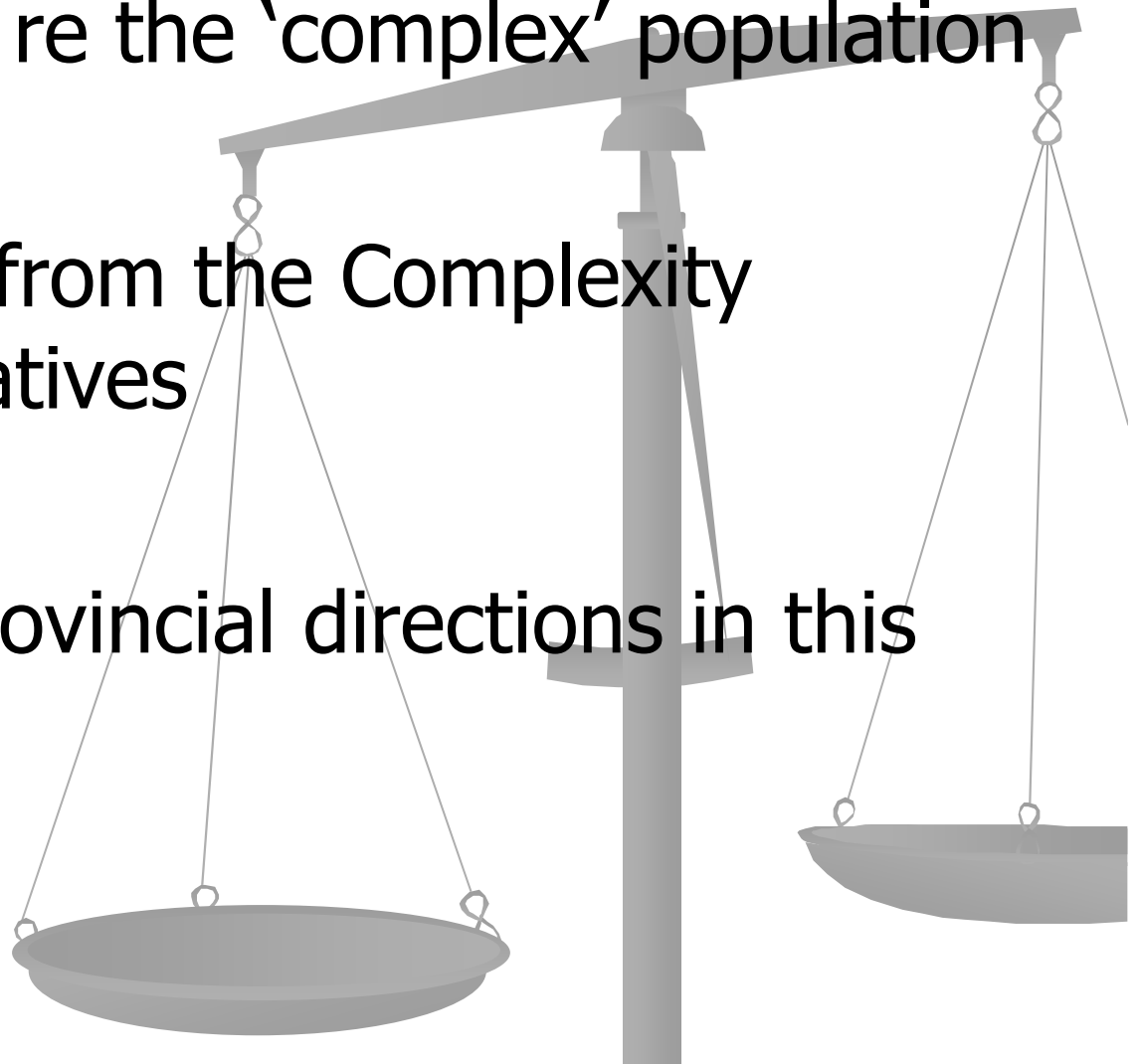
Toronto Regional HSJCC – Complexity Committee

May 14, 2012
Provincial HSJCC



Purpose of today's discussion

- Shared concern re the 'complex' population
- Results to date from the Complexity Committee initiatives
- Discussion of provincial directions in this area.



Purpose of the committee

- Established Fall 2009

Who:

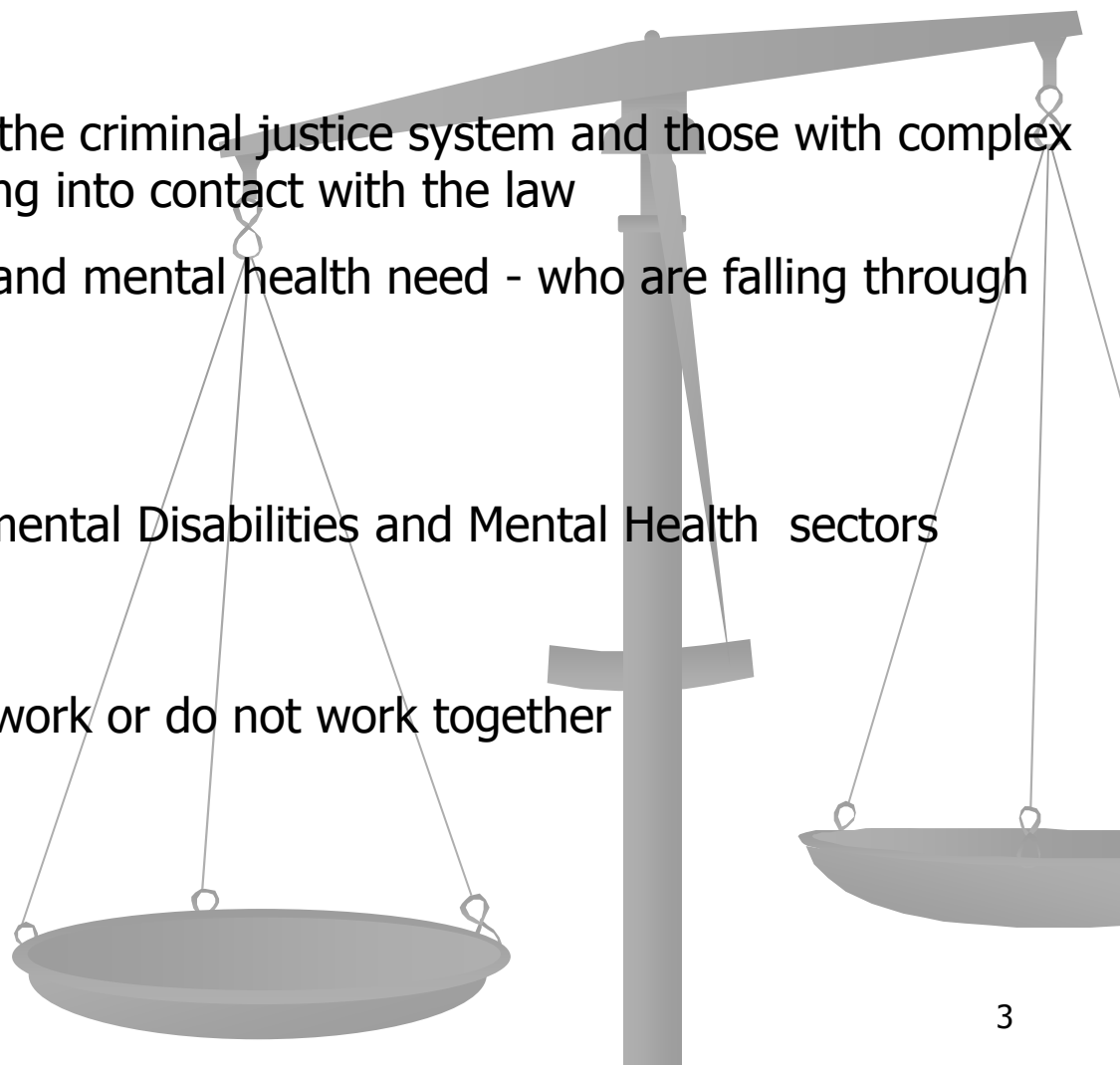
- Those currently involved with the criminal justice system and those with complex needs who are at risk of coming into contact with the law
- Cognitive/physical disabilities and mental health need - who are falling through the cracks

Participants

- ABI, Dual Diagnosis, Developmental Disabilities and Mental Health sectors

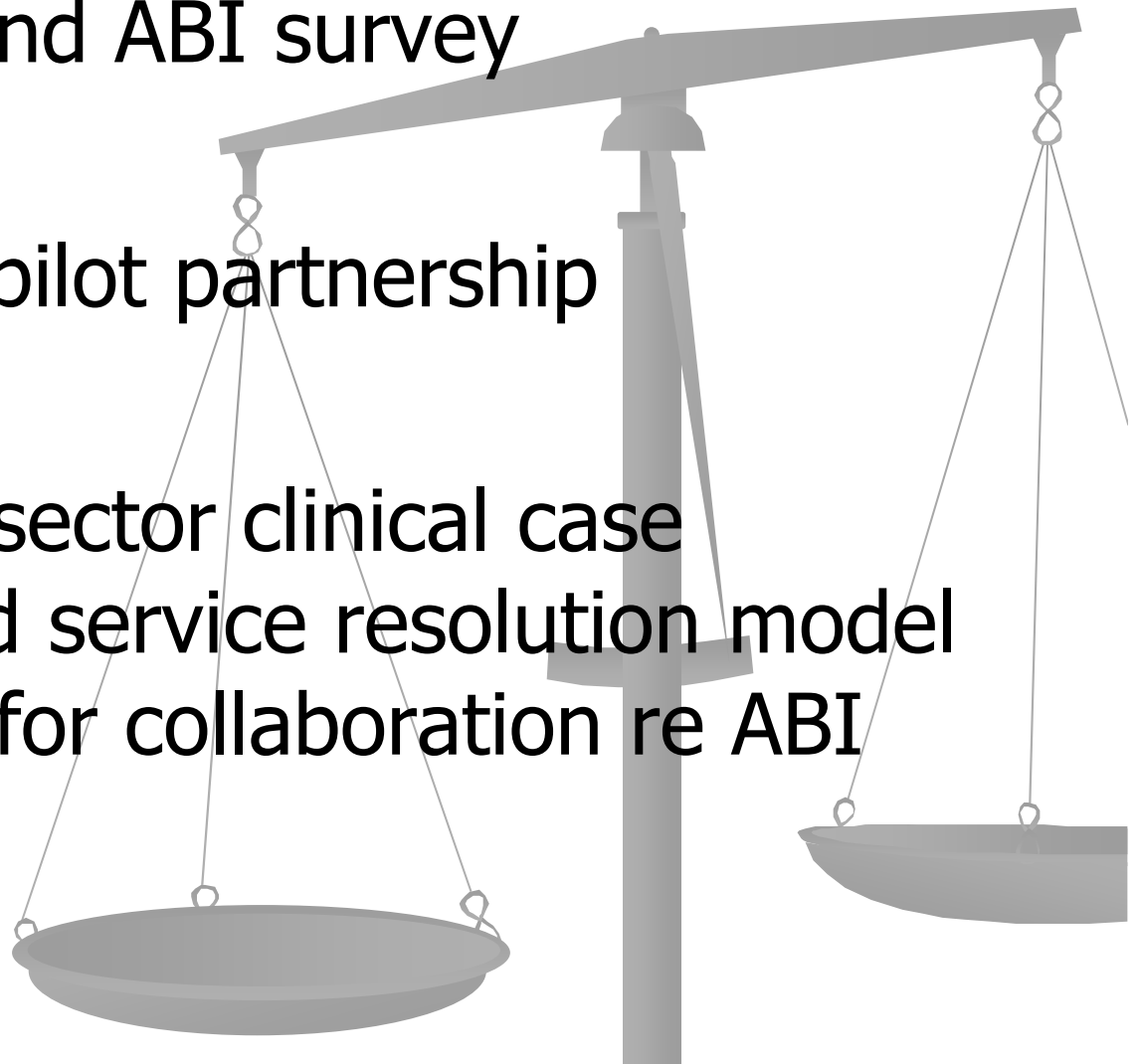
Purpose:

- Understand how the systems work or do not work together
- Create capacity
- Monitor system developments
- Information sharing



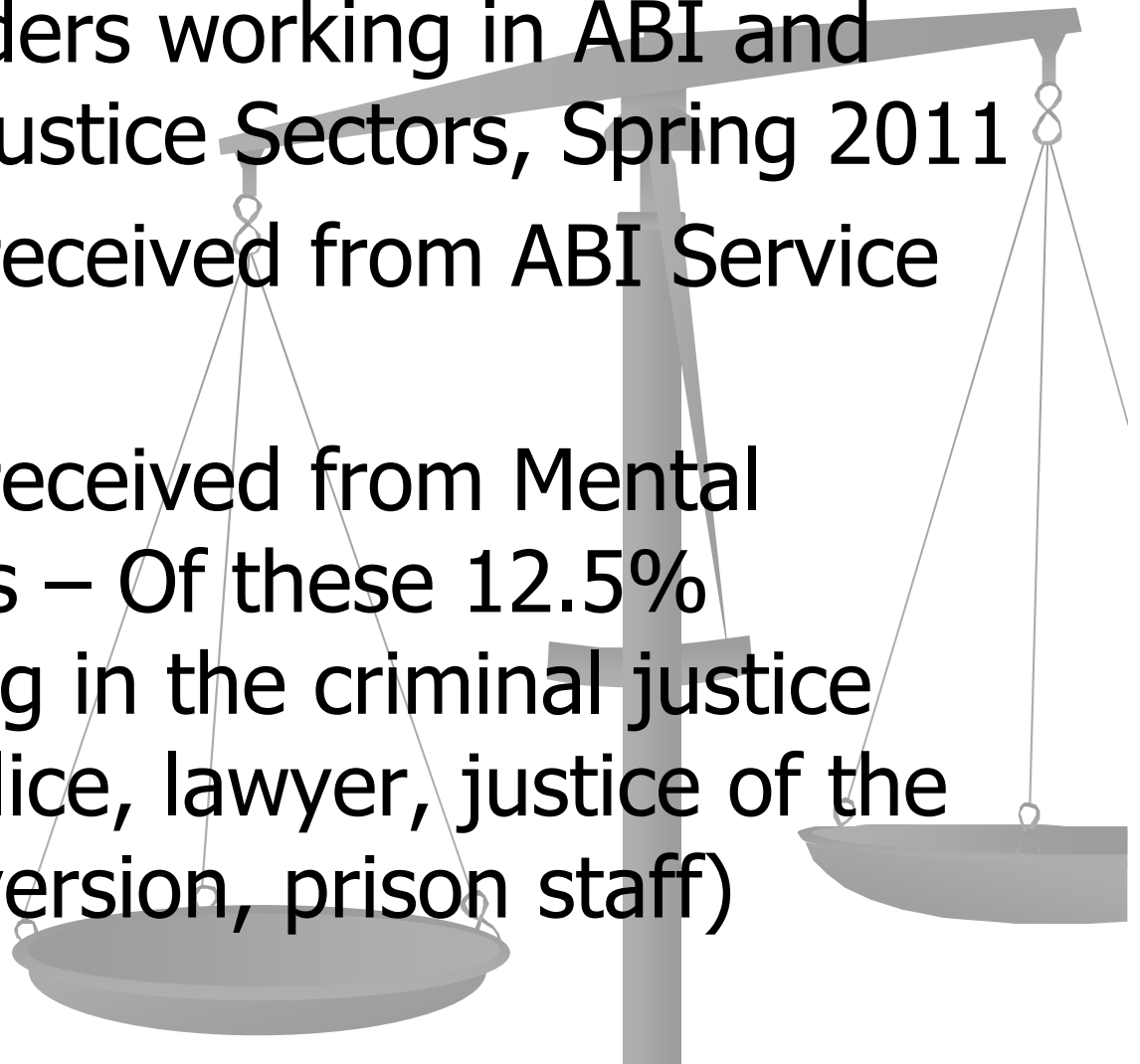
Initiatives

- Mental Health and ABI survey
- ABI/Reconnect pilot partnership
- Developmental sector clinical case consultation and service resolution model
– opportunities for collaboration re ABI clients

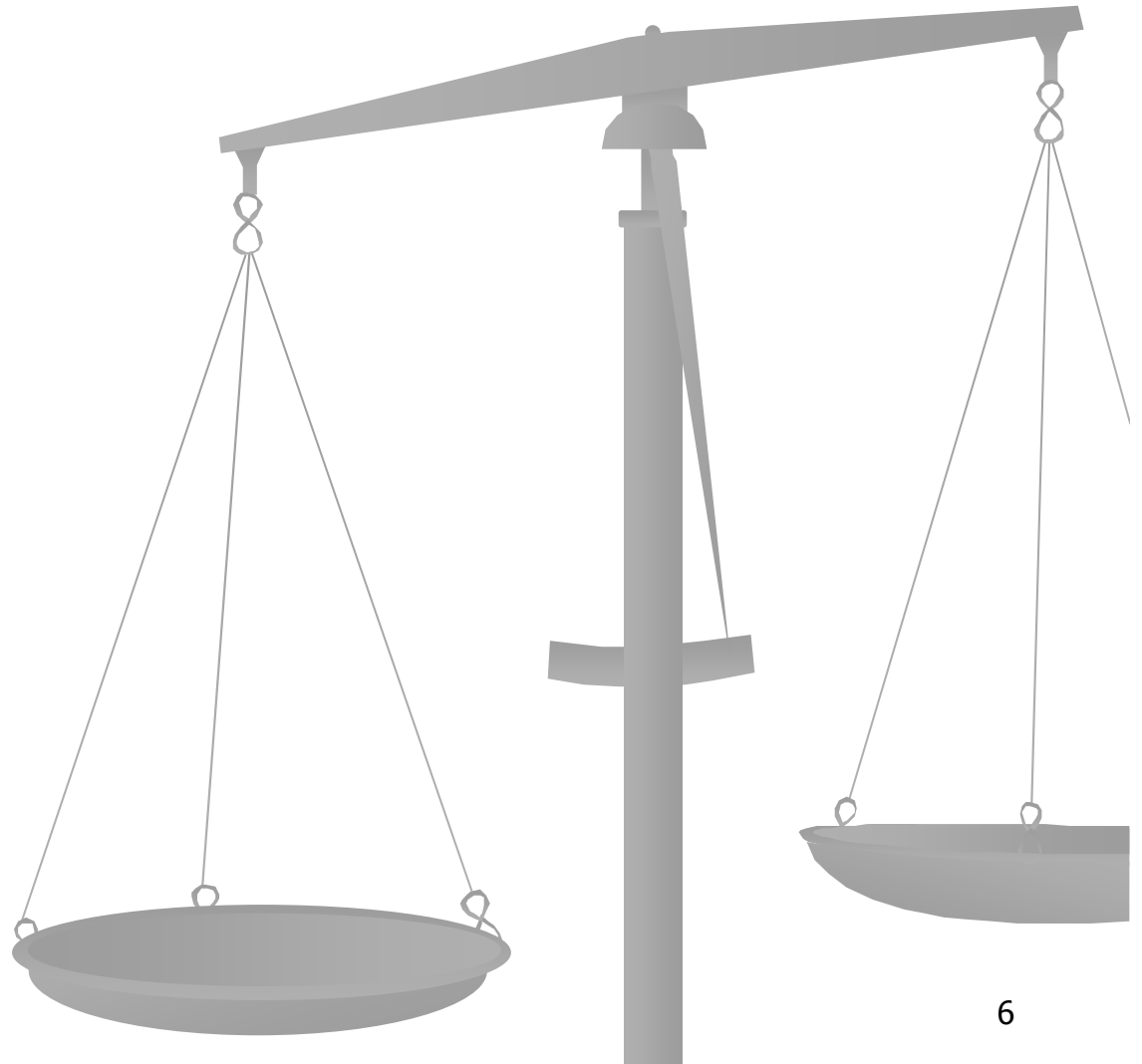


Mental Health & ABI Survey

- Survey of Providers working in ABI and Mental Health/Justice Sectors, Spring 2011
- 195 responses received from ABI Service Providers
- 191 responses received from Mental Health Providers – Of these 12.5% reported working in the criminal justice system (i.e., police, lawyer, justice of the peace, court diversion, prison staff)



Initial conclusions



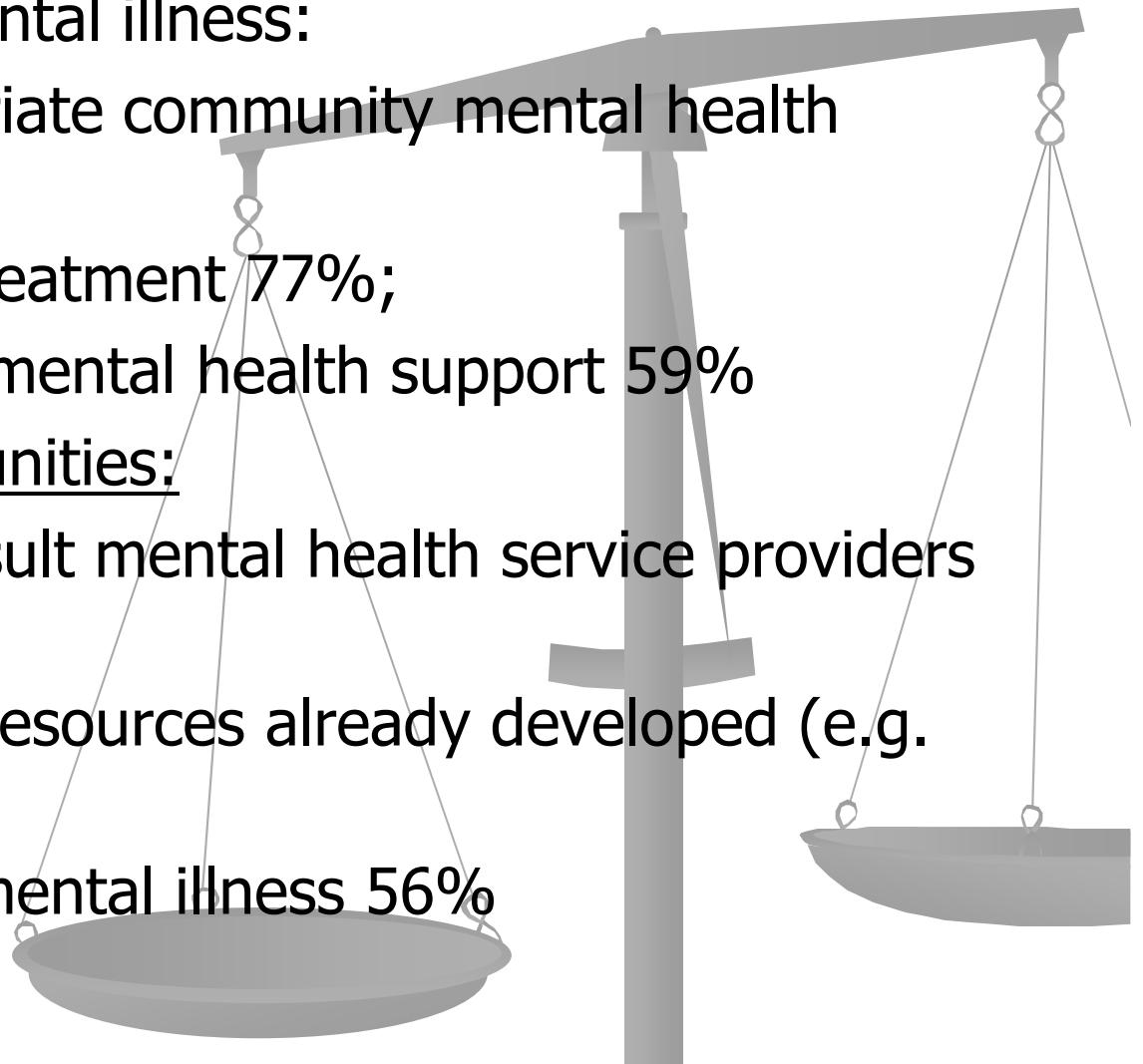
Key Findings – ABI Providers

Most significant challenges encountered when supporting individuals with a mental illness:

- Accessing appropriate community mental health resources 86%;
- Challenges with treatment 77%;
- Accessing urgent mental health support 59%

Most significant opportunities:

- The ability to consult mental health service providers 84%
- Increased use of resources already developed (e.g. SUBI) 65%
- Education about mental illness 56%



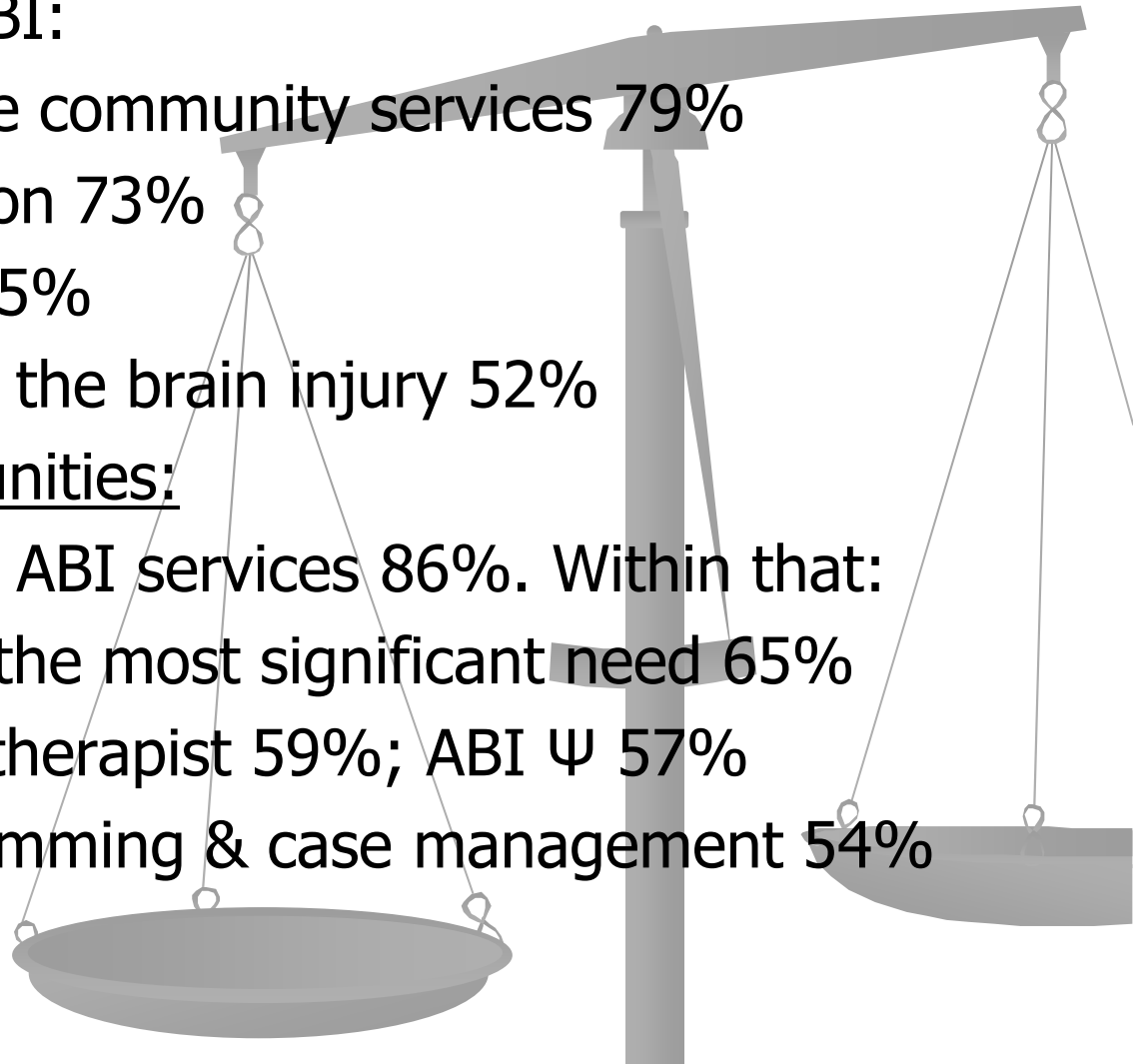
Key Findings – MH Providers

Most significant challenges encountered when supporting individuals with an ABI:

- Accessing appropriate community services 79%
- Treatment/intervention 73%
- Housing placement 55%
- Screening/identifying the brain injury 52%

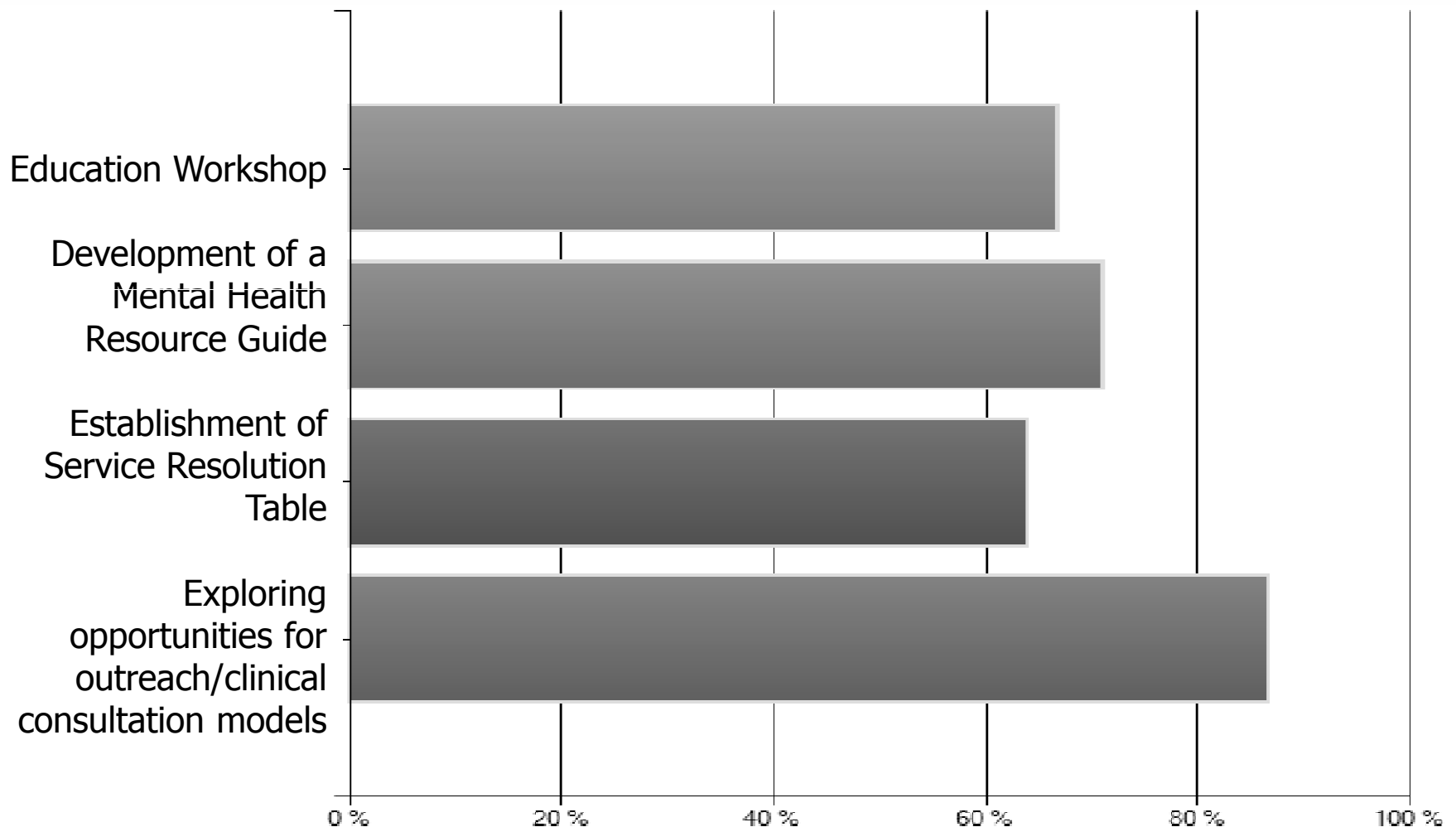
Most significant opportunities:

- Access to community ABI services 86%. Within that:
 - Housing reported as the most significant need 65%
 - Access to behaviour therapist 59%; ABI Ψ 57%
 - Access to day programming & case management 54%



Key Findings

Recommended initiatives to address some of the issues identified in supporting individuals with ABI and mental illness



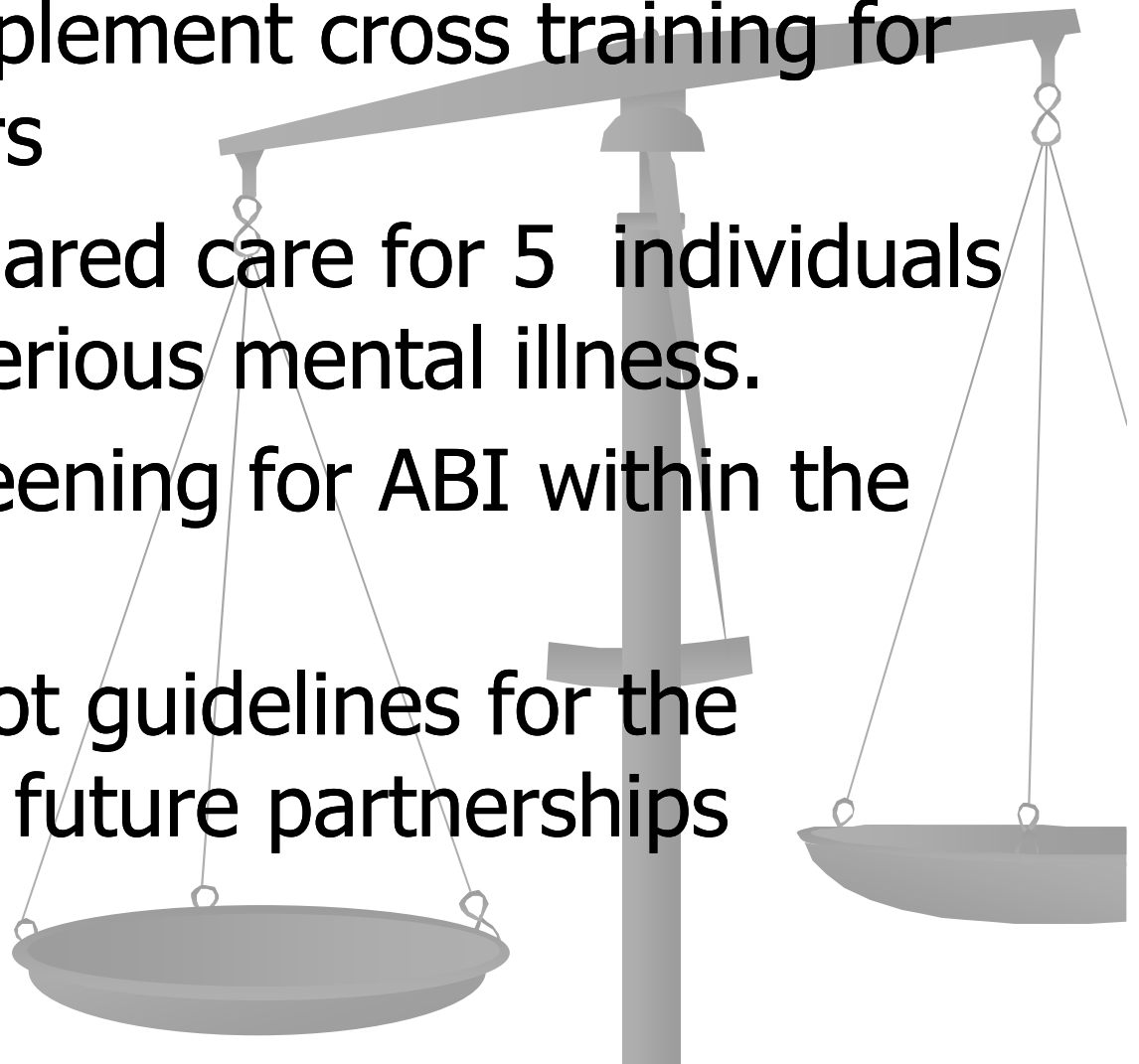
Next Steps

- Continue to explore opportunities for collaboration with mental health / justice providers re: clinical case consultations, education, and other initiatives as identified



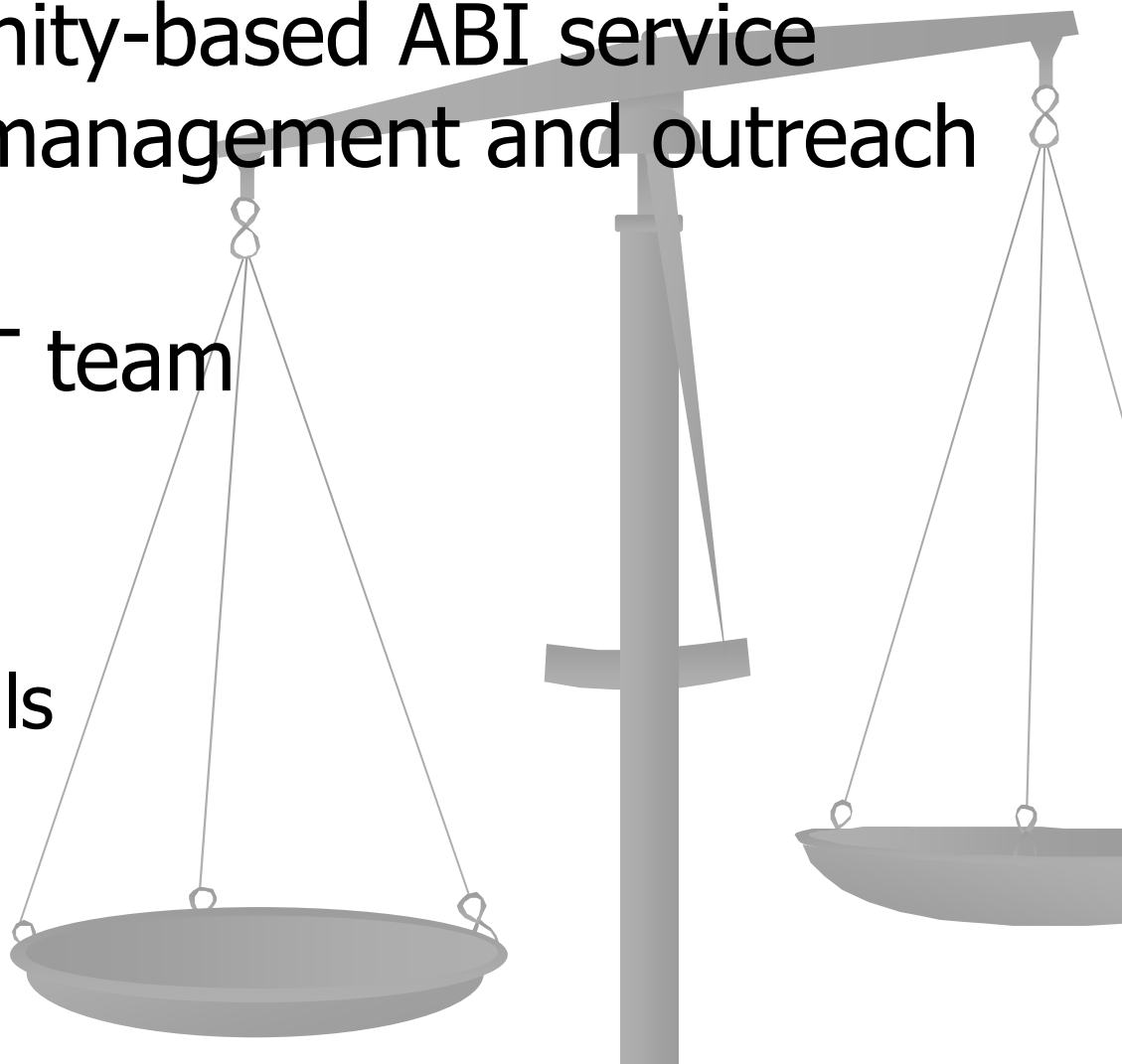
ABI/Reconnect partnership

- Develop and implement cross training for ACT/ABI workers
- Participate in shared care for 5 individuals with ABI and serious mental illness.
- Implement screening for ABI within the ACT team
- Develop and pilot guidelines for the development of future partnerships



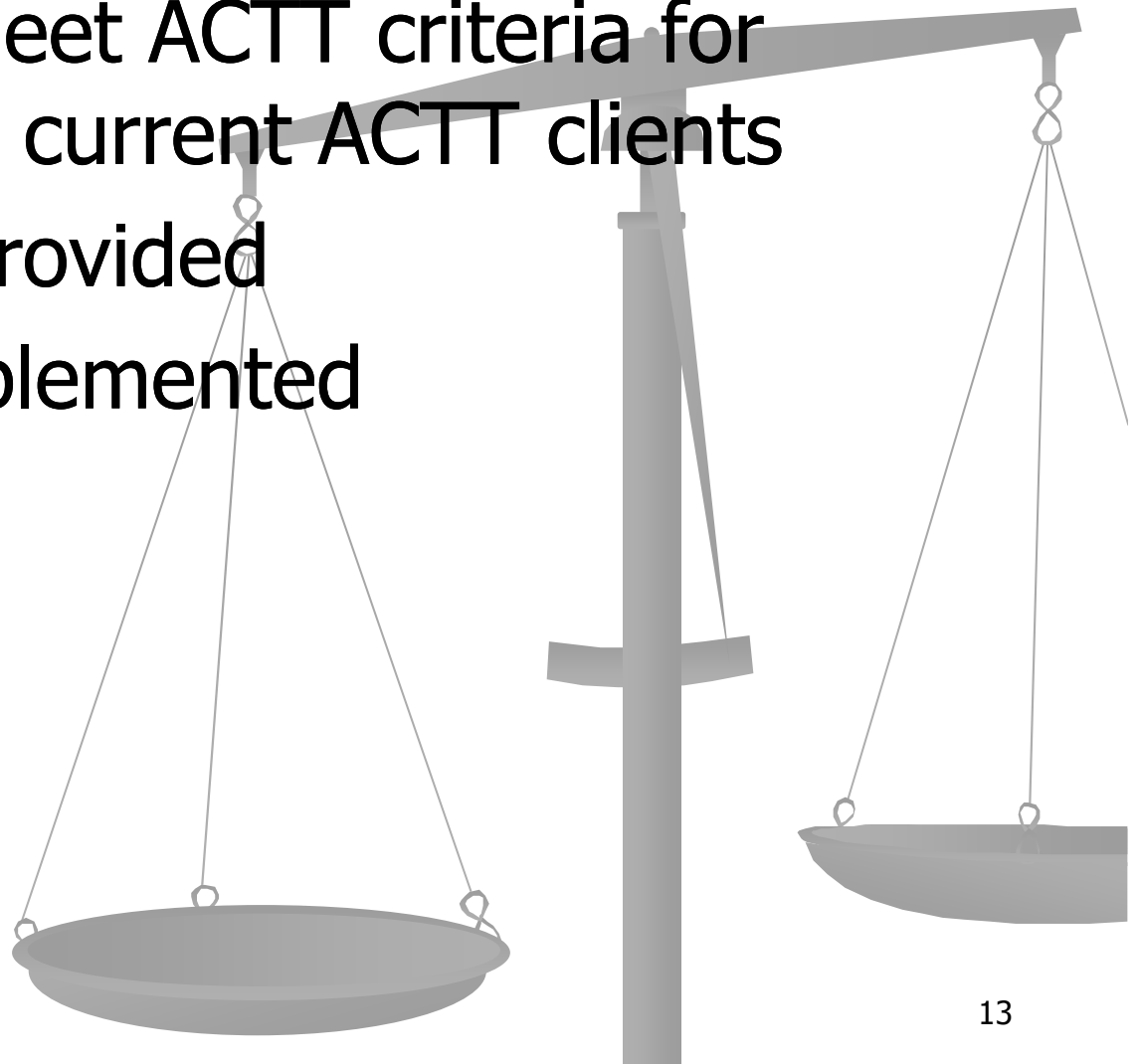
Approach

- CHIRS Community-based ABI service providing case management and outreach supports
- Reconnect ACTT team
- 5 Cases
 - 3 ACT referrals
 - 2 CHIRS referrals

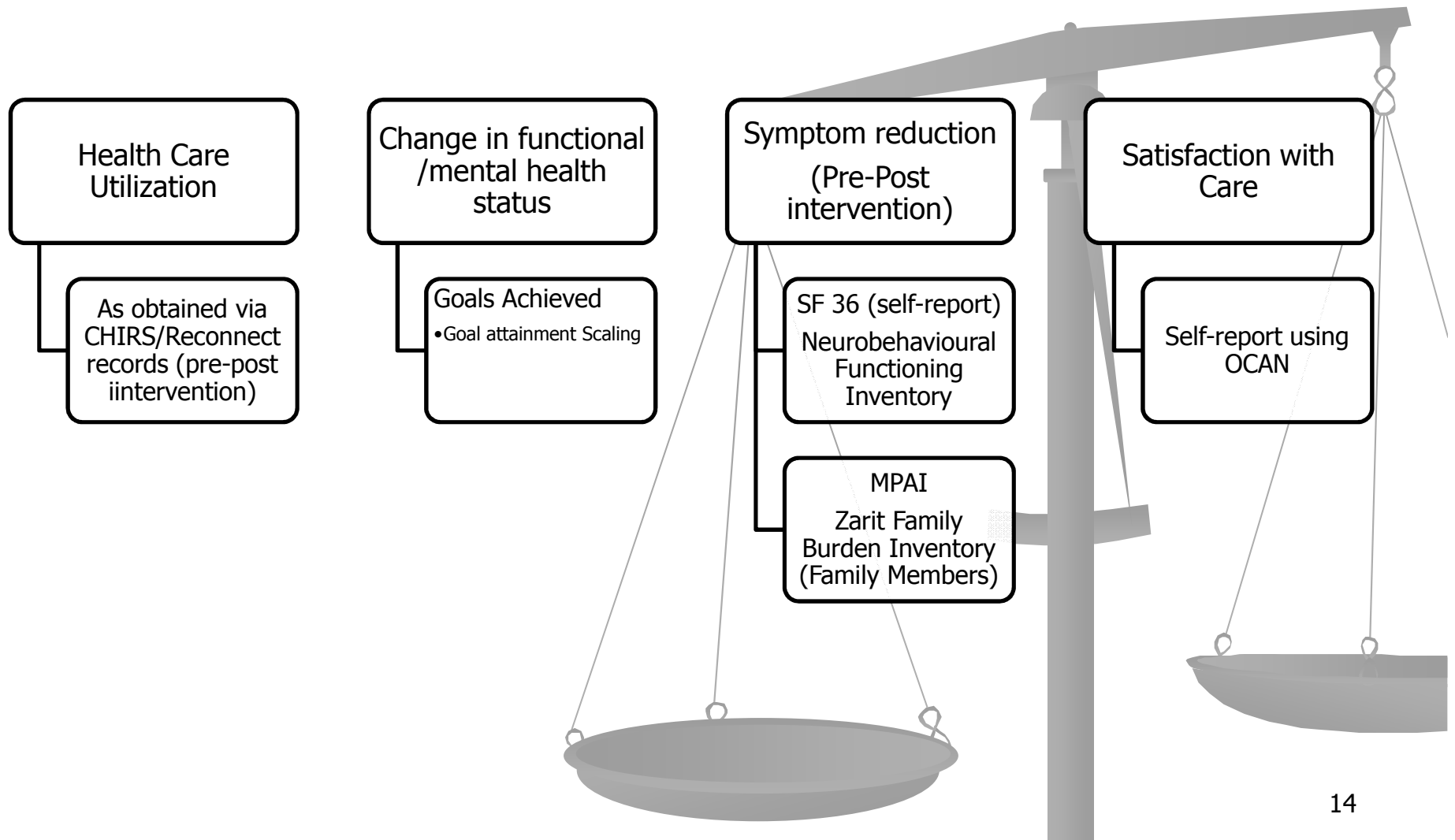


Methods

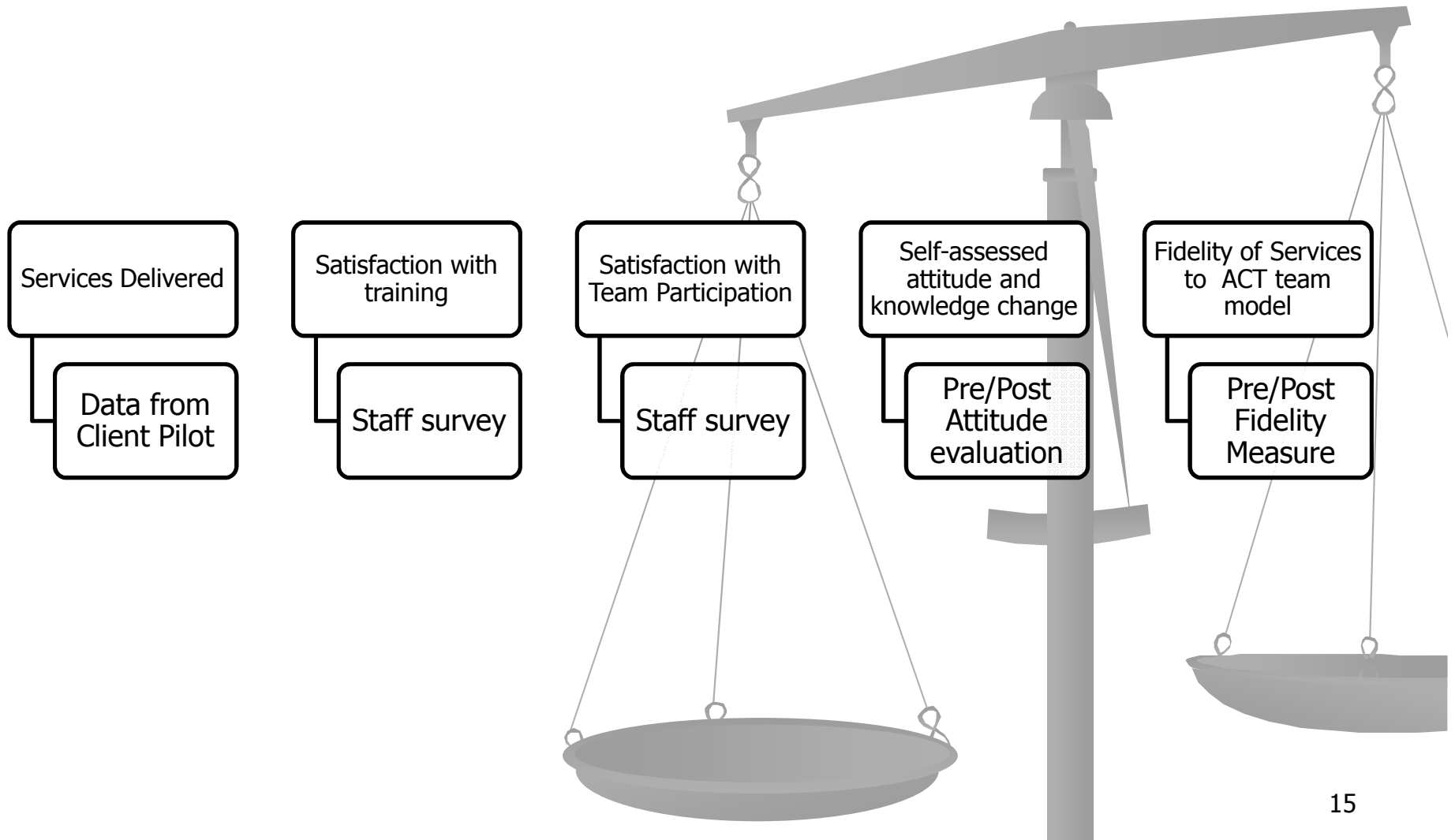
- All clients will meet ACTT criteria for admission or be current ACTT clients
- Cross training provided
- Shared care implemented



Client Outcomes

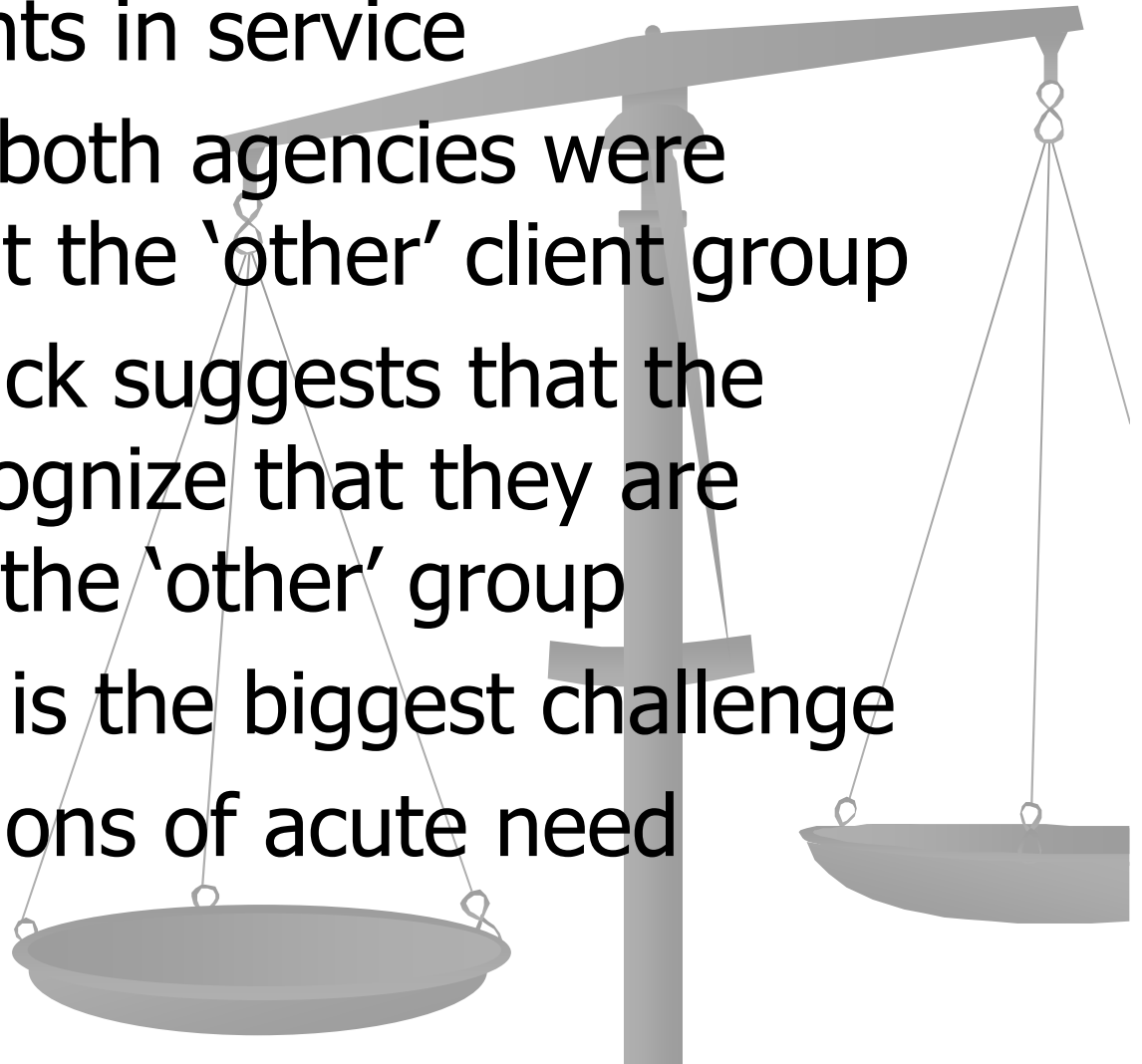


Team Outcomes



Current Status

- Two of five clients in service
- Initially staff at both agencies were concerned about the 'other' client group
- Informal feedback suggests that the groups now recognize that they are already serving the 'other' group
- Communication is the biggest challenge
- Differing definitions of acute need



DS and ABI sector

Purpose

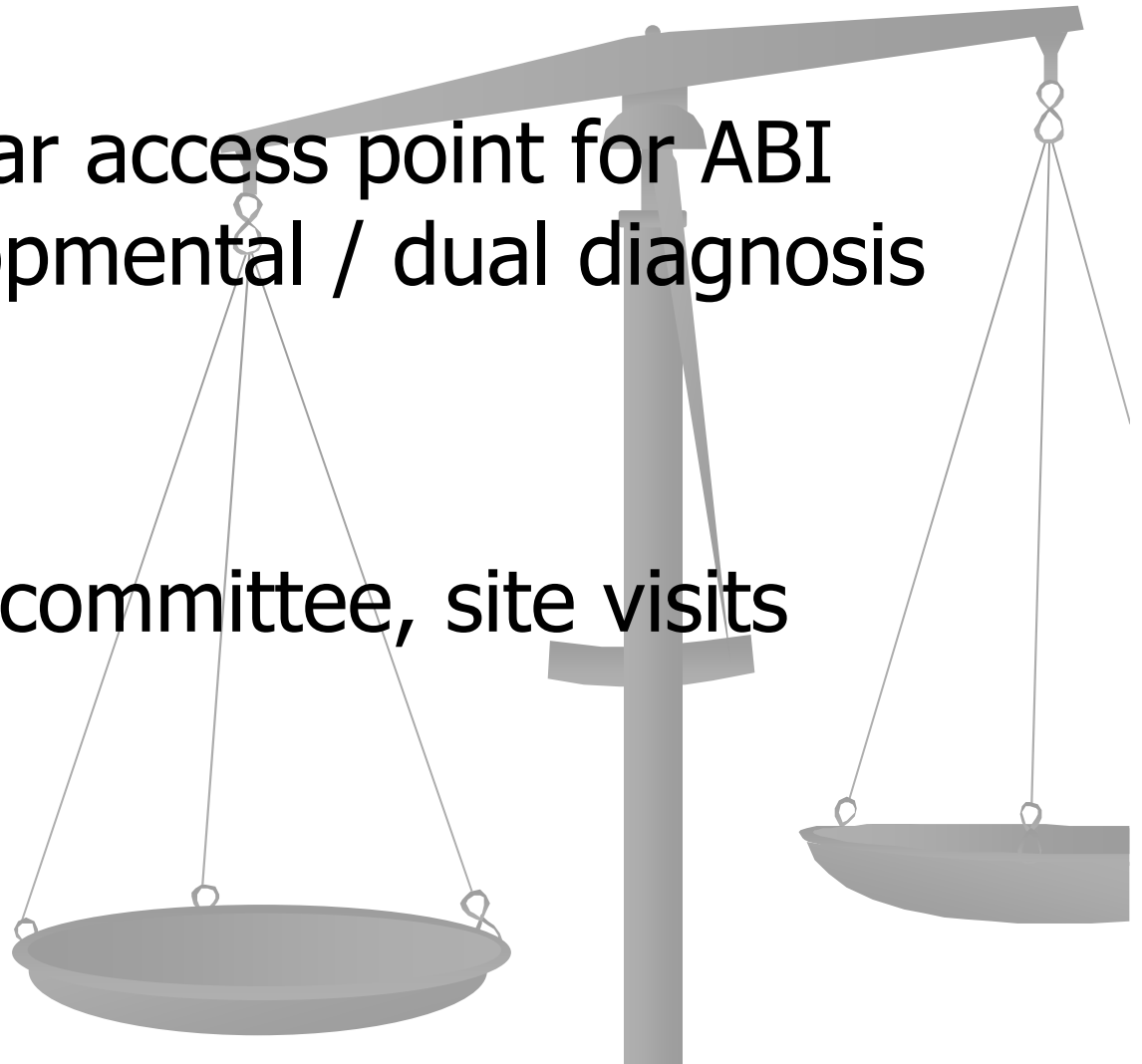
- To establish clear access point for ABI sector to developmental / dual diagnosis sectors

Approach

- Presentation to committee, site visits

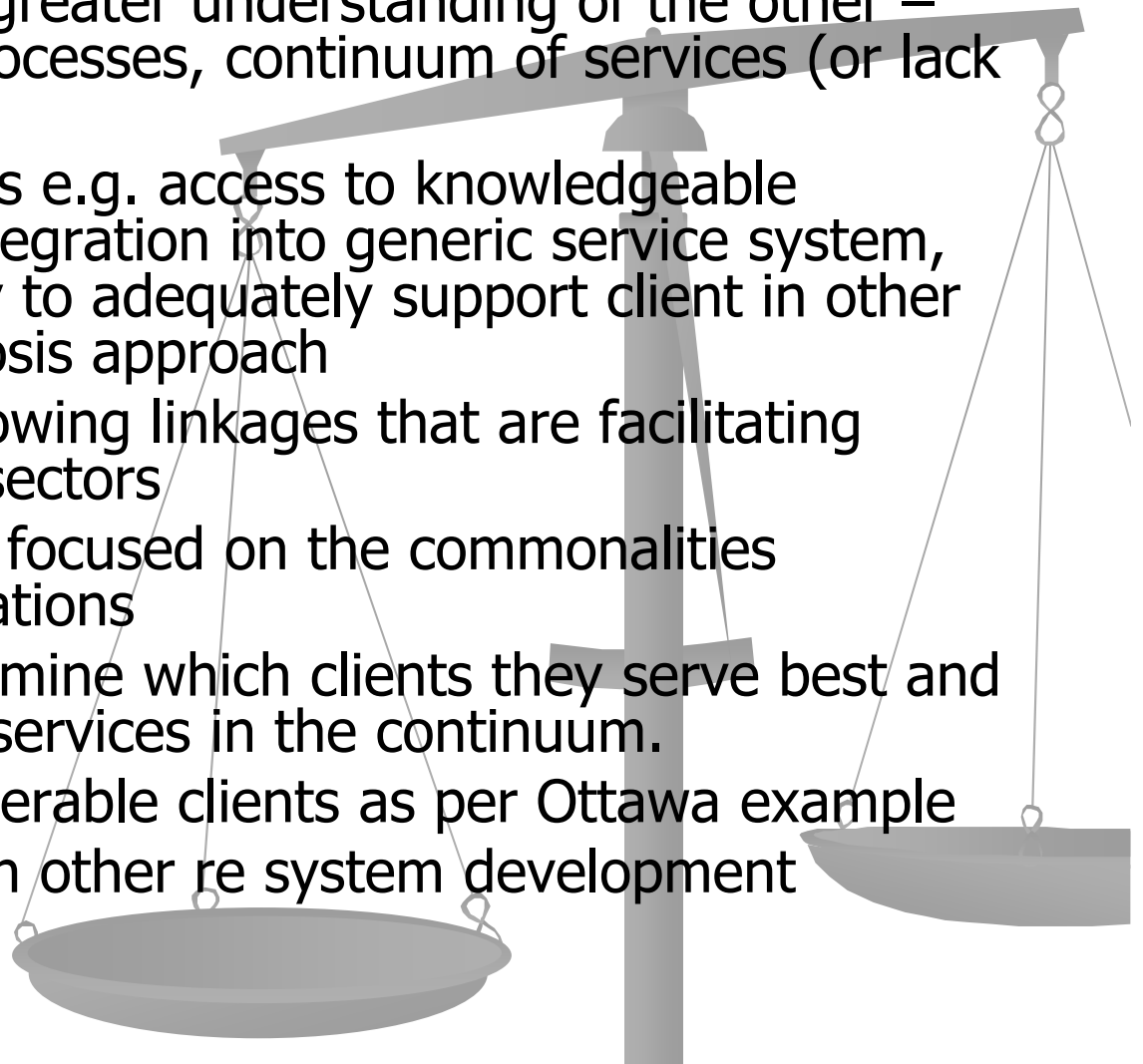
Results

- In process



Learning to date

- Each sector has much greater understanding of the other – eligibility, admission processes, continuum of services (or lack thereof)
- Share similar challenges e.g. access to knowledgeable psychiatric services, integration into generic service system, staff concerns re ability to adequately support client in other system, primary diagnosis approach
- Increased trust and growing linkages that are facilitating access between the 3 sectors
- Initially training is best focused on the commonalities between patient populations
- Agencies need to determine which clients they serve best and how to link with other services in the continuum.
- Explore registry of vulnerable clients as per Ottawa example
- Continue to advise each other re system development strategies



Discussion

- Provincial Committee perspective re opportunities to enhance services and supports for those with complex needs

