

Ontario Working Group on EIP

16 September 2004
11:00 AM
Ottawa, ON

Chair:
John Trainor

Note taker:
Gregory Kim

Attendees:

Agenda

Introduction

Program and Budget updates

Presentation by Dr. Patricia Rockman

Possible one time funding for the OWG-Action
Plan

Next steps - next round of funding-strategizing
and lobbying

Any other business

Additional Information

Ontario Working Group on EIP

16 September 2004
11:00 AM
Ottawa, ON

Chair:

John Trainor

Note taker: Gregory
Kim

Attendees:

Sharman Robertson, John Moise, Nalini Pandalangat, Gregory Kim, Beth McCay, Jennifer Hunt, Claudia Hampel, Paul Roy, Patricia Rockman, Robert Zipursky, John Trainor, Troy Savage, Thomas Hall, Karen O'Connor, Barbara Crawford, Michelle Rehder, Gord Langill, Heather Hobbs, Gretchen Conrad, Omar Aguilar, Tracey mantle, Julie Daly, Lea Nadon
Through Teleconference: Costante Lundi, Janice Harris, Ursula Lipski and Amy Capern, Ian Chovil, Mirella Fata, Carol Diemer

Agenda

Introduction

Discussion: People discussed getting letters from the Ministry. Developments around standards development with the Ministry, and they are on track with the 4 year funding cycle with the accord money.

Conclusions: n/a

Action items: n/a

Person responsible:

Na

Deadline:

N/a

Program and Budget updates

Discussion:

Sarnia: informed by CEO of agency. Received funding for other programs but not for EIP. Demand is increasing, but they don't have the capacity to serve. Access to psychiatrists is a hindrance and doesn't have enough psychiatrists to work with. Perception that services from London serve Sarnia, which has been under-served in psychiatry for a long time. Nalini indicated that the Ministry contact for Southwest had conveyed that CMHA Lambton county is receiving EIP funding.

Ottawa: Received the letter about the second round of funding. 1.3 million is the total funding. They are in an expansion phase and have opened new offices. Complement of 5 case managers, 1 FTE psychologist, ½ time neuro-psychologist and other positions coming on line. A coordinator for intake, discharge and liaison for the city and the whole region..
Launching into curriculum development.

Hamilton: since last meeting, both teams will move to one site that is opposite St. Joseph's hospital and one site will be enlarged and the other will move over. In the process of hiring staff. 0.6 psychologist, Recreation Therapist and 2 consumers, 1 RN and 1 OT. The satellite, expanding into Niagara and Halton, Grimsby, and ? and 4 sites total will be shared \$600. Program worker is working on a data for a common data CDS set for the Ministry and specifying needs to the Ministry. If you're interested contact her about Reporting EARly intervention Data (READ).

Peterborough: Four county area of Lynx, the CDS has been a big issue. There is a program at Can-am at 2 of their sites. Because of multi-program sites, getting reporting tools together from the different sites is difficult because of the varieties of different software tools to coordinate. Common software within the OWG is something that may be important. The people coming in are larger than incidence rates, so they are refining that so the pace of intake will hopefully plateau. 120 active clients. \$320,000 enhancement put into case management to bring up PT workers in the 5 sites. Increasing coordination role as well. Family support group is starting with a parent co-facilitating. Kelly Robinson has taken a leave and Allyson Susko has replaced her. 60 workshops to 1200 people since last September, but developing a 'culture of identification' families are the main referral source.

Toronto: The regional office has chosen a multi-agency funding model. In addition to CAMH and CMHA there are 2 general hospital (St. Michael's and Rouge Valley Health System) and 3 family groups: SSO, CRCT, Mood disorders. A network of this group is developing.

Thomas: From Central West Region \$620,000 on to of \$250,000 to hire 2.7 clinicians in a satellite clinic in Mississauga and having a psychologist, RN, outreach and other clinicians. Need to move to a new floor to accommodate the increase. In Toronto, LEARN received funding \$252,000 for 2 FTEs. This money doesn't cover everyone there, so more money is being looked for.

Janice (CAMH): 2 FTE support workers for the Mood and Anxiety program in CAMH. A Part time OT and SW position are waiting

CMHA: additional funding for 4 staff. Working closely with CAMH with the Mood Program. They have a team of 11, a community intervention program with treatment and recovery and back to work and school. Looking at a siblings group.

Ursula & Amy (provincial youth awareness coordinator): from SSO: \$84,000 1.0 FTE for family education and support and public awareness to youth and high schools. Youth coordinator is making promotional brochures to all high schools and each high school will be receiving regional contact with regional coordinators to connect to provide EIP workshops and talk to students, guidance counselors. Building a toolkit to be able to inform people in the major regions and smaller communities about signs and symptoms..

NorthEast Region:

Lundi: 223,000 for regional team in North Bay. Hire FT resource clinician, MSW, and .5 secretary. To move to a new office in North Bay. Approval for 7.9 FTE for 10 agencies, some small communities will have .5 FTE. Working with all the agencies and getting job descriptions. All transfer payment agencies will decide on staffing. Next steps is looking at training of clinicians, like job shadowing with more established programs (in London and Hamilton). Hopefully they will contact everyone. 11 workers total, that may go out to various programs

Barb: still have a stream of service of people with FEP in the North Bay region. That has enhanced services i.e. case management and they have a new SW. Groups for psychoeducation and CBT groups as well. They are going through divestment shortly.

Kingston: moving ahead and hiring staff, looking for a SW, OT and psychologist, and looking for installing teleconferencing in 5 site and satellite office (Smiths Falls, ?, Belleville, Napanee). Telepsychiatry is going to emergency rooms. Submitted in Aug CDS and again in Oct. They're looking for a database program

Guelph: \$425,00 to start up an EIP program. They are hiring a program coordinator .5. program assistant, data management, 1.2 EIP clinician and 1 psychiatrist and a hub and spoke model. They came to Peterborough and Hamilton for site visits. They have a big country responsibility. \$1.1 million requested for more.

NorthWest: received funding letter: \$466,000. Going to develop a small clinical program and started hiring for clinical lead, case manager and family worker and support psychiatry services. 1.5 FTE for outside of Thunder Bay in Kenora region and will be meeting agencies to see how to best use these resources. Training module for family physicians and a resource for people in their agencies about EIP. Creating a network of people for training in the NorthWest region.

Windsor: working with a regional hospital to see clients. Working with a pharmaceutical grant. Trying to set up a collaborative partnership with a ministry funded program in the region for CMHA. Ownership of the program is the struggle now. Hiring a clinical lead for training of staff for community nursing an EIP.

Conclusions:

\$8.1 million total funding

It may be a project to get all this on one place on the webpage to share with all EIPs i.e., about education, database stuff and curriculum, training. A request has been made to the Ministry has requested this for one-time funding. Also, a central person or agency can be the contact for other EIP programs for redistribution..

Action items:

Send list of EIPs to Ursula and Amy at the SSO

Send a copy of the package to EIP members and connect with EIP services

Send a copy of educational resources to Nalini

Person responsible:

Nalini

Amy

Mirella

Deadline:

Sept 22

Presentation by Dr. Patricia Rockman

Discussion:

Approaching general practitioners about EIP? Link with the College of Family Physicians, connecting with the mentors and mentees in each area. Forming mentoring groups with family physicians as an adjunct mentor with a specialty in EIPs.

Conclusions:

Connect between OWG and the Collaborative Care

Action items:

Presentation will be sent to the OWG members

Sending a list of mentor groups to the OWG members

Inviting some OWG members as guests to the Collaborative Care Conference, to present

Prepare a list of EIP services and send it to Patricia Rockman

Connect with Lena Salach about mentor program

Person responsible:

Nalini

Nalini

Patricia & John

Nalini

Nalini

Deadline:

Possible one time funding for the OWG-Action Plan

Discussion:

A second funding request was asked for a system capacity enhancement (funded), and extension of the multi-site evaluation (not funded). They wanted us to manage the standards coordination team. The system enhancement refers to on-site visits between sites to share expertise, a mentorship program between EIP services. Also, for new programs that have not been funded this round but have been asking for help for different EIP programs (e.g., developing funding strategies). The EIP conference and finally having an interactive website for EIP. It is bureaucratically approved, but we're waiting for the letter.

Potential ideas for topics of the conference/institutes include: Common Data Set; Workshops on housing, psychotherapy; International Guest; training;

Who is the conference for? Ideas include: new EIP services, EIP service in existence, families and consumers.

What is the organizing theme for the conference? Ideas include: Mechanisms for joining the province together and services in the province, not just the micro but how we organize ourselves as service providers; how to capture the state of the art care for EIP services (e.g., integration and holistic view); overarching issues of models of care that cover the major themes for people with first episode of psychosis (it's clear that there have to be various models of care for different people and different regions; sharing local program models); public education and outreach; having a vision for the main theme like "from darkness into light" and having all sessions and days to feed into this; having a theme that speaks to all participants.

Quintessential vision of EIP and different models of care for different circumstances.

"Towards Integration", between regions, between programs, between medical disciplines, client & family centred theme. "The integrated systems of care: building hope for better lives"

Building a network of care that links us

A specific discussion on training included topics like:

- From BC Laura Hampton or other BC folks;
- Special training event for new EIP programs (basic introductory information, different models, pharmacology piece, and other areas);
- Sharing educational interventions and materials;
- Capture some of the training over video
- Gathering training information from BC;
- Place materials into website;
- Developing a comprehensive action plan on training, developed by a subcommittee or working group
- Training is linked with standards

Conclusions:

The provincial conference has been set for 2nd and 3rd of March 2006 and the institute on the 1st.

Members for a subcommittee about developing a comprehensive action plan on training include: Mirella Fata, Karen O'Connor, Bob Zipursky

Action items:

Connect with Jean Addington about potential international presenters

Person responsible:

Nalini

Deadline:

| | | |
|--|-------------------------------------|--|
| Fill out the survey about core competencies required of new staff of EIP Develop a theme for the conference and sent to the OWG | All, send to Mirella Fata Nalini | |
| | | |

Next steps - next round of funding-strategizing and lobbying

Discussion: We need to ensure that our priority remains near the top. The Ministry does it's funding planning in the Fall, it has to go to the various departments and then to the government table. The accord is permanent money for enhancement, but not necessarily for EIP.

Gord: The regional person that they connect with mentions that the common data set is important for funding for next year and also they want case studies and stories about EIP. Stories are good for bureaucrats.

Discussion about meeting with MPPs

Maybe regions need to come together to discuss diverse lobbying strategies and a coherent integrated strategy e.g., numbers, personal stories

Discussion about the money from hospitals and how it can be best used in the community.

Conclusions:

The OWG lobbies centrally to Carrie Hayward and Catherine Ford and programs lobby regionally. Contact your regional office and talk about EIP funding for next year, with logical next steps and what you need next. They like system talk for connecting with other services in the region. It may be important to speak with your LIHN. Mental health is on the agenda in almost all the LHINs. There should be a delegation to meet with the central folks.

Action items:

Connect with your regional office about Ministry funding for next year
Central lobbying committee includes: Paul Roy, Omar Aguilier, Maurice Fortin,

Person responsible:

Every program

Deadline:

Any other business

Discussion:

Next meeting. It would be interesting to travel around and have a meeting once a year in Ottawa.

Conclusions:

Next meeting on Friday, December 2, 2005 in Toronto

Action items:

Person responsible:

Deadline:

Additional Information

| |
|--|
| |
|--|