

OWG in Early Intervention

12/2/2005
11:00 AM
Toronto

Facilitator: John Trainor Note taker: Gregory Kim

Attendees: Allyson Susko, Amy Capern, Dr. Bharat Chawla, Gregory Kim, Maurice Fortin, Christina ? (Hamilton), Lena Arabian, Janice Harris, Deborah Deacon, Gord Langill, Gretchen Conrad, Heather Hobbs, John Trainor, Kola Oyewumi, Lundi Constante, Karen O'Conner, Mary Lynn Porto, Mirella Fata, Robert Zipursky, Stephanie McDermid Vaz, Sabrina Baker, Suzanne Archie, Thomas Hall, Mark Welch

Regrets: Jean Addington, Rahul Manchanda, Bridget Hough, Karyn Baker, Ross Norman, Ralph Lewis, Patty Chapman, Fred Wagner, Linda Montgomery, Michael Shanessey, Stephen Cheng

Gregory Kim 12/7/05 9:16 AM
Formatted

Gregory Kim 12/7/05 9:16 AM
Formatted

Agenda

- Round Table updates from programs
- Conference 2006
- Rural EPI research
- Government relations
- Update from the standards committee
- Update from the training committee
- update on the \$28000 for training through consultation and collaboration
- OWG webpage
- OWG survey
- Setting meeting schedule for 2006

Round Table updates from programs All

Peterborough: been hiring and implementing the funding up to 1 FTE in each of the 5 sites. A new case manager in Peterborough. On struggle in psychiatric resources, the combined resources is hard to meet all the needs in the region they serve. Trying to establish a psychiatric team. They're involved in a research project with Ross Norman, Paula Goering, Caroyln Dewa and Bob Zipursky. The focus is on the provincial effectiveness & impact of the implementation of the enhancement dollars in EIP (and court diversion). Also, talking with Mark Welch in the rural area.

Toronto Area

CAMH First Episode: we're working with CMHA and other newly funded programs to develop a Toronto EIP network with an external consultant to arrange that process. LEARN is funded for 3 FTEs and we're working with Mood and Anxiety and CMHA to allow their clients to access LEARN. About PEEL, no new position have been hired but working with SHIP a housing provider and CMHA peel to transition first episode clients into the community. They're developing a MOU. There's been a need identified in Peel to develop a network with SSO Peel and FAME.

CAMH Mood and Anxiety: relatively new and have 3 in-patient beds. Started in September. They have an outpatient unit and working in partnership with CMHA MOD team. They have 2 nurses and one part-time psychiatrist and 2 consulting psychiatrists. Recruiting staff SW, OT and more time from psychiatry. Same mandate as the MOD team.

Some discussion about how EIP will work with people with psychotic mood disorders and the potential dilution of the initial intents of EIP and mandate drift. This is a pressure that we'll have to face in the future. The Ministry is clear about early intervention in *psychosis* not schizophrenia, so they are willing to support us regardless of the way our clients move into schizophrenia or into mood disorders. There was the suggestion to have the OWG clarify this with the Ministry and learn from other areas how they work with mood disorders. The OWG has already pushed in the policy development and we can keep an eye on it through the standards group. How it plays out in the local situation may be different than globally. Also there's the concern about including people with mood disorders without pushing out people who may have higher need but less ability to access services. As long as psychosis is the main focus most people can accept this.

Family Intervention Group: chaired by Karyn CMHA, SSO, Mood and Anxiety. Currently, at the table Sabrina Baker is the only person at the table providing family work across the First Episode Psychosis Program on an individual and group basis based on the individual family's needs. The group is deciding on where they're going and how to effectively work together. Sabrina is the representative for the family initiative at CAMH. Family Week at CAMH runs from February 13th –20th and Sabrina opened up the conference to the working group and informed the group about the grand rounds, conference for families and other events that will be occurring that week. More specifically, Sabrina invited the group to participate in the family fair sharing their resources with other organizations.

CMHA: 10 clinicians with ¼ hired, a mix of community and clinical programs. With a specific program consultation, and access to beds at CAMH for first episode. There's a couple of OTs for the recovery piece i.e., with employment and school and working with people in the community and developing strategies

Hamilton: 3 things: the expansion in Central South Region and discussions with Ministry for funding and additional training. We have a satellite program associated with Cleghorn: Grimsby, St-Catherines, 6 nations, Niagara, Enhalderman, we've received funding for dedicated staff for these regions with psychiatrists and outreach nurses working with these communities to develop capacity in these regions. The regional office in Hamilton in supportive of EIP, so increased funding for a neuro-psychologist (0.6 FTE). They're happy to have Dr. Chai Cheng who is moving to Thunder Bay. There is another clinical scholar with expertise in forensic psychiatry. The established team moved in from Mac to St. Joes' and had an open house to celebrate the new space and full launch of program. Still busy hiring with a family educator. Ask anybody about the training component that they're excited about. Hamilton will eventually have a relationship with Thunder Bay.

Thunder Bay: We have Dr. Chai Cheng coming up with 2 days a week as a psychiatrist. She is going to work with 2 initiatives in program development and research (training will be one area of study in the Northwest region and outreach). Nadine from the LEARN is coming out to Thunder Bay. The team is coming together and determining what they can take on a do well. Training, standards of skills and what they are doing is what is being developed. Also in developing the regional model, there currently discussion in Dryden about how they want to move together in partnership with Rainy River (?). Also, similar discussions with an aboriginal organization with whom they'd like to partner in the Thunder Bay

region. Some discussion with Ministry about Health accord funding and building resources in other regions.

Northeast: We are working on program development. From James Bay to Muskoka-Parry Sound. So clinicians are all over the map, and networking the transfer agencies and finding out who needs what training and where. North Bay will be the hub. All positions are posted for clinicians to build capacity in the region. They don't have a psychiatrist but Dr. Barb Crawford is offering support. Looking forward to things setting down in North Bay to develop programs

Ottawa: New case manager, PSR program will be developed and working with coordinator to develop coordination of services in Ottawa area and what the rural piece will look like. In terms of research, students are coming in asking for doing research and a doctoral fellow coming in.

Kingston: Focusing on capacity building and setting up offices in Brockville and Belleville with case workers in EPI especially with public awareness to improve referral. Building databases and forms to facilitate identification and referral to program. Emphasizing telepsychiatry use with it located in 5 sites. Working with Care Connect. The Care Connect is a government agency that gives a cost, and negotiate with the Ministry and they will set it up and they will charge you for training. Equipment is installed, training ER staff and linking with workers in regions for patient care, communication, and education. OHIP will eventually allow physicians to bill this directly. There's a position open for a neuropsychologist, and SW. Next year, there will be more positions. Ministry, families and clients are on their advisory board. Family alumni night is set up to set up family networking. Also a family newsletter is coming up. Also working with other agencies: SSO. Looking at joining funding for training in public awareness. Research into pathways into disability in EI; efficacy of long acting medications in RCT; client satisfaction and effectiveness of EI. Dr. Ashok Malla will publish an outcome paper in Dec issue of Can. J. Psychiatry. TAMI initiative. March 29th conference.

What is the mandate for the advisory board? The ministry has some guidelines with client, family representatives. They advise on anything we do i.e., how we spend money, how we engage clients, the Ministry is coming to the advisory group to tell them what the Ministry's expectations are from an advisory group.

Action: Gord Langill will forward their terms of reference

SSO: *SSO is working in partnership with the Mood Disorders Association of Ontario (MDAO) and the Family Outreach and Response Program (three separate agencies). SSO received funding for one FTE, MDAO received funding for one FTE, and FORP received funding for two FTEs. They're implementation plans are waiting for a signature, then they can hire. They're working with Sabrina Baker and Karen O'Conner to make sure family programs are working well together. They are discussion how they are dividing their clients (e.g., geographically, by diagnosis). About public awareness, they feel it's important for early identification and treatment seeking. There was an ad in MacClean's magazine and BMO-trom at King and Bay in Toronto about early signs and symptoms. About packages going out to high schools. Lots of positive feedback coming back and there's requests for more information and a Public Service Announcement (PSA) is out on OMNI 1 and 2 covering Ontario about EI. 161 hours as of the end of Oct has been shown of this 30 second PSA. Also working on an awareness workshop toolkit for EI outreach workers can use. The toolkits is to support chapters in rural areas. Ready to publish and distribute in Spring 2006.*

Will the OWG is able to accommodate this increased interest for service for EI?

York Region: we in the process of hiring 7 new staff and a consulting psychiatrist. Formal agreement with housing provider Cross Links with dedicated beds for EI. Also part of the Carolyn Dewa research program and setting up training.

Gregory Kim 12/7/05 2:13 PM

Deleted: Received funding for a family support worker for EI clients.

Gregory Kim 12/7/05 2:13 PM

Deleted: Working with Mood disorders, family outreach and response program.

Conference 2006

Topics for Institutes and Sessions: brainstorming exercise

Purpose for the Conference

- 1 day workshops
- keynote speakers
- didactic presentation
- open planning/strategic groups


Audience

- OWG members, front-line staff

Family aspect

- Why use families
- Bringing different players together
- Bring families in to speak for themselves
- How to measure the impact of this

Topics for the Conference

- Prodrome issues continued: Screening
- *Smaller and more experiential working groups for the conference (Sabrina)*
- 
- update from the Ministry about standards (John T)
- invite Minister of Health to open conference (John T)
- underpin every session with the policy framework document (Tom)
- Engaging school system (Amy)
- take the 7 components in the policy framework document (Heather)
- EPI Research (Gord)
- Prodrome (Gord, Lundi, Bob)
- Team building (?)
- Psychosis 101 (Sabrina)
- Models of Care (Bob), key components and training available (Janice)
- Research Findings from OWG tracking study (Suzanne)
- Engagement and compliance (Kola)
- "Getting your life back"
- Diversity (Sabrina)
- Primary Care (Heather)
- Advocacy (John T)
- LIHNs (John T)
- Partnerships (Gord)

Training speakers: Kim Johnson and Linda Wowk

Keynote speaker: Jane Addington, Jane Edwards, Pat McGorry, Allison Young, TIPS

Client participation at the conference: see about audience below

About delegates: Discussion about how many people are able to come and if there is a fee. Last year, 5 people were given with prorated amounts for travel in Northern areas.

About travel: There are going to be a lot of people coming from various areas.

About audience: At this stage this conference is primarily for front-line EIP services

About purpose: like an annual meeting for EIP services in Ontario, like a meeting.

Gregory Kim 12/7/05 9:17 AM

Formatted: Bullets and Numbering

Gregory Kim 12/7/05 9:17 AM

Deleted: Smaller and working groups for the conference (Sabrina)

Conclusions:	
Conference Theme is "Integration"	
The Keynote speaker will be someone from Australia	
If funds allow, a training person would be brought in for a pre-training session	
Action items:	Person responsible:
Connect with Mirella to get an invitation to Kim or Linda	Gregory
Someone from EPICC for the Keynote speaker	Conference Committee
Ask Jean Addington to speak at the conference	Conference Committee
Conference planning committee will meet on at 10am on the 16 th of December	Conference Committee

Rural EPI research

Dr. Mark Welch joined the teleconference

His e-mail is mark.welch@ualberta.ca and phone number is 780-492-7112

Overview for discussion: There are a lot of interesting experiences in the rural context surrounding Peterborough's area. In terms of definitions of rural areas and how EPI is experienced in these areas. They want to support the best possible implementation of EPI over time, hopefully tied to best-practices and good quality service over time. 2 areas of research interest include: 1) program evaluation (best practices, effectiveness, outcome measures) and 2) what is particular to EPI in a rural context (e.g., outreach, who comes to our program, how they find us and what they are looking for). The "culture of identification" in a rural area. Possibly to collaborate with other programs with rural areas to explore this area.

Dr. Mark Welch: In Australia, once the collaboration between different regions and programs happens it may be time to do research. Rural programs are usually not resource rich and smaller and collaboration helps to develop a database to have good sample size. Do we think it's a good idea to do a coordinated rural approach linked with research. From Australia, the best predictor of people receiving best practice is to be registered with a program with a good process evaluation in place. Outcome evaluation found that outcomes were comparable with urban areas, but problems with programs capturing people at an early stage (i.e., referral and early identification stage was then developed with work with primary care and schools juvenile justice).

Discussion from OWG: How do we proceed?

What are the research questions i.e., may outcomes be better in rural areas and why? Often people talk about the deficits of rural areas, but there are certain aspects that really may be strengths and show how these can be capitalized, (i.e., social belonging and integration).

What are your thoughts about rural like York Region is mixed with cities and more rural areas, what are your thoughts about outcome measures in mixed areas like this? It's probably true that there's no one pure rural region. In Hamilton, we don't see ourselves as hierarchical, but a type of expertise with programs and rural services that have been working well. We both have expertise.

The Ministry is interested in collecting information from rural and urban areas. Also, when we meet can we bring in all those who are doing research having a chat to see areas that programs can connect and link.

Conclusions:

Do we want to have a coordinated rural research component? It could be part of the conference with the pre-conference institute on this topic (March 1, 2006) a teleconference before Conference in 2006. Connect interested parties with Carolyn Dewa and relevant people involved.

Action items:

E-mail sent out to everyone to see who is interested and find out who wants to participate
Institute at conference
Send out phone number and contact information for Dr. Mark Welch to team
Connect Carolyn Dewa with Mark Welch

Person responsible:

Gregory
Conference Planning Committee
In minutes: see above
Lead for the Rural EPI research

Government relations

Report on the meeting with Carrie Hayward from the MoHLTC: Very interested in EI, Carrie had the stats from all the EI projects. Catherine Ford also played a role in keeping her up to date. They don't want to be funding more people, but building capacity with what's already there. Was also sensitive to geographic areas. She got the sense that the OWG is about getting the best support for clients. Clearly seemed committed to EI and asked about geographic gaps in service. Also, she understood that different programs have different needs and that each program is able to define their needs and be flexible to use their funding.

Regional Action: Many teams have met with their regional reps. Regardless of your area, decisions for next year are made quickly, be in there to discuss it with them and represent what you need. There are a variety of styles in regional offices. Some are collaborative.

Update from the standards committee

From the operations side of the Ministry: Karen O'Conner, Gord Langill, Paul Roy, John Trainor: There's been 3 meetings and there will be one more. Joan Nandal has been helpful in keeping an eye on outcomes and measures. They're working with Catherine Ford. Are they building in time for measuring.

They are expecting you to send in data regularly and purchase software (TREAT) & Common Data Set (CDS) \$25 000 or \$30 000. We need to ask to have the funding to support collecting the data. How have people been sending in their data? Through CDS compliant program through CMHA or through paper and pencil.

Update from the training committee

Discussion: The committee consists of Mirella, Gord, Lundi, Bob & Greg

Looking at core competencies, looking at how training is happening in other places and avenues and methods in training and getting background information to get a sense of what works for different regions. What can be used? We don't want to reinvent the wheel. Connects with webpage and conference. Thinking of training for new staff and ongoing training

Right now collecting information for a reference for future work. To understand what's out there and what's being used.

Mirella is connecting with key people in Ontario to interview and find common themes and then to develop training.

Training linked to mentoring, conference, webpage.

Action items:	Person responsible:
Send minutes to Kola about training committee and results and get information about telehealth	Gregory
Sabrina will speak to Mirella about training for Families	Sabrina Baker

Update on the \$28000 for training through consultation and collaboration

Originally this was intended to support training within the sites, 10 programs had applied to receive training and 5 programs put forward their names to give training.

There was a description of training collaborations between Hamilton-Thunder Bay and training challenges with North Bay

The process is an iterative one where training. Local sites are developing with people wanting to receive their training connecting with potential programs who are offering training. Efforts to have an equitable distribution of funds to support training are being sought out (i.e., 2 or more programs linking together to receive training at the same time from one established program)

Action items:

Gregory will connect with teams to connect them together

Person responsible:

Gregory

OWG webpage

Discussion:

Having a separate URL for us is ideal. It seems that money may come year after year and so. The web specification sheet was sent handed out or e-mailed to people

For training committee, this seems like a massive endeavor to set this up. Gord has a contact that can help to develop a web site

Action items:

Connect Gord to find the web developer and AI
Call people individually about links

Person responsible:

Gregory
Gregory

OWG survey

Discussion:

Results from the OWG Survey were handed out or e-mailed to people. This is a resource document that you can use. Results have already been sent to Mirella Fata as the lead on the training committee

Conclusions:

If people want to talk about this further, it can be put on the next agenda.

Setting meeting schedule for 2006

Conclusions:

Next meeting is a dinner meeting at the conference on March 1, 2006 (room and time to be announced)

Following meeting is on May 26, 2006 (room and time to be announced)