

### Nominee Information:

# 1108

Nominee's Name: Mr. Steve Mathias

Nominee's Title: Medical Director

Nominee's Organization: Inner City Youth Program

Nominee's Project / Group Name (If Applicable):

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### Nominator Information:

Nominator's Name: Mr. David Byres

Nominator's Title: Vice President, Clinical Acute Programs

Nominator's Organization: St. Pauls Hospital, Providence Health Care

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### Top Innovation - Affiliate:

#### 1) Provide a brief synopsis/overview of the project.

The Inner City Youth Program (ICY) was launched Nov 5, 2007. The program targets youth and young adults ages 16-24, who are homeless or tenuously housed and suffering from mental illness and/or addiction. The program was created in response to a growing crisis involving street-involved youth and young adults with undiagnosed and/or untreated mental illness repeatedly entering health and community services in a state of chaos and crisis.

Youth present in various states of mental illness, ranging from mild to moderate mood disorders along the spectrum to more severe and persistent symptoms of psychosis. Psychiatric problems include anxiety, depression, trauma, attachment issues, poor coping patterns and personality disorders, psychosis and substance use. Common neuropsychiatric issues include acquired brain injury, under recognized learning disabilities, fetal alcohol spectrum disorders and developmental delay. The majority of the Vancouver youth are foster care 'graduates' who have been effectively homeless since timing out of the system or choosing to leave their foster homes. Others are estranged from their families of origin due to behavioural and conduct disorders related to undiagnosed or untreated mental illness. The literature supports the need for targeted treatment resources for this age group. Data from the 2002 Statistics Canada Canadian Community Health Survey indicate that 18.6% of young people ages 15-25 experienced a mental disorder in the last 12 months. This same survey found that over 60% of youth and young adults, ages 15-25, in Canada, who experience a mental disorder, do not seek professional help. If they do seek professional help, it's typically via an acute care emergency department (ED) visit or a primary care walk-in clinic. One in five visits to the St. Paul's Hospital Emergency Department for the treatment of mental health and addictions related issues are by youth under the age of 24. This equals nearly 1800 visits annually. The goal of the Inner City Youth Program is improve health outcomes by provide supported housing options and offering significant social support to improve social functioning and address issues contributing to their mental illness, addiction and other risk factors. Gravel R, Beland Y. The Canadian Community Health Survey: Mental Health and Well-Being. Can J Psychiatry. 205;50:10:573-9. St. Paul's Hospital Data on file

**2) Provide a brief description of the project team.**

In the Inner City Youth Program, an interdisciplinary team of psychiatrists, registered psychiatric nurses, nurse practitioner, social workers, occupational therapist and rehabilitation assistants provide psychiatric, addiction & psychosocial rehabilitation services.

**3) What is the overall goal of the project? What problem is being solved or what need is being addressed?**

The integration of care and service through the Inner City Youth Program provides the opportunity to fundamentally transform lives of youth and young adults living with mental illness and addiction. The program aims to prevent homeless youth from becoming homeless adults by breaking the cycle of non-productivity, lifelong disability and preventing early death. It does so by providing a continuum of comprehensive care and helping youth to overcome barriers to accessing, maintaining or returning to employment and/or educational pursuits. In partnership with community organizations and government agencies, the ICY assists homeless youth to access health care, housing, education, employment counseling, vocational training, and support services.

**4) Describe how the project demonstrates excellence and innovation and offers a significant improvement in practice, process or structure to the organization. Please provide specific examples.**

St. Paul's Hospital's Inner City Youth Program is a unique program that delivers psychiatric care on an outreach basis. Estimated at over 700 youth aged between 16-24, the street involved youth population has traditionally been hard to reach and retain in care. ICYP was formed in 2007 by St. Paul's psychiatrists with the goal to deliver mental health services to homeless youth in Vancouver's inner city. A gap in services was identified and a commitment was made to effect change in the delivery of services for youth and young adults facing complex issues. The Program's first major partnership was with Covenant House Vancouver and ICY team members focused on supporting youth living in shelter and accessing drop-in services. In 2009, ICY saw a need for transitional housing for this population. The City of Vancouver, and soon after BC Housing, made several "low barrier" housing units available for ICY youth. By December 2011, 50 previously homeless youth and young adults were living in ICY supported, youth-designated housing units in the downtown core. Today, ICY is the gatekeeper for approximately 80 youth designated and supported housing units and subsidies. ICY team members also continue to provide clinical services to youth accessing services in Vancouver's inner city. The current team structure facilitates compliance with the Ministry of Health Intensive Case Management guidelines and standards, with a target of 90-100 new assessments per year and a case manager to patient ratio of 1 to 16-20. ICY psychiatrists conduct 40-60 weekly appointments at six downtown sites. In 2011, more than 3000 clinical appointments were delivered by psychiatrists. The transition to the Intensive Case Management model occurred in August 2013. Prior to this, the ICY was predominantly an assertive outreach model with key community collaborators. Given the complexity of the youth, this outreach model was considered inadequate, necessitating the transition to ICM. A generous donation from Silver Wheaton in December 2012, allowed for significant program expansion with the addition of seven team members and implementation of the Intensive Case Management team (3 social workers; 2 registered psychiatric nurses). Additionally, the program developed small but critical psychosocial rehab team, focused on assessment, life skills acquisition and community building. This group also links ICY youth to adult education, post-secondary education, volunteer and vocational opportunities. This component has been instrumental in client recovery. Many youth struggle with hospital outpatient visits due to concerns that they will be admitted or re-admitted. By providing clinical services on an outreach basis the program is designed to facilitate greater adherence to treatment and recovery potential. The ICY vision is to excel at giving inner-city youth and young adults the best hope for recovery, stability and self-sufficiency. Through innovation, collaboration, evidence-informed practice and advocacy, ICY continues to support inner-city youth access the services their need to improve the mental health and quality of life. ICY team members provide exceptional care for the young people they serve. They are driven by a passion to work with this complex client population and are committed to effecting some systemic change in how health care services are delivered.

**5) Explain how the project team demonstrates leadership and vision in championing collaboration, and how the project inspires others to effect positive change. Please provide specific examples.**

ICY is considered innovative and a national model of care not only for the work done within the hospital to raise the profile and quality of care of youth with mental illness and addictions but for establishing key partnerships with community organizations such as Covenant House Vancouver, Coast Mental Health and BC Housing. These partnerships have significantly reduced fractured care and have enhanced the coordination of seamless service delivery for this vulnerable population. -In partnership with BC Housing, ICY manages and supports 80 housing

units. ICY team members attend to client needs by meeting them where they are at, whether this is where they live and access community services.-With funding provided by the Ministry of Social Development, ICY offers a Contingency Management Program. This is an incentive program based on to help motivate clients meet their mental health and addiction treatment goals. Youth are rewarded on a weekly basis through a draw from which they can receive incentive gift cards to support their living and comfort, ranging from \$5 - \$100. -The Ministry of Social Development has allocated 1 position to manage all ICY client files. This youth worker provides office hours across ICY supported housing sites providing low-barrier access to MSD services. -In a unique partnership with the Vancouver School Board, a teacher offers evening drop-in instructional sessions at 2 ICY supported housing sites. -ICY works closely with Covenant House Vancouver and provides clinical appointments at 2 shelter locations and in their drop-in space.-ICY offers psychosocial rehabilitation groups (meal prep and cooking groups, art, recreation activities) at 4 housing sites in the Downtown Core.-ICY case managers and psychiatrists provide clinical services to various locations in the Downtown Eastside including Imouth Housing for Women and Downtown Community Courts. ICY recognizes that their youth they serve are also leaders in effecting change in the delivery of mental health and addiction services. ICY is currently in the process of creating Youth Advisory and Family Advisory Groups and is committed to giving service recipients an opportunity to shape how services are delivered moving forwards. ICY also has a strong research focus and academic partnerships that contribute to the knowledge base of youth and young adults facing homelessness, mental health and addiction.

**6) Describe how the project demonstrates best practices and has the potential to add value across the industry. Please provide specific examples.**

The Inner City Youth Program is recognized as the national best practice and has set the benchmark for providing innovative and quality care for the street youth population. By creating strategic partnerships with government and community agencies, ICY has been successful in moving hospital care out into the community setting and ultimately improving the quality of life for the young people they serve. Since ICY was launched they have received the following awards: •Canadian College of Health Leaders- Quality of Life Award 2012•Premier's Award Finalist- Partnership Category 2012•BC Office of the Representative for Child and Youth Award- Partnership Category 2012•City of Vancouver's Local Heroes Award 2010•Providence Health Care's Mission Award 2009Since 2013, a key achievement for ICY has been the operationalization the ICY Intensive Case Management (ICM) team. While ICY clients continue to receive psychiatric care from physicians, each client is assigned a case manager (social worker or psychiatric nurse). The goal is to build a trusting relationship, develop individualized treatment plans, and ultimately to support clients as they navigate their way to recovery. ICY team members work collaboratively to ensure that clients are connected to the services they need to improve their quality of life. Through new and expanded programming, ICY also fills the knowledge gap between youth being housed and stabilized and their readiness to re-engage into formal education and employment. With guidance from the rehabilitation and occupational team members, ICY offers youth supportive life management training and various vocational activities designed to assist youth during their pursuit of long-term employment and educational success.

**7) Demonstrate how the project has successfully achieved its goals by providing evidence of significant and measurable results. Please provide specific examples.**

A key principle at Providence Health Care is the integration of care, teaching and research. The Inner City Youth Program has assessed and recorded 470 youth since 2007. The mean Global Assessment of Functioning (GAF) score of patients at first assessment is 47. The GAF Scale is a 100-point scale that measures a patient's overall level of psychological, social, and occupational functioning. It is utilized by clinicians to gauge an individual's overall level of functioning and his/her ability to carry out activities of daily living. A GAF score of 47 indicates an individual with serious symptoms (e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting) or a serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job). Initial psychiatric assessments indicate a high prevalence of mental illness and substance abuse/dependence.Baseline Characteristics•470 youth assessed and recorded between 2007-2012•Mean GAF at first assessment: 47•Presentation on First Psychiatric Assessment:oAnxiety: 36%oMood: 46%oPsychosis: 21%oDisorders of childhood: 18%oCluster B: 27%•Reported Substance Abuse/Dependence in last month:oCannabis: 38%oAlcohol: 29%oCocaine: 10%oMeth: 10%oOpiates: 5%o47% report more than one SUD in past month•Any Legal History: 58%Outcomes Highlights•Mental Health Improvement -GAFoMean increase in GAF of 7.8 (from 47 to 54.8) from first visit to most recent (range of 1 week to 3 years). Statistically significant difference ( $p<0.01$ )o64% of youth had

improvement in GAF at follow-upoOf those "Responders" there was an average increase in GAF of 14•Finances improve (N=284)oIncrease from 26 to 75 youth on Disability at follow-up•Housing Status Improves (N=307)oHomelessness reduced by half o193 (63% street or shelter homeless) at intake vs. 97 (31% street or shelter homeless) at follow-upoICYP is the gatekeeper for 80 housing units (70 low barrier, 10 subsidies)o39 new Youth housed between Jul 2012-June 2013o16 youth transferred upward along continuumo7 entered treatmento16 found market rent housingo2 lost to follow-up and presumed homeless