Improving Outcomes in Dual Diagnosis Specialized Care
Welcome

With us today:

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The Royal Ottawa Health Care Group
The Creation of a Flexible Assertive Community Treatment (FACT-DD) Team for Dual Diagnosis Services at The Royal Ottawa Healthcare Group

An Online Presentation for the Canadian Foundation for Healthcare Improvement (CFHI), 5 December 2016.

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Overview

1. The Challenge
2. The Innovation - FACT-DD
3. Measures, Outcomes, and Continued Advocacy
4. Questions & Comments

“Better Health and Lower Costs for Patients with Complex Needs”
THE CHALLENGE
Dual Diagnosis = Co-occurrence of Intellectual Disability and Mental Illness
Psychiatric Service Needs of Individuals with Dual Diagnosis

• Individuals with DD use Emergency Departments more frequently and have higher rates of psychiatric hospitalization (including Alternate Level of Care or ALC status) than non-DD individuals.

• Research shows that individuals with DD are considered to have specialized complex psychiatric and behavioral needs that are challenging to serve within general mental health services.
Our Context:
Ontario’s Champlain LHIN

There are an estimated 9,640 individuals living with a DD in the Champlain LHIN (2012)
The prevalence of dual diagnosis in individuals with an intellectual disability is estimated to be approximately 38-45% (Lunsky et al., 2012; NADD, 2007).

In a 2012 study of Ontario adults with an intellectual disability (Lunsky et al., 2012):

- 26.4% of individuals were diagnosed with Severe Mental Illness
- 73.6% of individuals were diagnosed with Other Mental Illness

Champlain Region
Estimated 9,460 individuals with dual diagnosis (N&CA, 2012)
Ombudsman of Ontario Report
(August 2016)

- Report reviewed crisis situations for DD clients and families.
- Need to continue to develop and evaluate continuum of care.
Background: Provincial Review of Dual Diagnosis Programs (KPMG, 2012)

• Provincial review of Dual Diagnosis service in 6 Ontario hospitals.

• Key Findings
  – A specialized continuum of service is needed for DD patients.
  – Most of the continuum (especially treatment services) was missing in the Champlain LHIN.
  – This leaves many DD patients as Alternate Level of Care (ALC) in hospital which is a high cost to the system, interferes with patient flow of other patients and impacts on DD patients’ well-being.
Availability of Continuum of Care in the Champlain LHIN (at the time of 2012 provincial review)

• Specialized Inpatient Services
  – There are NO specialized inpatient services.
  – Champlain LHIN is ONLY LHIN without specialized inpatient beds; KPMG report recommended 1:100,000 (or 16 beds).

• Multi-Disciplinary Treatment Services
  – Assertive community treatment team (ACTT) in The Royal’s Community Program serves only Brockville & Lanark, Leeds Grenville part of South East LHIN.

• Outpatient treatment services with follow-up
  – None in LHIN.

• Consultation
  – Assessment services in the Royal’s Community Program serves only Champlain LHIN.

KPMG CONCLUSION: Most of the continuum was missing in the Champlain LHIN
Shaded areas represent the full offering of services by The Royal at the time.
THE INNOVATION - FACTT-DD
The Royal’s Response to the Provincial Review

• Redesign of DD Consultation Team to modify skill mix to match our research on key presenting problems for patients.

• Development of innovative treatment services (FACTT-DD) for new funding.

• Proposal for specialized Inpatient beds.
FACTT-DD: Creating an Innovative Dual Diagnosis Treatment Service

• An innovative evolution of the ACT model developed in the Netherlands - staff mix, client population and regional reach.

• This is a new model of service for Persons with a Dual Diagnosis – THE FIRST IN CANADA.

• Regional representation – Ottawa, Pembroke, Cornwall.

• Funded by Champlain LHIN – Regional Offices funded by Ministry of Community and Social Services.
Overview of FACTT-DD

• FACT teams carry higher client caseloads of 180-220 clients (ACTT caseloads average 80 clients).

• FACT provides 2 levels of intensity of service delivery.
  A) 20% of FACT clients require an intensive level of service which involves clients having contact with several team members. These clients are discussed daily at the team meeting where decisions are made about which form of care they should receive.
  B) 80% of FACT clients receive a lesser intensity of service - individual case management by a single team member (average of 25 clients per worker). Clients are able to switch between levels of support depending on their needs.
The Building Blocks of FACTT

1. Go wherever the client wants to succeed.

2. Support inclusion through social networking.

3. Find people with severe mental illness and link them into integrated mental health services chain of care (many have little understanding of their own illness).

4. Provide ACT intensive care if necessary (can provide intense care immediately).


“The Innovation of FACTT”
...further elaboration of ACT

- FACTT service delivery model was developed in the Netherlands by J.R van Veldhuizen (Psychiatrist) and M. Bahler (Psychologist) over the past 10 years.
- FACTT teams provide a mix of ACT and intensive case management.
- FACTT teams are multidisciplinary.

<table>
<thead>
<tr>
<th>The Seven C’s</th>
<th>Care Requirements</th>
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<tbody>
<tr>
<td>Cure</td>
<td>Recovery orientated</td>
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<tr>
<td>Care</td>
<td>Daily support and guidance</td>
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<tr>
<td>Crisis Intervention</td>
<td>24/7 accessibility</td>
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<tr>
<td>Client Expertise</td>
<td>Use client’s experiential expertise (client centeredness)</td>
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<tr>
<td>Community Support</td>
<td>Family contacts, support regarding housing, work, and well-being</td>
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<tr>
<td>Control</td>
<td>Risk assessment and safety management for client and environment</td>
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<tr>
<td>Check</td>
<td>Routine outcome monitoring (effectiveness of treatment)</td>
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**Biopsychosocial model, providing:**
- Management of illness and symptoms (treatment)
- Guidance and practical assistance with daily living
- Rehabilitation
- Recovery support
Adaptation of FACTT for DD

• Adapted skills mix and treatment protocol (informed by the KPMG study) of FACTT includes:
  – Large behavioral component using Behavioral Support Technicians under the supervision of Clinical Psychologists.
  – Developmental Service Workers to provide interventions for intellectual disabilities integrated within the FACTT milieu.
  – Enhanced vocational/occupational support.

• Larger geographical focus (serving the entire LHIN)
• Capacity building element to support service providers and families post discharge.

• Team would fall under the Royal’s Community Mental Health Program
  – Main hub would be situated at or near this program’s Carlingwood Mall location
  – 2 Satellite offices (connected to the hub via OTN) would deliver services outside of Ottawa.
## FACTT-DD STAFF

<table>
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<tr>
<th>Direct Care Positions</th>
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<tr>
<td>1 Psychiatrist</td>
<td>1 Social Worker (MSW)</td>
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<td>2 Nursing RN</td>
<td>1 Manager of Patient Care Services</td>
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<tr>
<td>2 Behavioural Therapists (BST) (Supervised by Clinical Psychologists)</td>
<td>3 Developmental Services Workers (DSW)</td>
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<tr>
<td>1 Clinical Psychologist (Position is filled by 2 Clinical Psychologists)</td>
<td>1 Occupational Therapist</td>
</tr>
<tr>
<td>Satellite Office – Cornwall 1 Nurse, 1 Behavioural Therapist</td>
<td>Satellite Office – Pembroke 1 Nurse, 1 Behavioural Therapist</td>
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Hub office located in Ottawa at the Community Mental Health Program with 2 rural satellite offices located in Pembroke and Cornwall
Who is Served by FACTT-DD?

- Late adolescents and adults with diagnosed intellectual disability and diagnosis/symptoms of mental illness
- Age 18+
- □ DSO Eligible (Evidence of ID and Mental Health Concern)
- □ Frequent Service Use
- □ Frequent Emergency Department Visits
- □ Numerous Crisis
- □ Community Supports have been Ineffective
- □ High Risk to Self and/or Others
Mobilizing People – How we Used Stakeholder Support to Create FACTT-DD

• CERDDAC – Champlain/East Region Dual Diagnosis Action Committee
• Collaboration on development with family members, service providers, Ministry representatives
• Support from health and developmental sector partners
Mobilizing Resources - Application for Dual Provincial Ministry Funding

- Innovative partnership of 2 Ministry support
- Funding for urban core to team = Ministry of Health and Long Term Care
- Funding for 2 regional offices = Ministry of Community and Social Services
Measures and Outcomes

• **Assessment Measures**
  – We are using standardized assessment tools to measure client and program outcomes in areas including, but not limited to:
    • Symptom reduction (short-term and long-term)
    • Reduction in external service usage
    • Reduction in number of crises
    • Increased support to families and care providers
    • Recovery
    • Improved quality of life
    • Reduction in unmet needs
    • Improved activities of daily living skills

• **Treatment and Recovery Planning**
  – Each client and their care providers are included in Treatment and Recovery Planning
  – Treatment and Recovery Goals are developed and reviewed quarterly
  – These goals define the purpose of our daily community visits with clients

• **Psychology and Psychiatry Assessments**
  – Completed as needed based on client need as determined by the front line work completed by the remainder of the team during the daily community visits
Elements of the continuum provided or supported by the DD FACT program

Elements of the continuum supported by the DD FACT program through capacity building role
Benefits of this Model

**Patient Level**
- Improved care customized to DD patients
- Better outcomes
- Functional improvement in community settings

**System Level / Upstream Impact**
- Improve continuum of care for challenging populations
- Reduction in ALC
- Reduction in ED usage
- Reduction in incidents between caregivers and patients
- Building capacity in a range of partners and care providers
  - Caregiver safety
  - Reduced restraint use
A Day in the Life of FACTT-DD

• **Morning Client Report Meeting (Kardex)**
  – All staff members on shift are present
  – Tuesdays to Fridays *ALL High Intensity* clients as well as clients seen the day before are reviewed
  – Report on any changes in Mental Health Status and/or any pertinent updates regarding their most recent visit
  – Monday mornings is a review of the complete FACTT-DD Board which includes *BOTH* the High and Low Intensity clients
  – Report on the client and any changes in relation to the Bio-Psycho-Social Model (the 5 P model)

• **Community Visits**
  – Staff then attend to their daily tasks meeting with clients in the community to work towards their Recovery Goals
  – All staff then document the happenings of these visits so that the information is accessible to all team members

• **Documentation**
  – All clients have a “Prime” - a staff member that is the main contact for the file and is responsible for the needed documentation, assessments, and measures to be completed
Provincial and National Involvement to Build Capacity in DD Services

**Local**
- Presentations to all developmental agencies, hospitals (urban and rural).
- Focus on working together to address client complexity and system issues
- Focus on capacity building in primary and secondary care providers

**Provincial**

**National**
- Canadian Foundation for Healthcare Improvement (S. Farrell and R. Pow).

**North American**
- Presentation at National Association of Dual Diagnosis state conference (team and S. Farrell).
FUTURE OUTCOMES, AND CONTINUED ADVOCACY
Looking Forward

• FACTT-DD to increase our caseload to match the intended FACT model of 180 – 200 clients (we are currently supporting 46 clients).

• FACTT-DD to move clients from a HIGH level of service intensity to a LOW level of service intensity to reach the intended FACT model ratio of 20:80 (we currently are sitting at a ratio of 62:38).

• FACTT-DD to continue to provide education to Community Partners about our Model of Service as well as how to best support clients with Dual Diagnosis in the community.

• FACTT-DD to continue to measure outcomes in order to see our clients move towards recovery.
Challenges Remaining

• FACTT-DD is an innovative treatment model to provide community-based specialized care.
• FACTT-DD will reduce and prevent ED visits and hospitalizations, however, specialized inpatient DD beds still required in the continuum of care to ensure individuals are not ALC in other mental health beds.
Questions and Comments?

KEEPING IN TOUCH

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Questions?

Please submit your questions/comments electronically using the “Chat Box” on the bottom of your webinar screen.
Upcoming Webinars

December 15\textsuperscript{th}: The Evolution of Patient and Family Engagement and Partnership Models in Quebec

January 11\textsuperscript{th}: Transforming Care for the Elderly: ensuring that seniors receive appropriate and person-centred care: Session 2

February 8\textsuperscript{th}: Transforming Care for the Elderly: ensuring that seniors receive appropriate and person-centred care: Session 3

Thank you!