

**Canadian Alliance End Homelessness Conference
Montréal
November 2nd 2015**

RÉSEAU D'INTERVENTION DE PROXIMITÉ
AUPRÈS DES JEUNES (RIPAJ - Montréal)

Reaching out to vulnerable youth
MONTREAL HOMELESS YOUTH NETWORK

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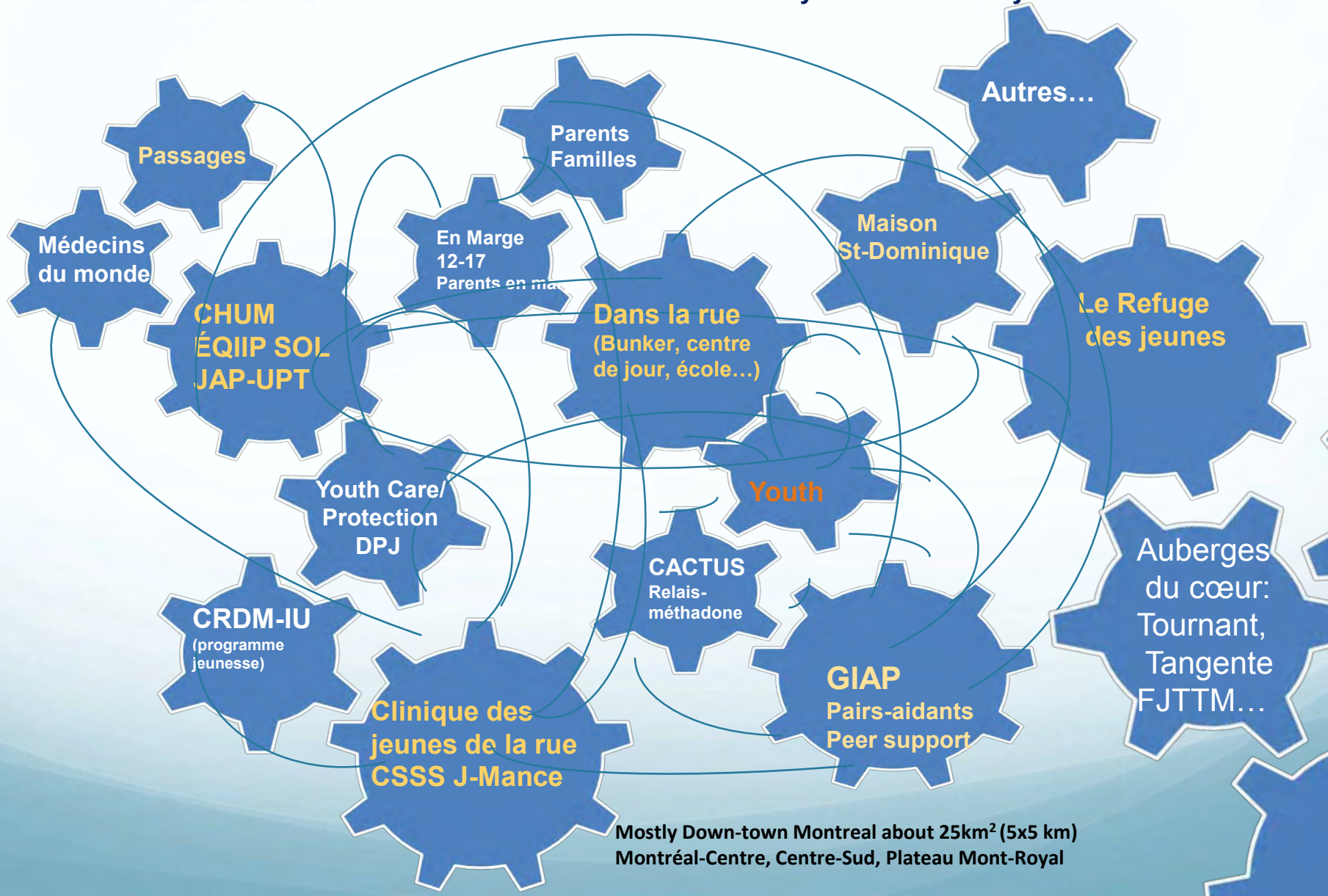
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RIPAJ - Réseau d'intervention de proximité auprès des jeunes, Montréal
un réseau de liens et de collaborations, entre plusieurs services dans plusieurs lieux

Montreal Homeless Youth Network

one network made from links and collaborations between many services in many locations



Mostly Down-town Montreal about 25km² (5x5 km)
Montréal-Centre, Centre-Sud, Plateau Mont-Royal

Gradually building a Network → to fulfill Youth psychosocial needs → Caring for their own mental health

In 2003 : Creation of a Mental Health Network, initiated by psychologists working with this population

- Strong core/base: Dans la rue, CHUM-ÉQIIP SOL (Clinique JAP);
- The core team **has been enlarged** with involvement of other organizations
- Regular meetings maintained (5-6 per year up to once per month);
- **Collaboration** increased between community organizations and MH institutions
 - Better knowledge and respect of others philosophy and services;
- **Common view of gaps in our network**, each organization taking initiatives and catching opportunities to fill the gaps:
 - Creation of EQIIP SOL by CHUM-Clinique JAP (2012)
 - Emergency rooms at Maison St-Dominique (2012)
 - Longer duration shelter stay at the Bunker-Dans la rue (2015)
- Mental health training activities + knowledge transfer for many partners (by psychologists – DLR, CLSC, psychiatrist and SOL-JAP team): community organizations, workers (ex. Shelters), pairs-aidants, Youth;
- Support and involvement (more recently) of administrators

Montreal Homeless Youth Network

STRENGTHS – Common philosophy

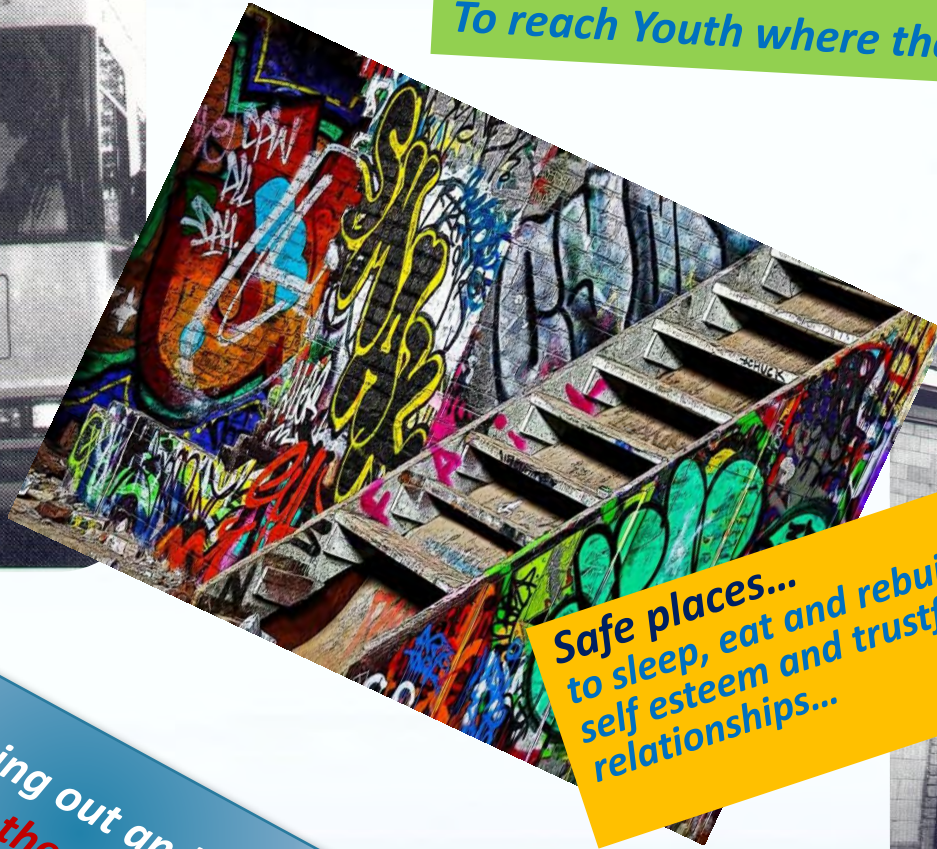
- There is no « wrong door »
- There is no « bad timing »
- There is no wrong source of referral



- No complicated referral process between partners
- Awareness among community organizations workers and Youth
- Welcoming environments and attractive intervention settings



*Proximité : aller vers...
To reach Youth where they are!*



*Safe places...
to sleep, eat and rebuild
self esteem and trustful
relationships...*



*Reaching out and meet
where they feel safe!*



The Bunker (1986)

Montreal Homeless Youth Network

STRENGTHS

- Commun **core values** between organizations;
 - Even if each organization have their own philosophy
- Contact** with MH professionnels within 24h;
- Variability of settings**
 - Day center offering food & school, shelters, Hospital clinics, Detox center, Community clinics
- Wide Range of services** engaging youth
 - MH Education, Art & Music therapy, Sports, Housing support, Vocationnal support, Psychotherapy, Group interventions, pharmacotherapy, Family interventions, etc.
- Help is obtained quickly** in a **youth friendly** and respectful context or environment **chosen by the young person**;
- Accessibility** almost 24h/24h within the network (security net);
- Visibility and accessibility of the mental health workers** in different settings (eg. Dans la Rue's Day Center cafeteria and Refuge des jeunes Night Shelter, etc);
- Accompaniment** offered to make sure Youth get the appropriate services
- Youth are never let on their own to get help, and once in contact with MHYN
 - Trust relationship between youth and one organisation is 'transferred' to the other organisation he might need

Montreal Homeless Youth Network

STRENGTHS

- ❑ **Regular activities and informal exchanges** aiming at destigmatization, demystification, increased awareness, and mental health promotion;
- ❑ **Pairs-aidants** (peers involved in **GIAP**) available at DLR Day Center and CLSC (Clinique des jeunes de la rue) and EQIIP SOL;
- ❑ **Regular proximity meetings** between members of the organizations to discuss access, complementarity of services, youth situations, intervention plans, etc.



Nurses, doctors, psychologists, social workers, psychiatrists and other workers ... **partners with me and for me!**

Des médecins, des infirmières, des psychologues, T.S., psychiatres... **des partenaires... avec moi et pour moi... !**

Early Identification

of severe mental health problems prevention of severe consequences of distress

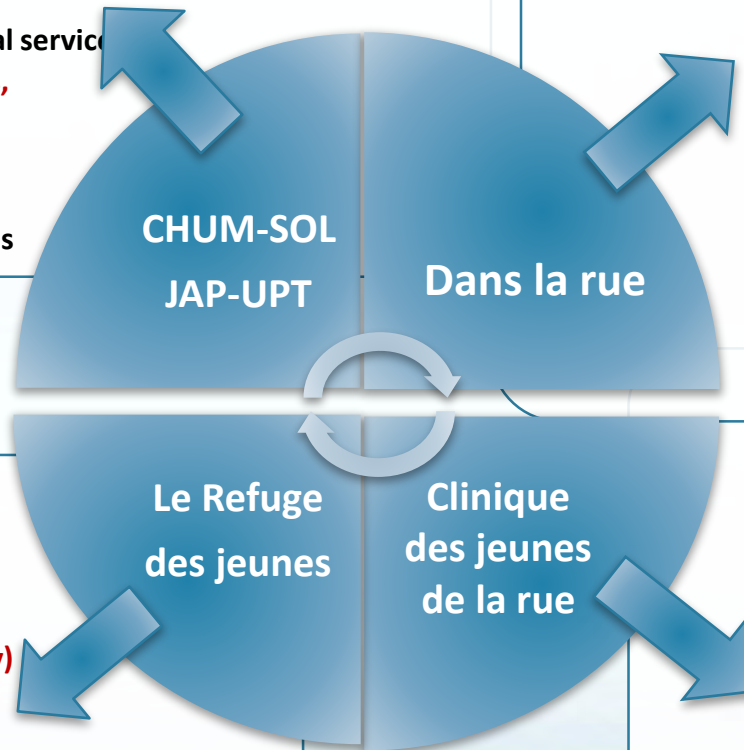
- ❑ Leave some time to the Youth to ask for help;
- ❑ **But initiate contact** before a crisis occurs;
 - Accessibility of clinical consultants (psychologists) at Dans La Rue for workers
 - Relevance of a mobile Social Worker from ÉQUIP SOL at DLR and other com. Organizations (eg. Refuge des Jeunes)
- ❖ **The accessibility of clinical consultations by workers → positive impact on early identification**
 - ❑ Training and knowledge sharing (for workers, youth and clinicians)
 - ❑ Workshops and psycho education (for youth)
 - ❑ Creation and exploration of tools (for workers and Youth)

Montreal Homeless Youth Network

Risk / Précarité Complex Needs and Conditions

- 18-30 y.o.
- About 90 referrals per year : homeless youth
- Severe mental illness and substance use disorders
- Intensive + specialized care
- Integrated psychiatric + psychosocial services
- psychiatrists, nurses, social workers, occupational therapists
- Liaison with other services
- Accompaniment- outreach
- About 100 referral for early psychosis

- 12-25 y.o. (+ transition up to 26)
- Psychologists and clinical consultants (2)
- Nurse (CLSC nurses + pediatrician or family doctors visits)
- Diverse social services (including juridic)
- Family Service (up to 30 y.o.)
- Schooling (sec. 1 to 5; french and math)
- Employment programs and Day-to-day work
- Clothing, Meals (cafeteria)
- Emergency Shelter (Le Bunker : 12-21 y.o.)
*DLR-DPJ-SPVM protocol
- Accompaniment – outreach
- Liaison with other services, organizations and specialists/consultants : psychiatrists (Pinel, CHUM-JAP), substance use (CDC), homelessness (Diogène, etc.)...
- About 400 new youth/year come to DLR
- Supervised appartements



- 17-25 y.o.
- Homeless Youth (young men only)
- Dormitory + meals
- Community social services
- Liaison with health and social services – accompaniment-outreach
- Housing : Les Appartements du Refuge

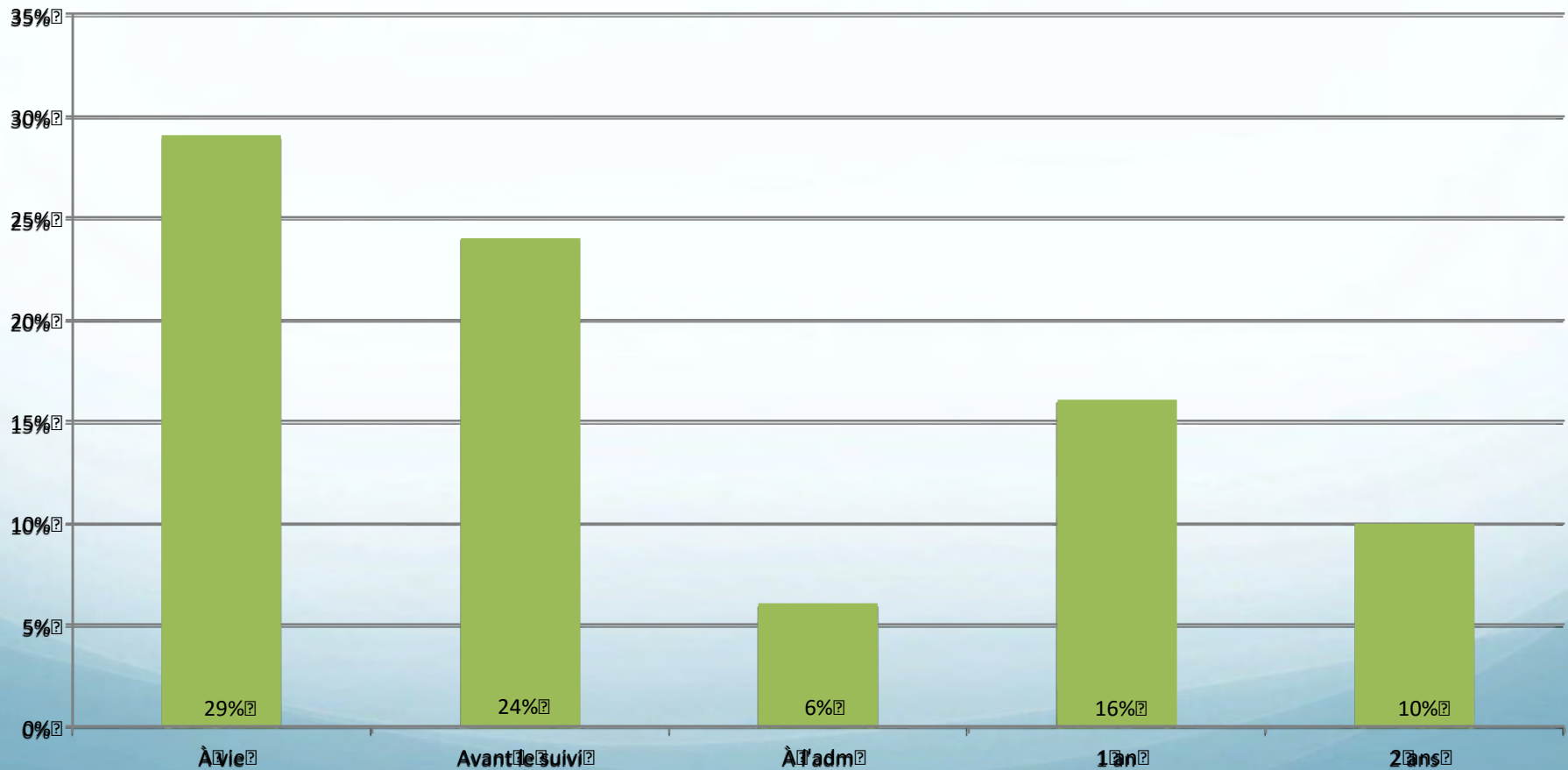
- 18-25 y.o.
- Family doctors
- Psychologist (1)
- Social worker
- Nurses
- Psychiatrist (from SOL-JAP Clinic)
- Dentist
- Liaison with other services – accompaniment –outreach
- Showers

And many other organizations

Équipe d'intervention intensive de proximité

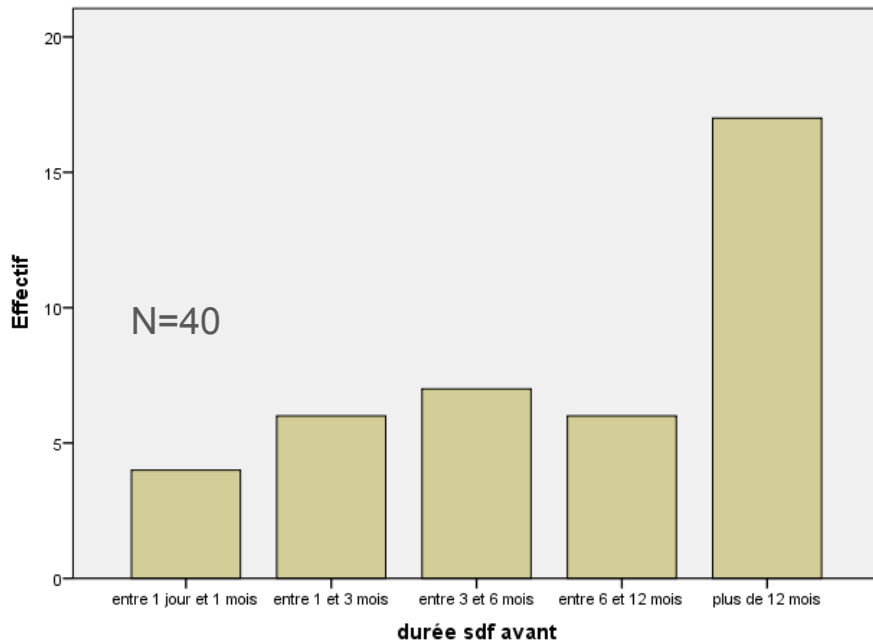
EQUIP SOL

Prévalence de l'itinérance chez les PEP

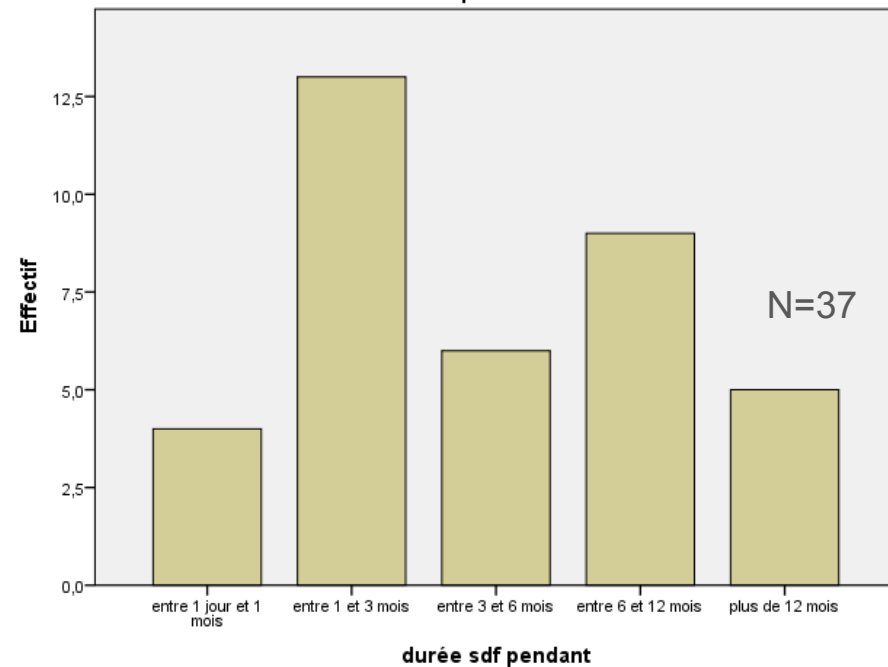


Durée de l'itinérance avant et pendant le suivi à JAP

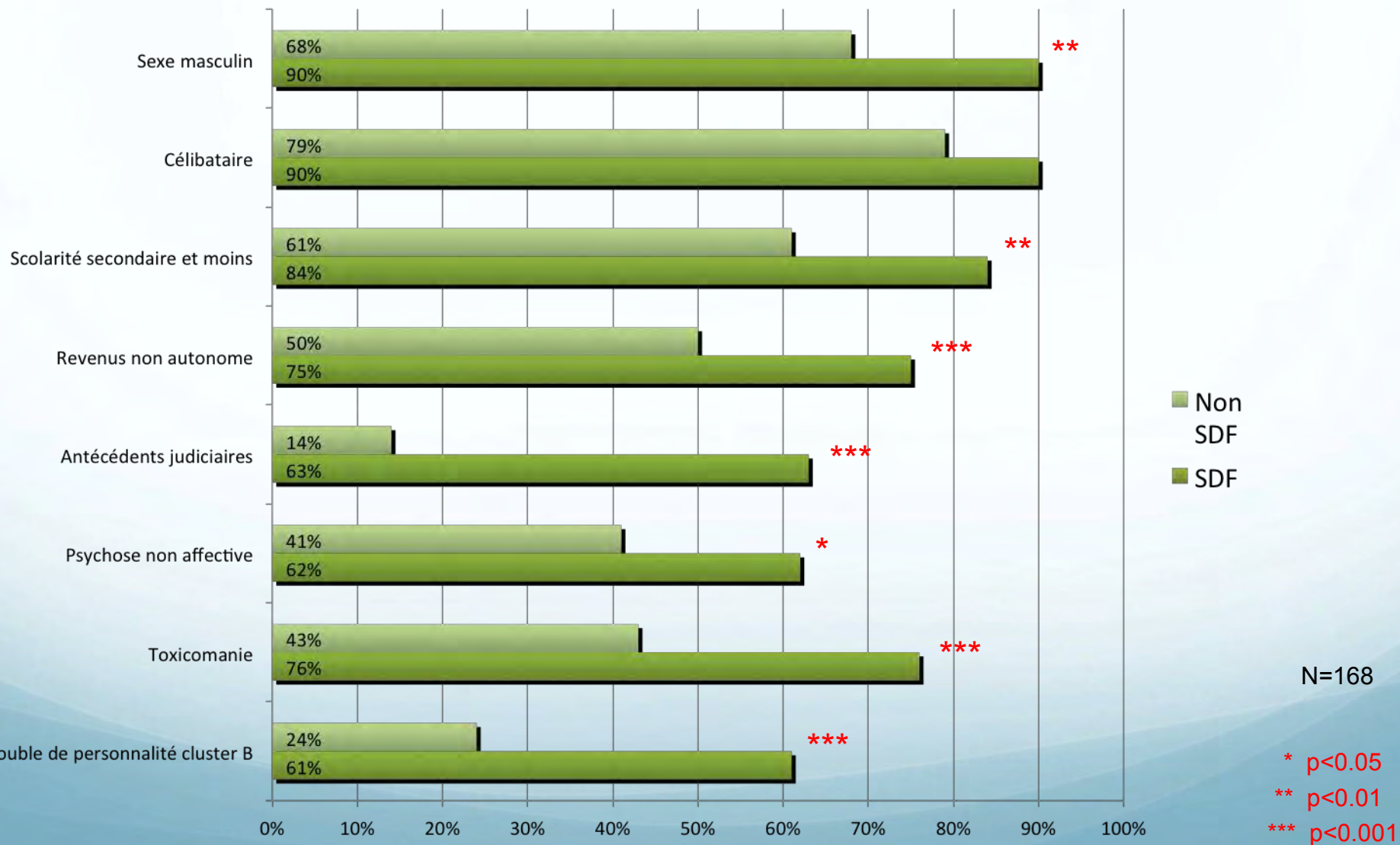
durée sdf avant



durée sdf pendant

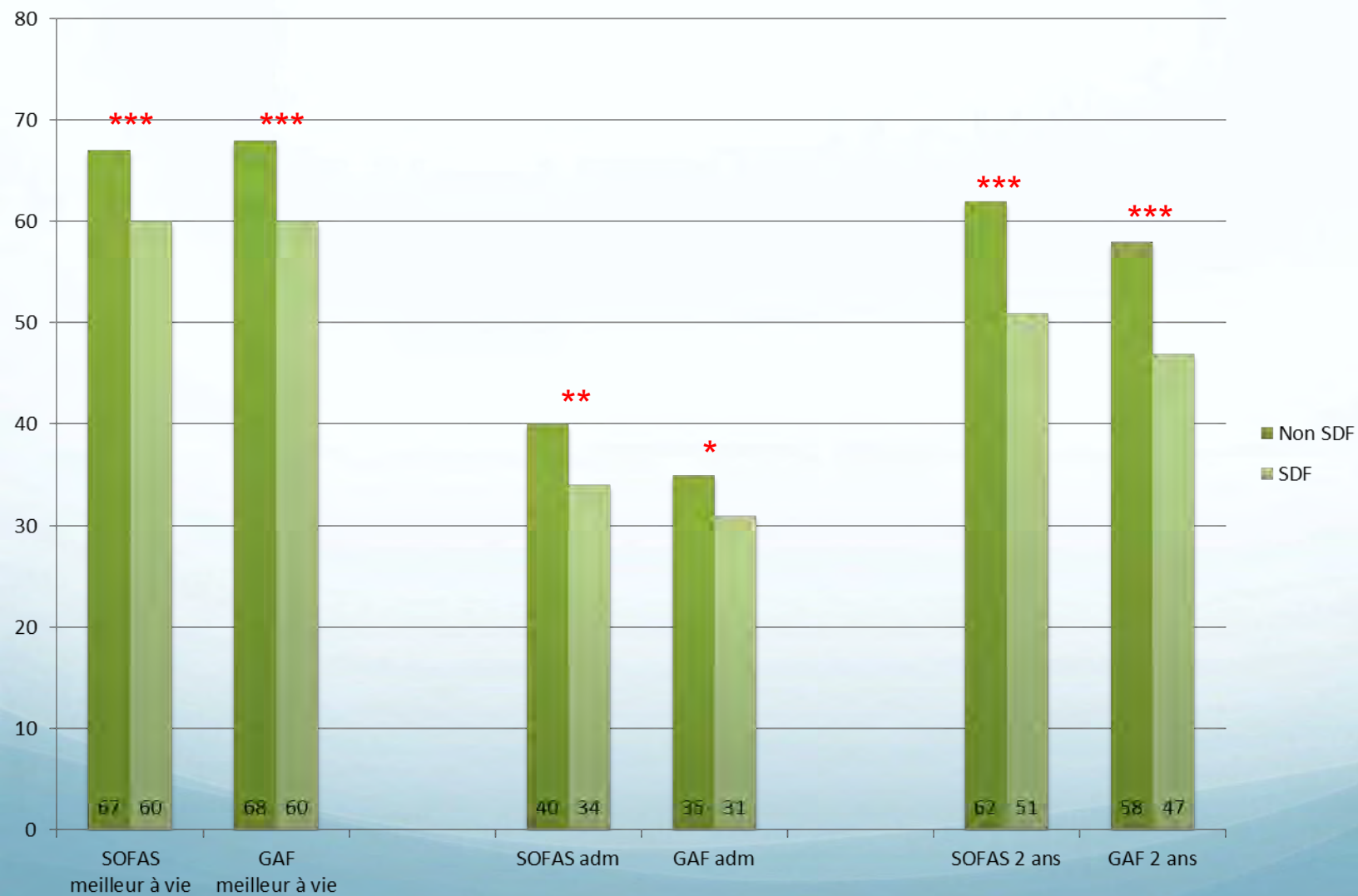


Caractéristiques à l'admission



Évolution fonctionnelle

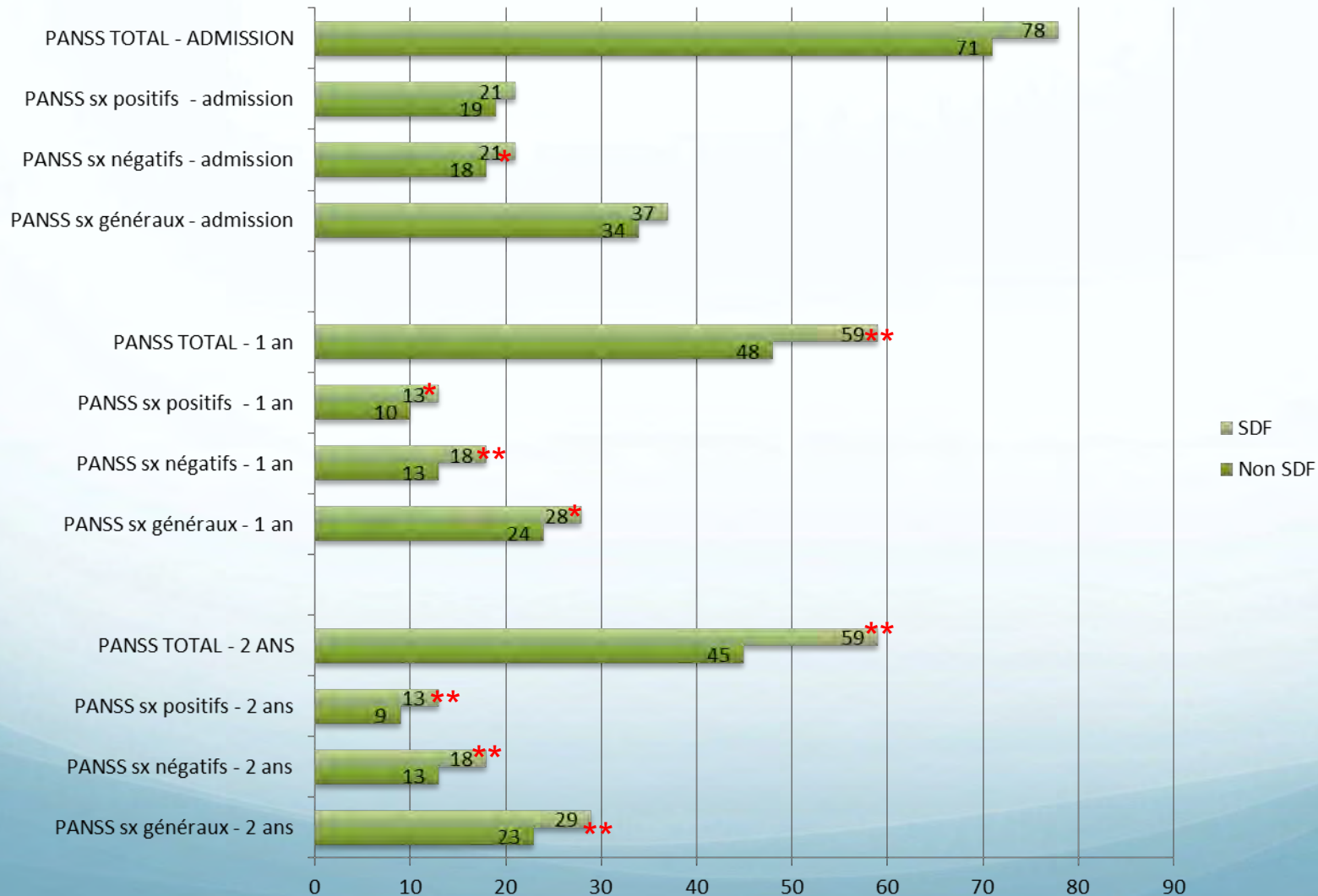
PEP Itinérants vs non itinérants



* p<0.05
** p<0.01
*** p<0.001

Évolution symptomatique

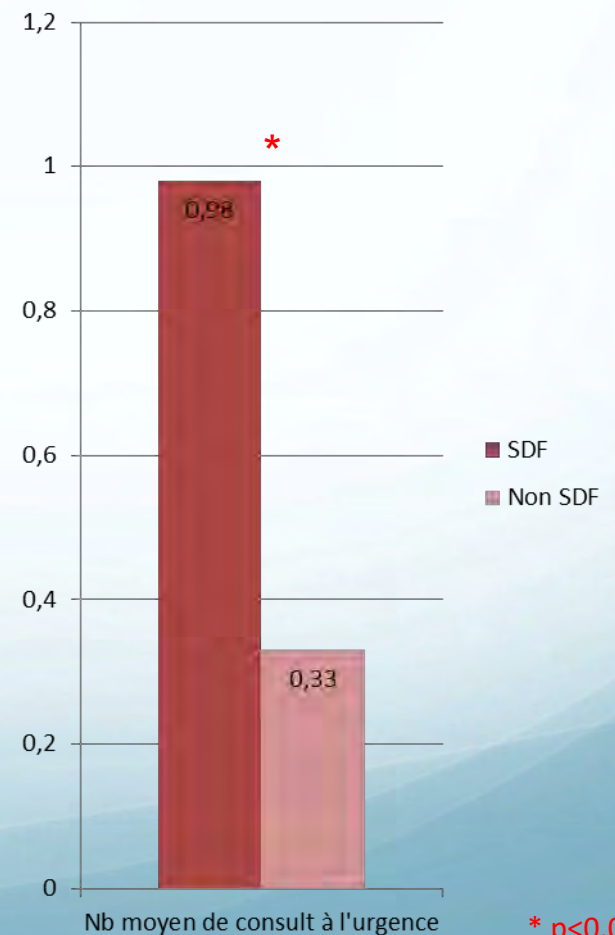
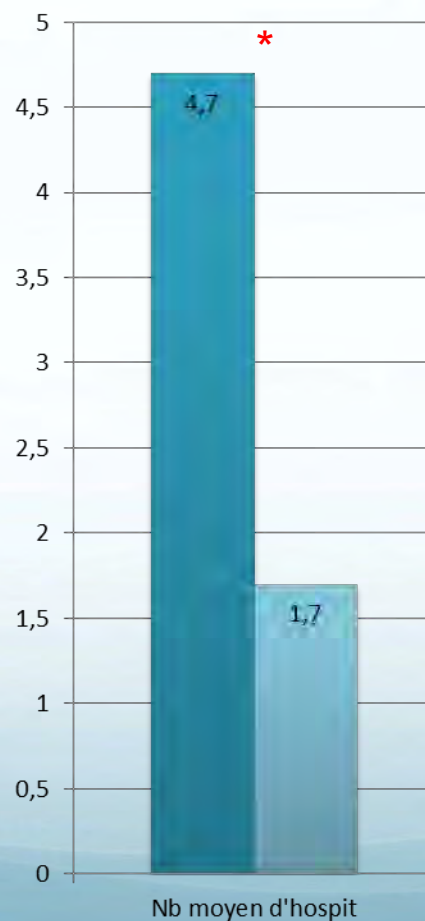
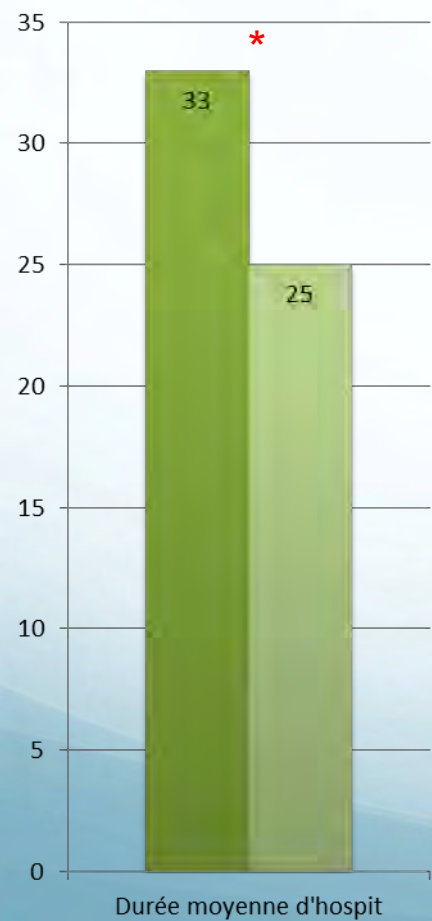
PEP Itinérants vs non itinérants



* p<0.01

** p<0.001

Utilisation des services SDF vs non SDF



* $p < 0.001$

Équipe d'intervention intensive de proximité

EQUIP SOL

Why an intensive outreach team?

- The presence of specialized treatment teams for addictions and mental health:
CHUM
- Geographical region covered: **Montréal Downtown area**
- Responding to a need: **Street Youth/ Mental Health/ Substance use**



History

- Pre-existing partnership between JAP, UPT and community organisations
- There have been collaboration meeting with community organisation since 2003.
- Psychiatric evaluations are performed at the street youth clinic once a month
- EQIIP SOL is created in February 2012



JAP: Early intervention for psychosis clinic
UPT: Addiction Psychiatric unit

Financing

Montreal's Health and Social Services Agency
Via the
Federal drug treatment funding programme



Objectives ÉQIIP SOL

- Improve service accessibility
- Encourage engagement in follow-up
- Improve a continuity of care
- Stabilize the individuals' situations
- Encourage social integration



Stake holders

- Partnership between CHUM's First episode psychosis clinic (JAP) & Addiction psychiatry service (UPT)-
- 5 psychiatrists dedicated part-time AND 3 social workers
- Montreal health and social service agency
- Community organisation working with street youth and those at risk of homelessness in Montreal

- Dans la rue – Refuge des jeunes – Clinique des jeunes de la rue – CLSC des Faubourg -
- Passage - St. Michael's Mission - Diogène - Maison St-Dominique – Portage TSTM
- Médecins du monde – Pharillon - CRAN-Relais-Méthadone – Cactus – Centre de réadaptation en dépendance de Montréal -



How ÉQIP SOL works

➤ ÉQIP SOL social workers are integrated into established hospital psychiatric clinics (JAP and UPT):

Case discussions, participate in team meetings, animation of group therapies

➤ SOL patients are followed in one of the two clinics (JAP and UPT)
+ benefit from an intensified follow-up which includes outreach.

➤ Continuity of services: Emergency – Internal - External:
Même équipe d'intervenants, d'un lieu à un autre au sein du CHUM



Interventions in community organisations

Why work on early detection with community organisations?

- Youth with aggressive behaviours= high risk of service exclusion = limits window for detection
- Youth who are more ISOLATED = Pass under the radar
- Clinical SUPPORTS and training
- Risk of BURNOUT for intervention workers in the community organisations



Intervention with youth

- **Outreach**

- ↑ trusting therapeutic relationship
- Finding and maintaining adequate housing
- Maintain appropriate medical follow-up and treatment
- Return to work/school

- **Frequency**: visits 1 to 5 times a week
- Ratio 15 youth: 1 worker
- Participation in **GROUP** therapies
- Reconnection with **FAMILY**



Partnership = better follow-up

- GLOBAL vision of the youth
- Often the ONLY PLACE where the youth are able to go
- Youth are often RELUCTANT towards the “system” and institutions
- Enables the team to FIND the youth and continue with the follow-up services



Links – complimentary services

Relais méthadone	Complimentary services
2nd line services	References + complimentary services
2nd line team	Transfer for continuity of services
Front line services	References and continuity of services
Drug treatment/therapy	references
JAP et UPT	Support from 2 clinical teams
Community organisation	Case discussions and clinical support



Outreach
Availability
Partnerships
Make the youth's objectives the priority
Give the youth realistic choices
Perseverance
A flexible structure!

Winning Recipe



Sense of Belonging to CHUM and community organisations

Respect of the organisations' philosophies

Don't try to change everything ! Accept and change yourself.

Sensitization about and prevention of psychoses within community organisations

Strengths

Openness and flexibility in the face of a very stigmatized population



Obstacles

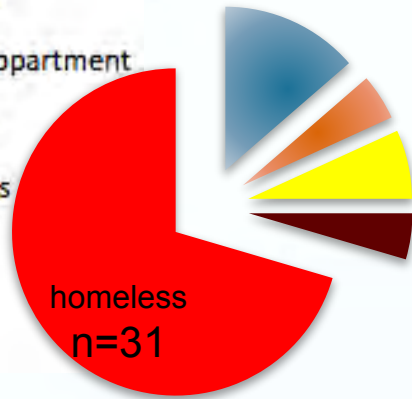
- No funding for beds dedicated for youth followed by SOL
- Colleagues miscomprehension
- Limited human resources
- Finding adequate housing and rent subsidies
- Social disengagement
- Financingt
- Access to vocational training: adapted programmes / work places
- Adaptation of specific approaches/models (personality disorders, 1st episode psychosis, drug dependence) for a street youth population



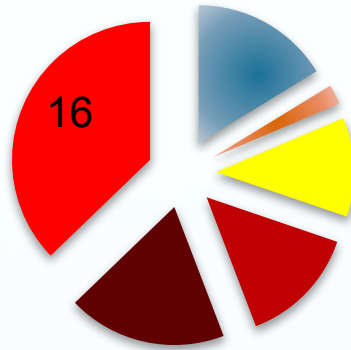
Does this model of care
improve the outcome of youth
with severe & complex mental
illnesses and addiction
as well as those with milder
distress

Housing outcome within EQIIP SOL

- autonomous
- with parents
- supervised apartment
- group home
- homelessness
- prison
- detox



Baseline



1 month



3 months



6 months



9 months



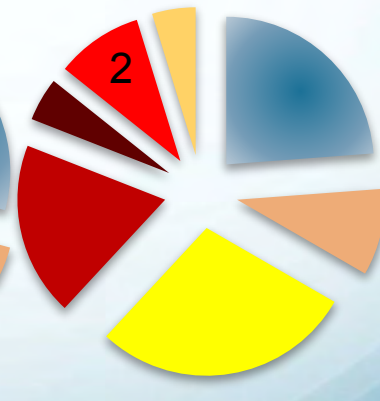
12 months



15 months



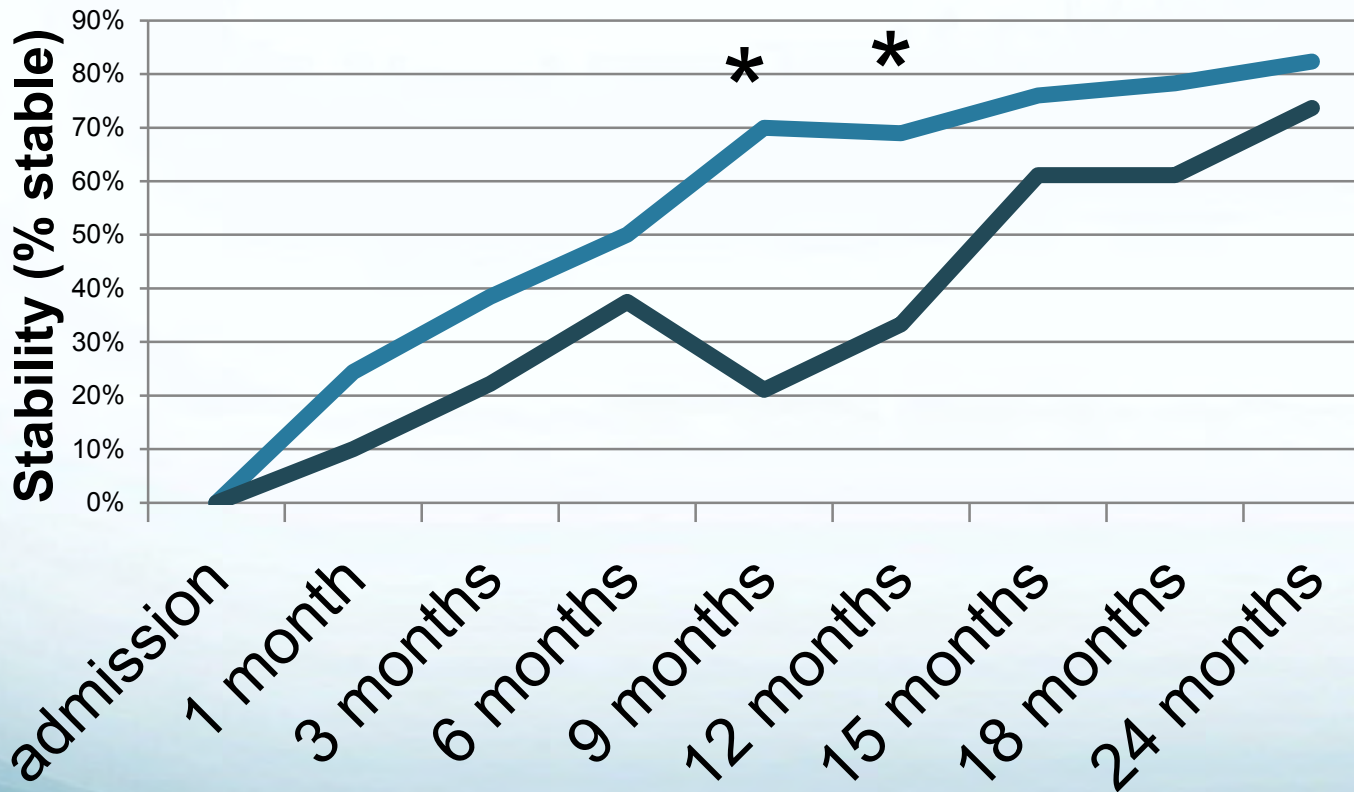
18 months



24 months

Housing Outcome

Figure 2 : Housing Stability

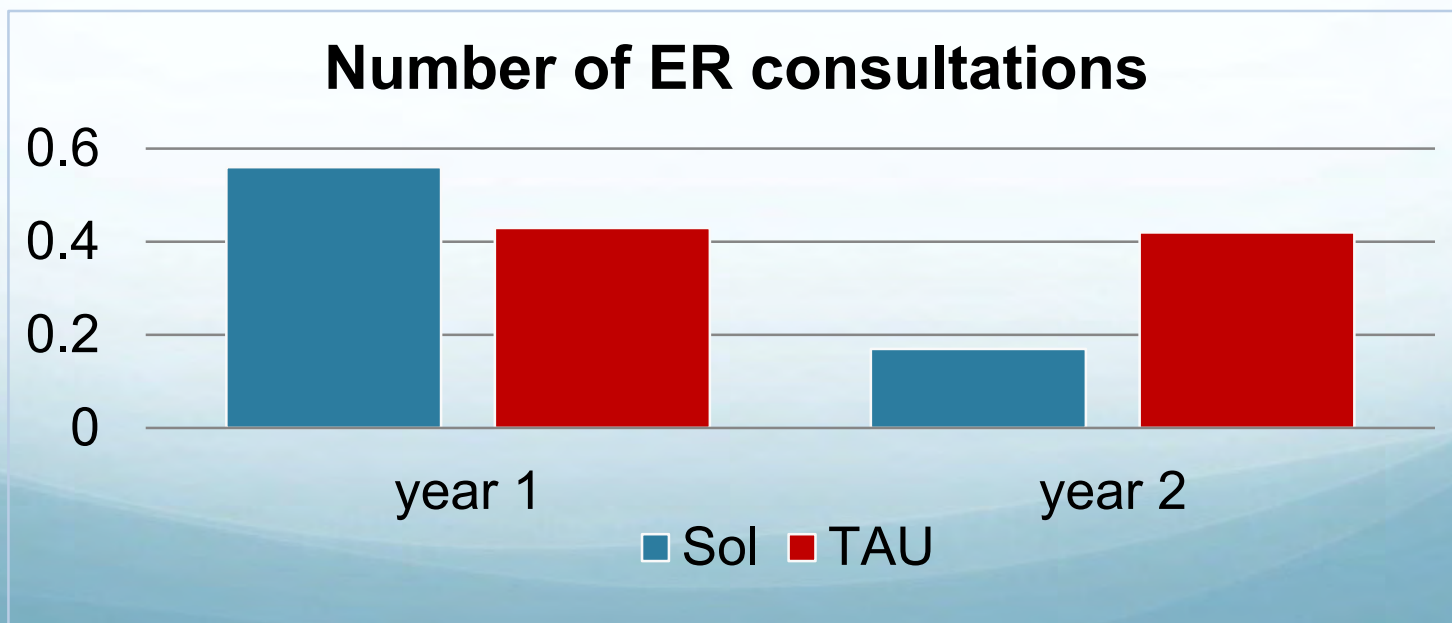
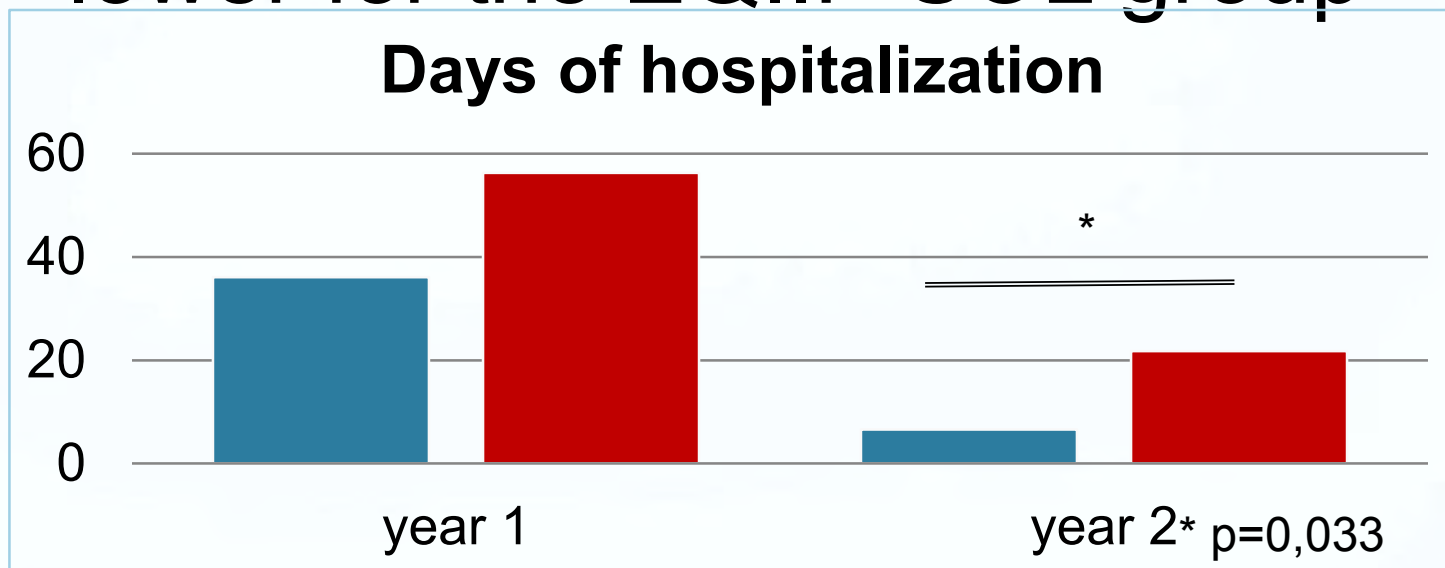


How long before stability ?

On average, EQIIP SOL participants attained housing stability after 7,52 months vs 12,38 for TAU ($p = 0,044$)

* $p=0,001$ (9 months) $p= 0,018$ (12 months)

The acute mental health services use was lower for the EQIIP SOL group



EQUIP SOL

- **Par année:**
- **Nombre de nouveaux jeunes aidés (directement ou indirectement) : 75**
- **Nombre de nouveaux jeunes admis pour un suivi intensif à Equip SOL : 20-25**
- **Nombre de jeunes suivis: environ 40-50**
- **Parmi les autres, la plupart ont été transférés à la fin de leur suivi à des services de 1^{re} ou 2^e ligne en santé mentale ou en toxicomanie.**

Maison St-Dominique

- Mini - Pilot project 2012
 - Financial support within SOL budget provided by Programme fédéral de soutien au traitement de la toxicomanie
- Bigger pilot project with Private foundations support 2013-2015
 - Fondation Echo
 - Syballa-Hesse
 - Carmand-Normand

Maison St-Dominique

- 2 emergency rooms (to avoid shelters)
- 2 apartments of 4 rooms (= 8 places)
- 1 intervention worker 5 days/7 daytime at MSD and available by phone at night
- Daily liaison with EQIIP SOL social workers
 - Rapid access to psychiatrist (same day)
 - Intervention plans discussed together with youth, EQIIP SOL and MSD

Maison St-Dominique

- 2 emergency rooms reserved for EQIIP SOL
 - in a 4 room apartment within a segregated supported housing for mental health clientele
 - Very Low requirement to access housing
 - 2 months max
 - To allow search for other long term housing solutions
 - Allows to avoid/reduce hospitalisations (because of lack of housing)
 - Allows quick building of trusting therapeutic relationship

Maison St-Dominique

- 2 x 4 roommates Flats
- Duration 1 year up to 2 years
- Allows acquisition of Daily living skills
- Allows evaluation of their autonomy (eg. dangerousity 2nd to lack of skills)
- Stimulation to 'invest' in a life project and reach recovery

Maison St-Dominique

- Housing First adapted for youth 'Projet V'LA (Vie en logement autonome)'
- Pilot projet March 2015 (5 places); Full project: 30 places From October 2015
- Financial support from 'Secrétariat de partenariats de lutte contre l'itinérance'
- Team includes: 1 housing intervention worker, 2 case managers, 1 coordinator..... Ratio 1:10
- Up to 4 years
- Allows avoiding daily contacts with others for those who need their own space'
- Allows long term housing projects to take place

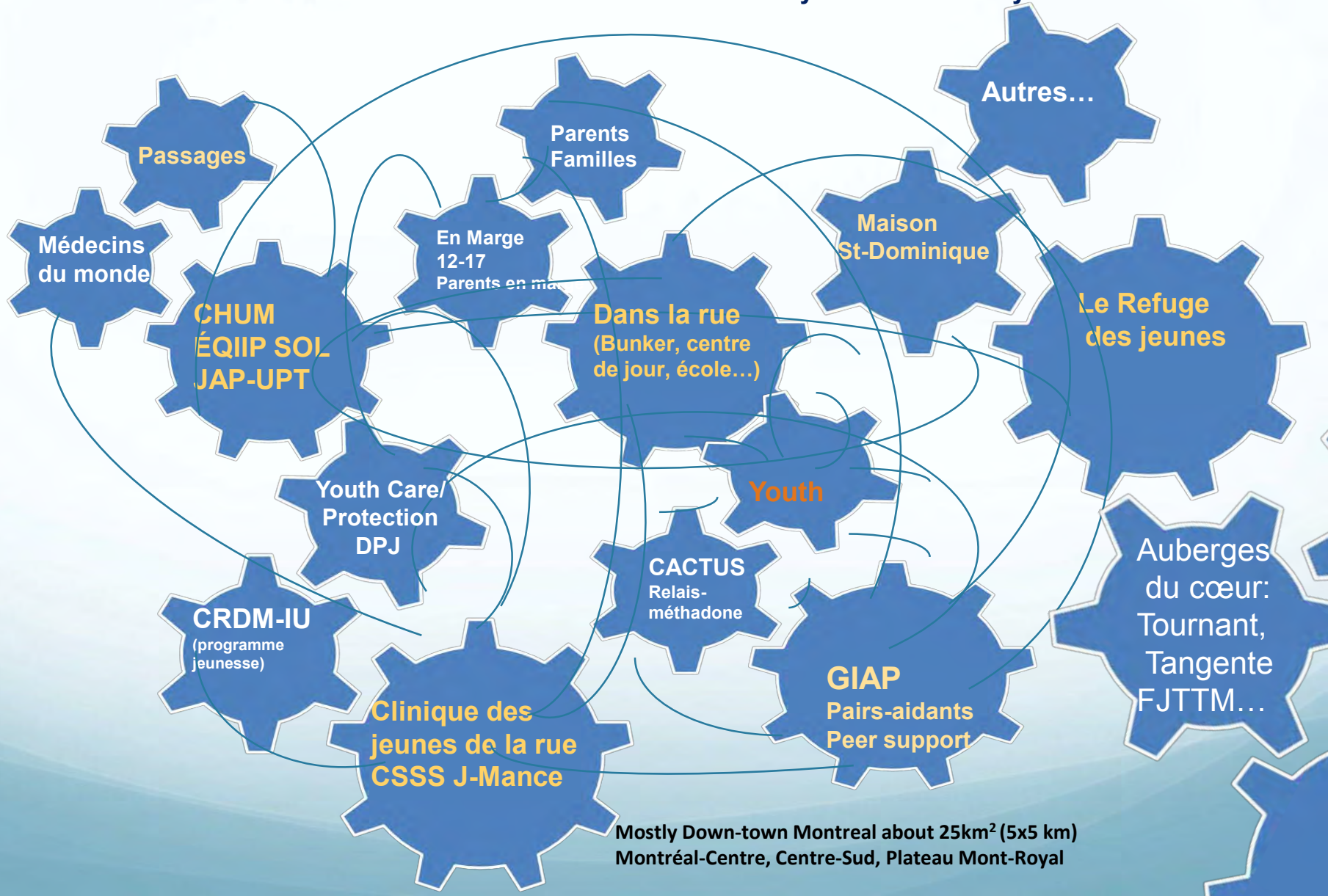
Maison St-Dominique magical ingredient

- Rapid Flexibility and intervention plans re-adjustments allows integration of youth despite
 - fragile mental health state (acute psychosis)
 - addiction risk taking behavior
 - Impulsivity of youth
 - Ambivalence and rapid decisions change
- Eg. Medication supervision available for short period, little jobs offered to improve self-esteem, accompaniment for identity cards and for medical follow-ups

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Social Workers- CHUM

Julie-Marguerite Deschênes, SW

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Nicolas Girard, SW

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Véronique Plante, SW

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Intervention workers – Dans la rue

Maude Pellerin, Team leader front line service Chez Pops day center

Emmanuelle Soucy, Youth worker, specialising in runaway at the emergency shelter
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Psychiatrists:

Amal Abdel-Baki, MD, FRCPC, M.Sc.

Didier Jutras-Aswad, MD, FRCPC, M.Sc.

Clairéline Ouellet-Plamondon, MD, FRCPC, M.Sc.

Laurence Artaud, MD, FRCPC, M.Sc.

Simon Dubreucq, MD, FRCP, M.Sc.

