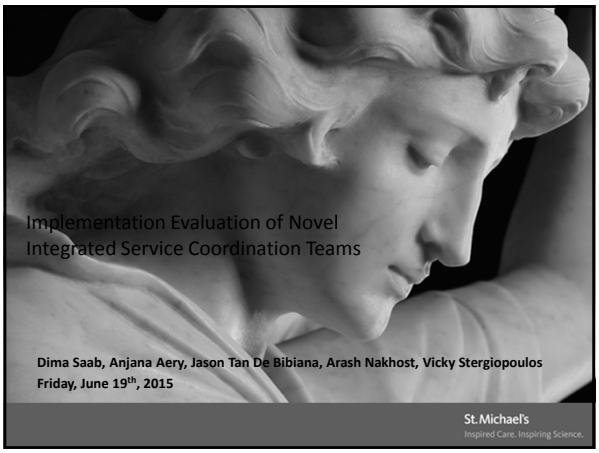
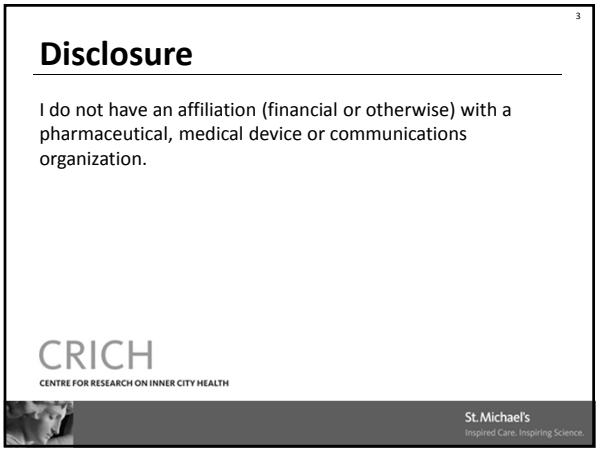
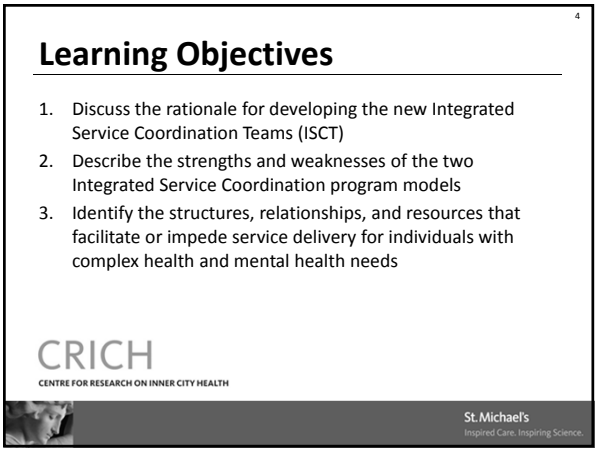
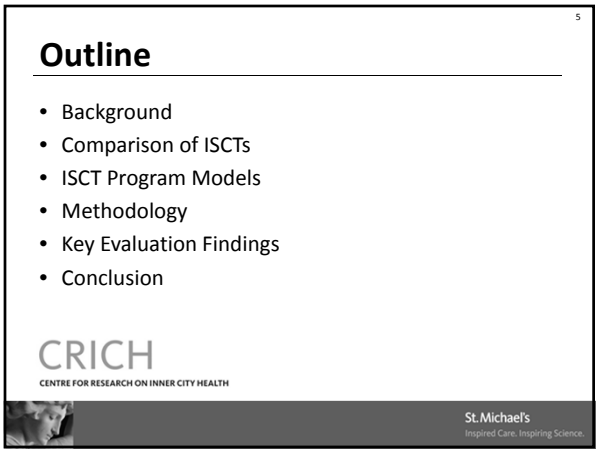
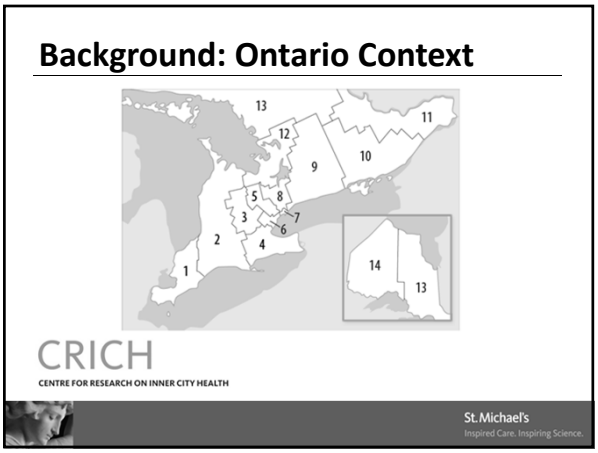

Implementation Evaluation of Novel
Integrated Service Coordination Teams
Dima Saab, Anjana Aery, Jason Tan De Bibiana, Arash Nakhost, Vicky Stergiopoulos
Friday, June 19th, 2015
St. Michael's
Inspired Care. Inspiring Science.


2
CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH
Reducing health inequities
through innovative research
that supports social change.
St. Michael's
Inspired Care. Inspiring Science.


3
Disclosure
I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.
CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH
St. Michael's
Inspired Care. Inspiring Science.

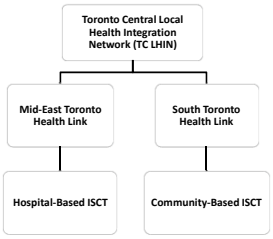

4
Learning Objectives
1. Discuss the rationale for developing the new Integrated Service Coordination Teams (ISCT)
2. Describe the strengths and weaknesses of the two Integrated Service Coordination program models
3. Identify the structures, relationships, and resources that facilitate or impede service delivery for individuals with complex health and mental health needs
CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH
St. Michael's
Inspired Care. Inspiring Science.


5
Outline
• Background
• Comparison of ISCTs
• ISCT Program Models
• Methodology
• Key Evaluation Findings
• Conclusion
CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH
St. Michael's
Inspired Care. Inspiring Science.


Background: Ontario Context
13
12
11
10
9
8
5
3
7
6
2
4
1
14
13
CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH
St. Michael's
Inspired Care. Inspiring Science.

7

Background: TC LHIN, Health Links & ISCTs



CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

8

Comparison of ISCTs

ISCT	Setting	Population	Team Composition	Key Characteristics
Hospital-Based Team	• Large public hospital in downtown Toronto	• Clients with severe mental illness • Large homeless population • Large proportion with concurrent diagnosis (mental health diagnosis and substance use)	• Hospital ACT Team • 1.0 FTE Medical Secretary • 1.0 FTE Manager • 1.0 FTE Psychologist • 1.6 FTE Psychiatrist • 6.0 FTE Case Managers • 1.6 FTE Peer Support Specialist • 1 FTE Personal Support Worker • 0.35 FTE Joint Management Support/Steering	• Evolved from a preexisting hospital-based ACT team • Consists of a partnership between a public hospital and a large community mental health organization
Community-Based Team	• Large community mental health organization outside of downtown core	• Clients with severe mental illness • Large proportion with dual diagnosis (mental health diagnosis and developmental disability)	• 1.0 Nurse Practitioner • 1.0 Psychiatrist • 2.0 Behavioural Therapists • 0.5 Personal Support Worker • 2.0 Care Coordinators • 2.0 Social Workers • 2.0 Nurses • 1.0 Registered Practical Nurse • 1.0 Program Manager • 1.0 Administrative Assistant	• Embedded within a large community mental health organization that provides many levels of support (including ACT and ICM) for a wide range of needs

St. Michael's
Inspired Care. Inspiring Science.

9

Hospital-Based ISCT Program Model

Assertive Community Treatment from Multidisciplinary Mental Health Team (psychiatrists, registered nurses, social workers, addictions specialists, vocational specialists, peer support workers, occupational therapists, personal support worker, psychologist)

Case Management with Primary Case Manager (and continued access to psychiatric care, peer support, and personal support worker services)

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

10

Community-Based ISCT Program Model

Care Coordinators

Case Management from ISCT (with access to care as needed from the following providers: registered practical nurse, registered nurses, nurse practitioner, psychiatrist, behavioural therapists, and personal support worker)

Transfer to other program within the organization

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

Background

- Waiting lists (+1 year) common among ACT teams in Toronto
- ACT-ineligible clients may be receiving inadequate levels of community support
- Continuity of care concerns with traditional ACT teams (Drukker et al. 2013)
- New Flexible Assertive Community Treatment (FACT) model shows mixed yet promising results:
  - Symptomatic remission (Bak et al. 2007)
  - Higher outpatient and lower inpatient use (Drukker et al. 2013)
  - Improvements in compliance, unmet needs, and quality of life; decrease in admissions and hospital days (Nugter et al. 2015)
  - Fewer admissions; halving of bed use; poorer client engagement; cost savings (Firn et al. 2013)
  - Higher average costs for FACT (Drukker et al. 2011)

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

Methodology

- Review of program documents and process metrics (e.g. business meeting minutes, guidelines and protocols, client charts)
- Qualitative data collection:
  - 2 staff focus groups (N= 25)
  - 3 client focus groups (N= 17)
  - 17 key informant interviews (N= 17)
- Qualitative data analyzed using thematic analysis (Braun and Clarke, 2006)

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

13

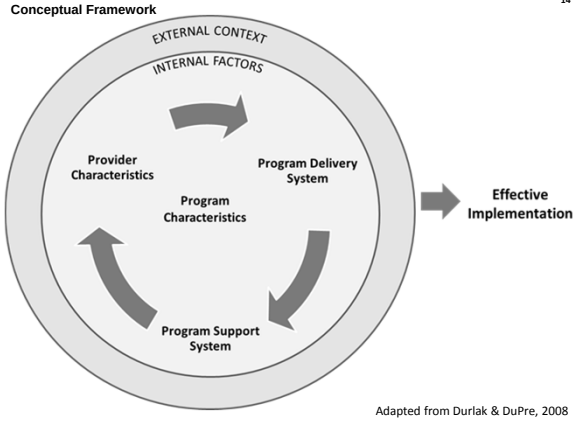
Key Evaluation Findings

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

14

Conceptual Framework



Adapted from Durlak & DuPre, 2008

15

Developing New Teams

- Organizational readiness, adequate preparation time for training and development of protocols
  - Reduced intake rates during early implementation period
- Local change management champion
- Mix of clients with both high and moderate needs for support
- Appropriate skills mix and strong supervisory structure to avoid staff burnout and support the delivery of evidence based care
- Local needs assessments to inform program development

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

16

Hospital-Based ISCTs

- Hospital-based ISCTs developed in partnership with a community organization require additional time for team-building
- Distinct and complementary roles of partners should be clearly defined at outset (e.g. staff supervision)

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

17

Community-Based ISCTs

- Community-based ISCTs may face challenges accessing urgent and acute psychiatric services
  - Require a hospital champion and ongoing communication with hospital-partner
- Community-based ISCTs require additional resources to provide evidence-based interventions

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

18

Program Characteristics

- Context-specific adaptations to program model may be necessary but may undermine continued delivery of evidence-based practices
- Addition of a psychologist, nurse practitioner and personal support worker(s) is highly beneficial in supporting clients

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

19

Program Characteristics

- Informational and management continuity of care can be facilitated by:
  - Ongoing use and enforcement of care coordination plans
  - Shared electronic health records
- Relational continuity of care can be enhanced by:
  - Provision of ACT and ICM services within the same team

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

20

Program Characteristics

- Tasks relating to organizational functioning and information transfer may undermine service delivery when teams become too large
- Structured assessments (e.g. LOCUS tool) may complement clinical expertise and improve long-term management of access, flow, and caseloads

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

21

Intake into ISCTs

- Intake and triage can be accomplished at either LHIN or Health Link level
  - However, there should be role clarity of local and central access points to avoid duplication

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

22

Complexity of Needs and Social Disadvantage

- Housing and rent supplements if caring for large numbers of clients who are homeless, or safe beds, if accepting individuals from criminal justice system
- Strengthened partnerships with primary care providers to help address unmet physical health care needs of clients and to avoid duplication

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

23

Ongoing Training and Technical Assistance

- Adequate resources for training (e.g. addictions, developmental disability, recovery, and trauma-informed care) to enhance staff self-efficacy
  - A local needs assessment should inform training requirements
- Opportunity to reorganize existing community mental health and addictions providers to offer multidisciplinary team based approaches to care
  - Provincial training and technical assistance centre to develop workforce and support delivery of evidence-based community mental health and addictions- interventions

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

24

Conclusion

- ISCTs are successfully engaging clients with complex care needs, many of whom had not previously been served by mental health services
- The hospital-based ISCT with a community partner is unifying the strengths of both institutions (e.g. evidence-based practises, clinical expertise, community outreach, recovery approach)
  - However, there were challenges stemming from divergent collective agreements between the hospital and community partner
- The community-based ISCT is providing evidence-based care in the community (DBT), but is facing challenges accessing urgent and acute psychiatric care for clients beyond what is available within the team
- Clients from both ISCTs perceived improvements in QoL and wellbeing; reductions in avoidable hospitalizations; smoother transitions between hospital and community; and greater hope for change

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

25

Thank You.

- Questions? Comments?

VISIT **CRICH.CA** TO ACCESS:
- *CRICH Research Flash* newsletter
- Plain-language fact sheets and videos
- Updates on current projects
- Stories about CRICH research in action

Connect with us at **Facebook.com/CRICHStMikes**
Follow us at **Twitter.com/CRICH_StMikes**
Subscribe to our videos at **Youtube.com/CRICHStMikes**
Email **CRICHList@smh.ca** to join our email listserv

26

References

1. Bak, M., Van Os, J., Delespaul, P., de Bie, A., á Campo, J., Poddighe, G., and Drukker, M. (2007). "An Observational, 'Real Life' Trial of the Introduction of Assertive Community Treatment in a Geographically Defined Area Using Clinical Rather Than Service Use Outcome Criteria." *Social Psychiatry and Psychiatric Epidemiology* 42 (2): 125–30.
2. Braun, V., and Clarke, V (2006). "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3 (2): 77–101.
3. Drukker, M, Van Os, J., Sytema, S., Driessen, G., Visser, E., and Delespaul, P. (2011). "Function Assertive Community Treatment (FACT) and Psychiatric Service Use in Patients Diagnosed with Severe Mental Illness." *Epidemiology and Psychiatric Sciences* 20 (03): 273–78.
4. Drukker, M., Visser, E., Sytema, S., and Van Os, J. (2013). "Flexible Assertive Community Treatment, Severity of Symptoms and Psychiatric Health Service Use, a Real Life Observational Study." *Clinical Practice and Epidemiology in Mental Health : CP & EMH* 9: 202–9.
5. Durlak, J.A., and DuPre, E.P. (2008). "Implementation matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors Affecting Implementation." *American Journal of Community Psychology*, 41(3-4), 327-350.
6. Firn, M., Hindhaugh, K., Hubbeling, D., Davies, G., Jones, B., and White, S.J. 2013. "A Dismantling Study of Assertive Outreach Services: Comparing Activity and Outcomes Following Replacement with the FACT Model." *Social Psychiatry and Psychiatric Epidemiology* 48 (6): 997–1003.
7. Morse, J.M., and Field, P.A. (1995). *Qualitative Research Methods for Health Professionals*. SAGE.
8. Reid, R., Haggerty, J., McKendry, R. (2002). "Defusing the Confusion: Concepts and Measures of Continuity of Healthcare." Canadian Health Services Research Foundation.
9. Van Veldhuizen, M. Nugter, A., Engelsbel, F., Bahler, M., Keet, R. (2015). "Outcomes of Flexible Assertive Community Treatment (FACT) Implementation: A Prospective Real Life Study." *Community Mental Health Journal*.

VISIT **CRICH.CA** TO ACCESS:
- *CRICH Research Flash* newsletter
- Plain-language fact sheets and videos
- Updates on current projects
- Stories about CRICH research in action

Connect with us at **Facebook.com/CRICHStMikes**
Follow us at **Twitter.com/CRICH_StMikes**
Subscribe to our videos at **Youtube.com/CRICHStMikes**
Email **CRICHList@smh.ca** to join our email listserv

27

EXTRA SLIDES

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

28

Eligibility Criteria

Table 1. Eligibility Criteria	
Must meet all criteria	Serious mental health problem with impaired functioning in the community
	18-65 years old
	Not currently on ACT team
	Residing in METHL or within SMH catchment area
	2+ psychiatric hospitalizations in the past two years, or, >5 ED visits in past year for mental health problems
Must meet 2+ criteria	Significant challenges in maintaining safe living situation
	Acute and/or chronic medical illness requiring intensive support
	Coexisting substance use disorder of >6 months
	Criminal justice involvement related to mental health or addictions in the past year

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

29

CLIENT PERSPECTIVES

- Transition from ACT to ISCT
- Many clients were not aware of range of services offered
- Clients appreciated being discussed by multiple staff
- More client involvement:
  - Timing of home visits
  - Multiple staff during home visits
  - Taking medications unobserved
- Additional extracurricular activities

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

30

CLIENT PERSPECTIVES

Positive Impact on Health and Wellbeing

"My health was poor. I was sleeping on the street a lot. I was going through starvation periods, periods where I had no food… I was getting in trouble with the law, assaulting people and stuff like that over hearing voices and, um, seeing things… So, my health is really poor. Being able to have someone to talk to…or express some of the things that I felt…or have someone there, there for me… helping me with getting to safe beds and staying, staying at shelters and stuff like that…now that I 'm functioning a lot better I can actually take care of myself a lot better….So, they were there for me when I was down…When I got connected with them, I was able to get out of the rut that I was in and stand up a little bit. Now I can think for myself and do things for myself… I feel better."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

31

CLIENT PERSPECTIVES

Positive Impact on Health and Wellbeing

"Things have definitely changed for me… learning these DBT skills have not only changed the way I feel emotionally, it changed how my life is physically too…and I would have never been able to get through it the way I do now."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

32

CLIENT PERSPECTIVES

Improved Access to Hospital Care

"[The ISC] team is watching after you. Like, I had relapse – And they put me, um, to the hospital again, but I didn't realize that I need to be hospitalized…I didn't take medication and, I go to the hospital again, so –they care about us."

Transition from Hospital to Community

"They visited me, the psychiatrist and social workers, they were visiting me two to three times a week and checking me up and helping me with daily activities."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

33

CLIENT PERSPECTIVES

Reduction in Hospitalizations

"I haven't been hospitalized since I've been on the [ISCT] team."

"I was always in the hospital. That's another reason why I got referred to the, the ISCT team… Now, I'm not in the hospital all the time."

"Well, I have an eating disorder which makes things a bit difficult even now, but things are definitely easier now and, I can easily say since I've joined the [ISCT] Team I have not had one hospitalization at all… and no self-harm incidents since then."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

34

CLIENT PERSPECTIVES

Connection to Services

"I've been in the healthcare and mental healthcare system for many years… and I've been part of hospital programs where there's supposed to be support services put in place for when I left hospital, but for some reason it just never happened and, um, I just was continually falling through the cracks …..So, um, I've found, um, like it was instant straight away when I had, [Case manager from ISCT Team]…it was instant in getting me connected..."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

35

CLIENT PERSPECTIVES

Connection to Services

"At [hospital], [ISCT] team was starting to work with me. I needed shelter because I was homeless. I needed money because I was homeless –And I needed, um, a lawyer, lawyer because I had, I had issues, um, with the law. And everything, um, that I needed, the [ISCT] team helped me in this. "

"Well, the [ISCT] team has a staff of professionals – So, a variety of levels, and if they need more, they can find you more, and they do it very quickly… "

Engaged in Care Plans

"The [ISCT] team checked in with me about almost everything. Did I like this? Was this too much? Was it not enough? You know? Because that's how you can serve the client, ask them what it is they need."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

36

CLIENT PERSPECTIVES

Support with Personal Goals

"My goal was to find mechanisms somewhere in the community that would help me to be more stable and not become sick. It's definitely helped to keep me kind of hunkered down and focused on my own life and the things I do every day and just to be good…"

"Um, when I first joined the [ISCT] Team my main goal for it to – obviously do no self-harm and to finish school… I was able to finish my last few courses and, um, just graduated in September."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

37

CLIENT PERSPECTIVES

Hope for Change

"It's early days for me here at [ISCT], I think the biggest change that I've noticed and it's really quite significant is I don't feel on my own any longer and, um, it is such a relief to know that… I have hope now that, um, especially with the DBT I know how well I did. Um, I have hope that there's light at the end of the tunnel."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

38

CLIENT PERSPECTIVES

Transition from Hospital to Community

"Before I joined the [ISCT] Team I had absolutely nothing… I had my multiple emergency visits a week and, um, hospitalization stays and, um, I guess it was through emerg that I got connected to, uh, Reconnect and started seeing a case manager while I was, um, while I was still, um, in hospital for a while and, um, and I starting seeing him once a week after I got out of hospital and, that was helping quite a bit… And, he suggested, uh, starting with the [ISCT] Team for like more intensive care and it seemed to work out great."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

39

REPRESENTATIVE QUOTES

Hospital-Based ISCT

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

40

Quotes: External Context

Inadequate Community Resources

- *"I think part of the problem is from a macro perspective is the – is that the resource centres out in the community don't even facilitate recovery. Um, things like housing, things like a, a safe neighbourhood, access to quality food –There's a lot of food insecurity. We're dealing with issues of poverty…it's quite oppressive, the way they're living, and you're asking them to recover in a model that is not recovery – so, it's not, it's not so much the team. We're also operating within a context of a macro system that doesn't promote recovery."*

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

41

Quotes: External Context

Fragmentation Across Health Care System

"My anxieties were we're going to be only one team in a fairly hard-to-serve environment – Populations suddenly falling under the responsibility of caring 130-some odd- thousand people. And it's going to be challenging. I mean, I think it's, it's systemic. So, I don't think it's about, like, immediate issues. But I think there are a lot of systemic problems – That, you know, exist here that is not necessarily us. You know, like I think, you know, have – you know, it's good to have one flexible piece, but I think all pieces need to become flexible. You know – It's good to have a FACT team, but this FACT team needs to be able to send to another clinic that takes low-intensity patients with no barriers. And these low-intensity patients should be able to go to a GP who's going to pick them up."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

42

Quotes: External Context

Relationship with Access Point

"Most of our referrals come from the Access Point. So this is not the way it was set up initially, but that's the way it is now. So, initially, we were getting our referrals through Access Point, but because it was a new program, people were not familiar yet with the eligibility criteria. We were getting clients that may not be meeting the criteria for the [ISCT] team. But subsequently I suggested why don't we have a point person at Access Point that connects with me and that we review the referral before it's sent, so that we make sure that basically the criteria are met. And so we did that. Access Point did that and it's worked really, really well. So, we have a conversation. So, the point person at Access Point calls me, tells me, "I have three referrals for you." We go through each referral. If I have any questions, I can ask questions. If there's more information to be gotten for us, she'll note that down and she'll get the information for us."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

43

Quotes: External Context

Relationship with Health LINK

"There was regular consultation to – with, with me in terms of the Health LINK and then to the wider – there was some consultation with the broader partner group at the Health LINK around the criteria… so, we had a, a couple of all-partners meetings where the [ISCT] team would report on, "Here's where we are – ", "Here's the draft criteria at this point and – "

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

44

Quotes: Program Characteristics

Compatibility with Hospital Setting

"Not all hospital teams are consistently good, but they have access to hospitals, which is sometimes what these clients need – Access to hospital. And if you're not in a hospital, you'll have trouble accessing. Um, so, I mean, um, when you speak about advantages, I'm not sure about advantages being in the community, but I see some disadvantages in the, the type of expertise that's available. And, um, the access to hospitals might be trickier. Um, at the same time, the advantage, the only advantage I see to the community is they are smaller, more flexible organizations that can implement change sooner than the mega-hospitals that – Where things are so bureaucratic and take so long to happen. So, I guess that's the biggie only. But, at the same time, I haven't seen many community health organizations with the type of expertise needed to implement and maintain, um, fidelity in standards and evidence-based treatment."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

45

Quotes: Program Characteristics

Compatibility with Community Setting

"I think community organization know the community. I mean, I'm not saying hospitals don't. They know who comes to them. But I think, um, the flexibility, the approach, the LHINs that's all we do. For the hospital, that's a little part of what they do. They have a, you know, I'm not going to undermine the expertise of the psychiatry like honestly. So, that's why I think they would be an important instrumental support in giving us that. But the community work - I think that is what community organizations do. We are integrated in the community. Um, the rules and the policies and the procedures are geared towards that work and that is all we do."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

46

Quotes: Program Characteristics

Contextual Appropriateness of New Model: Catchment Area with High Levels of Homelessness and Poverty

"Um, like, working with home – like, working so much with homelessness. Right? Um, and such, like, absolute poverty. I mean – I don't imagine that even Scarborough has the same density of boarding homes – That downtown Toronto has, right? So, like, some of those issues, and, like, I don't feel like the – those issues were taken into consideration when devel- – like, when the model was being implemented. Um, and it's, like, they've just got target numbers, and "That's the target numbers – " "And we're not flexible on those, so you guys need to figure out how to do your work, hitting these targets. "Right?"

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

47

Quotes: Program Characteristics

Work in Progress: Ongoing Program Adaptability

"I think we're going to be in this, I don't know, I'll say maybe chaos is not the right word, but kind of, until we do get our full caseload. And then you have to see what it looks like… because right now we're still always just readjusting and figuring out and readjusting and figuring out… "

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

48

Quotes: Program Characteristics

Case Manager and Psychiatrist Meetings

""I actually like the ICM interactions with the psychiatrists because sometimes I have a vision of what my care plan's going to be for this client – But the psychiatrist's also working on a different plan, as well. He might have a better relationship or a different interrelationship where they express a different goal. Because those goals can be incorporated into the current plan that I have. And it's good to get that feedback because it helps me understand the client better and helps me develop a more, I guess, complete plan for them."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

49

Quotes: Program Characteristics

Office Nurse

"Um, I feel like the office nurse was a great idea. Because we do so much medication management –It's really nice to be able to – somebody is always there to consult with. Right? Or, um, or deal with something that is more physical in nature… like yesterday we had someone come in, they have burns on their fingers from their crack pipe – And there's nobody there to look at them. You know what I mean? Um, it was nice to just have somebody reliably there –All the time to manage – like, to handle situations like that –That are, like, kind of out of scope for other people on the team…I think it created some consistency for clients. Um, you know, knowing who was going to be in the office. Right?"

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

50

Quotes: Provider Characteristics

Perceived Need for the Innovation

"I believe that we actually need more multidisciplinary services, because they're more effective, um, I think that the outcomes are much better…not everyone needs that level of intensity but at some point, most people do. So, even if it's short-term that they come in for those services when they're in a crisis they, they get stabilized and move back into case management, I think that's an opportunity. So, I do believe that we need more of this type of intervention and service in the community than just more case management. I would argue that this is probably more effective"

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

51

Quotes: Provider Characteristics

Perceived Strength- Model Flexibility

"*"But what I'm really excited about is as we get forward, we now have to start to see the flow and the movement on the other end. So, the people actually moving through the program, they come into the program. They're, you know, ACTT clients we've seen every day. Sometimes multiple times a day. And then, hopefully, they experience that period of stability. They move over to the ICM case management. They were seen once a week. Now they're seen twice a week. And now, you know, we're actively looking at the discharge planning for people and we're moving them through that program and that system."*

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

52

Quotes: Provider Characteristics

Hospital-Community Partnership Challenges

" We [Cota-hired staff] don't have any management representation here, which I think has been probably not the greatest of decisions, so technically we're being managed by St. Mike's management but, like I was saying, they're not familiar with our collective agreement, they're not familiar with the policies and standards – the employment standards, like, at Cota – And then things end up being, I think, really, really stressful for us –Um, in that we're always feeling we've got to, like, fight, almost…" ([ISCT] Staff)

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

53

Quotes: Program Delivery System

Transition from ACT to ISCT

"*The staff that had been in place at the time, in the old program, the ACT team, um, had been working with ACT clients, had been working in an ACT model for many, many, many years. So, suddenly we say, "Well, that's no longer the model we're going to work with and this is what – and, and, and it's new, so really none of us know what it's really going to look like, but we have to move towards this new model."*

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

54

Quotes: Program Delivery System

Workload

"How can you be client-centered when, um, you've got so many clients to see?...What are we really going to value, right? Because do we want to punch out numbers because, like, what will the client care be like?"

"And, again, it comes down to a competency issue. It's, "Oh, mistakes are happening, therefore staff are incompetent." The reality is staff are overwhelmed with the number of tasks they have to complete, therefore the work isn't done properly because they don't have the time to deal with it."

"We're supposed to be challenging discrimination in a recovery model but oftentimes what happens is that we just don't have the time to do that, so we just move on. Like, if they're unfairly being evicted – Let's find another place to live, but let's not challenge the eviction itself."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

55

Quotes: Program Delivery System

Shared Decision-Making

"I think it's another thing that things went so quickly and nobody slowed down and put some thought – And it was so top-down and nobody came to talk to us. Nobody included us in some of the decision-making…I understand what it is to make decisions but some of the conversations, we were – I don't feel like I was ever included in them."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

56

Quotes: Program Delivery System

Protocols

"*Um, what would we do differently? I suppose, um – yeah, I guess, you know, I would be in a position to say, you know, have your protocols in place before. In other words, you know, figure out your intake process. Figure out how you're going to do your transitions from ACT to this. Figure out – you know, so it would be a lot of those have your processes in place before you start."*

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

57

Quotes: Program Support System

Additional Training

"And I think that's the biggest challenge, is have people who actually have the expertise – In the areas that you need. Like, you know, one of the issues, I think, for a lot of these outreach teams is that you, you know, you basically, you know, are taking the people who are fresh out of school and don't necessarily have any specific training and then you bring them in and you want them to do certain things. And they may not really have been able to be trained to do any of it." (KI1)

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

58

Quotes: Program Support System

Ongoing training for new and existing staff

"We have a psychologist. We've hired an addictions specialist. We're actually doing addiction work with addictions patients on the team. But I think a lot of it is going to be something that has to be done in-house. You know. Or develop – and I think – then again, this is the kind of longitudinal thinking about, you know, the, the kind of a training that people will need to do later on. So, I think that's, that's the piece that, you know, St. Mike's needs to be on board and COTA needs to be on board to actually let these people get the training they need or things that they need to pick up to be able to do their job."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

59

REPRESENTATIVE QUOTES

Community-Based ISCT

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

60

Quotes: External Context

Relationship with Hospital

"[ISCT staff] has done a great job of the relation-building with the hospital. So, he's there like three times a week, I think. I'm not sure how often Toby's there. But there's a definite connection to the hospital. And so they see us as being a really clean sort of resource and, uh, referral point, so I think being consistent, I think that's the, the key."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

61

Quotes: External Context

Increased Capacity of Primary Care

"One of our mandates is to provide primary health care...To people in our catchment area, including those with serious mental illness and addiction. So, it certainly increases our capacity… As the primary care provider…To respond to the needs of some of these really intense people."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

62

Quotes: External Context

Relationship with South Toronto Health Link

"The South Toronto Health LINK where St. Joe's is the lead – Has been very helpful, because it's, it's already established, the table – So, we didn't have to go and do much outreach. And through that table, we visited. So, [Name] and the team did presentations at various CCAC –Various community mental health organizations –So, we've done some outreach and gone to organizations explaining the service, what we do, how we work."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

63

Quotes: External Context

Challenges in Accessing Hospital Support

"Going back to when we described the [ISCT] team, you know, with essentially providing hospital support in the community, one of the most challenging things is not actually getting the hospital support when you actually require it for your clients. That, that's where, you know, these, these crisis situations happen and it's like weeks and weeks and all your energy and time and, like, that's one of the most – I find, personally, that's one of the most challenging things about working with these specific clients on this specific team, is that they do require – I mean, unfortunately, our, our – the majority of our clients do require hospitalization over some period of time to stabilize out, um, you know. And, and a lot of them have been hospitalized, but it has been a fight and a struggle between multiple hospitals and multiple doctors and different forms just to get them there. And then once they're there, you can see the improvement. But it's like the communication piece, it's, you know, it's hard as a community team who services this, this clientele with these complexities to not have any type of say or privileges for admitting in, in hospitals in the community. That's one of the most challenging things. Because they need it and they need it right away…"

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

64

Quotes: Program Characteristics

Contextual Appropriateness and Fit: Benefits of Being Embedded Within Reconnect

"Unlike the FACT model where everything's integrated, the entire agency operates like a FACT team. So, our clients move seamlessly from case management to ACTT, ACTT to case management, as their needs change, internally within the organization. We have the flexibility. So, it's not one team. It's an entire organization, where program managers are responsible for integrating care and services –But also for flow up and down within the services. So, the continuing support is for folks with very low needs but who have gone through the other services. And then, between ACTT and case management, the clients will flow up and down based on their changing needs. So, that's how we – so, for us, when we implemented, unlike the St. Mike's model, our, um, [ISCT] team is not truly the FACT model because what we have underneath the [ISCT] team is all the other services at Reconnect, which are available to the [ISCT] team. And we've always operated in that model…"

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

65

Quotes: Program Characteristics

Program Development & Modification: Role of Program Consultant

"But basically, he [program consultant] would sit in and as we were all brainstorming and giving feedback to – um, he would then be able to make those adjustments on whether – be it charts of how things would flow through or whose role was going to be what or what our care plan was going to look like or our referral forms. And so, uh, it was like all the ideas were coming, but he was able to kind of put that in place and I found that really helpful to have that role. He actually – I think that was probably the key to getting this program up and running was [the program consultant's] role and the work that he did. I don't think it would have been as smooth if it weren't for him."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

66

Quotes: Provider Characteristics

Perceived Strength: Model Flexibility

"Um, I think, on our end, between the two teams, our ACT team and the LOC- and the, the [ISCT] team – Uh, I think the criteria – so, for ACT, you know, the, the – you need a certain number of hospitalizations – You don't need that with the [ISCT] team as much. So, there's a lot more flexibility around grabbing individuals to enter the service who may not have had that many hospitalizations – But had other compounding issues – That sort of make it very hard for them to maintain, you know, tenure in the community. So, we're able to, we're able to have the, uh, much more flexibility in terms of who we take in. I think the intake's a little more rapid."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

67

Quotes: Provider Characteristics

Perceived Strength: Care Coordination

"I think we provide a lot of leadership. Like, basically care coordination, with getting all these different pieces together, to work together, in a care plan. Um, and to get on the same page. That's how I see it. It is like a link between all services."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

68

Quotes: Provider Characteristics

Perceived Weakness: Access to Psychotherapy and Trauma-Informed Expertise

"I know we'd like to have, you know, uh, maybe some psychotherapy attached to it. Maybe some trauma-informed expertise that we could rely on."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

69

Quotes: Program Delivery System

Work Climate: Cohesive Team

"I think the strengths were how we came – we, we came together as a team. I mean, we were still developing the processes that we were going to utilize and, you know, how we were going to to support the clients and, you know, how the medication piece was going to work out with the BT piece and, you know, we – it all just kind of – I mean, I've never seen a team come together so smoothly. Um, and it just kind of worked. We all came from, like, different professional backgrounds, different teams, different models. And then, whatever didn't work on our old team, we brought it forward and filled the gap here together."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

70

Quotes: Program Delivery System

Work Climate: High Workload

"I would say complexity is probably the biggest difference I've experienced, whereas, um, one client from [ISCT] would be, um, probably equivocal to maybe three on, on ACT in terms of the amount of work that needs to be input into it, the amount of, um, management, especially with medications. And our model with different people at the current moment where we follow a case management model, where each case manager is responsible for their clients and, I mean, their caseload, whereas ACT, they would share the functions, share the, the responsibilities."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

71

Quotes: Program Delivery System

Work Climate: Unequal Workload

"Speaking on behalf of the nurses, and they can add too, we have other responsibilities as well as, um, performing functions for peo-, for all the clients, not just our own caseload. And then we also have like our office duties of sorting the medications, we have roles. So, it's really hard to focus on those roles, um, when we're focusing on our case management role."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

72

Quotes: Program Delivery System

Integration of New Programming: Clozaril Clinic

"Um, I thought this is something really important, that we do act as a clozaril clinic, um, that is integrated with our [ISCT] team. Um, and that's something that the nurses also manage. So, as we get more clients, there's this new program that we're implementing within the program, so I don't know"

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

73

Quotes: Program Delivery System

Inadequate Involvement of Relevant Stakeholders in Care Coordination Plans

"So, I'm now in possession of four or five stories where lack of coordination of Public Guardian and Trust caused really serious problems with complex mental health and addictions patients. So, we have to get these people on the care teams. And that'll be a bit of a new world for people from the Public Guardian and Trust. But, they have a critical role as a member of the care team."

"I know that there's been no coordinated care plan done by the [ISCT]. And to me that's an issue because if they're doing this and they're doing it to coordinate care …why is there not a coordinated care plan for them?"

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

74

Quotes: Program Delivery System

Coordination with St. Joseph's Hospital

" Oh, I should say, too - Um, so uh, somebody on the [ISCT] team is admitted to hospital for a particular problem. Um, so then we get into the whole, needing to coordinate discharge. Um, again, this is where it starts to make sense to have a coordinated care plan. So, if there is a psychiatrist here who is the designated person on the coordinated care team - For that patient, then that person can facilitate a more organized discharge. So that the [ISCT] team is ready for it when the person is discharged. What you don't want happening, and what happens sometimes is - We're going to discharge Tom on Thursday. Um, you know, on Friday you get a call – oh, well, actually we discharged him on Wednesday. This is a big problem. You know, these kinds of gaps keep opening up in the system because it's a siloed system. And, so, uh, hopefully coordinated care - a more formalized approach to coordinated care planning and a more formalized sense of the team, will, um, facilitate fewer of these gaps opening up."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

75

Quotes: Program Delivery System

Formulation of tasks: Inadequate Time for Developing Protocols

"And I guess there was not too much preparation for that. Everybody was not in place. We had to develop while we were growing and it had to be evolved, and we really evolved. It was not everything was in place. So, this is that plan, this is something that we created. So, everything – um, so just, that 's something that was a challenge. "

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.

76

Quotes: Program Support System

Staff Training: LOCUS Tool & DBT

"And then we also implemented and we trained actually the sector on the use of the LOCUS tool. So, that was us that – we sort of brought it in. CAMH was already using it, at CAMH. But we wanted to try it in a community agency. So, we – As part of the funding, when we applied –We also asked the LHIN to support us to procure and to get trained on the LOCUS tool and on the DBT, which both the LHINs supported us in doing."

"I would suggest, though, that on such a large undertaking like DBT, is maybe, uh, make it voluntary instead of sort of part of the team, for some people that – like myself – who struggle with it a bit and struggle with the time commitment, with their heavy caseload."

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

St. Michael's
Inspired Care. Inspiring Science.