Catalyst Grant Case Report

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1. Project Title and Purpose

Title of Catalyst Grant: ABI and Addictions/Mental Health Collaborative

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ONF Clinical Practice Guideline Recommendation: A 2.1, A 2.2	Project Purpose
A 2. Specialized Health Professions for Managing Co-Morbid Conditions **2.1** Collaboration and continuity mechanisms should be established with mental health services and programs in order to develop optimal management strategies for individuals with co-morbid traumatic brain injury and mental health issues. The collaboration mechanisms should involve cross-training and education for the professionals of mental health care services on the recognition and understanding of issues particular to individuals with traumatic brain injury. (adapted from NZGG 2007, 14.4, p. 172) Level of Evidence: C	The specific outcome was to establish a successful and sustainable mechanism for addressing the needs of clients with moderate to severe ABI and a comorbidity of mental illness and/or addiction. The implementation project sought to create ABI and Addictions/ Mental Health Collaboratives for the following 3 sub-regions of southeastern Ontario: 1. Hastings and Prince Edward Counties (HPE) 2. Kingston, Frontenac and Lennox & Addington (KFLA) 3. Lanark, Leeds and Grenville (LLG) The project also sought to develop formalized working relationships among providers in the area working with the target population. For more information about the implementation project, please visit: http://braininjuryhelp.ca/2019/03/abi-addiction-mental-health-collaboratives/
2.2 Collaboration and continuity mechanisms should be established with addiction/substance use services and programs in order to develop optimal management strategies for individuals with co-morbid traumatic brain injury and addiction/substance use issues. The collaboration mechanisms should involve cross-training and education for the professionals of addiction/substance use services on the recognition and understanding of issues particular to individuals with traumatic brain injury. (adapted from NZGG 2007, 14.3, p. 170) Level of Evidence: C	

2. Project Description

A. Methods

- The hospital did an informal scan of current literature and best practice, then assembled a working group (see **Invitation to Join Working Group**) to evaluate feasibility of various projects. The working group was a 19-member, multi-sector (hospital and community-based rehabilitation, hospital and community-based mental health and addictions, corrections and women's shelter) and lived experience (1 client representative, 1 family representative) working group in Southeastern Ontario (SEO). The Invitation also includes other useful resources including:
    - **Project Description – 2018-10-29**
    - **Work Plan – 2019-2-27**
    - **Best Practice IWG Terms of Reference – 2018-06-05**
    - **Guiding Principles – 2018-04-04**
    - **Principles of Respectful Participation**
- This group met over several months to discuss and initiate implementation of 3 sub-region provider Collaboratives. The team investigated tools and processes for the mechanism of implementation, performance indicators, inclusion and exclusion criteria, and discussed plans to establish sustainability.
- The goal was to coordinate services to meet specific client needs.

B. Data Collection Tools

- One database in Excel was developed by the Working Group to track all performance indicators (see **Performance Indicator Database**). The database is kept current, analyzed and reported on by the Coordinator of the Collaboratives (SEO ABI System Navigator).

Tools to measure clinical process
- Created 3 Collaboratives for 3 sub-regions of Southeastern Ontario including:
    1. Hastings and Prince Edward Counties (HPE)
    2. Kingston, Frontenac and Lennox & Addington (KFLA)
    3. Lanark, Leeds and Grenville (LLG)
- Developed process for receiving referrals (see **Referral Process**) including specific admission criteria, referral, and consent forms.
    - Specified criteria that must **all** be met are as follows:
        - 16 years of age or older
        - Lives in SEO (Southeastern Ontario)
        - Evidence of moderate to severe ABI
        - Evidence of mental illness and/ or evidence of substance use disorder
        - Presence of high-risk situation. High risk means "individuals or families facing a number of risk factors that affect multiple areas of the individual's life and in all likelihood will lead to something bad happening and happening soon. These could include individuals that may be at risk of doing harm to others, becoming a victim, relapsing on a treatment plan, and/or ending up on the street."

- Unmet needs
  - o **Referral and Consent Forms:**
    - Fillable Consent Form for HPE Collaborative
    - Fillable Referral Form for HPE Collaborative
    - Fillable Consent Form for KFLA Collaborative
    - Fillable Referral Form for KFLA Collaborative
    - Fillable Consent Form for LLG Collaborative
    - Fillable Referral Form for LLG Collaborative
  - o Clients that were not admitted for discussions and recommendations had a **Non-Admit Letter** sent back to the referral source.
- Developed process for reviewing referrals. The SEO ABI System Navigator reviews referrals to ensure all criteria are met and follows up if more information is needed. Referrals are only accepted from Service Providers and with written consent from the client (see above for fillable consent form). The referral would then be brought to a collaborative meeting for discussion and development of services options for client consideration. Meetings used the **Format for Discussion at the Table** to structure each client's discussion.
- Goal was to offer clients a menu of options to address unmet needs including counselling, income support, mental health, rehabilitation, support and recreation, support services, and health care.

Tools to measure clinical outcome
- All 3 Collaboratives oriented and launched.
- Database in use to track performance indicators

Tools to measure implementation process
- Specified performance indicators tracked in database by Coordinator of Collaboratives. Data is provided by the collaborative members.

Tools to measure implementation outcome
- Specified performance indicators tracked in database by Coordinator of Collaboratives. Data is provided by the collaborative members.

C. Findings (Process and Outcome)
- For baseline data, working group members were asked to review their service caseloads and identify individuals that met inclusion criteria. Baseline data from a 2-month period (May-June 2018) indicated 30 people met the criteria.
  - o 80% male; 53% urban, 17% rural, 17% incarcerated
  - o 67% required supported accommodation, 37% required psychosocial intervention, 30% required addiction service
- Of these 30 individuals, barriers to care through usual means were client refusal (50%), no psychiatrist (23%), and long waiting lists (23%).
- At the conclusion of the project, the 3 sub-region Collaboratives had been established, however, there was no performance data yet available.

D. Summary

- There was shared provider experience and belief in the need to better address the needs of people with moderate to severe ABI complicated by addictions and/or mental health and willing commitment to engage in the Working Group and Collaboratives.
- Working Group members voiced optimism for success of the mechanism and Collaborative members indicated they were pleased to be included and believed they were necessary members.
- Monthly meetings among Collaboratives continue to be held to hear about people who meet specified criteria and are believed to be at risk.

E. Lessons Learned

1. The success of the project was dependent on Working Group member engagement in meetings despite their already heavy workloads. Being clear about the purpose of the project, the anticipated benefits, regular and clear communication, reiteration of the need for their involvement, and timely progress were key enhancers of success. Considerable effort through phone calls and emails were required to cultivate and sustain membership.
2. Design action-oriented Working Group meetings, planning for potentially more than you think is realistic, with the expectation that decisions will be made at the meetings to keep the work progressing.
3. Identify all new progress in an easy-to-access manner (i.e. we used a living document to which all summary information was added so the newest information was in a different coloured font so readers could easily identify what was new)

3. Recommendations for Next Steps to Support Full Sustainable Implementation

- Documented role expectations of Collaborative members including proposing process changes to enhance quality of mechanism and outcomes
- Standardized format for Collaborative discussions including updating the performance indicator database which highlights accountabilities of providers to attend to timeframes
- Reporting of database trends by the Coordinator to:
    - SE LHIN (2X/year)
    - SEO ABI Network (2X/year)
    - PABIN (as relevant)
    - Community Brain Injury Services – Quality Committee (quarterly)
    - Community Brain Injury Services – Consumer Advisory Committee (quarterly)
    - SEO ABI System Navigator website (updates)
    - System Navigator Network (updates)

4. What Can be Done to Ensure Sustainability

- Position description was developed to specify the role of Collaborative members including the expectation that if they need to resign from a Collaborative, they are to recommend a colleague for replacement (see **Position Description for Collaborative Members**)

- The Coordinator will:
    - o Lead efforts to allow members to propose process changes to enhance quality of mechanisms and outcomes
    - o Collect data on workload, processes and satisfaction of collaborative members to proactively address any issues that could jeopardize the success of the Collaborative or mechanism.
    - o Report on performance indicators as relevant depending on the audience (i.e. quarterly, bi-annually)

5. Summary of Resources

1. Invitation to Join Working Group
    a. **Project Description – 2018-10-29**
    b. **Work Plan – 2019-2-27**
    c. **Best Practice IWG Terms of Reference – 2018-06-05**
    d. **Guiding Principles – 2018-04-04**
    e. **Principles of Respectful Participation**
2. Performance Indicator Database
3. Referral Process
4. Referral and Consent Forms:
    - o Fillable Consent Form for HPE Collaborative
    - o Fillable Referral Form for HPE Collaborative
    - o Fillable Consent Form for KFLA Collaborative
    - o Fillable Referral Form for KFLA Collaborative
    - o Fillable Consent Form for LLG Collaborative
    - o Fillable Referral Form for LLG Collaborative
5. Non-Admit Letter
6. Format for Discussion at the Table
7. Position Description for Collaborative Members