Ottawa Transitional Youth Pilot Project

The Ottawa Transitional Youth Pilot Project (OTYPP) is a project that is funded by the Champlain Local Health Integration Network and focuses on youth with serious mental health and addiction (MH/A) needs who are aging out of the child/adolescent system.[1] The OTYPP uses a team approach to help youth make the transition from child and adolescent into adult mental health services.

Brief Summary of Intervention	
Population	Youth 16-24 years old with complex MH/A issues who are aging out of the child/adolescent system.
Gap addressed	Coordinated system of care between adult and youth sectors.
Core integration/transition strategies	Transition coordinator and team for each youth; committees of representatives from adult and youth agencies.
Services, sectors, levels of care involved	Hospitals and community services.
Resource requirements, feasibility	Transition coordinator; high level of stakeholder involvement, including time and resources-in-kind.
Readiness for implementation	Implementation tools are available. Fidelity measures may not be available yet.
Effectiveness evidence	Early results suggest that participants are satisfied with the program; studies looking at its effectiveness have not yet been completed.

Population

The pilot project targeted youth 16 to 24 years old who were:

- Living in or receiving services in Ottawa;
- Dealing with complex mental health issues (e.g. bipolar disorder, psychosis, co-occurring substance use and mental illness, co-morbidity); and
- In need of services offered by, or in the active care of, a project partner agency.

This pilot project did not look at the needs of transition-age youth with moderate mental health needs.[1]

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Key Components

The aim of the OTYPP intervention is to:

- Identify youth who need to transition from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS);
- Facilitate youth transitions;
- Provide didactic counselling for youth and their parents; and
- Ensure each transition is successful for everyone involved (youth, families, service providers, and community).[1]

Key components of the OTYPP include[1]:

- A transition coordinator for each youth;
- A transition team for each youth;
- A transitional youth advisory committee; and
- A clinical case review committee.

Information on each youth is gathered during the intake process, at the first AMHS appointment, and after the youth has been in the program for one month, six months, and 12 months.[1] The evaluation platform uses several measures to assess whether the youth's needs are being met.

After serving 108 youth with serious mental health needs, an evaluation of the OTYPP showed the following outcomes[2]:

- Youth and families said they were highly satisfied with the intervention;
- Youth said they felt empowered;
- Family connections were stronger because youth often chose to include their parents in their transitional program interviews;
- Barriers to adult services were lowered or eliminated; and
- Care providers said they had a common care philosophy.

The average time between the initial intake and acceptance of the referral by AMHS was 88 days.[2]

Transition Coordinator

The transitions coordinator is involved with the youth throughout the transition process and has the following responsibilities[4]:

- Receives all referrals and conducts intake interviews;

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- Works with youth, their families, and the transition advisory committee to develop a transition plan;
- Coordinates with CAMHS providers and arranges initial sessions with AMHS providers;
- Tracks and supports the youth (in non-therapeutic ways) by discussing goals, progress, and ongoing needs;
- Advocates for the youth; and
- Presents complex cases to the clinical review committee;
- Manages data and helps evaluate the intervention.

Transition Team

The transition team includes representatives from adult and youth agencies, along with the transition coordinator, and helps the youth access the most appropriate adult programs and services.[1]

The team has the following characteristics and responsibilities[4]:

- Includes the youth's current CAMHS and future AMHS service providers;
- Consists of representatives from the children's hospital, psychiatry, adult acute care, family health care, and community CAMHS and AMHS (including a social worker to provide individual and group therapy[1]);
- Understands the youth's needs to connect them to the right services;
- Helps the youth and their family get to know the AMHS providers before the transition occurs;
- Ensures there is seamless care throughout the transition.

Transition Youth Advisory Committee

The transition youth advisory committee is made up of representatives from partner agencies that agree to make specific in-kind contributions of clinician time and services. This committee meets regularly to[1]:

- Discuss specific referrals;
- Facilitate the work of the transition coordinator; and
- Respond to any needs identified by the transition coordinator and/or the clinical case review committee.

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Transition Clinical Case Review Committee

The transition clinical case review committee is made up of CAMHS and AMHS clinicians and administrators and has the following responsibilities[1]:

- Assesses whether the youth meets the program criteria;
- Identifies services for complex cases; and
- Informs the transitional youth advisory committee of any gaps in service delivery.

Resources Required/ Feasibility

Human and Financial Resources

The success of the OTYPP intervention depends on the support of all stakeholders. While this intervention may be considered costly, it has been suggested that investments in children's and youth's mental health will yield savings in the long run.[3]

Resources need to be allocated to[1]:

- Clarify the specific roles of staff and committees;
- Determine the eligibility criteria for referrals; and
- Identify any region-specific processes or tools for the transition process.

Training

Workers need to be trained on job-specific roles, processes, and tools.[1] Also, service providers need to be trained and certified in the Adult Needs and Strengths Assessment (ANSA), which is used to plan services and monitor outcomes.[1]

Data Systems

The OTYPP has been using secure web-based data-capture software called Research Electronic Data Capture (REDCap), which allows users to build customized databases that can be accessed by more than one user and from multiple-sites, and can track data manipulation and user activity. The software is available at no cost for partner agencies, which include some hospitals in Ontario, so it could be housed by one of the larger partners and accessed by all other agencies involved.[3]

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Evidence

The OTYPP incorporates best practices from other child-to-adult transition frameworks, including wraparound principles.[6] The intervention is also loosely based on components of other successful Ontario-based programs (i.e., Good2Go at the Hospital for Sick Children and Growing Up Ready at Bloorview Kids Rehab), and incorporates standardized screening tools within its evaluation platform.[1]

While results of descriptive and qualitative studies are available in an unpublished report,[1] no quantitative studies have evaluated the effectiveness of the OTYPP intervention. Based on qualitative and descriptive findings, Davidson and colleagues reported that youth, families, and clinicians perceived the OTYP favourably.[6]

Readiness for Replication

The roles and responsibilities of staff, transition teams, and committees are described in a fair amount of detail in the report, *Improving Quality of Care and Patient Safety for Transitional Youth and Young Adults: Transitional Youth Pilot Project*.[1] This report also offers the following key materials:

- Tracking tools (Tracking Measure Time 1, 2, 3, 4)
- Intake procedures;
- Standardized questionnaires:
    - ♦ Ontario Common Assessment of Need (OCAN);
    - ♦ Global Appraisal of Individual Needs Short Screener (GAIN-SS);
    - ♦ Adult Needs and Strengths Assessment for Transition to Adulthood (ANSA-T);
    - ♦ Client Satisfaction Questionnaire.

It's not clear if training or suitable fidelity measures are available at this time.

Sustainability

Financial resources are needed for the program's coordination, clinical service, and evaluation components.[1] Sustainability also depends on a high level of stakeholder involvement, particularly because partners must dedicate time to help with referrals and in-kind agency services. To sustain

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these contributions and maintain a continuous flow of youth from CAMHS to AMHS, there need to be clear guidelines and accountability mechanisms for partners and staff.[1]

The *Improving Quality of Care and Patient Safety for Transitional Youth and Young Adults: Transitional Youth Pilot Project* report includes a set of recommendations to address obstacles and support sustainability.[1]

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We welcome your feedback!

This summary is one of a number of transition/continuity of care practice summaries developed by EENet and the Performance Measurement and Implementation Research (PMIR) team, which are part of the Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health (CAMH). The purpose is to support the selection of an evidence-informed intervention by Ontario's Systems Improvement through Service Collaboratives (SISC) initiative. It was designed to give the reader a starting point in understanding the intervention along a number of dimensions.

The intervention summarized in this document was identified through a targeted search of the scholarly and grey literature, and key informant suggestions. The summary was developed from a selected review of reports and journal articles. The evidence review section examined quantitative effectiveness studies only. Other issues, such as acceptability to users and cost effectiveness, are also important to examine but were out of scope to review in the available time frame.

This summary is a living document and the information on which it is based may evolve over time. While great care was taken to prepare this summary, we acknowledge the possibility of human error due to search limitations and rapid timelines. Therefore, we do not warrant that the information contained in this document is fully current, accurate, or complete. If you have any comments or suggestions to improve its content, please contact us at eenet@camh.ca.