



systems
enhancement
evaluation
initiative

Update

WINTER 2007

Phase 1 Studies – Baseline Results

Providing a look at our community mental health system before new investments

The two SEEI Phase 1 studies – Impact and Matryoshka – have now completed reports on the first wave of data collection. Summaries of the results are found below. While it is too early to draw firm conclusions from these data, they will provide a sound base of comparison for the next wave of data collection to be available in the spring. A third and final wave to be completed in spring 2008 will round out the evaluation. At that point we expect to be able to draw conclusions about the impact of the new community mental health funds on the system, especially with respect to hospital use and justice system involvement (Impact Study), and early intervention and court support services (Matryoshka Project).

PUTTING THE RESULTS IN CONTEXT

In reviewing the report summaries it is helpful to remember that the data in the two reports is not conclusive. This is preliminary, baseline data, and is intended to describe where the system is at the outset. It will take on meaning when it is compared to similar data at second and third points in time. By that time we expect the results of the program enhancements will be more apparent because, for many reasons, program development takes time. One thing we do know, having heard this from many programs, is how energized they are by the new funding!

KNOWLEDGE EXCHANGE IN ACTION

Programs engaged in SEEI research say that they see themselves as partners in evaluation research and see their relationships with scientists as being mutually beneficial. The Phase I scientists agree with this and are looking to programs for their interpretation of the data. In essence, programs inform the research and research offers programs information on their services that enables them to develop further.

OMHAKEN UPDATE

The Ontario Mental Health and Addiction Knowledge Exchange Network (OMHAKEN) is a provincial network that will facilitate the exchange and dialogue between on-going research and local communities across Ontario.

This network is being ‘constructed’ from the ‘ground-up’, starting with identifying knowledge exchange leads from each of the Local Health Integration Network (LHIN)-based mental health and addiction planning tables. These leads will be connected to the SEEI Coordinating Centre and to each other for the purpose of knowledge exchange. Over time existing and forming (e.g. consumer) networks will be linked in, resulting in a ‘network of networks’ for the province.

OVERVIEW OF SEEI

The Mental Health Systems Enhancement Evaluation Initiative (SEEI) is a four-year research initiative funded by the Ministry of Health and Long-Term Care (MOHLTC). Its purpose is to evaluate the effects of the significant investments made by the Government of Ontario over four years, beginning in 2004/2005, in key areas of the community mental health system.

SEEI examines the impact of these investments on people with mental illness, their families and the health system more broadly. The Initiative has nine research studies around the province funded through the Ontario Mental Health Foundation and is coordinated by the Health Systems Research and Consulting Unit (HSRCU) at the Centre for Addiction and Mental Health (CAMH) under the leadership of Dr. Paula Goering, CIHR/CHSRF Health Services Chair.

The SEEI represents a broad collaboration of researchers from throughout the province as well as stakeholders from many organizations, including CMHA Ontario, the Ontario Federation of Community Mental Health and Addiction Programs, the Ontario Mental Health Foundation, the MOHLTC and CAMH. The studies are supported by a knowledge exchange network called the Ontario Mental Health and Addiction Knowledge Exchange Network (OMHAKEN).

SEEI TIMELINE

2005	Phase 1 studies initiated
2006	Phase 2 studies initiated Phase 1 studies baseline reports
2007	Mid point for Phase 2 studies Phase 1 studies wave 2 reports
2008	Phase 2 studies completed Phase 1 wave 3 reports

Highlights of Phase 1 Results

STUDY 1

THE IMPACT STUDY

Principal Investigators:

Dr. Janet Durbin and Dr. Brian Rush.

The Impact Study will conduct a system-wide evaluation that will rely mainly on existing provincial health administrative data. This report identifies areas of service structure and utilization where the new funding is expected to make an impact, and establishes baseline performance. The study team will be taking the report to the LHIN mental health and addiction planning tables to solicit feedback about the selected indicators and proposed reporting approach – LHIN and local system level. The team is also continuing to work on developing the indicators and seeking appropriate data sources for contacts with the police.

STUDY 2

THE MATRYOSHKKA PROJECT

Principal Investigator:

Dr. Carolyn Dewa.

The Matryoshka Project will collect new information to obtain an in-depth picture of young people experiencing their first psychotic episode and people with mental illness in contact with the criminal justice system.

There are seven sites across the province participating in this research study. The first round of data collection

set the stage for more comprehensive data collection in the second round. It should be noted that in the case of the early intervention programs only two of the six programs were in operation in the first round. However the study team is pleased that all six are now on board for follow-ups. The initial report clearly reflects the current developmental phase of enhanced Early Intervention and Court Support Programs. Several issues about program implementation were raised, including the target populations being served and the complexities involved in implementing new programs. We are just beginning to understand what makes program implementation so complex and we expect that the report presented in the spring will show some changes in these areas.

STAY TUNED: THIS IS JUST THE BEGINNING

In spring 2007 we will have the results from the second wave of data collection for the Phase 1 studies. The quantitative data from the Matryoshka project will describe the experiences of consumers and families and will deepen our understanding of consumer outcomes. The Impact study will have finalized the police indicators and the local systems of care definitions. All of this and more will be contained in the spring SEEI Update.

MORE INFORMATION

SEEI Coordinating Centre – To obtain copies of the Phase 1 full reports contact Janine Luce, Health Systems Research & Consulting Unit, CAMH 416-535-8501, 4457 or Janine_Luce@camh.net
CMHA Ontario – www.ontario.cmha.ca/content/mental_health_system/seei.asp
SEEI web page on e-health Ontario – (in development) www.ehealthontario.ca
Phase 2 Studies – contact the individual study Principal Investigators (see side bar).

SEEI PHASE 2 STUDIES

The Phase 2 studies will be conducted by other research teams in the province and will supplement the Phase 1 studies, allowing for more in-depth examination of other impacts to Ontario's community mental health system.

Tim Aubry, PhD, University of Ottawa. *An Evaluation of the Implementation and Outcomes of CMHA Ottawa's Court Outreach* (taubry@uottawa.ca)

Cheryl Forchuk, RN, PhD, University of Western Ontario. *Police Mobile Crisis Services: A Comparative Approach to Evaluation* (cforchuk@uwo.ca)

Lindsey George, PhD, McMaster University. *Fidelity & Recovery: How are Ontario ACT Teams doing?* (lgeorge@stjosham.on.ca)

Eleanor Harder, MSW, RSW, Community Mental Health Clinic and **Joan Nandlal**, PhD, CAMH. *Waterloo Wellington Crisis System Evaluation: Understanding the Impact of Enhanced Programs and Coordination* (eharder@cmhcgwd.on.ca and Joan_Nandlal@camh.net)

Elsabeth Jensen, RN, PhD, York University. *An Evaluation of Community Based Discharge Planning Project* (ejensen@yorku.ca)

Terry Krupa, PhD, Queen's University. *An Evaluation of An Integrated Crisis-Case Management Service Model* (krupat@post.queensu.ca)

Heather Stuart, PhD, Queen's University. *Do Clients Receive More Appropriate Community Care And Fewer Hospital Resources Now That Community Mental Health System Is Enhanced?* (hh11@post.queensu.ca)

The Matryoshka Project Wave 1 Report Summary

The Matryoshka Project is a 3-year study looking at selected programs throughout the province. The purpose of this project is to examine the effects of the Government’s new investments on the continuity of care received by new and ongoing clients of the system. For the purpose of this evaluation, we will consider five dimensions of continuity of care: (1) timeliness of services, (2) intensity of services, (3) comprehensiveness of services, (4) coordination of services and (5) accessibility of services. The project focuses on two types of specialized programs: (1) those for young people experiencing their first psychotic episode and (2) court support programs for individuals with mental illness who are involved with the justice system.

We have prepared an interim report to present selected findings from the first wave of the Matryoshka Project’s data collection. The data in the report offer a picture of the programs after they received new funding but before the funds were fully implemented. The Matryoshka programs were at a variety of developmental stages ranging from beginning from scratch to being fairly well-established prior to the new funding.

We are hoping the quantitative findings in the full report will be helpful to the programs by providing information that allows them to see how they compare with similar programs in the province. These data may also be useful in identifying strengths as well as areas for future improvement. In the Wave 2 report, data from Wave 1 will be used to see how the programs have changed and the rate of growth they experienced.

The experiences of these programs may not necessarily be representative of those of other similar programs. In addition, the relatively small sample of clients who participated in Wave 1 of the study may not be reflective of all clients in the programs. We were able to obtain consent from and interview about 30% (n=102) of active clients in all the programs. In our sample, 69 were from court support programs and 33 were from early intervention programs. Programs anticipate that rates of consent and participation in the study will increase in Wave 2 because the programs will have had experience with the Wave 1 of data collection. After consultation with the program staff, CAMH regional leads and our interviewers, we have taken what we learned in the first year to improve the process to recruit and interview program participants.

The following chart shows the average (in percent) of clients’ experiences of services.

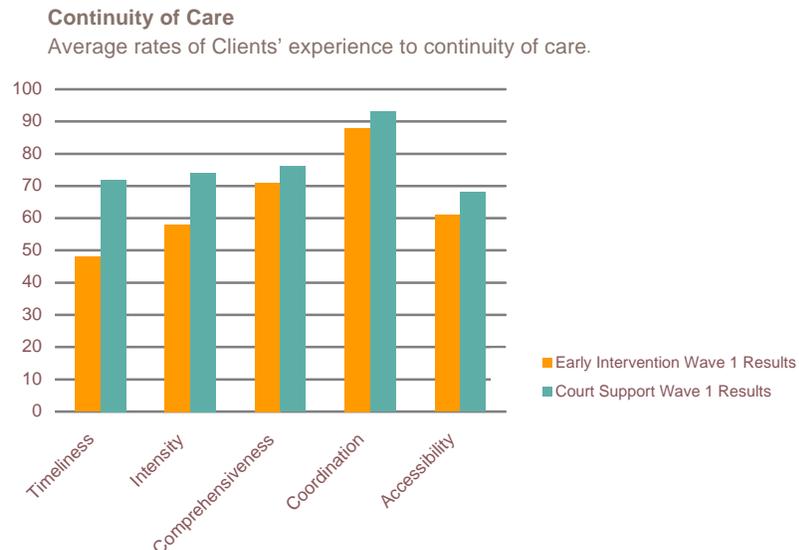


Table 1: Matryoshka Project Client Data

Client Characteristics	Early Intervention	Court Support
	WAVE 1 RESULTS	WAVE 1 RESULTS
Demographics	Almost three-quarters of clients were under 30 years old; more men than women were enrolled in the study.	Almost three-quarters of clients were over 30 years old; more men than women were enrolled in the study.
Socioeconomic Status	More than two-thirds of clients interviewed reported an annual household income under \$20,000 and about 70% of clients had at least 1 job during the past 12 months.	More than three quarters of clients interviewed reported an annual household income under \$20,000 and about 54% of clients had at least 1 job during the past 12 months.
Primary Psychiatric Diagnosis	46% of early intervention clients reported experiencing positive psychotic symptoms five years or more before entering the program.	53% of court support program clients reported experiencing positive psychotic symptoms five years or more before entering the program.
Accompanying Substance Use Disorders	About 20% of early intervention program clients had a substance use related disorder.	About 28% of court support program clients had a substance use related disorder.
Hospital Service Use	More than half of the study's early intervention clients were hospitalized in the past 12 months.	More than half of the study's court support clients were hospitalized in the past 12 months.
Emergency Service Use	More than half of the study's early intervention clients used the emergency department in the past 12 months.	More than half of the study's court support clients used the emergency department in the past 12 months.

The Impact Study Baseline Report Summary

The main aim of the Impact Study is to monitor changes in use of hospital and jail services by persons with mental illness as the new community mental health funding enters the system. The expectation is that utilization of hospital and jail services by persons with mental illness will decline or the diagnostic profile of service users will change as a result of a strengthened community mental health system. Hence this study will compare patterns of service use during 2005/06 and 2006/07 to previous years ('the baseline').

In order to report results for the entire province, the project needed to use existing data sources rather than collect new data from consumers or other system stakeholders. Eleven indicators were selected that could be calculated from existing data and where a change in performance is expected to occur. These indicators focus on community system capacity, inpatient utilization, emergency room utilization, and incarceration of persons with mental illness. Three indicators to monitor police involvement with persons with mental illness are under development. Two contextual indicators are also reported to help interpret the other results. The aim of the *Impact Study Baseline Report* is to profile the selected indicators and to establish 'baseline' system performance. Results are reported for the province and also for each LHIN (Table 1). In subsequent reports, utilization during 2005/06 and 2006/07 will be compared to the baseline.

While the LHINs are responsible for managing the health system in their respective regions, LHIN areas are large in terms of both population and geographic size, and include a multiplicity of health organizations. Efforts to provide integrated and responsive service delivery are likely to occur in smaller geographic areas or 'local systems'. As a result, the relationship between system change (resources and organization) and consumer utilization of hospital and jail services may be stronger at the local system level than at the LHIN level, and the local system may be more informative for identifying system practices that help consumers stay out of hospital and jail.

While local mental health systems are not formally defined in Ontario and do not have an accountability mandate, feedback from system decision makers early in the project suggested that local systems can be geographically identified and characterized for evaluation purposes.

During the spring and summer of 2006, the study team worked with CAMH system planners, Ministry regional staff and other stakeholders to define meaningful local systems of care. In total 32 were identified and geographic boundaries were defined. Table 2 provides a preliminary list of local systems within LHINs.

Next project steps include presenting baseline results to community stakeholders (especially LHIN mental health and addiction planning tables) for discussion and feedback.

KEY MESSAGES

The Impact study will monitor changes in use of hospital and jail services by persons with mental illness as the new community mental health funding enters the system.

- The baseline report establishes baseline system performance for 11 indicators of hospital and jail use that can be currently calculated and where change is expected over time.
- Indicator results are reported for the province and for each LHIN.
- Three indicators of police contact with persons with mental illness are described that are currently under development.
- Local systems within LHINs are proposed as an appropriate unit for documenting system integration practices to help consumers stay out of hospital and jail.
- Immediate next steps include connecting with LHIN level planning tables and other stakeholders to discuss selected indicators, baseline results, local system descriptions, and local integration practices.
- The next report will add indicator results for 2005/2006 fiscal year and describe current system integration practices.

Table 2: The Impact Study Indicator Summary

Domain	Indicator	Baseline Results Ontario Mean	Baseline Results LHIN Range
Mental Health System Capacity	#1 Community mental health funding	\$29.81 per capita	\$8.43 to \$84.26
	#2 Psychiatric inpatient bed availability	40 beds/100K pop	10 to 102
	#3 General practitioner/psychiatrist availability	GPs: 78 FTEs/100K pop Psychiatrists: 14 FTEs/100K	GPs: 62 to 121 Psychiatrists: 5 to 54
Hospital Inpatient Utilization	#4 Psychiatric inpatient admissions	427/100K pop	262 to 819
	#5 Average length of stay – general hospital psychiatric inpatients	11.2 days	7.6 to 13.7
	#6 Early readmission after psychiatric discharge (within 30 days)	13.5% of discharges	7.9% to 16.1%
	#7 Repeat psychiatric inpatient admissions	22.1% of patients	18.7% to 25.0%
	#8 Alternate level of care days	3.8% of mental health bed days	1.5% to 9.1%
Hospital Emergency Room (ER) Utilization	#9 Psychiatric emergency room visits	1009 visits/100K pop	617 to 2231
	#10 Early return to ER room after psychiatric discharge (within 30 days)	18.8% of discharges	12.0% to 27.3%
	#11 Early return to ER after initial ER visit (within 30 days)	14.3% of ER visits	9.7% to 18.9%
	#12 Repeat ER visits	22.3% of ER visits	18.7% to 28.1%
Justice System Contact	#13 Sentenced jail admissions with mental illness	13.7%	Not available
	#14 Police apprehensions under the mental health act?	Not available	Not available
	#15 Police apprehensions under the MHA for suicide related concerns?	Not available	Not available
	#16 Suicide calls to police	Not available	Not available

Table 3: The Impact Study Local Systems within LHINs (Preliminary)

LHIN (pop)		Local Systems	Major cities	Local system names	Relationship to LHIN boundaries
#1	Erie St. Clair (643K)	1	Chatham, Sarnia Windsor	Essex/Kent/Lambton	Within
#2	South West (920K)	3	London	London-Middlesex/Elgin/Oxford	Within
			Stratford	Huron/Perth	Within
			Owen Sound	Grey-Bruce	Crosses into LHINs 3 & 12
#3	Waterloo/Wellington (678K)	1	Kitchener/Waterloo	Waterloo/Wellington/Dufferin	Crosses into LHIN 5
#4	Hamilton Niagara Haldimand Brant (1343K)	3	Hamilton	Hamilton	Within
			Niagara Falls	Niagara	Within
			Brantford	Haldimand-Norfolk & Brant	Crosses into LHIN 2
#5	Central West (700K)	1	Brampton	Brampton-Caledon	Within
#6	Mississauga Oakville (1008K)	2	Milton	Halton Hills	Within
			Mississauga	Mississauga-Oakville-Burlington	Crosses into LHINs 4 & 5
#7	Toronto Central (1151K)	1	Toronto, minus Scarborough	Toronto	Crosses into LHINs 5, 6, 8
#8	Central (1505K)	1	Vaughan	York	Within
#9	Central East (1437K)	5	Scarborough	Scarborough	Within
			Oshawa	Durham	Within
			Peterborough	Peterborough & Haliburton	Within
			Lindsay	Kawartha Lakes	Within
			Cobourg	Northumberland	Within
#10	South East (429K)	3	Brockville	Lanark, Leeds and Grenville (entire)	Crosses into LHIN 11
			Kingston	Frontenac, Lennox and Addington	Within
			Belleville	Hastings and Prince Edward	Within
#11	Champlain (1170K)	3	Ottawa	Ottawa	Within
			Cornwall	Stormont, Glengarry-Prescott, Dundas, Russell	Within
			Pembroke	Renfrew County	Within
#12	North Simcoe Muskoka (409K)	2	Barrie	Simcoe	Crosses into LHIN 8
			Parry Sound	Muskoka/Parry Sound	Crosses into LHIN 13
#13	North East (517K)	4	Sault St. Marie	Algoma District	Within
			Sudbury	Sudbury/Manitoulin	Within
			North Bay	Nippissing/Timiskiming	Within
			Timmins	Cochrane District	Within
#14	North West (243K)	2	Thunder Bay	Thunder Bay District	Within
			Kenora	Kenora/Rainy River District	Crosses into LHIN 13
Total		32			

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