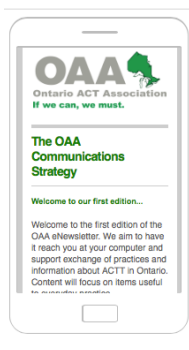
PLEASE HELP US REACH MORE ACTT TEAM MEMBERS - SHARE OUR FORM

OAA eNEWS

The OAA Communications Strategy

Welcome!

Welcome to the first edition of the OAA eNewsletter. We aim to have it reach you at your computer and support the exchange of practices and information about ACTT in Ontario. Content will focus on items that are useful to everyday practice.



The e-newsletter is linked to the OAA Website and the communications committee is working to make it as easy as possible to interact in whatever form fits for you, be it on the OAA website, Facebook, or email.

The Website is the foundation we are working from and the sections on Team and Practice Resources will be an ongoing development. So please do share what you think may help ACTT clinicians all over Ontario working with consumers.

Help the OAA help teams!

Please take 5 minutes to encourage your team to sign up for the OAA eNewsletter. We will handle the mailing list with care and will not distribute or use it beyond OAA activities. The teams do not have to be members of the OAA to participate.

Step 1 – Please supply contact information for you team members so they can receive our newsletter. We need First & Last Name, email address, and Team Name emailed to ontario.act.team@gmail.com OR you can encourage team members to sign up - **OAA eNewsletter Signup Form**

Step 2 – ***Consider sharing activities or projects your team is involved with that others could learn from***. Include a document/powerpoint; graphic or photos (ensure that consent has been given to publish) and a brief summary - 1 or 2 paragraphs per project or activity. It does not need to be a recent project to have value. We will format/edit for communication and run it by the person submitting for final approval.

Snapshots of team leader dialogue on issues and standards for ACTT, Spring 2015

Team leaders gathered in Barrie, Ontario in March to focus on issues around ACTT standards and practice implications. The topics were many; below are the notes from two items of focus to provide readers a sense of the *beginning* of this dialogue. The next team leaders' meeting with be in Fall 2015.

Team leaders:

- *Qualifications of a team leader?*
- *Define TL role: is it shift manager, team leader, team coordinator? Minimum responsibilities? What is over and above?*
- *Retention of team leaders, burnout concerns… day to day extra work falls to TL (especially when manager is off-site)*
- *Pressure from above to take on more administrative work.*
- *Some Team leaders are overseeing 2-3 teams*
- *Management meetings in addition to carrying a caseload.*
- *How do you provide staff supervision? How often? Can you attend management meetings, carry caseload, and provide staff supervision?*
- *Important for TL to have contact with clients and families – carrying caseload valuable but TL deals with a large number of clients anyway*
- *Some would like to see small caseload removed as a standard. Standard should be: what percentage of clinical work does the TL have in their day?*
- *Is it mandatory to have a Team Leader on each ACT Team? Should it be in the standards?*
- *Delineate role and responsibilities for Team Leader*
- *Define the difference between clinical lead and team lead*

Plan: *Ruth Woodman will prepare a survey for all teams to help with defining the TL role and responsibilities.*

Borderline Personality Disorder

- *Particular training, particular skill sets needed*
- *Inappropriate burden on team (splitting, time demands, managing self-harm behaviours, negative impact on other clients)*
- *Severe BPD – should not be on ACT teams; wrong care; unethical*
- *"Leading them on" with DBT Life Skills groups and ACT care, but not actually fostering recovery*
- *ACT not designed for BPD – we should lobby for proper treatment for these clients in this province*
- *One team – psychiatrist skilled in this area, but not all teams have this*
- *Quite common for patients with BPD to be misdiagnosed as having schizophrenia*
- *ACTT can refuse admission based on diagnosis and wrong treatment*

Client Satisfaction Survey

3) How accessible are ACTT services?

Are they provided at a time of day that is best for you?
☐ YES ☐ NO ☐ SOMETIMES

At a location that is convenient for you?
☐ YES ☐ NO ☐ SOMETIMES

In a language that you understand?
☐ YES ☐ NO ☐ SOMETIMES

How can ACTT be more accessible for you?

_____

_____

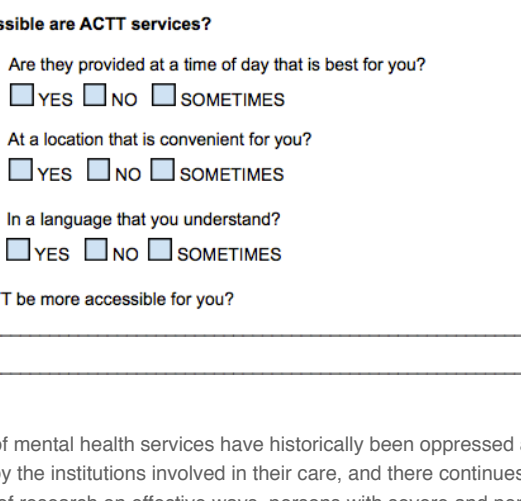
Consumers of mental health services have historically been oppressed and stigmatized by the institutions involved in their care, and there continues to be a general lack of research on effective ways persons with severe and persistent mental health issues can provide feedback to their care providers. Recognizing this, the Pinecrest-Queensway Community Health Centre's Assertive Community Treatment Team (ACTT) and researchers from Carleton University departed from traditional methods and used a participatory action research approach to develop a tool that would encourage clients to provide the ACT Team with feedback on their level of satisfaction with the services they are receiving.

As part of the research project, the Pinecrest-Queensway Community Health Centre asked for a review of how all other Ontario ACT Teams were obtaining their client satisfaction data. All 82 Ontario teams were contacted of these, 24 teams responded. Interestingly, some ACTTs reported that they were not conducting client satisfaction surveys at all, while others reported that they do so as often as every six months, and one reported that they do so monthly. The survey tools used included the CSQ, the OPOC-MHA, a survey titled the Active Service User Survey, and the Ontario Common Assessment of Need, amongst other unnamed surveys specific to the agency the ACT Team was working within. From the information gathered, it was reported that response rates for interview formats ranged between 30 and 48 percent with a few outliers of higher rates.

A research advisory committee (RAC) was developed to ensure ACTT clients were involved at each stage of the research process. Insight from the RAC resulted in the development of "The ACTT Client Feedback Form," a satisfaction survey formulated in a way that clients felt was non-threatening and could be used as either a traditional paper survey or as a guide for an interview. The Feedback Form was piloted with 30% of PQCHC ACTT clients, and questions regarding satisfaction with ACTT services as well as with the method used to collect this information were posed. This method of collecting feedback resulted in a much higher response rate than previous methods, and more valuable feedback which will inform program development and day-to-day practice. The Feedback Form will be used on an annual basis.

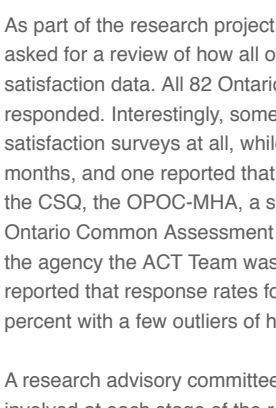
If you are interested in seeing the full report or have any questions please email Tracy Bellamy (team leader).

Many thanks to the Carleton University MSW research students Trang Duong, Katie Fennell, Natasha Hanley and Shannon Parsons for completing this comprehensive research project.



Facilitated by an CNA presenter
Organized by Emma Taylor - OAA board member
For more information contact Emma

Quality Improvement of Stepped Care



Oslo, Norway - In June, Scott Pepin, chair of the CE LHIN ACT Oversight Committee, presented the ACT Quality Improvement and Stepped Care Initiative to the 3rd Annual European Congress on Assertive Outreach. This initiative recently completed an analysis of the first year data for the Stepped Care implementation.

The goals of the three-year initiative were to increase overall capacity of the eight ACTTs by implementing a Stepped Care Model into each Team, allowing for the admission of new clients into ACTT, and to promote and improve communication and collaboration between ACTTs and other Health Service Providers.

Over the course of the first year of implementation (April 1, 2014 to March 31, 2015), all eight CE LHIN ACTTs implemented the majority of recommended standards and best practices from the QII, which included process improvements to intake and referral, treatment, hospital relationships, and discharge. Each team implemented a Stepped Care Model into their practice, which saw the addition of one Stepped Care Nurse to each team, who would oversee the transition and support of clients from "regular", high-intensity ACTT services, to lower intensity services within ACTT. These clients, while identified as successful in "regular" ACTT, are not yet ready for Case Management or less intensive services outside of ACTT.

During year one of implementation, the eight CE LHIN ACTTs transitioned a combined 90 clients into Stepped Care, while admitting an additional 104 clients to their "regular" ACTT rosters. These newly admitted ACTT clients had a combined total of over 17,700 psychiatric hospital bed days over two years prior to ACTT, and represent among the highest acuity of users of the system. It was anticipated that the capacity of CE LHIN ACTTS would increase by 200 clients by 2017, and the client numbers to date represent approximately 50% of this number in the first year of implementation alone. Over 95% of clients that transitioned into Stepped Care remained in Stepped Care over the course of the year (i.e., did not decompensate back to "regular" ACTT services). Feedback from Stepped Care clients, gathered through questionnaires and focus groups, highlighted extremely high satisfaction ratings with the Stepped Care experience and transition to the new Model.

Peer Support Worker

At the 2014 OAA conference, Karen Rebeiro Gruhl, LaCarte, & Calixte presented ***The peer support worker: What it is and why we need it***, providing both evidence and the steps for ACT teams to take for authentic integration of peer support.

Summary Points

• The system needs the peer perspective and lens on recovery

• The system requires successful role models of recovery to increase its own validity

• Peer support work is not about the activities they do, but moreso, the perspective they bring to care

• Provide a mirror within which to see recovery—gives recovery a face

Visit our website for the presentation