Implementing the Choice and Partnership Approach (CAPA): How an Innovative Service Delivery Model is Transforming the Delivery of Child and Youth Mental Health Care in Ottawa

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Overview

• Exploration:
  ➢ Our “burning platform” for change
  ➢ Why CAPA?

• Installation:
  ➢ Preparation activities

• Initial Implementation:
  ➢ Impact: Preliminary pre and post data
  ➢ Continuous improvement activities

• Full Implementation:
  ➢ Vision for the Future

• Lessons learned

• Questions/Discussion
Exploration Stage:
Deciding WHAT to adopt and implement
Burning Platform to Burning Ambition

• Unable to meet growing demand for child and youth mental health services
• Long wait times
• Skill based not necessarily kept up with needs of clients
• Increasing emergency criteria

Youth and families/ caregivers reported that:
• Access to care is complicated, confusing and frustrating
• A lot of time spent repeating information
• A lot of time being assessed, not enough services
• There is a lack of coordination of services and sustained and meaningful interventions
• Variation in what was being offered
• Youth and families want to be active contributors in the therapeutic process
• Youth and families are often not clear what was involved in the service they were being offered

Service providers echoed these areas for improvements and expressed drive and appetite to do better.
CAPA is a systemic approach to service organisation and to the relationship with the service user/young person/family. It aims to put the user at the CENTRE. To aid their choices and GOALS we should use our EXPERTISE in a COLLABORATIVE manner. To be the most effective we need to SMOOTH our processes and make every step ADD VALUE. We must deliver our resources by planning as a WHOLE system and LAYERING skills whenever possible. 

Steve and Ann
CAPA spread- why?

• The ingredients are what everyone wants
• The ingredients combine to become more than the component parts
• These building blocks can be adapted to individual settings and cultures
• It fits with people’s values

Slide from CAPA training with Ann York Oct 2016
## 11 Key Components

<table>
<thead>
<tr>
<th>CAPA Key Component</th>
<th>Aim</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Leadership</td>
<td>To drive and sustain Change management</td>
<td></td>
</tr>
<tr>
<td>2. Language</td>
<td>Active, understandable, non judgmental</td>
<td>Engages clients</td>
</tr>
<tr>
<td>3. Handle demand</td>
<td>Transparent and agreed</td>
<td>Flow, transitions, joint working</td>
</tr>
<tr>
<td>4. Choice framework</td>
<td>Shared decision making</td>
<td>Adds value, reduces waste, reduces drop outs</td>
</tr>
<tr>
<td>5. Full booking</td>
<td>Smoothes flow, improves engagement</td>
<td>Client has activities ‘pulled’ towards them as they need</td>
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<tr>
<td>6. Selection by skill</td>
<td>Matching skills to need</td>
<td>Increase effectiveness of help</td>
</tr>
<tr>
<td>7. Core and advanced skills</td>
<td>Evidence informed practice</td>
<td>Effectiveness, workforce development</td>
</tr>
<tr>
<td>8. Job planning</td>
<td>Defines and deploys capacity</td>
<td>Flow, monitoring, flexing, commissioning</td>
</tr>
<tr>
<td>9. Goal setting and outcomes</td>
<td>Regular outcome monitoring</td>
<td>Effectiveness and satisfaction, reduces drop outs and drift</td>
</tr>
<tr>
<td>10. Peer group supervision</td>
<td>Learning, governance, reducing variation</td>
<td>Safety, effectiveness, flow</td>
</tr>
<tr>
<td>11. Team away days</td>
<td>Team functioning</td>
<td>Effectiveness, satisfaction, reduced sickness, retention</td>
</tr>
</tbody>
</table>
Components reflect the CAPA Philosophy of Care

- “Engaging with” rather than being “done to”
- Understanding the family’s presenting concern
- Recognising and valuing the expertise the family brings
- Understanding the role of the clinician to inform evidence-based care decision making
- Working from a stance of shared-decision making
- Reaching a Choice Point: where goals and methods are considered and a next step plan is developed
- Defining what is value add
CAPA: Putting it all together

• Demand
  – Each referral is a request for a clinical service; demand is the number of clinical hours needed

• Capacity
  – Skills bank and resources required to deliver those skills
  – Skill bank built with targeted recruitment and clinician education
  – Capacity is not number of clinical staff, but number of clinical hours available to meet demand

• Lean principles are used to map out efficient care with least waste.
Installation Stage:
HOW will it happen? Plan what needs to be in place to implement the WHAT
1. Management and Leadership

- Commitment from the highest level of your organization
- Each agency established an agency CAPA implementation team – all levels
- Cross agency CAPA leadership team
Choice Component –
Getting the Front End Right

Language
Handle Demand
Choice Framework
The Choice appointment is one way we demonstrate the values of CAPA. It is often the first contact the family has with the system of care. Choice, therefore, is our opportunity to create the welcome mat and engage the family in this process.
Core Values of Choice

Why? The Purpose
• We believe that youth and families are most likely to benefit from evidence-based treatment when they are actively involved in the process from start to finish.

How? The Process
• Shared decision making
• Using principles of single-session intervention
• Considering risk and diagnosis
• On-going joint case formulation
• Direction and goals for next step

What? The Result
• To start, we use the Choice Appointment to gather enough information to come to a joint formulation to help the youth and family make a decision about the next step of care, this includes things they could do for themselves or in their community.

Slide reproduced with permission from Dr. Sharon Clark (IWK) 2017
Choice Components: 2. Language

- Training around philosophy behind new terms such as “choice” and “partnership”
- Weekly CAPA chats
- Training with Dr Ann York along with partnering agencies
- New terms reflected in agency documentation
Choice Components: 3. Handle Demand

- Clearly articulated eligibility and redirection criteria and ability to explain to clients
- “Choice” calendars set up & process in place for booking appointments
- Process in place to monitor capacity in response to referral rates

• Training on the Choice framework
• Understanding of how a Choice appointment is different from intake
• Skills inventory
• Skill development – case formulation, readiness and engagement work, goal setting
• Shared decision making
Transfer to Partnership Components – Easy Access to the Right Help

Full Booking to Partnership
Selecting Partnership Clinician by Skill
Transfer to Partnership Component: 5. Full Booking to Partnership

- Calendar of core appointments accessible to all counsellors
- Skills inventory – clearly defined skill set of each clinician
- Knowledge of different services options available within the agency and in system, how to determine which ones would potentially be beneficial, ability to explain options to youth and families
Transfer to Partnership Component:
6. Selecting Partnership Clinician by Skill

• Skills inventory – clearly defined skill set of each clinician
• Team knowledge re: specialized skills, strengths and most helpful delivery style
Partnership Components – Effective and Efficient

Core and Specific Partnership Work
Job Planning
Partnership Components: 7. Core and Specific Partnership Work

- Mapped skills and levels of skills of each clinician – skills known to the team
- Knowledge of different services available in system, how to determine which ones would potentially be beneficial, ability to explain options to youth and families
Partnership Components: 8. Job Plans

- Each clinician has an individual plan which contains their Choice activity, Core partnership targets for each quarter, their defined Specific partnership work and non-clinical activities.
- Individual plans are combined into team plan that is shared with all.
- Monitoring to ensure service is in balance e.g. can the team meet the choice and partnership demands coming from referrals?
- Reviewed quarterly.
I was told there would be no math!

The Core Partnership Multiplier

• The multiplier we recommend is 3. In other words, for every weekly Core Partnership half day (of 3.5 hours), a clinician should begin 3 new Core Partnerships in a quarter (3 month period).
• Multiplying these 3 half days by the Core Partnership multiplier of 3 means he needs to see $3 \times 3 = 9$ new Core Partnership clients each quarter.

Why 3?

• We work it out this way...
• In a 13-week quarter, staff only work around 11.25 weeks due to leave etc. (remember that we assume that out of 52 weeks a year we only work 45. So 45 divided into 4 quarters is 11.25)
• We also assume that in each half day a clinician can offer 2 clinical appointments
• So, for one half day across a whole quarter, staff can offer $11.25 \text{ (days)} \times 2 \text{ (appointments)} = 22.5 \text{ appointments}$
• We know at CHEO for example a family and young person averages 7.5 appointments or less in Core Partnership (see above)
• And so 22.5 appointments divided by 7.5 appointments equals 3 complete interventions (on average)
• So those 22.5 appointments mean that 3 children and young people, on average, can be seen and treated in the capacity provided by one half day in a 3-month period.
• This is used to work out how much new Core Partnership you can do.
More Math Unfortunately

How to use the Core Partnership Multiplier?

First
• Look at each clinician’s job plan – how many half-days or hours do they have for Core Partnership once Choice, Specific and other work, the team meeting and other commitments have been accounted for?

Then
• Either multiply that number of half days by the Core Partnership multiplier to give the number of new Core Partnership appointments each clinicians should offer each 13 week quarter (3 month periods) or
• Multiply that number of hours by 0.86. This is the hours converted to half-days – divide by 3.5 (to get to half days) and then multiply by the Core Partnership multiplier of 3.
• So 3 divided by 3.5 = 0.86 = the Core Partnership hours multiplier.
• The answer gives the number of new Core Partnership appointments each clinician should offer each 13 week quarter.

Why use a 13-week quarter?
• We find it gives staff enough flexibility to choose when they do the new Core Partnership appointments. It fits with most activity reporting cycles.

Does 3 work for all teams?
• We think this number will work for most services however, if your local audit suggests that:
• You cannot offer 2 appointments per half day, perhaps due to long travelling times if you are very rural
• You need significantly more than 7.5 appointments per service user in Core Partnership (e.g. perhaps for learning disability teams)
• Then reduce the Partnership Multiplier to less than 3.
Letting Go Components – Effective and Efficient

Goal Setting and Care Planning
Peer Group Supervision
Importance of Letting Go

“CAPA is all about empowering people and helping them access their own resources – and those in their communities – to move their lives forward. Part of this is not to assume they need services....”

CAPA Manual, 2013, p. 81

“Release people back into the wild”
Letting Go Components:

9. Goal Setting and Care Planning

• Training on goal setting
• Goals set at Choice, reviewed at first Partnership and then regularly reviewed
• Review of current cases
Goals

• Goals/direction are essential
• Without goals you are gathering information but not necessarily creating momentum or engagement in a change process
Letting Go Components:

10. Peer Group Discussion

Teamwork

Work performed in a combined effort involves organized cooperation in working together or acting to achieve better results.
Letting Go Components: 10. Peer Group Discussion

Weekly meetings in small multi-skilled groups:

- Discussion on Choice and Core appointment progress and outcomes
- Curiosity about the Choice process
- Opportunity for clinical peer conversations
- Use of wicked questions

Purpose

- Develop a learning culture
- Builds trust within teams
- Supports “letting go”
- Keeps focus on clear treatment goals
- Reduces variability in responses to client’s needs
- Increases safety and risk management

Modified from CAPA training with Ann York Oct 2016
11. Team Away Days

- Allows time for team building and space to contain anxiety, manage change, problem solve and organize
- Essential to build trust and demonstrate transparency
- Occurs quarterly
- Agenda set by team with sub-team organizing the day
- Content: informed by needs of the team e.g. clinical learnings, team relationships, specific CAPA component
Wait List Blitz

1st October

Blitz begins

Referrals

Waiting List Blitz (Choice style)

1st December

CAPA begins

CHOICE appts

1st February

Partnership appts

Partnership appts

MAD bit!

Steady State...

Crossroads
Children's Centre

YOUTH SERVICES JEUNESSE

CHEO

Slide from CAPA training with Ann York Oct 2016
<table>
<thead>
<tr>
<th>Centre Psychosocial</th>
<th>3 weeks</th>
<th>80</th>
<th>Some families no longer needed services; Some families booked into therapeutic groups; Some families booked into partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEO</td>
<td>8 weeks</td>
<td>340</td>
<td>Seen in Choice and transferred to community or services declined: 117 (34%) Booked for Choice: 51 (15%) Continued service (group, partnership): 167 (49%) Waitlist: 4 (1%)</td>
</tr>
<tr>
<td>Crossroads</td>
<td>2 weeks</td>
<td>148</td>
<td>Various – some families no longer needed service; some families more interested in parent training; some interested in shorter duration of in home services</td>
</tr>
<tr>
<td>Royal</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Youth Services Bureau</td>
<td>6 weeks</td>
<td>31</td>
<td>23 Choice appointments 20/23 from Choice booked in for partnership</td>
</tr>
</tbody>
</table>
Initial Implementation:
Put the plan on the ground and implement the WHAT (continuous improvement)
You cannot always wait for the perfect time, sometimes you must dare to jump.
BIG IMPACT!
Anticipated Impact

- Seen quickly
- Human
- Goal focused
- Helped

- Skills development
- Learning
- Collaborative
- Workload management

- Waits reduce
- Less no shows
- Reduced number of appointments

Slide from CAPA training with Ann York Oct 2016
<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Pre-CAPA Wait</th>
<th>First contact to Choice</th>
<th>Choice to Core Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre Psychosocial</td>
<td>8 months</td>
<td>7 days average</td>
<td>60 days average depending on service</td>
</tr>
<tr>
<td>CHEO - outpatient</td>
<td>124-261 days (mean=171 days)</td>
<td>36-82 days (mean=54 days)</td>
<td>29 pre-CAPA 37 post CAPA</td>
</tr>
<tr>
<td>Crossroads</td>
<td>270–365 days</td>
<td>8 days average</td>
<td>50 days for therapy 80 days for home based</td>
</tr>
<tr>
<td>Royal</td>
<td>8 months</td>
<td>40 days average</td>
<td>54 days average</td>
</tr>
<tr>
<td>Youth Services Bureau – YFCS; IFS; S.T.</td>
<td>YFCS: 163 days IFS: 81 days S.T.: 44 stays</td>
<td>13 days average</td>
<td>29 days average</td>
</tr>
<tr>
<td>Service</td>
<td>Pre-CAPA</td>
<td>Post-CAPA</td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------------------------</td>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td>Centre Psychosocial</td>
<td>14 cancellations (6 months)</td>
<td>10 cancellations (6 months)</td>
<td></td>
</tr>
<tr>
<td>CHEO</td>
<td>855 (7.8%) Apr 2014 - Mar 2015</td>
<td>586 (5.4%) Apr 2016 - Mar 2017</td>
<td></td>
</tr>
<tr>
<td>Crossroads</td>
<td>11 cancellations (6 month average)</td>
<td>10 cancellations (6 month average)</td>
<td></td>
</tr>
<tr>
<td>Royal</td>
<td>Not available</td>
<td>For choice: 25 (6 months)</td>
<td></td>
</tr>
<tr>
<td>Youth Services Bureau</td>
<td>For intake: 36 (6 months)</td>
<td>For Choice: 32 (6 months)</td>
<td></td>
</tr>
</tbody>
</table>
### Transfer Rate: Choice to Partnership*

<table>
<thead>
<tr>
<th>Agency</th>
<th>Transfer Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre Psychosocial</td>
<td>n/a</td>
</tr>
<tr>
<td>CHEO</td>
<td>76%</td>
</tr>
<tr>
<td>Crossroads</td>
<td>n/a</td>
</tr>
<tr>
<td>Royal</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>(includes physician partnership)</td>
</tr>
<tr>
<td>Youth Services Bureau</td>
<td>66%</td>
</tr>
</tbody>
</table>

* April 1 – September 1, 2017
## Core and Choice appointments*

<table>
<thead>
<tr>
<th></th>
<th>Choice</th>
<th>Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre Psychosocial</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>CHEO</td>
<td>295</td>
<td>3,670</td>
</tr>
<tr>
<td>Crossroads</td>
<td>178</td>
<td>n/a</td>
</tr>
</tbody>
</table>
| Royal               | 203    | First partnership appointments: 54  
|                     |        | Total # of partnership: 220*  
|                     |        | *excludes all groups offered and psychiatric partnership |
| Youth Services      | 459    | 1,849       |
| Bureau              |        |             |

* Period of April 1, 2017 – September 30, 2017
Client Feedback

Youth Services Bureau

Question: How would you rate your overall experience at YSB?

• Positive 100%

Question: Have the services you received at YSB improved your (or your child's) overall situation?

• Yes 95.65%
• NO 4.35%

Royal

“Thank you. You all helped me so much.”

“The most helpful part was identifying weak points and things to work on, having sessions with family members to work our misunderstandings”

“Receptionist was very caring; always willing to assist. Doctors were helpful and caring and always ready to help. Improvements could include communication of how treatment will unfold, e.g. client was handed over to an intern on a rotation but was not asked or able to consent. In the end this was addressed and all ended well.”
Ontario Perception of Care Tool - Satisfaction with CAPA Implementation

Mean Satisfaction

Domains

- Access/Entry to Services
- Services Provided
- Participation/Rights
- Therapists/Support Workers/Staff
- Environment
- Discharge or Finishing the Program / Treatment
- Overall Experience

Strongly Agree

Agree

Disagree

Strongly Disagree

Pre-CAPA (Client)
Post-CAPA (Client)
Pre-CAPA (Caregiver)
Post-CAPA (Caregiver)

*p ≤ 0.05
**p ≤ 0.01
***p ≤ 0.001
How CAPA is impacting service delivery: Staff

More empowering for clients

Less stop and go

Feels like there is more cohesiveness across staff

Provides more flexibility and mobility based on skills set; can do Choice, Core and partnership work.

Clients leave the Choice session knowing what is happening next with actions oriented between the Choice and their first Core session

Clearer for clients and staff when it’s time to close
How CAPA is impacting them: Staff

Peer group discussions takes the silos down and reduces isolation, provides more consultations.

Less balanced case loads as booked for their skills for a particular profile of clients.

More focused in their work.

Some feel they have less diversity in their work.

Given opportunity to be involved in the development and implementation.
Full Implementation:
Make sure it works, then do it better (PDSA) and make it “business as usual”
Ideal State of CAPA in Ottawa

A child and youth mental health service delivery system that smoothly delivers on doing the right things (clear working goal with the client), with the right people (clinicians with appropriate clinical skills), at the right time (without any external or internal waits).
Lessons Learned
Spirit of CAPA

• Spirit of CAPA is different from the mechanics of CAPA

We forget the reasons why we are getting the mechanics in place.

In early implementation it’s easy to focus so much on this....
Challenges

• Ingraining Choice philosophy
• Variation in Choice
• Clearly articulated and understood eligibility criteria and internal redirection criteria
• Variation in joint formulation
• Lack of funding for training and skill development
• Clinical supervision and feedback and specific supervision requirements for the various evidenced-based practices
• All the CAPA ideas and concepts presented today were developed by Drs. Steve Kingsbury and Ann York
• Please see the http://www.capa.co.uk/ website for more information or refer to their publication: The Choice and Partnership Approach: A Service Transformation Model (2013)
• Thanks also to Dr. Sharon Clark (IWK) for permission to use several of her slides as noted in the presentation
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