Our network broadcasts a new way of thinking.
Every year in Windsor-Essex County, more than 300 children arrive at our Emergency Department with life-threatening psychiatric illnesses.

Population Profile: Children’s Mental Health
The Old Model of Care

Celeste, 14 years old, is typical of this patient population. She attempted to hang herself while at school one day.

Celeste was admitted from Emergency to the Pediatric unit.

After 30 days in hospital, she was discharged home.

Celeste and her parents were referred to the Children’s Centre Intervention Specialists.

She waited more than 6 months for their first appointment.

Celeste returned to school… sometimes she even went to classes.

Few teachers knew how to help her.
• MOHLTC Windsor Regional Hospital  Emergency Room Triage
  Hotel-Dieu Grace Hospital  Medical Stabilization
• MCYS Regional Children’s Centre  Acute In-Patient Mental Health
  Treatment for Children/Youth
• MCYS Regional Children’s Centre  Emergency Room Crisis Team
• MCYS Regional Children’s Centre  Discharge Planning
• MCYS Regional Children’s Centre  Out-patient services
• MCYS Regional Children’s Centre  Pre-adolescent Milieu Services
• MCYS Regional Children’s Centre  Walk-In Clinic
• Maryvale Adolescent Services  Residential Treatment
• Maryvale Adolescent Services  Residential Crisis Stabilization
• Maryvale Adolescent Services  Day Treatment for adolescents
• MOE Greater Essex County District Section 23
• MOE Greater Essex County District School Board  Special Education Services
• MOE Greater Essex County District Separate School Board  Special Education Services
• MOE Greater Essex County District District School Board  Special Education Services
<table>
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<th>PHASE</th>
<th>SETTING</th>
<th>MINISTRY</th>
<th>TEAM</th>
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<td>Entry</td>
<td>Emergency Room</td>
<td>MOHLTC MCYS</td>
<td>Triage ER Crisis Team</td>
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<td>Maryvale</td>
<td>MOHLTC MOE</td>
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<td>Discharge</td>
<td>To community</td>
<td>MCYS</td>
<td>RCC OP Team</td>
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A New “Plan of Care” Model

Jamie, 15 years old, is typical of this patient population. Jamie was cutting herself.

Jamie was admitted from Emergency to Maryvale as a hospital inpatient. A doctor, nurse, psychologist, Child Psychiatrist, social worker, teacher and Child & Youth Worker worked with her and her parents to devise a plan of care.

One week after leaving Maryvale, the established plan of care continued. Jamie and her parents started sessions at the Regional Children’s Centre.

Jamie returned to school… and attended classes regularly.

Jamie went to group therapy sessions, school classes and helped to clean her room and do her laundry. Jamie’s parents attended family counselling sessions as well.

After 8 days she was discharged home.

Her teachers followed the integrated plan of care. They knew how they could help Jamie.
Integrated Model – Outcomes Exceed Expectations

- Wait time to Community Intervention post discharge down to 1 week (from 6 months).
- Four Child Psychiatrists recruited to Windsor-Essex over past three years – chose to practice with Integrated Model of Care.
- Inpatient costs $2.2 Million less, with use of non-traditional Inpatient Beds and reduced Length of Stay.
- 3,080 fewer inpatient days with New Model of Care (based on 140 admissions annually; Average length of Stay down to 8 days from average of 30 days previously in Acute Hospital.)

2007 Parent Satisfaction Survey Results

“You have been a great help to our family. A life saver thrown to a drowning family.”

“You from the time I brought my daughter into the hospital, through the program at Maryvale until I took her home you were all helpful and considerate to us. I believe you helped save her life.”
Exceptional Alliance

“The in patient mental health program for youth in Windsor, housed in a residential setting, is unique in Ontario. The experience and surroundings are normalized for the child. Discharge planning and communication with the outpatient treatment team improves patient care and communication throughout the circle of care.”

Dr. Tam Doey, Child Psychiatrist
Learning Continuum

The Integrated Model of Care is “portable” to other patient populations.

For example, it can readily be adapted to service our Frail Elderly population.

- Directors of all the organizations involved in the care of the patient, and the corresponding Ministries need to be truly cooperative and committed to the model.
- The community setting, with availability to a multidisciplinary team has to be willing to work at a face pace and be open to developing the necessary skills to do so.
<table>
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<th>Service</th>
<th>2005/06</th>
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<td>589</td>
<td>545</td>
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• “You are not obliged to complete the work, nor are you free to abandon it”. (Ethics of the Fathers, 5:3)
  – Jewish tradition teaches us that the business of making the world a better place is never ending, and requires courage. You will never finish, but you can also never give up.
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