


Developing a Behavioural Support System for Older Adults with Responsive Behaviours across the SW LHIN
 (Enhancing local psychogeriatric resources through AAH funding)

*Provincial Team Exchange ,
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Developing a Behavioural Support System for Older Adults with Responsive Behaviours Project

What is the purpose of the project?


- The overall aim of this project is to improve the lives of Older Adults with responsive behaviours due to mental health and addiction issues and/or dementia-related diseases living in long-term care homes or in community settings.

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What are the gaps this project will address?

- BSS project will enhance existing geriatric mental health services available in each community, and will leverage and build upon existing resources.
- Consistency and continuity of care strategies is required to provide a high level of care for Older Adults (e.g. common assessment tools, clinical protocols, access of local and regional resources, care coordination and system navigation)
- Adding new funding and resources to the system for older adults with responsive behaviours



Percent of Population 65+

	2006	2010	2016
Middlesex	13.2	14.0	16.2
Essex	12.5	12.9	14.4
Elgin	13.8	14.7	16.9
Oxford	15.0	15.8	18.0
Lambton	16.3	17.8	21.2
Huron	17.7	18.5	21.3
Perth	14.3	14.5	15.8
Grey	18.4	20.0	23.3
Bruce	18.0	20.0	24.4
Ch-Kent	15.3	16.0	18.4

Source: Ontario Ministry of Finance, Population Projections

Background

- Year 3 Aging at Home Strategy -SW LHIN invited over 32 organizations to develop 1 proposal to the LHIN year 3 Aging at Home funding, to support older adults with responsive behaviours
- Business case developed by group (December 2009)
- Project endorsed by LHIN (March 2010)
- Steering Committee formed June 2010 by the SW LHIN
- Co-Chairs appointed



Provincial Context

- Provincial Geriatric Mental Health Team Exchange and Leadership Group
- RGPs of Ontario/ GiiC project/ GEM RNs
- AKE, SHRTN, CoP
- Awaiting new LTC regulations
- Ten year plan for Mental health and addictions
- Local experts involved with provincial strategies



Provincial Context

- Established seniors mental health teams across the province – Ontario Psychogeriatric Association website for list
- Affiliated with tertiary, general hospitals and established mental organizations
- Coordinated intake for local referrals
- Collaborative with PEC and PRCs to maximize impact at LTC and community level
- Reference Geriatric Mental Health Outreach Teams Accountability Framework MOHLTC document 2004 and Building a Better System, 2007



Provincial Context- Alzheimer Strategy

- Provincial network for PRCs (50 across the province), PECs, training for PIECES in LTC and community agencies
- Development of Dementia networks
- Recently developed Family Physician handbook and toolkit regarding BPSDs
- First Link programs



National Context

- Canadian Coalition for Seniors Mental Health – Guidelines and toolkits
- Mental Health Commission –Senior Advisory Committee
- Canadian Collaborative Mental Health Initiative
- Canadian Academy of Geriatric Psychiatry- recent subspecialty designation
- Local experts in national strategies



LHIN Community-Regional Mental Health Care, London

- Academic Health Sciences Centre-tertiary role
- Catchment Area- LHIN 1, and 2, Waterloo/ Wellington, and Norfolk
- Geriatric psychiatry program – funding MOHLTC inpatient 87 beds small ambulatory (ECT, TMS, Neuro psych and outreach -3FTE RNs)
- Education, research and evaluation



LHIN&Multi Community-SJHC Regional Outreach

- Discharge liaison Team- 7 FTE of RN and RPN tertiary support with 24/7 coverage for RMHCL inpatients to LTC (includes clinical support to McGarrel SCU) and catchment similar to RMHCL
- Regional Psychogeriatric Program (RPP)- 1FTE CNS /RN, 0.5 FTE coordinator and 0.8 FTE psychiatrist clinical consultation (including LTC) , education, and capacity building- catchment area LHIN 1 and 2
- RPP clinical focus for LHIN 2 (all counties except Perth and London) ie Oxford, Elgin, Middlesex, Huron and Grey Bruce



LHIN Level- Regional SGS

- Regional Geriatric Program- geriatric interdisciplinary clinical assessment, education , research and evaluation
- Outreach and Clinic based assessments
- Integrated intake with RPP, LHSC –GMHP for L/ M referrals
- Partners with CCAC SWOGAN based GRT teams and Eldercare doctors
- Catchment area – LHIN 1 and 2



LHIN - CCAC

- ▶ Advanced home care team - NPs
- ▶ Geriatric resource team (GRT) 10 FTE/CM – focus on general geriatric assessment/CM and all counties except Middlesex/London
- ▶ Local community level- Incorporates use of Eldercare family physicians –prior to referral for specialized assessment
- ▶ GRT Coordinated referrals to SGS partners for specialized medical and mental health assessments
- ▶ Eldercare MDs funded through community investment funding



Multi-community Level- Senior mental Health programs

- South- Geriatric Mental Health Program LHSC- catchment area City of London
- Coordinated intake with SGS Parkwood and RGP
- FTE 1.5 RNs and 2 SWs and 1 Psychiatrist also provide acute care (mixed session and OHIP)
- 1 private practice psychiatrist provides consultation to 1 LTC home in city
- Central-Seniors Mental Health SGH- Perth and Huron- well established PIECES network, partnership CMHA, and integrated crisis support for community
- 0.5 PRC and 2.5 FTEs RN and SW, psychiatrist (session and OHIP)
- Grand Bend CHC funded 2 geriatric staff for follow up into Lambton and Huron (funding LHIN 1)
- **Both of above provide clinic and community outreach (including LTCs)**




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FUNDING


- Project funded by the SW LHIN, as part of year 3 Aging at Home Strategy
- \$3,083,500 in annualized funding awarded
- Approx. 2 million in start-up dollars
- RMHC London designated as lead agency
- Funds to flow to Schedule 1 Mental Health Facilities across the SW LHIN:
 - London Health Sciences Centre, Regional Mental Health Care London, Woodstock General Hospital, Huron Perth Health Alliance, Alexandra Marine General Hospital, Grey Bruce Health Alliance, St. Thomas Elgin Hospital






Implementation Plan

Building and Integrated
Responsive Behaviour System
across the SW LHIN




Model of Care-Key Elements

- Geriatric Cooperatives
- Enhanced Psychogeriatric Resource Consultant (EPRC)
- SMART Teams (interdisciplinary team)
- Centralized Intake and Triage (either enhancing existing service or building a new service if none existed prior to this project)
- Standardized assessment tools, clinical protocols, education and capacity building strategies, shared care model
- E-health/Telemedicine strategy



Geriatric Cooperatives

- Cooperatives Mandate: to build upon the local capacity to address responsive behaviours where people reside to enable them to be connected to the current community support system. To coordinate, integrate, leverage existing geriatric mental health services, crisis services, day programs, etc.
- 5 Geriatric cooperatives will be developed (Grey Bruce, Huron Perth, London Middlesex, Elgin, Oxford)
- Cooperatives will be co-chaired by the Schedule 1 Mental Health Director and a Community Representative
- EPRC will play a key role in the cooperative



Enhanced Psychogeriatric Resource Consultants

- Hiring 3 EPRCs (Grey-Bruce, Huron-Perth, London-Middlesex, Elgin, Oxford)
- Clinical leadership role (e.g. developing centralized intake/triage, clinical protocols, standardized ax tools)
- Leadership in developing a coordinated education and capacity building strategy for LTC, Community, Hospitals
- Will provide clinical leadership and support for the SMART teams
- The 3 EPRCs will work closely together to ensure consistency and be commitment to evidence based practice
- Will support the work of the Geriatric Cooperatives and will be a key member



SMART Teams

- Five Geriatric Mental Health and Addictions Response Teams (north, central and south) will be integrated within geographically designated Geriatric Cooperatives (all providers of geriatric services), and will build upon the local capacity necessary to address responsive behaviours where people reside.
- The goal is to ensure older adults with responsive behaviours will be able to remain in their current surroundings and remain connected to their current community support system (families, Long-term Care Homes, Adult Day Programs) with less reliance/utilization of emergency rooms and acute care hospital beds.
- It is anticipated that the function of these teams will change over time from a quick response function to prevention and management role once capacity is built locally



Key Success Factors

- Willingness to attend LH in meetings-physician engagement meetings and quality care committee
- Previous submissions to LHIN(although not funded)
- Focused on community needs, population data and established best practices (Thank you to the Team Exchange Partners who provided information about funding and team resources)



Success Factors

- Utilized references from provincial and national guidelines
- Engaged broad community stakeholders
- Focused on funding going to the regions that, needed funding (locally driven)
- Learned the "language of LHIN" "



Lessons Learned

- Ensure population defined
- Community expectations
- Being realistic
- Evaluation challenges - Are there metrics to evaluate the outcomes of geriatric mental health teams?
- Achieving true integration across sectors - can we sustain the momentum and goodwill of the steering committee



Questions?