Youth Wellness Centre

October 2014
Lisa Jeffs, Project Manager
Presentation Agenda

• What’s happening in Hamilton?
• How did we get here?
• YWC development
• Model chosen
• Quadrant map development
• Benefits of the development process
• Next steps
• Q & A
What’s happening in Hamilton?

• St Joe’s is opening a new youth-centered mental health and addictions service that will be located in downtown Hamilton, and co-located with Alternatives for Youth.

• The Youth Wellness Centre (YWC) has been identified as a key strategic direction for the hospital, and will open in November 2014.

• The YWC will serve youth ages 17 to 25, and will remain involved with youth for up to 3 to 5 years.
How did we get here?

• A visit by Patrick McGorrey in 2008 motivated and inspired us.

• We knew we were not doing the best that we could for youth—we could offer “cadillac” Early Intervention in Psychosis service (the Cleghorn Program), but only “treatment as usual” to those with other MH&A concerns.

• St Joe’s West 5th campus redevelopment meant there was an opportunity for new funding.
In April 2013 I was hired as Project Manager to lead the program’s development.
YWC development

Which begs the questions:
• **Which youth?**
  – Held youth focus groups, with an emphasis on marginalized youth
  – Engaged a youth council development committee
• **What evidence base?**
  – Early Intervention in Psychosis
  – Youth-Centered Care
  – Transition aged Youth
• **Which community partners?**
  – Developed a quadrant map
The YWC will provide two main services:

- **Early Intervention**: For youth struggling with mental health and addiction difficulties for the first time.

- **Transition Support**: For youth transitioning from child and youth mental health and addictions services to adult services.
The YWC will also:

- Participate in the Hamilton Community Protocol on Violence Threat Risk Assessment.
- Raise awareness of mental health and addictions issues through education and outreach in the community, especially schools.
- Build capacity for youth-centered care within St Joe’s mental health and addictions program.
Staffing Model

- Nurse Care Coordinator
- Transition Coach
- Family Educator
- Youth Mentor
- Occupational Therapist
- Addictions Specialists (Alternatives for Youth)
- Psychologist
- Psychiatrist

DRAFT Youth Wellness Clinic Staffing Model Overview (revised June 2014)
Youth Wellness Clinic Staffing Model Overview (revised June 2014)

**FIRST CONTACT**
- Screening/triage
- Reception
- Appt booking
- Admin support
- Intake Staff 1.0 FTE

**EARLY INTERVENTION**
- Engagement
- Assessment
- Care coordin.
- Intervention
- CARE COORDINATOR RNs 1.0 FTE in-house (1.0 FTE Mobile)

**TRANSITION SUPPORT**
- Engagement
- Assessment
- Care coordin.
- Navigation
- TRANSITION COACH 1.0 FTE in-house (1.0 FTE Mobile)

**RISK ASSESSMENT**
- Urgent Risk Ax
- Rapid response to referring VTRA partner
- Forensic Psychiatrist (with RN support)

**VTRA RESPONSE**

**SERVICE Provision**
- PSYCHOLOGIST 0.5 FTE in-house
- OCCUP. THERAPIST 0.5 FTE in-house (0.5 FTE Mobile)
- YOUTH PEER SUPPORT CS Counsellor 1.0 FTE in-house (1.0 FTE Mobile) 2 x 0.5 FTE in-house
- SOCIAL WORKER 1.0 FTE in-house
- AY ADDICTIONS SPECIALIST in-house (1.0 FTE Mobile)
- SSO FAMILY EDUCATOR (1.0 FTE Mobile)
- PSYCHIATRY 1.0 FTE in-house (0.4 FTE Mobile)

**LEADERSHIP/ADMINISTRATION**
- CLINICAL DIRECTOR
- RESEARCH HEAD
- MANAGER 0.5 FTE
- PSYCHOLOGIST 0.5 FTE
- Admin Support 0.5 FTE

**Notes:**
- All clinical positions will be required to provide services in the office and offsite. “in-house” positions are primarily office-based and funded through global budget.
- “Mobile” positions are primarily post-secondary campus outreach positions that we are looking to fund in collaboration with McMaster University, Mohawk College, Redeemer College, Alternatives for Youth and The Schizophrenia Society of Ontario.
- Positions in red will be added as funding allows.
Quadrant map development

Which community partners?

• Started with knowledge of the community and Hamilton’s online community database.
• There were well over 50 potential partners working with youth and/or working with people with mental health and addictions concerns.
• How could we organize them in a useful way to assist with planning?
More severe youth services
More intense mental and/or addiction services

Less focus on youth
Less intense mental and/or addiction services

Most intense mental and/or addiction services
Intensive services for youth

Less focus on mental and/or addiction services
More intense services for youth

Less severe mental and/or addiction services
Less severe youth services

MH&A: Youth 16-24

High Needs
Low Needs
High Severity
Collaboration Potential

Integration Potential

Consultation/Prevention
(Less severe mental health and/or addiction)
i.e. Primary Care, Prevention, Education

Collaboration Potential

MH&A

Youth 16-24

High Needs

Low Needs

High Severity
Benefits of the development process

• Engaged stakeholders in the development of the YWC—they felt included and had ownership of the “product”.
• Relationship-building was key and relationships were strengthened through the process.
• We were all accountable to each other to make this the best possible “product”.
• Stakeholders have come to the table to partner with the YWC.
Next steps

• Stakeholders are helping to shape:
  – Assessments used
  – Menu of services delivered
  – Referral and intake processes
  – Design of physical space

• SJHH is the lead for the HNHB LHIN on working with youth with MH&A concerns

• In October 2014 a LHIN-wide EI and Transition Coordinator will bring YWC-like initiatives to the rest of the LHIN (Burlington, Brantford, Six Nations, Haldimand, Niagara)
Lisa Jeffs
Project Manager
Youth Wellness Centre
(905) 522-1155 ext. 36238
ljeffs@stjoes.ca
www.stjoes.ca
Appendix: Key YWC Values

• Early intervention can improve accessibility and cost efficiency, reduce distress, and mitigate risk factors for greater illness/disability/cost as well as improving the experience for the youth and family.

• The service must be youth-centered. This includes a youth-centered environment, youth-centered service delivery model, staff competent in youth-centered care, and engaging youth in the design and ongoing implementation/evaluation of the service.
Key YWC Values cont’d…

• Partnerships with other community agencies, primary care, schools and other key stakeholders is critical to success given the importance of these sectors in the lives of youth.

• Early intervention and transition services needs to be able to work collaboratively and share their expertise with other programs that may be in a better position to intervene than we are, rather than expecting that all youth come to our service.
Key YWC Values

- Wherever possible, we want to deliver service in the most convenient location and in the least intrusive manner for the individual.

- Services need to be individually tailored, rather than expecting everyone to fit into the same model.

- Evidence-based guidelines from the existing first episode psychosis literature should guide our service development whenever possible.
References


Children’s Mental Health Ontario & the Provincial Centre for Excellence for Children and Youth Mental Health. *Ready..Set..Engage! Building Effective Youth/Adult Partnerships for a Stronger Child & Youth Mental Health System*. (2007.)

Health Canada (2001) *Best Practices Treatment and Rehabilitation for Youth with Substance Use Problems*.


