



Mental Health
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Consensus Conference on the Mental Health of Emerging Adults

Making Transitions a Priority in Canada

*“...meaningful involvement of individuals
with mental health problems and
illnesses... is key in driving System
Change that responds to actual needs.
(Weinstein, 2010)”*

Experts by Experience

EA and Family Engagement as a “Non-Negotiable”
in Creating and Sustaining Systems of Care

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CONCURRENT SYSTEM TRANSITIONS: SERVICE (AND RELATIONSHIP) SILOS

Health

Youth
Justice
/Court

Child
Welfare

Mental
Health

Primary
Care

School/
Work

Housing



Emerging Adult

Theme and Policy Questions

1. Research shows that We Do Better in Systems of Care.

How do we work across funding silos to identify, incentivize and sustain the inter-sectoral partnerships required for seamless care for EAs?



2. We know that Engagement of EAs – and their families – improves health outcomes and is critical to effective system change.

How do we embed consistent, meaningful engagement within systems that are currently tailored to the voice of professionals?

“(Family and EA)...Engagement is not a roof you put on after you build the house... it has to be the foundation.”

Ron – Individual with Living Experience



U.S. Federal Child and Youth Mental Health Initiative – “SAMHSA Systems of Care”

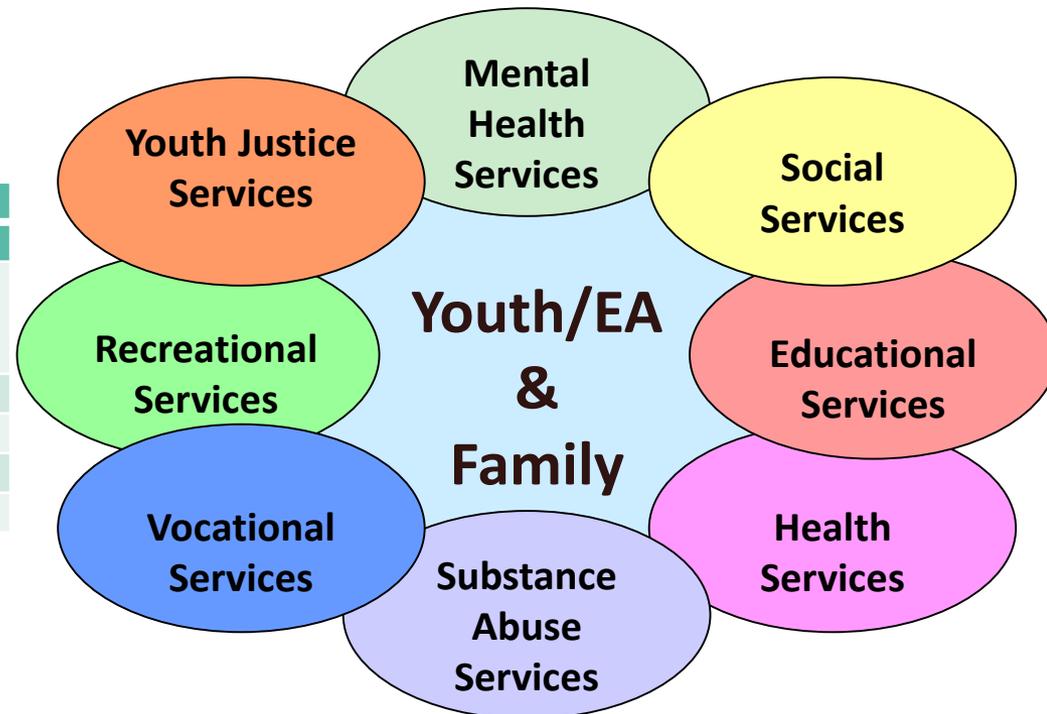
A Nation-Wide Network of 173 communities/states funded for transformation since 1993.

When youth with social, emotional, and behavioral, challenges receive coordinated services, they do better at school, at home, and in their community.

Cross-System Involvement

(Orange County, NY System Care 2010)

	# of youth with multi-system involvement	% of youth with multi-system involvement
MH + Other System(s)	131	72
ED + Other System(s)	121	73
CW + Other System(s)	89	65
JJ + Other System(s)	32	80



Systems of Care U.S. Department of HHS - SAMHSA



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Critical Success Factors

- Integrated “Pathway to Care”
- Cross-System Management Information System
- Care Coordination
- Peer Support/Family Support
- Enhancement of Family and Youth Voice
- Philosophical shift across systems
- EBPs and PBEs (practice-based evidence);
- Data Driven

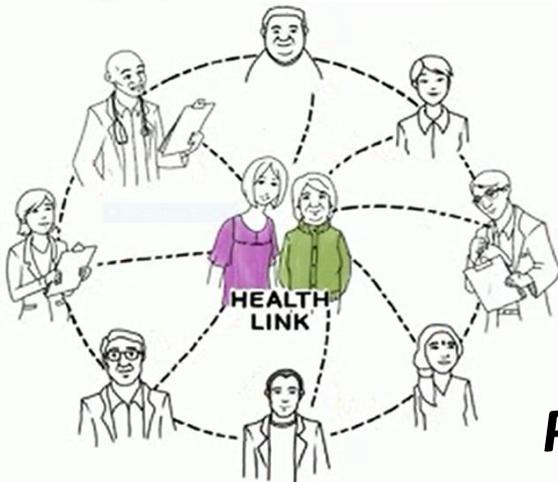
Orange County, NY Stories

- Co-located intake
one plan of care; “our” kids; shared language
- Goal of 51% Youth/Family Voice
empty chairs; full partnership
- Emerging Adults and Family Members on payroll
relationships and personal transformations



A few Transition Initiatives in the Ontario Health Landscape

HealthLinks

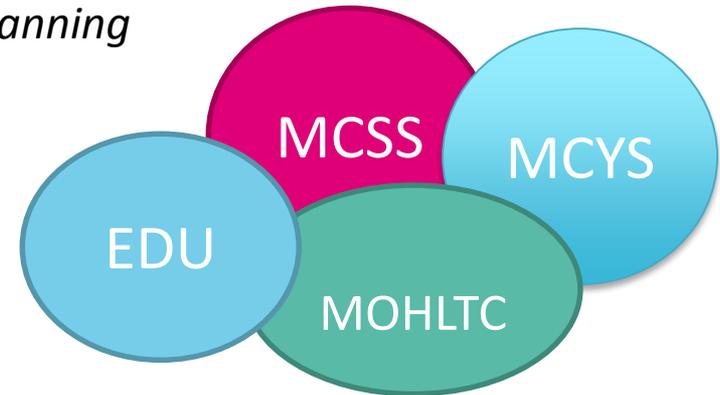


Primary Care Integration



Every Primary Care
Provider in Ontario will
have a meaningful
connection to a CCAC
Care Coordinator.

Ontario Special Needs Strategy: Integrated Rehab & Coordinated Service Planning



Primary Care Advisors

Your Health System Guide:
*Connecting You to the Information
You Need, When You Need It*

Implications

Cost and volume pressures often determine target population (s) for our work.

- Emerging adults may not be visible given focus on the “gray tsunami” health care crisis.
- Risk of “one size fits all” programs/services within adult system, whether 18 years or 65 years.

By involving family and youth **at all levels** a system of care assures itself that the culture of the system will be impacted by the perspectives and the cultures of the families and youth in the community.

(Penn & Savage, 2004)

Implications

Current structures for engagement perpetuate a “roof” vs. “foundation” philosophy

- Still based on professional convenience. Loudest voice is those who work daily in the system
- Rely on volunteerism (imagine relying on volunteers for evaluation or therapy)
- Are often episodic, instead of providing the enduring consistency needed, so EAs and families can access when they are able
- Centre around tasks and deliverables rather than an ongoing commitment to relationship and community
- Often create silos between youth and adult engagement, so many youth “age out” of engagement opportunities and can lose the community of supports they build as engaged youth.

Many transformation initiatives, energized by personal relationships and system champions, risk falling back to historic silos, if change is not embedded into policies and processes.

Recommendations



1. Visibility - Implement an Emerging Adult Impact Assessment tool, for use by public organizations, to ensure EA-responsive programs, services, evaluation measures and policies (e.g. see Ontario's Health Equity Impact Assessment Tool).

2. Engagement Structures - Develop consistent engagement structures that have stable leadership, reflect an end goal of relationship, and embrace a lifespan approach so EAs do not “age out” of community support systems they've developed through being engaged.

Recommendations



3. Workforce - Embed lived experience as a preferred qualification in salaried positions. Also create and invest in permanent full time roles that coordinate engagement within regions, and recruit specifically for candidates with lived/living experience.

4. Sustainability - Create incentives and expectations for enduring partnerships across sectors. Embed positive changes in policies, beyond relationships that exist between current leaders. Establish provider networks who will work together and uphold System of care values in local communities.

5. Natural Connections - Strengthen linkages to natural connection points (e.g. primary care providers; college/university health clinics) through inter-professional support (system level), and plan-full care coordination (patient level), around EA transitions, especially between child and adult systems.