EARLY PSYCHOSIS INTERVENTION ONTARIO NETWORK

After Release of the Ontario Early Psychosis Intervention (EPI) Program Standards:

Results of the 2014 EPI program survey of current practices in relation to the Standards

Main Messages

A project of the Standards Implementation Steering Committee

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camh PSSP Provincial System Support Program

The Early Psychosis Intervention Ontario Network (EPION) is a province-wide volunteer network of service providers, persons with lived experience, and families. EPION currently includes over 50 programs and satellite partners across Ontario. The network facilitates collaboration, training, resource sharing, and quality improvement efforts. EPION is funded by the Ministry of Health and Long-Term Care. For more information, visit http://epion.ca/ or http://eenet.ca/the-early-intervention-in-psychosis-for-youth-community-of-interest/.

Main Messages

Background

In 2011, the Ministry of Health and Long-Term Care (MOHLTC) released the Ontario Early Psychosis Intervention Program Standards to support consistency and quality in the delivery of early psychosis intervention (EPI) throughout the province. The MOHLTC then formed the Standards Implementation Steering Committee (SISC) to support EPI programs in implementing the standards. The SISC conducted two surveys to learn about current programs practices and needs in relation to the standards.

The findings from the first survey can be found at http://eenet.ca/products-tools/implementation-of-early-psychosis-intervention-program-standards-in-ontario-results-from-a-provincial-survey/.

This report focuses on the findings from the second survey.

Key findings

Participation

- All 56 full-service Ontario EPI programs were invited to complete the survey and all responded.

Capacity

- 220 program clinical staff members provide EPI services to almost 4000 clients across the province.
- Programs vary widely in size, from a single service provider working in a rural area to interdisciplinary teams of 15 operating in highly populated urban areas.
- 45% of EPI programs have 2 or fewer clinical full-time equivalent (FTE) staff members and rely on varying arrangements with other programs to deliver EPI services (see section on networks).
- The average caseload is 21 clients per clinical staff, which is higher than the recommended number of 10 to 15.

Training

- Programs are actively using a variety of approaches to train their staff to deliver EPI.
- Still, more training and resources are desired, given the complexity of the model (e.g., multiple components), the continually expanding evidence base, and the challenges associated with staff turnover and multiple program sites.

Monitoring and evaluation

- Monitoring and evaluation had the lowest rates of adherence and programs reported having the greatest number of barriers to implementing them.
- While many programs regularly collect data on client outcomes, they reported lacking time and expertise to use the data to monitor and improve service delivery. Few programs have a designated support person to perform this role or a written evaluation plan.
- At the same time, programs described some creative and effective uses of data, including advocating for more program resources, motivating staff with feedback on client outcomes, and improving the quality of care.

Barrier-free service and health equity

- Programs recognize the importance of improving access and responsiveness of care for all members of the community.
- However use of strategies to implement this aim was inconsistent. Only one-third of programs regularly monitored and reported on their performance.

Networks

- Almost all EPI programs are part of a program network that provides them with support, including access to specialist consultation, training, tools, and other resources. These networks are particularly important for small programs located outside large urban centres.
- Some programs reported difficulty communicating and sharing information across network sites, inconsistent availability of services across the network, and lack of time to participate in network activities.
- Follow-up can help us further understand the range of EPI network arrangements in the province and explore how network benefits can be enhanced

Accountability

- Many programs have implemented or are developing processes to review their compliance with the standards.
- Reporting relationships and communications between LHINs and programs regarding compliance with the standards varies widely across the province.
- The standards provide a foundation for developing more consistent and effective strategies to communicate with the LHINs.

Next Steps

- The 2 surveys conducted by the SISC represent an initial effort to engage the EPI program sector and obtain basic information.
- Next steps include:
    - Exploring the information available in existing data sources for describing EPI program delivery and client experience.
    - Beginning work to develop, in collaboration with stakeholders, a formal structure for monitoring program delivery and outcome, foundational to program improvement.
    - Continuing to build the relationship between EPI and our MOHLTC and LHIN partners, to work together to improve services to meet the needs of young people with early psychosis.