

## Examining the Effects of Enhanced Funding for Specialized Community Mental Health Programs on Continuity of Care

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## Communities and Programs

### (1) Toronto

St. Mike's (Early Intervention)  
 CMHA Toronto (Court Support)

### (2) Windsor Essex

CMHA Windsor Essex (Early Intervention)  
 CMHA Windsor Essex (Court Support)

### (3) Peterborough

CMHA Peterborough (Early Intervention)  
 CMHA Peterborough (Court Support)

### (4) Hamilton

CMHA Hamilton (Court Support)

### (5) Aurora

CMHA New Market (Early Intervention)  
 CMHA New Market (Court Support)

### (6) Thunder Bay

CMHA Thunder Bay (Early Intervention)  
 CMHA Thunder Bay (Court Support)

### (7) Parry Sound

Muskoka Parry Sound Community Mental Health Program (Early Intervention)  
 Muskoka Parry Sound Community Mental Health Program (Court Support)



## Background

- Over a 4-year period, Ontario spent \$117 million of its Federal Health Accord allotment on community mental health.
- Additional joint investment by the Ministries of Justice and Health of approximately \$50 million targeted at people who have a mental illness and non-violent offences.



## Expectations

- MOHTLC anticipated the investment would **improve access** to and **coordination of services** as well as lead to **reduction in wait times** for mental health services (M. Barker presentation January 15, 2007)
- Similar expectations held by community mental health programs
  - New money would **improve their capacity to provide services** by increasing their staffing levels and facilitating their agencies' ability to connect with other types of services and supports.
    - Improved capacity would give clients **better access to needed services** and more **"seamless" interactions** with the system (i.e., easier to navigate, with more appropriate referrals and fewer service gaps) (Jacobson et al. 2008)



## Rationale for Expectations

- Expectations reflect long-held aspirations of mental health systems (Bachrach 1988).
- Collectively, these concepts – **access to needed services, coordination of services** and **timeliness of service** – are part of a broader concept referred to as **continuity of care**
- Evidence for an association between continuity of care and funding (Bachrach 1988; Shern et al. 1994; Greenberg and Rosenheck 2003)



## Study Objectives

Examine the changes in continuity of care and the factors that contribute to these changes



## Study Approach

Focus on the continuity of care of clients in two types of specialized programs:

- (1) court support programs (CSP) and
- (2) early intervention programs for psychosis (EIP)



## Reasons for Approach

- New funding was earmarked for both types of specialized programs, indicating they were provincial priorities.
  - About 18% of the new funding targeting individuals with mental illness who had legal involvement was designated for CSPs
  - About 22% of the \$117 million for community health programs went to EIPs



## Reasons for Approach

- Both types of programs serve readily identifiable populations
- The two programs have different approaches to service provision.
  - For EIP, expect clients to be enrolled for at least 3 years.
  - For CSP, expect involvement to be briefer with more services provided through linkages to other community programs (Ontario Ministry of Health 2006)



## Implications of Approaches

- Types of offences of which CSP clients are accused or convicted should be low risk
  - Legal system contact should be time limited and brief
- But, need for MH services does not end with legal involvement
  - Much of the work of CSPs involve linking clients to community services once legal system involvement ends
- Compared with EIPs, CSPs have greater reliance on services and supports outside of the program
  - Extent to which local MH systems can absorb additional demand resulting from increased referrals will affect continuity of care



## Measuring Continuity of Care (CoC)

- Matryoshka Project looks at the three major characteristics of continuity of care:
  - (1) appropriateness and accessibility,
  - (2) temporal and
  - (3) cross-sectoral
- Experience of CoC both within the specialized programs and with programs to which these programs are linked



## CoC Measures

- **Appropriateness and accessibility dimension**
  - Appropriateness of services
  - Accessibility of services
- **Temporal dimension**
  - Timeliness of services
  - Any 30-day gap in service
- **Cross-sectoral dimension**
  - Comprehensiveness of services
  - Coordination of services



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## Main Finding 1

- Over the three years, there was an increase in the number of new clients receiving services in the two specialized programs
- For both CSP and EIP clients, there was a significant increase in accessibility of the specialized services



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## Between 2005 and 2007

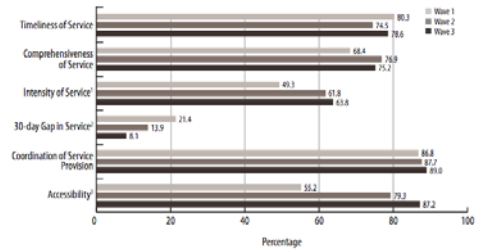
- 140% increase in the number of clients in study CSPs
  - In absolute terms, enrolment in the study's programs grew from 350 to 842 people
- 130% increase in clients in EIPs
  - In absolute terms, increase from 161 clients to 370 clients



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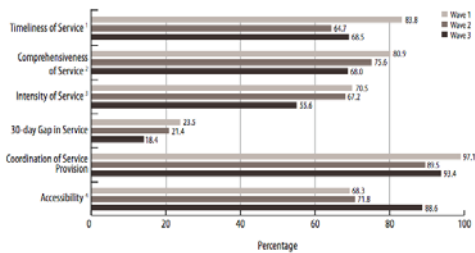
FIGURE 2. Continuity of Care Measures for Study Early Intervention Programs: Waves 1, 2 & 3



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FIGURE 2. Continuity of Care Measures for Study Court Support Programs: Waves 1, 2 & 3



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## Difference in Referral Rates

Compared to CSP clients, a lower average proportion of early intervention clients' services were referred to other programs (67% versus 57%)



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## Main Findings 2

- The two types of programs had different experiences with regard to many of the CoC measures
- There are some similarities in the types of service gaps for the two populations



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## Between 2005 and 2007

- **Most of CoC measures did not significantly change for EIP clients**
- **For CSP clients, significant decreases in service appropriateness**
  - Significantly fewer CSP clients had a match between intensity of services needed and used
    - Trend toward under-provision of services
- **For CSP clients, decrease in timeliness and comprehensiveness**
  - In 2005, on average clients received 83% of their referred services within 30-days of the referral; by 2007, the average dropped to 68%.
  - On average, in 2005, CSP clients received 80% of services they needed; by 2007, the average fell to 68%.



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## No significant change in measure of coordination

## From the Field

- Many stakeholders described the development of “bottlenecks” when their clients needed referrals to existing programs or services
- Others noted focus on crisis and short-term service provision in the new programs left little room for counseling and ongoing support
- Interviewees reflected,

“It’s been good for stand alone programs. I’m not sure that it’s changed much for capacity [in the broader system]” (QLDM222008)

“We’re still behind...our resources are stretched to the max. I think the system went without an infusion of dollars for so long that it is still running behind” (QLDM223007).

“We can increase capacity [in selected areas] all we want. It doesn’t mean we’re relieving pressures in all the right places” (QLDM224014)



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## Gaps in Services

- Few differences between CSP and EIP clients with respect to the specific services needed and used
  - Also few significant changes over time respect to the specific services needed and used
- During the 3 years, medical and case management needs were relatively well met
- However, consistent mismatch between the need for employment, education or recreational support services and use



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## Conclusions: Good News

- Findings support a number of the expectations for the new investments
  - There was a significant increase in the number of new clients receiving services for both CSP and EIP
  - This indicates that these services became more accessible.



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## Conclusions: Important Considerations

- Services can become more accessible **BUT**
  - Geographic configuration of service areas is critical
    - In areas where there is low population density and limited public transportation, programs can make services more accessible
      - However, this accessibility also comes at a cost
      - Staff must spend more time traveling around their regions providing transportation to clients so they can access their services
      - Consequently, they are able to provide services to fewer clients.



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## Conclusions: Important Considerations

- New investments can result in greater CoC **BUT**
  - CoC is likely to be limited to the programs in which the investments were made
  - CoC was greater for clients in programs that did not rely on referrals to other programs to meet clients service needs
  - Rapid expansion may be difficult for programs dependent on linkages
  - Promoting CoC across a system requires that planning and implementation take both a system's and local perspective
    - Bottlenecks might be prevented, or minimized, if a system's perspective **within each region** is taken into account



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## Conclusions: Important Considerations

- A number of services and supports that consistently were underused by clients and did not receive any of the funding, including employment and education
  - As a result, it is difficult for clients to receive truly comprehensive services
  - Needs based system planning studies conducted almost a decade ago in Ontario found similar gaps in care (Koepl et al. 2004)



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## Conclusions: Important Considerations

- The results of this study serve to underscore the complexity of planning a coordinated, comprehensive, accessible system
- Planning must not only consider particular programs but also how the programs fit within a continuum of which the program is one part



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## Conclusions: Important Considerations

- CSPs provide a promising example of the potential effectiveness of cross-ministerial funding
- Using CSPs as a model, types of services that have not been funded such as education and employment may benefit from similar cross-ministerial collaborations



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