Complex Service Needs Initiative

Learning Framework

The Strategy (2011-2016)

Vision

Becoming the best: Healthy communities promoting mental well-being enabled by comprehensive, coordinated and compassionate addiction and mental health services.

Purpose

- Transform the addiction and mental health system in Alberta by developing a comprehensive and coordinated system that provides people with the range of addiction and mental health services and supports that they need.
- Enhance health promotion and prevention activities, provide timely access to high quality assessment, treatment and supportive services when needed

Goal

- Reduce prevalence of addiction and mental illness
- Provide quality assessment, treatment and supportive services

Enablers

Seven enablers were identified as being essential in building organizational capacity and the infrastructure required to address priorities in the Strategy; they are an integral part of each Strategic Direction.

- Policy direction and alignment
- Individuals with lived experience and family engagement
- Funding and compensation framework
- Workforce development
- Research, evaluation and knowledge transfer
- Leverage technology and information sharing
- Cultural safety, awareness and competency

5 Strategic Directions

1. Build Healthy and Resilient Communities	2. Foster the Development of Healthy Children, Youth & Families	3. Enhance Community-based Services, Capacity & Supports	4. Address Complex Needs	5. Enhance Assurance
1.1 Dissemination of Low Risk Drinking Guidelines - Alberta Alcohol Strategy	2.1 Increase Mental Health Capacity Building to more communities & schools, throughout AB	3.1 Define and deliver a fundamental services - basket of addiction and mental health services	4.1 Develop long term plan for Alberta Hospital Edmonton programs & infrastructure	5.1 Workforce Development
1.2 Youth Tobacco Reduction Engagement Campaign	2.2 Coordinated and consistent access to child and adolescent addiction and mental health services	3.2 Enhance Telemental Health Services	4.2 Complex PDD	5.2 System Performance Framework – Outcome Measurement
1.3 FCC to Incorporate Addiction and Mental Health Services	2.3 Enhance Mental Health Patient Advocate role	3.3 Housing and Supports Framework	4.3 Tertiary Care Framework	5.3 Research, Evaluation & Knowledge Transfer
1.4 Post-Secondary Psychological Services	2.4 Post Partum Depression/Anxiety Screening	3.4 GAP MAP		5.4 Provide education messaging on "Addiction Awareness" Promotion Campaign
1.5 The Alberta Healthy School Community Wellness Fund	2.5 Provincial Acute, Tertiary & Rehabilitative Plan for Children's Mental Health	3.5 Counselling Resources for Violence and Sexual Assault		
1.6 Health Promotion Coordinators (HPCs) in Schools	2.6 Triple P Parenting-PAX Good Behavior Game (GBG) Pilot & Comparative Study (ACCECR)	3.6 Health Services grant to address homelessness in Alberta		

We have a specific population that has unmet needs…

Complex Service Needs:

*Eligible for services from PDD, pose a significant risk and/or are destructive to themselves, others or property. These individuals require intensive services **and** have, or have had a history of one or more of the following diagnosis or life experiences:*

- *A Mental health disorder*
- *Termination from services*
- *Specialized treatment for psychiatric and/or behavioral issues*
- *Multi-system involvement*
- *Incarceration(s) or criminal justice involvement;*
- *Chronic substance abuse/dependency problems.*

Complex Service Needs Lifecycle

Creating a Framework

- Executive VP's from Alberta Health Services
- AMH leadership
- Medical Directors
- Health Promotion SVP
- Associate Ministers from GOA within
- Human Services
- Health
- Children's Services
- Municipal Affairs

Joint Planning Session

7D representatives from:
- Alberta Health Services
- GOA Alberta Health
- Human Services
- OPG

Integrated Case Management

Serving as a cornerstone for engaging support in ensuring systematic and collaborative approach

Community Supports Planning Day

Purpose of meeting was to plan how each area will implement CST Teams. All Regions and Zones attended

Strategy Session for Complex Service Needs

Purpose of meeting was to address and plan for 2 priority areas:
- access to appropriate housing
- human resources

One Year Anniversary Event

Review progress, identify emerging issues, develop specific plans to further advance work

Best Practice Symposium

To discuss the challenges of housing and specialized staffing and to learn from the experiences of colleagues in Ontario and British Columbia, the Alberta PDD program hosted a Best Practices Symposium.

Initiative Regional/ Zone Leads Working Group

In order to maintain provincial focus ongoing meetings are held to engage, report & learn from all regions/leads

Education Framework Focus Group

Consisting of front line service providers, PDD, Alberta Health Services, advocacy agencies a focus group regarding specialized staff competencies was held

Up to January 2014

November 2 & 3, 2011

Two Planning Days produced a Framework based on the outcomes expected from the Creating Connections Addiction and Mental Health Strategy

January 19, 2012

Policy Directions Outlined – created guidelines on implementation

Each Region/ Zone established a team in 2012

Local Integrated Management & Regional Integrated Management

April 26, 2012

Human Resources processes successfully created positions and job descriptions in support of this specialized work

December 17, 2012

Alberta Health Services dedicates .5FTE to Provincial Complex Service Needs Coordinator

Edmonton COAST Team established

January 16, 2013

Alberta Health Services hires COAST staff

Compliment of 17 staff in total working in COAST

February 19, 20, 2013

PDD hires COAST staff

David Pitonyak presents for one week throughout province

Regional and Provincial Issue Resolution Process Established

June 14, 2013 — CATALYST Manager hired

May 24, 2013

Sept 13, 2013 — First Newsletter(for leadership)

Calgary CATALYST Team established within Amika Center

Evaluation Framework DRAFT is almost complete and Data Elements selected

September 19 & 27, 2013

First edition Newsletter

Coming in 2014
- Education Framework North and South operational Community Support Teams
- Provincially accessible specialized training
- 6 month evaluation results
- Extremely Complex Client Specialized Housing Planning
- Information Sharing Guide (joint work between Alberta Health Services & PDD)

Government of Alberta ■

Supports for Adults with Complex Service Needs
Cross-Ministry Policy Framework

Supports for Adults with Complex Service Needs
Cross-Ministry Policy Framework

Management of Integrated Services for Individuals with Service Needs

Guidelines for Integrated Case Management

Strategy Session included those working within:
- Human Services – Associate Minister Level, Chief Strategy Officer
- Health – ADM Level
- PDD Program Branch Leadership
- Regional Leadership – at the CEO Level
- Municipal Affairs – ADM
- Alberta Health Services – Senior Vice President, Executive Directors
- GOA Policy Division - ADM

Best Practice Symposium
February 19 & 20, 2013
3:00 a.m. – 4:00 p.m
Santa Maria Goretti Centre
11050 90 street
Edmonton, Alberta

.vsd

Supports for Adults with Complex Service Needs Cross-Ministry Policy Framework

Five Policy Elements/Directions

- Integrated Case Management

- Continuum of Services

- Training and Education

- Effective and Efficient Systems

- Shared Accountability across Ministries

Training and Education

Policy Direction # 3
Staff will be supported with training to carry out their roles in relation to adults with complex service needs.

Developing a Framework

STEP 1: Focus Group Invitation to inform an Education Framework Supports for PDD Individuals with Complex Service Needs
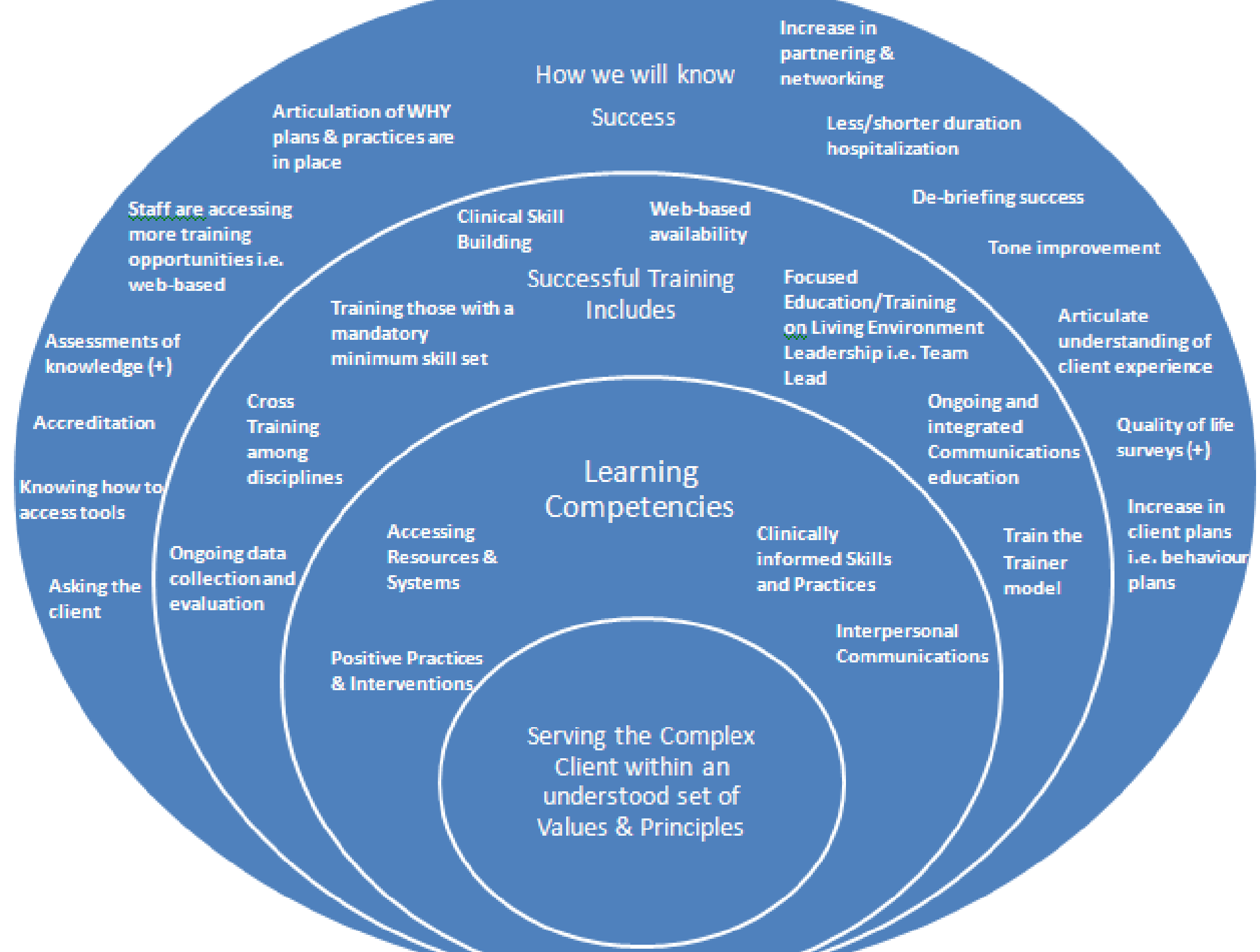
Developing a Framework

STEP 2: Assembling and working with the Focus Group

- 3 meetings
- feedback throughout
- added members

Developing a Framework
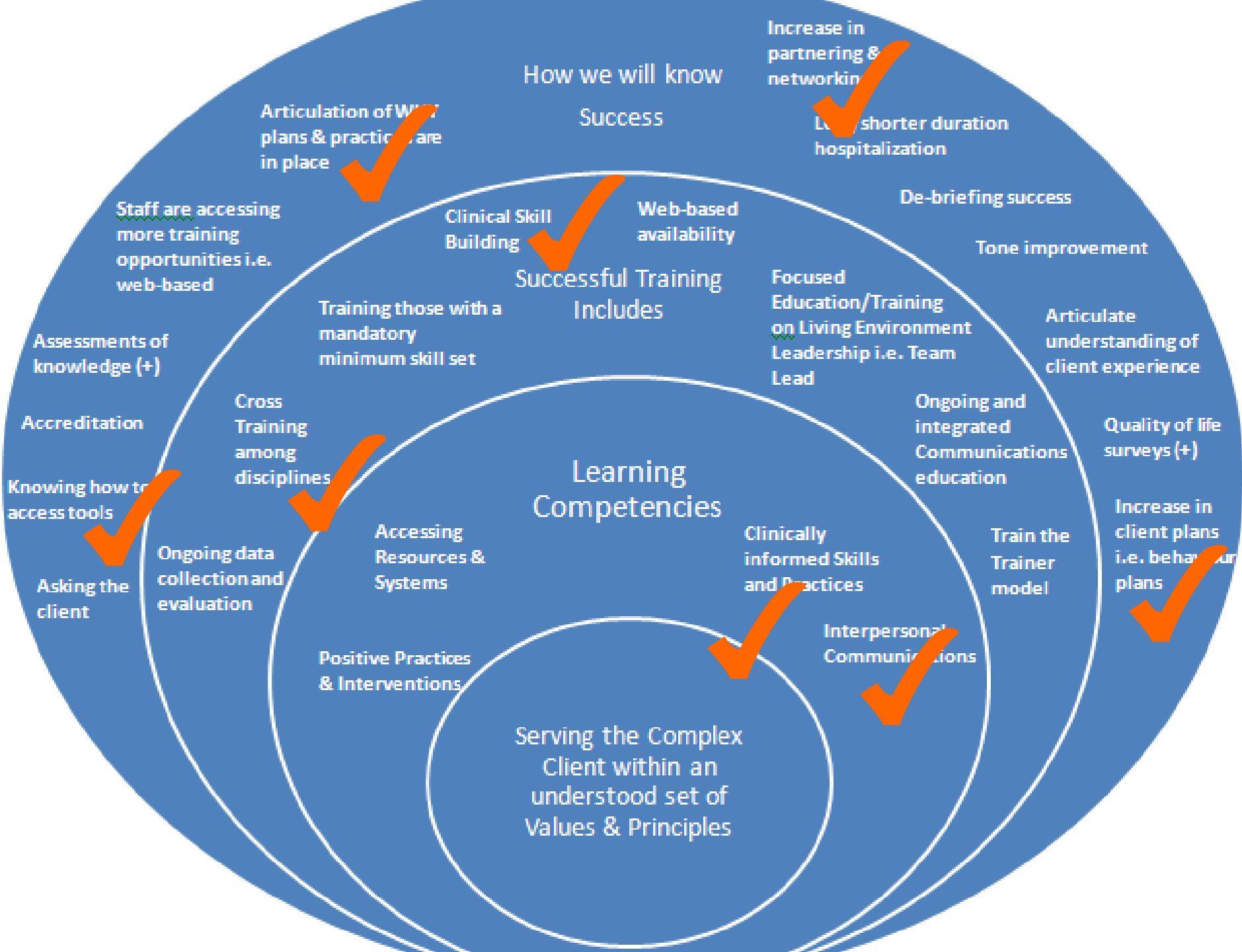
Preliminary Focus Questions:

1. What objectives will be met by training a specialized workforce? (specific, observable and measurable)

2. What Learning Outcomes or Competencies will be achieved by staff supporting complex care individuals?

3. What training and/or education options are best utilized to meet educational needs?

How we will know

Success

Increase in partnering & networking

Articulation of WHY plans & practices are in place

Less/shorter duration hospitalization

De-briefing success

Staff are accessing more training opportunities i.e. web-based

Clinical Skill Building

Web-based availability

Tone improvement

Successful Training Includes

Training those with a mandatory minimum skill set

Focused Education/Training on Living Environment Leadership i.e. Team Lead

Articulate understanding of client experience

Assessments of knowledge (+)

Accreditation

Cross Training among disciplines

Ongoing and integrated Communications education

Quality of life surveys (+)

Knowing how to access tools

Learning Competencies

Accessing Resources & Systems

Clinically informed Skills and Practices

Train the Trainer model

Increase in client plans i.e. behaviour plans

Ongoing data collection and evaluation

Asking the client

Positive Practices & Interventions

Interpersonal Communications

Serving the Complex Client within an understood set of Values & Principles

Developing a Framework

Step 3 – Getting down to business:

Offering concrete feedback and recommendations
- Confirming a proposed Competency Model
- Confirming the tool/s to track competencies
- Confirming that listed competencies are "generalizable" enough to be applied province wide
- Is there a need for a Specialized Competency Toolkit/Resource
- Feedback on what will be useful in Specialized Competency Toolkit/Resource
- Suggestions and current education/learning suggestions for inclusion in a Specialized Competency Toolkit/Resource

How we will know Success

Successful Training Includes

Learning Competencies

Serving the Complex Client within an understood set of Values & Principles

- Articulation of WRAP plans & practices are in place
- Increase in partnering & networking
- Less/shorter duration hospitalization
- Staff are accessing more training opportunities i.e. web-based
- Clinical Skill Building
- Web-based availability
- De-briefing success
- Tone improvement
- Assessments of knowledge (+)
- Training those with a mandatory minimum skill set
- Focused Education/Training on Living Environment Leadership i.e. Team Lead
- Articulate understanding of client experience
- Accreditation
- Cross Training among disciplines
- Ongoing and integrated Communications education
- Quality of life surveys (+)
- Knowing how to access tools
- Accessing Resources & Systems
- Clinically informed Skills and Practices
- Train the Trainer model
- Increase in client plans i.e. behaviour plans
- Asking the client
- Ongoing data collection and evaluation
- Positive Practices & Interventions
- Interpersonal Communications

Learning Framework

Creating a common language will help Complex Needs Service Delivery specialists develop

- a coordinated approach to education and training

- expectation of skills and concepts for staff who work with individuals with complex service needs;

Learning Framework

Assumptions

- Specialized skill building should occur after gaining core foundational skills.

- A Person Centered Approach will be used to assess necessary specialized training based upon the needs of each individual requiring support.

- Competencies achieved will enhance professionalism and excellence within the Human Services workforce

Learning Framework

Foundational	Specialized			
Providing a basic level of knowledge on general topics related to providing front line supports to individuals.	Building on foundational knowledge to provide staff with more detailed knowledge and skills required to support individuals with complex needs.			*Knowing what each client needs and then creating those skills around a competency based framework is central to serving clients well.*
Once Foundational Training is completed and a staff member is a good fit to work within a complex service environment then specialized training would be the next step in achieving strong competence.	**Positive Practices and Interventions** — Supportive positive practices and interventions employed by day to day support teams fostering interventions, strategies, social participation and increased independence.	**Accessing Resources & Systems** — Knowledge base of community networks, resources, clinical supports and system partnerships as related to complex service needs.	**Interpersonal Communication** — Application of communication skills to create consistency in approach and tone.	**Clinically Informed Skills and Practices** — Application of a licensed practitioner clinical directions, recommendations and practices, by day to day support teams, within a residential or program related setting.

Complimentary Training - Additional learning resources that are available and accessible for staff to support and encourage continuous learning. This may be work duty related or as gained through personal development.

Experiential Learning – This is the learning that takes place while staff members are working with individuals. Knowledge and skills are gained through hands-on experience with support and guidance from co-workers, supervisors, community members and mentors.

Learning Framework

Other work informing a competency focus

Discipline Specific work
-ACDS Core competencies for Community Disability Services Worker
-CCSA Competencies (for Substance Abuse Workforce)
-HCA Competency Profile (Health Care Aide)
-Occupational and Recreational Therapy professional practices

Topical work
-AMH Behavioural Concurrent Capable Competencies
-Behaviour Supports Ontario Recommended Core Competencies
-ABA (Applied Behaviour Analysis)

Professional Practice Frameworks

Learning Framework

Complementary Work

- Involvement within Health Care Aide Advisory Committee
- Partnering with other complimentary Provincial resources such as ACDS
- Creating Newsletters for front line working with individuals with complex needs
- Webinar development
- Sharing information and work from sources outside of Alberta
  - - VITA Services in Toronto
  - - Relationship building with CAMH Dual Diagnosis Program
- Creation of learning opportunities when possible
- Evaluation of the initiative as a whole to help cultivate next steps and plans for future learning and development
- Creation of specialized workshops that are needed but currently not known to exist – Leisure and Recreation

Learning Competencies

Positive Practices and Interventions	Accessing Resources and Systems	Communication Skills	Clinically Informed Skills and Practices
Supportive positive practices and interventions for the day to day support team fostering interventions, strategies, social participation and increased independence.	**Knowledge base of community networks, resources, clinical supports and system partnerships as related to complex service needs.**	**Communication skills to create consistency in approach and tone.**	**Application of licensed practitioners clinical skills and practices within a residential or program related setting.**

- Relationship building
- Strategies for supporting Challenging Behaviour
- Using Restrictions Ethically and Managing Risk
- Customizing Support/Care Plans for the Complex Individual
- Helping the Complex Individual past the "no"
- Sensory Integration and Impacts
- Enhanced Understanding of standardized protocols and how ensuring each remain person centered
- Crisis intervention & management
   o Effective Documentation
- Leisure and Recreation Planning
	- Local Community resource availability (it's not enough to know they exist – how/when to access)
	- Knowledge of FOIP (Freedom of Information & Protection) and HIA (Health Information Act) and information sharing relevant to your workplace
	- Building workplace and staff support connections and networks
	- Creative Problem Solving and Decision Making
	- Community Available Advocacy
		- Reflective team practice,
		- Positive communication skills (encompassed in soft skills)
		- Coaching and mentoring
		- Principles of Team Work
		- Non-verbal communication
		- Principles of collective wisdom
		- Networking skills
		- Critical incident reporting and debriefing
		- Facilitation and negotiation skills
		- Conflict Resolution
		- Specific communication needs
		   o ASL
		   o PIKS
		   o Supportive Technology
		- Family dynamic communication skills
		- Use of social stories and scripts
		- Supporting one's own resilience
		- Care for the caregiver
			- Assessment and Observation skills
			   o Effective Documentation
			- Education of Dual Diagnosis
			   o Cognitive impacts
			   o Mental Illness unique impacts
			   o Stages of development
			- Mental Health First Aid
			- Medication Management
			- Addiction and Harm Reduction and Concurrent Disorders
			- Understanding Challenging Behaviour
			- Working with a cross-professional team
			- Awareness of codes of practice
			- Diagnosis specific education
			- ASIST (suicide prevention)
			- Trauma Informed Practice

Learning along the way

◦ Educational Framework became Learning Framework
◦ Educational institutions input critical
◦ Core foundational components of learning are often missing within the workforce (before specialized learning can take place)
◦ Research and evaluation is needed in order to move forward

     - must be more confident of what works in the field

     - once this work began there became a strong o obligation to the industry to promote ongoing learning opportunities

◦ there is so much more to do…

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