

OAAF 2021 VIRTUAL CONFERENCE

Conference Dates: March 17 - July 14, 2021

Registration Deadline: April 30, 2021

Cost: Free for staff on OAAF member teams. \$300 Canadian for all others.

Registration is for the entire conference. There is no single or per session fee or registration option.

Registrants are sent one Zoom link only (recurrent). **You must accept the invitation/link in order to be able to participate.**

Keynote presentations will be recorded and posted on the OAAF website in the fall.

No other presentations are being recorded. All slide sets will be available in the fall (subject to presenters' consent)

A registration form may be found at the end of this document.

CONFERENCE PROGRAM

March 17 2021

12-3PM

KEYNOTE SPEAKER

THE NEW SCIENCE ON ADDICTION RECOVERY

John F. Kelly, PhD, ABPP (Massachusetts, USA); Elizabeth R. Spallin Professor of Psychiatry, Harvard Medical School; Director, MGH Recovery Research Institute; Program Director, MGH Addiction Recovery Management Service (ARMS); Associate Director, MGH Center for Addiction Medicine

During the past 50 years a great deal has been learned about how to provide acute care services for those suffering from addiction, but there has been relatively little emphasis on how best to help individuals attain and maintain remission and recovery over the long-term. Greater recognition of the persistence of post-acute withdrawal phenomena and increased sensitivity to biobehavioral stress had indicated a need for ongoing social and other support infrastructures to enhance coping and resilience and reduce relapse risk. This talk will review the scientific rationale for the need for ongoing recovery monitoring and management services and the recent evidence investigating novel recovery support services.

Learning Objectives: By the end of this presentation participants will be able to: 1. describe two major biobehavioral deficits facing individuals beginning in early remission; 2. outline the milestones in the process of recovery; 3. specify three evidence-based recovery support services

March 24 2021

12-2pm

LOCUS TOOL FACT APPLICATION

Chelsea Crocker, OT Reg. (Ontario); Occupational Therapy Clinical Lead Canadian Mental Health Association Waterloo Wellington (CMHAWW) & Occupational Therapist for the Kitchener Flexible Assertive Community Treatment (FACT) Team CMHAWW

Stephanie Robinson, (Ontario) Adult Intensive Services Manager, Canadian Mental Health Association Waterloo Wellington (CMHAWW) for Kitchener Flexible Assertive Community Treatment (FACT) Team CMHAWW

The Level Of Care Utilization System or LOCUS tool was designed by the American Association of Community Psychiatrists (2009) for individuals in the community with mental health and addictions needs. The LOCUS identifies six levels of care ranging from Recovery Maintenance through to Medically Managed Residential Services. This tool scores individuals on 6 categories: 1) Risk of Harm, 2) Functional Status, 3) Medical, Addictive, and Psychiatric Comorbidity, 4) Recovery Environment (Stress & Supports), 5) Treatment & Recovery History, & 6) Engagement and Recovery Status. The LOCUS has been implemented across the FACT teams at CMHA WW as a way to identify the level of care required to best support clients with their current needs. This session will review the LOCUS tool, its components, implementation effects, and two case scenarios to demonstrate how it is applied.

2-3pm

THE ETHICS OF PHYSICIAN ASSISTED SUICIDE FOR ACT CLIENTS

John Maher MD FRCPC, Barrie & South Georgian Bay ACT Teams (Ontario)

The laws are changing in Canada. What does this mean for ACT Teams? Is physician assisted suicide ever an acceptable practice with ACT clients? What is our ethical role as mental health clinicians with clients who want help to complete suicide?

March 31 2021

12-2pm

HARM REDUCTION

Olivier Jackson advisor for the NCEMH province of Quebec

This is a stimulating presentation on the harm reduction approach. Do you believe in this approach? Really? Provide contraception, distribute beer, allow a user to inject in our offices, put recreational stimulants in an electronic dispill, distribute cigarettes, provide transportation to a user so that he can buy cocaine, allow the purchase of wine during the grocery shopping, keep marijuana in the team's office, accompany a user in a strip club ... what do you think? You still believe?

2-3pm

ACTTAY DO'S AND DON'TS WITH TAY EXPERIENCING SUBSTANCE USE AND CRIMINOGENIC THOUGHTS

Jessica Baker, MS, LPC, CRADC, and Jessie Waters, MS, PLPC, IL-LPC, CRADC (Missouri, US)

Our ACTTAY team from Hannibal, MO specializes in the Transitional Age Youth population who are experiencing Co-occurring and forensic needs. Our presentation will provide training on “Do’s and Don’ts” when working with Transitional Age Youth who are experiencing substance use and criminogenic thoughts. We will focus on how to develop relationships with the local probation and parole offices and how to set boundaries with including them in the treatment while maintaining client confidentiality. We will provide education on the role of treatment courts for these clients and education on how to structure a fidelity backed treatment schedule to help reduce recidivism and improve overall client outcomes. The training will focus on how to support clients in maintaining recovery, obtaining independent housing, remaining gainfully employed, and reduce the frequency of jail time. This training will focus on how to function as a “FACT” team when you’re not formally identified as a “FACT” team and how to maintain fidelity while meeting the clients needs. These wraparound services include peer support, employment/education, medication management, trauma therapy, substance use counseling, and health and wellness.

April 7 2021

12-2pm

INCREASING STAFF AND CLIENT RETENTION

Ronda Taylor, LPC, CAADC, ACT Team Lead for AmericanWork Inc. in Augusta, GA,USA; Olga Maxwell, LPC, NCC, ACT Team Lead for AmericanWork, Inc in Columbus, GA, USA

Energizing and fun workshop from 2 ACT Team Leaders with AmericanWork, Inc, award-winning Behavioral Health Provided for the State of Georgia on how to increase staff and consumer retention on ACT teams. The presenters have proven themselves as successful Team Leaders with 12+ years of combined team lead experience, and having some of the highest DACTs scores in the State of Georgia in the last several years will teach the participants 25+ strategies that worked for them in engaging and retaining some of the most difficult clients, as well as strategies for improving staff morale, increasing productivity and improving overall performance.

2-3pm

FACTS 2017- FIDELITY

Keon Westen, MSW, BPHN, BN

An important model for the organization of care for all people with severe mental illness is flexible assertive community treatment (FACT). FACT combines the principles of case management with ACT. The, from origin Dutch, FACT fidelity scale from 2008 is no longer sufficient in the rapidly changing field. A new fidelity scale was needed to continue to improve the quality of care and to be able to continue measuring model fidelity.

Using knowledge of experts, relevant articles and feedback from professionals, researchers, interest groups and family members, a model fidelity scale was developed: 'FACTs 2017'. It collects data using a qualitative and quantitative method, creating a unique and challenging scale. During two rounds of pilots with 21 teams using trained auditors, the scale was tested and adjusted. In 2017 the final version was established, which is now being used. New data is available and will be presented, along with the new scale and its principles.

With the FACTs 2017, the (research) field has an instrument to measure the degree of model fidelity of teams that focus on patients with serious mental illness in a rapidly changing context.

April 14 2021

12-2pm

THERE IS NO "I" IN GROUPS

Luis O. Lopez, MS, MA - ACT Institute (New York State Psychiatric Institute, Columbia University)

One of the most challenging jobs many providers have is facilitating group sessions - clinical, recreational, supervisory or administrative. This workshop will look at a number of aspects that makes a group effective, interesting, logical, and fun. This workshop is open to all staff, supervisors and administrators.

2-3pm

KEYNOTE SPEAKER

GOOD OUTPATIENT CARE AS A WAY TO PREVENT COERCION

Prof. Niels Mulder, MD, PhD, President of the European Assertive Outreach Foundation (EAOF). Professor of Public Mental Health, Erasmus MC and psychiatrist at Parnassia Psychiatric Institute, Rotterdam, The Netherlands

In many countries, the number of coercive practices (outpatient commitment as well as compulsory admissions) is on the rise (Rains et al. Lancet Psychiatry 2019). Based on human rights legislation as well as potential adverse effects of coercive practices, this development is undesirable. The reasons for these increases are largely unknown, and may be caused by more assertive care (finding difficult-to-engage patients) and/or a higher incidence of patients showing suicidal behavior, social breakdown or dangerousness to others. Studies investigating interventions reducing compulsory admissions have shown beneficial effects of crisis plans and a trend was found for integrative care (Jong et al. Lancet Psychiatry 2016). Focussing on the quality of care within ACT/FACT teams, it was found for example that a lack of assertive care was associated with a higher chance of compulsory admissions (Jong et al. BMC Psychiatry 2017). These findings set a challenge for ACT/FACT teams to (1) creating a consciousness of how many and which patients in the teams are confronted with coercive measures and (2) implementing practices to reduce these measures.

April 21 2021

12-1pm

BUILDING INNOVATIVE COMMUNITY PARTNERSHIPS TO MEET THE DISTINCTIVE NEEDS OF THE DUAL DIAGNOSIS POPULATION

Nick Downs; Manager Patient Care Services, Community Mental Health Program; Royal Ottawa Health Care Group, (Ontario)

Kaitlyn Hoey; Behavioural Therapist FACTTDD; Royal Ottawa Health Care Group, (Ontario)

Brandon Pasion; Residential Coordinator; Red Maple Supportive Residence – Justice Transition Home; John Howard Society of Ottawa (Ontario)

The Flexible Assertive Community Treatment Team for persons with Dual Diagnosis (FACTTDD) from the Royal Ottawa Health Care Group, and The John Howard Society; the Ottawa Chapter will present on their joint project Red Maple Supportive Residence; a Justice Transition Home for Persons with Dual Diagnosis involved in the Justice System.

In March of 2019 Red Maple opened its doors. This one of a kind Group Home located in Ottawa, is a Pilot Project for the Province of Ontario and is a result of a response to the Ombudsman Report Nowhere to Turn; an investigation into the MCSS response to situations of crisis involving adults with developmental disabilities. This undertaking involves a unique combination of experts in the field of Justice and Mental Health with a concentrated emphasis on treatment, rehabilitation and recovery.

The Speakers will lead you through the inventive start up phases of this project to the present day successful operations of the home, highlighting the achievements, the impediments, and the lessons learned.

1-2pm

FACT FAMILY ENGAGEMENT PROJECT

Aaron Donnelly MSW, RSW; CMHA Waterloo Wellington (Ontario)

Through research and observation, it has been identified that when families are disconnected from their loved one's mental health care, it may negatively impact their loved one's recovery (Pharoah, Rathbone & Wong, 2010). With this problem in mind, The FACT team at CMHA Waterloo Wellington began developing a program to enhance partnership between families of our clients and the service providers on the FACT team. The 'FACT Family Engagement Project' began in October 2018 and after completing a Quality Improvement analysis, it was determined that in the first year of the program family engagement had increased by 23.88%. This was accomplished by: encouraging all staff members of the FACT team to collaborate with their client's families, developing and implementing a Family Support and Education Group, and providing individual support to family members to enhance in the collaboration between service providers and families in supporting the clients of the FACT team. The goal of this presentation will be to describe the process of developing a Family Engagement Project within a FACT/ACT team context with the hope of sharing information so that other FACT/ACT teams could also increase their collaboration with the families of their clients.

April 28 2021

12-1pm

WORKING OURSELVES OUT OF A JOB: LENGTH OF STAY, TRANSITIONS, AND GRADUATIONS

Albert Fisher, Kelley Brown, Sarepta Archila- all of Georgia Department of Behavioral Health and Developmental Disabilities.

In this session, presenters will highlight the success of ACT as demonstrated by successful graduations and transitions into less intensive level of care. Georgia's continuing stay criteria and methods for assessing readiness for transition to a less intensive level of care will be shared. Emphasis will be placed on the gradual transition process and warm hand-off with acknowledgement of the challenges and barriers that must be overcome to facilitate success. Data and success stories will motivate participants to take another look at how they prepare individuals for life beyond ACT.

1-2pm

TEAM WORK

Albert Fisher, Kelley Brown, Sarepta Archila- all of Georgia Department of Behavioral Health and Developmental Disabilities.

Team Cohesion, Morale, Staff Retention, and Fidelity will be presented as inter-dependent themes. Data and examples will demonstrate that through intentional implementation of policy and practice, teams can grow in all four areas. Attention will be given to multicultural and intergenerational strategies to improve teamwork, satisfaction and outcomes. Participants will leave with immediately-actionable plans to improve their service delivery via improving one or more of these four key areas.

2-3pm

CTR

Albert Fisher, Kelley Brown, Sarepta Archila- all of Georgia Department of Behavioral Health and Developmental Disabilities. Ronda Taylor and Olga Maxwell- both of American Work, Inc.

Implementing Recovery-Oriented Cognitive Therapy (CT-R) within ACT will illustrate how the state of Georgia's mental health authority implemented a statewide training initiative to improve engagement with persons experiencing serious and persistent mental illness. Representatives from DBHDD (the authority) and ACT team leaders (the experts) will dialogue with participants via a panel discussion. Participants will gain knowledge of the basic tenets of CT-R and how this practice fits within the ACT model, across disciplines. Participants will hear success stories and challenges associated with both the implementation of a wide-scale training initiative and direct provision of the evidence-based practice. Questions and discussion of similar approaches will be encouraged.

May 5 2021

12-1pm

ACTING LIKE EVERYTHING IS ALRIGHT: GRIEF IN ACT TEAM WORKERS

Albina Veltman, MD, FRCPC – Associate Professor, Department of Psychiatry & Behavioural Neurosciences – McMaster University; Psychiatrist - Hamilton Assertive Community Treatment Team; (Ontario)

Tara La Rose, MSW, PhD, RSW – Assistant Professor, School of Social Work – McMaster University (Ontario)

ACT Team patients experience complex mental health needs made more acute by factors such as stigma, isolation, poverty, and side effects leading to iatrogenic conditions; factors which place them at risk of early death. For many ACT Team patients, the relationships they share with ACT Team staff are some of the few consistent relationships they experience. When ACT Team patients die, it is often the role of the Team to plan funeral/memorial services. Literature on the topic of grief among mental healthcare workers following a death of a client is severely limited with the bulk of the scholarship focused on death by suicide. At present, there is almost no research available on the topic of grieving “natural death” of mental health clients. ACT Team workers’ grief remains an area of much needed scholarship. Because of the intense and longstanding relationships that often develop between ACT Team clients and workers, the grief experienced by ACT Team workers after the loss of a client can be profound. However, there are no standardized policies/guidelines available regarding the topic of grief in ACT Team workers, despite the fact that other ACT practices are highly standardized. We will report the findings from our project which engaged in inquiry into the experiences of ACT Team workers (through 26 individual interviews with workers across Ontario) as they attempt to cope with grief, seeking to develop a more comprehensive understanding of the needs of ACT Team workers in order to improve resiliency and prevent burnout and compassion fatigue.

1-3pm

ADDICTIONS SERVICE FOR PEOPLE WITH SPMI

Richard Kruszynski ; Director of Center for Evidence Based Practices at Case Western Reserve University, (Ohio, US)

The field of addiction services continues to enhance and advance the knowledge and skills necessary to deliver effective interventions for people in need of services that promote and support recovery. Included in these advancements is an increased understanding of dynamics that are unique to particular cross-sections of the treatment population—dynamics essential to master in order to have the greatest possible impact on positive client outcomes. For instance, the treatment technology associated with best results among individuals with severe and persistent mental illness (SPMI) and addiction to alcohol and other drugs (co-occurring disorders) has been understood and articulated for several decades. However, service providers in many treatment settings have a persistent misunderstanding of the needs of this population and the nuances of service delivery.

This training event will highlight 10 considerations that are essential for programs that are providing treatment to individuals with severe and persistent mental illness (SPMI) and the role of those considerations in service delivery. This event is especially valuable for Assertive Community Treatment (ACT) teams and other programs that target services to individuals with SPMI (i.e., those on the severe end of the mental-health symptom continuum).

Learning Objectives:

Participants will be able to:

- Explain the conceptual framework associated with the Quadrant Model of Co-Occurring Disorders (COD)

- Describe 10 unique considerations for AOD treatment with individuals diagnosed with severe and persistent mental illness (SPMI)
- Recognize necessary modifications to "treatment as usual" that are essential to effective work with individuals who have SPMI

May 12 2021

12-2pm

TRANSITION PATHWAYS ACT, STEP DOWN CARE AND THE IMPLEMENTATION OF FACT IN THE US

John P Ayers, MS, LPC-S & Christopher Masopust, MS, LPC; Family & Children's Services, Tulsa Oklahoma

Family & Children's Services is the largest Community Mental Health Center in Northeastern, Oklahoma and provides ACT level services to approximately 290 clients. After the OAAF in 2018, F&CS began several long term strategic initiatives, designed to expand access to ACT services, increase model fidelity, develop transition pathways for step down care, and begin implementation of the first Flexible ACT model in the United States.

This presentation will discuss the process of developing each of these strategies, including a brief overview of where we started, natural barriers, progress we have made, and our vision for the future. Our hope is that we can inspire your organization to embrace a similar journey of transformation and growth.

Learning objectives

- Deeper understanding of the transition process for ACT clients, as a key component for a high fidelity ACT team.
- Deeper understanding of the risks and benefits of moving clients "through" ACT teams rather than "onto" ACT teams
- Explore the process of developing a standardized tool to assess transition readiness, including objective and operationally defined scales for key functional domains.
- Discussion will include when to approach clients for assessing transition readiness and how to address resistance.
- Explore the process for implementing Flexible ACT within the United States as a key component of stepped care continuum for clients who are transitioning off traditional ACT teams.
- Discussion will include start-up strategies, as well as talking points for energizing your workforce and key stakeholders.

Target audience: Program leadership, administrators, managers, supervisors and/or staff

2-3pm

HOMELESSNESS AND ACT/FACT

Dr. Michaela Beder - Psychiatrist, St. Michael's, **Piratheep Santharasa** - Clinical Manager, Reconnect Community Health, **Diane Versace** - Clinical Manager, CAMH (Ontario)

Homelessness is an immense concern in Ontario. Homelessness is increasing when it should be decreasing. The presenters strongly believe that the ACTT and FACC team can improve care by playing their role in helping

people experiencing homelessness. Thus, presenters want to highlight and identify the unique health concerns of those who experienced poverty and homelessness in Ontario, recognize how ACT and FACT teams can improve care for the clients, and hope to discuss the challenges and solutions with the ACT and FACT team members.

May 19 2021

12-1:30pm KEYNOTE SPEAKER

HOW DOES MY POSITIONALITY IMPACT MY RELATIONSHIP WITH MY SUPERVISEES AND THE CONNECTION WITH OUR CLIENTS?

Pascale Jean-Noel, LMSW Director of Training ACT Institute/Center for Practice and Innovations (New York, NY)

Use of self is very important in the work of leadership. Understanding your positionality helps you to understand the power dynamic of providing supervision to someone that may not have the same positionality as yourself. You will leave this workshop with a better understanding of your positionality and encouraged to help your staff recognize their own stance as it relates to connecting with the clients they serve. Your team will in turn become comfortable enough to help clients identify their own personality and how it impacts their relationship with systems and providers.

1:30-2:30pm

HOW TO INTRODUCE ANTI-RACIST POLICIES IN OUR AGENCY

Pascale Jean-Noel, Hell Thorning, and Luis Lopez, ACT Institute/Center for Practice Innovations (New York, NY)

While there is growing interest in understanding how social factors drive poor health outcomes, identification of structural racism as a root cause of health inequities have largely been neglected. Based on our commitment to social justice and social change, the ACT Institute started their own process of education and transformation in the areas of systemic racism and anti oppression work. The ACT Institute will share their process and lessons learned in introducing discussions about anti-racist practices and policies associated with the practice of Assertive Community Treatment.

May 26 2021

12-3pm KEYNOTE SPEAKER

1. ENTREPRENEURSHIP IN VOCATIONAL REHABILITATION

Zsolt Bugarski, PhD, Associate Professor of Social Work; Tallinn University in Estonia

Traditionally we prefer full or part time employment as an outcome of vocational rehabilitation in mental health care. Employment provides clients with a stable job position, preferably connected with health insurance or pension related benefits, access to the social security system, paid holidays and well-regulated

working conditions. On the other hand, entrepreneurship and any kind of business activities are considered as unstable, stressful adventures with no fix income and benefits that doesn't fit vulnerable people.

In a rapidly changing economic landscape we need to take into consideration that the preferred stable employment opportunities are vanishing. Digitalization, automatization, robotics and the advancement of artificial intelligence are challenging not only traditional blue-collar jobs but also, white-collar ones. Entrepreneurial skills, creativity and enormous flexibility are needed on the future labour market, and we need to embrace these new requirements in vocational rehabilitation, too.

I would like to argue that technology and new economic models can also be very enabling opening a new horizon for vulnerable people in a transforming labour market. Bringing examples from successful initiatives

Target audience:

Mental health professionals, vocational rehabilitation experts, peer support workers, managers, civil servants, researchers.

Learning outcomes:

1. To enhance knowledge on future tendencies on the labour market
2. To give a new perspective to entrepreneurship
3. To explore opportunities and obstacles related to user-led entrepreneurial activities in mental health care in Ontario

2. ASSISTIVE TECHNOLOGY AND ICT BASED SOLUTIONS IN MENTAL HEALTH CARE

Assistive technology includes assistive, adaptive and rehabilitative devices for vulnerable people and also includes the process used in selecting, locating and using them. Information and communication technology (ICT) is a term that stresses the role of the integration of telecommunications, computers, enterprise software, databases and audio-visual systems which enable users to access, store, transmit and generate information.

There is an increasing interest to connect assistive technology and ICT based solutions with the welfare system. First instances arrived in medical administration and management, assistive technology became relevant in elderly care and disability care but nowadays we see a growing presence of technology in mental health care, too. Popular applications to promote mindfulness, robot pets to maintain social bond, virtual reality (VR) based technology to treat fear and phobia, shared welfare initiatives to increase peer-to-peer support are just a few examples of this emerging field.

In my workshop I want to demonstrate the potential of assistive technology in mental health care arguing for a conscious development strategy to embrace innovation.

Target audience:

Mental health professionals, peer support workers, managers, tech-experts, civil servants, researchers

Learning outcomes:

1. To enhance knowledge on modern technology and its possible relation to mental health care
2. To get inspired by creative ideas
3. To explore opportunities and obstacles related to assistive technology in mental health care in Ontario

June 2 2021

12-1pm

RESIDENTIAL SCHOOLS

Deputy Judge Michael Bay JD, associate professor at McMaster University, adjunct professor of nursing at the University of Toronto, associate editor of the Journal of Mental Health Ethics (Ontario)

Michael Bay spent a decade adjudicating Indian Residential Schools abuse claims. He heard over 600 cases and became known for integrating healing into the hearing process.

You will learn where the students came from, what they experienced at residential school and the lifelong impact of that experience as well as the wider historical context and the underlying purpose of the schools. Also canvassed will be cultural competence and issues around listening skills, humility, open-mindedness and respect.

Michael is a lawyer, writer and lecturer in the fields of mental health law, consent and capacity law; and medical assistance in dying as well and the history and impact of the Indian Residential Schools. He is an associate professor (PT) in the Department of Psychiatry at McMaster University, an adjunct professor of nursing at the University of Toronto and an associate editor of the Journal of Mental Health Ethics.

He served as founding Chair of Ontario's Consent and Capacity Board, director of the province's Mental Health Law Education Project, consultant and mental health counsel to the Ministry of Health, and Executive Assistant to the Minister of Health. He holds the TA Sweet Award from the Ontario Psychiatric Association in recognition of having made a major contribution to the understanding of mental illness and its impact on individuals in society.

1-2pm

EFFICACY OF HAVING A NP AS PART OF ACT SERVICES

Dr Patricia Cavanagh MD FRCP, Lucy Doan NP, Melissa McCormick MSW RSW. Centre for Addiction and Mental Health Downtown Central ACT team. (Ontario)

In working with clients with serious and persistent mental illness, access to primary care as an integrated approach to their mental health care is both evidence based and an integral part of comprehensive wholistic treatment. In this presentation we will be reviewing the efficacy of having a nurse practitioner as a member of available ACTT services. A review of the literature regarding the integration of primary care within the act model as well as implications for use within both urban and rural settings will be explored. In addition, we will review a nurse practitioners fellowship and the impact on chronic disease management, especially

cardiovascular risk factors and preventative care as well as the impact on addressing non emergent but acute physical health issues.

June 9 2021

12-1pm

RELATIVES SUPPORT GROUP

Dr Martin Feakins, Assistant Professor & psychiatrist, Queen's University, Kingston; **Sarra Flute MSW, RSW**, Providence Care Mental Health Services, Kingston (Ontario)

In August 2018 we started a monthly relatives' support group, for relatives of patients served by this ACT team. We have received good feedback from participants. Our group includes the family and natural support systems within the ACTT framework of recovery by giving family members more voice and engagement with the team within their own open group that is held monthly in the evening. We have received a small number of requests from other Ontario ACT teams, who have heard about it, to provide a simple guide as to how to set up a group in their own regions. We thought this conference provided a good opportunity to do this.

The PowerPoint presentation will cover the literature supporting such groups, the planning and "teething problems" entailed in setting it up, and share what we have learned to do and what we have learned not to do, in an informal delivery format.

1-3pm

PEER SPECIALIST INTEGRATION IN MULTIDISCIPLINARY SETTINGS: WHO IS RESPONSIBLE FOR WHAT?

Abigeal Duke, BA, Recovery Specialist and **Luis O. Lopez**, MS, MA, ACT Institute (New York State Psychiatric Institute, Columbia University)

We will discuss the way that the role of a peer specialist can enhance the clinical work of others while increasing the multitude of understandings around recovery of the program as a whole. We will offer tools for peer specialists to use to support themselves in achieving integration within the larger work of an agency, as well as tools for navigating the process with supervisors and agency administration.

June 16 2021

12-1pm

FACT QUALITY OF LIFE

Charlene Hayer; Director of Crisis Services and MCRRT at CMHA Peel Dufferin (Ontario)

Abstract: unavailable at present

1-2pm

A PANEL DISCUSSION ON: ONTARIO ACTT TEAMS EXPERIENCE WITH IMPLEMENTATION OF THE ATR (ASSERTIVE COMMUNITY TREATMENT TRANSITION READINESS SCALE) TO SUPPORT TRANSITION AND RECOVERY PRACTICES

Audra McEwen RSW, Abby Bradley Psychology B.A., **Andrea LeFebvre PhD** student, **Tracy Bellamy RSW** Manager Pinecrest Queensway ACTT, **Roger Renaud RN** Manager Ontario Shores ACTT, **Karen McLeod RN**, Manager ACTT 2 St. Joseph's Healthcare, **Bill Dare RSW**, Step Down from ACTT, Ottawa (Ontario), **Gary Cuddeback PhD, MSW, MPH**, Director, Community Outcomes and Research Evaluation Center, UNC Center for Excellence in Community Mental Health (NC, USA)

In 2012 a pilot working group collaborated with Gary Cuddeback and eastern Ontario teams to further learn about how the scale can contribute to client service transition and advance our approach to recovery practices. From our research on its implementation, we found that Ontario's experience with the ATR is an efficient and valuable tool to help clinicians identify clients ready to transition, and a useful resource to support clinician decisions and focus team planning on client recovery.

Ontario teams have multiple and localized approaches to support transition from ACT, sometimes with the use of the ATR or not. Advancing client service transition and recovery practices continues to be a work in progress for all of us, where ever we sit in Ontario or beyond for that matter. This panel discussion will focus on providing examples of the diverse care system approaches and further identify our efforts to support client transition and recovery practices including:

- Ontario ACTT survey results
- ATR pilot in Eastern Ontario pilot results
- The exchange of practice innovations that support recovery development and service transition as many teams are working in unique contexts/situations and how teams utilize the information
- CE LHIN care system wide approach
- How the recovery model and a care systems approach is relevant to transition.

2-3pm

ACCREDITATION

François Neveu, PhD advisor ICM, **Olivier Jackson** advisor ACT, National Centre of Excellence in Mental Health (NCEMH) Quebec

Accreditation ... a stimulating word, but a word that also creates some fears. Each worker appreciates positive feedback, but we are not used to seeing an outside person come and ask us questions about our work. During this presentation, we will discuss two ways of doing the team evaluation process in the province of Quebec, that of the ICM and that of the ACT, as well as naming the challenges and benefits that we see in these processes.

June 23 2021

12-1pm

HOW'S YOUR TEAM GETTING ALONG? THE BENEFITS AND LIMITATIONS OF INTER-PROFESSIONAL TEAM WORK

Irene Dullaart (ACTT Social Worker) and **Carol Chung** (ACTT Occupational Therapist) (Ontario)

How is your team getting along? Do you feel that your contribution to your team is valued? The ACTT model indicates that, an important aspect of providing support to clients is to have different professionals provide a balance of treatment as well as rehabilitative and support services. However, this is not always achieved. A good team climate is key to enhancing the care of ACTT clients in the community. This will also lead to better job satisfaction as a team member. This presentation will define what an inter-professional team is and how it can best serve ACTT clients in the community. We will review the research literature and present the findings including: the benefits and limitations of inter-professional team work. The Guelph ACT Team will also share their own experiences with improving their team's inter-professionalism.

1-3pm

NORWEGIAN HEALTH: IMPLEMENTING FACT (URBAN AND RURAL)

Anne Landheim, Sigrun Odden, Hanne Clausen; Sykehuset Innlandet HF (Norway)

The Norwegian health- and welfare services struggle to ensure access to and to provide equal services throughout Norway, especially to persons living in rural areas, and in particular to people with severe mental illness who are in need of comprehensive and long-term treatment and support.

In the last years, the Norwegian authorities have supported the implementation of Flexible-Assertive Community Treatment (F-ACT), as a collaborative service delivery model between community mental health services and the specialist mental health care. F-ACT is developed in the Netherlands and is based on the Assertive Community Treatment model. As opposed to the Dutch context, Norway is characterized by a few large cities but has mostly large areas with low population density and long travel distances. The present study included the first seven F-ACT teams in Norway, representing both urban and rural areas, and it was conducted from 2016 to 2019. We investigated 1) how F-ACT has been implemented into various Norwegian contexts, 2) experiences of team staff and key partners in primary and secondary mental health care with F-ACT, and 3) service users' outcome two years after admission into the FACT teams.

We found that the FACT model has been well implemented in both urban and rural regions, but with important differences and adaptations. The service users have experienced improvement in several areas of life and we found lower use of involuntary inpatient treatment after admission into F-ACT.

We will discuss the feasibility of implementing F-ACT in light of these results.

June 30 2021

12-1pm

FACT AND SERVICE FOR FIRST EPISODE POPULATIONS IN RURAL QUEBEC

Nicolas Girard, Olivier Jackson National Centre of Excellence in Mental Health (NCEMH) Quebec

The FACT model is used in the province of Quebec to provide rural areas with a response to ACT needs. This model has now to adapt to a new ministerial priority, namely providing services for first psychotic episodes. How to adapt the interventions of FACT teams to meet the specific needs of this clientele?

1-2pm

WORKING WITH DIVERSITY AND PLURALISM IN ASSERTIVE COMMUNITY TREATMENT

Azaad Kassam M.D. F.R.C.P.C., Jennifer MacIntosh R.N., Lisa Andermann M.D. F.R.C.P.C; Pinecrest Queensway Assertive Community Treatment Team (Ontario)

Assertive Community Treatment increasingly involves care for clients of diverse backgrounds. Quality of care includes the provision of culturally competent services that meet the needs of a variety of populations such as migrants, Indigenous Peoples and those identifying with non-traditional genders and sexual orientations.

Culture forms the backdrop of the expression of distress. It guides how we conceptualize suffering and how we respond to it. This session will explore the role of cultural assessment and cultural safety in ACT. We will highlight the fundamentals of ethnocultural and gender diversity, methods of cultural assessment, and strategies to enhance culturally attuned and inclusive clinical intervention. ACTT specific case examples will be presented that demonstrate both the benefits and risks of cultural exploration in the clinical context. We will propose best practices in cultural safety, assessment using tools such as the Cultural Formulation and engaging with pluralism in mental health care. Audience participation and discussion will be encouraged as cultural competence is best learned through exploring ones own experiences, positive associations and biases with intercultural interaction.

2-3pm

THE ROLE OF OT ON FACT

Chelsea Crocker, OT Reg. (Ont.); Occupational Therapy Clinical Lead Canadian Mental Health Association Waterloo Wellington (CMHAWW) & Occupational Therapist for the Kitchener Flexible Assertive Community Treatment (FACT) Team CMHAWW

Lindsay Castle, OT Reg. (Ont.); Occupational Therapist for the Cambridge Flexible Assertive Community Treatment (FACT) Team CMHAWW

Hannah Jantzi, OT Reg. (Ont.); Occupational Therapist for the Guelph Flexible Assertive Community Treatment (FACT) Team CMHAWW

Introduction: The FACT model originated in the Netherlands (van Veldhuizen, 2007), however, limited research exists regarding the role of occupational therapists (OTs) on F/ACT teams within a Canadian context.

Objectives: 1) To gain an in-depth understanding of how FACT teams are currently being implemented within a Canadian context, and 2) Explore the contribution and involvement of occupational therapists on F/ACT teams in Canada.

Methods: A program evaluation was conducted using a sequential mixed methods approach. Information was gathered through the distribution of quantitative surveys to self-selected occupational therapists on F/ACT teams across Canada. In-depth interviews of occupational therapists were conducted based on availability. The findings were compared to the implementation of F/ACT teams in other contexts such as the Netherlands through a comprehensive literature review.

Practice Implications: This study demonstrates how F/ACT and F/ACT-like multidisciplinary teams are currently being implemented in Canada, including the current role of the occupational therapist within existing teams.

Conclusions: Current literature regarding the implementation of FACT teams within a Canadian context is scarce. The findings of this study may be used to inform the implementation of the FACT model in Canada and address the contribution and involvement of occupational therapists within this context.

Summary: This study will provide an overview regarding the implementation of FACT teams within a Canadian context, including the role and value of occupational therapists as members of these teams. Information gathered will be utilized for education purposes and to inform future FACT team implementation in Canada.

July 7 2021

12-2pm

FROM THEORY TO PRACTICE: A LOOK AT JUSTICE INVOLVED ACT TEAMS.

Luis O Lopez, MA, MS, ACT Institute/Center for Practice Innovations, Dr. Jessica Klaver, CASES, Dr. Helle Thorning, ACT Institute/Center for Practice Innovations (New York, NY)

In 2015, NYC Mayor de Blasio introduced "NYC Safe" - An Evidence-Driven Public Safety and Public Health Program. Through this initiative, NYC funded five new Forensic Assertive Community Treatment Teams (Justice Involved ACT or FACT teams). These teams provide intensive, high quality treatment to an additional 272 individuals with justice involvement. CASES, Center for Alternative Sentencing and Employment Services, oversees 3 of these teams. This workshop will review the history of this initiative, the work that CASES has accomplished in the community, and the types of support and training provided for the teams by the ACT Institute (New York State Psychiatric Institute, Columbia University.)

2-3pm

COMMUNITY TREATMENT ORDERS (CTO): REAL WORLD PROBLEMS & REAL WORLD SOLUTIONS

Speakers to be announced.

The police refuse to force entry into a home with a Form 47. Can they refuse? The police are in no hurry to find a client and say they have up to a month. Do they? How do we work in partnership with police who don't understand their obligations? How do we communicate risk?

July 14 2021

12-2pm

CBT: AS EASY AS 1-2-3

Luis O. Lopez, MS, MA - ACT Institute (New York State Psychiatric Institute, Columbia University)

Cognitive Behavioral Therapy (CBT) is one of the most effective clinical methods in our field today. This workshop will review simple techniques that could be implemented by every member of the team, regardless of years of experience. Everyone is invited!

2-3pm

ACT EBP IMPLEMENTATION WITH FIDELITY

Helle Thorning, Ph.D., Luis O Lopez, MA, MS, and Heesu Chae, BA, MSW Intern- all members of the ACT Institute/Center for Practice Innovations/Columbia University (New York, NY)

ACT is a well-established evidenced based practice (EBP) with clear guidelines for implementation with fidelity. This is true not only for the model, but also for additional EBPs nested within and associated with each specialist role. Supervision is recognized and often required by behavioral health organization to ensure practice quality and to avoid EBP fidelity drift. However, little is known of how supervision is conducted and how it is perceived by ACT providers. Hence, in Fall of 2019, the ACT Institute in New York conducted a survey of ACT providers. 137 ACT providers responded to the survey. Findings revealed a wide range of supervision practices with varying levels of satisfaction. In response to the findings from the survey, a pilot project was initiated to develop guidelines for supervision. In this presentation we will present findings from the survey as well as preliminary findings from the pilot.

OAAF Virtual Conference Registration Form

Conference Dates: March 17 - July 14, 2021

Name: _____

Team name: _____

Team city: _____

ACT Staff _____ **FACT Staff** _____

Email address: _____

(your Zoom link will be sent to this email address)

Registration deadline: April 30, 2021

Pre-registration is required for all participants.

(late registrations will only be accepted for new staff hired after this date)

Cost: Free for staff on OAAF member teams. \$300 Canadian for all others.

Registration is for the entire conference. There is no single or per session fee or registration option.

Registrants are sent one Zoom link only (recurrent).

You must accept the ZOOM invitation/link in order to be able to participate.

Please email completed form to: wblack@cmhastartalking.ca

If your team is not an OAAF member team the conference cost is \$300 per person.

Please mail your cheque for \$300 to: Wendy Black, 65 McDougall Dr., Barrie, ON L4N 7H6

Please make cheque payable to the: **Ontario Association for ACT & FACT**