



The work is only as good as the team: Strategies for developing strong interprofessional team collaboration

February 7, 2020

© 2019 American Psychiatric Association. All rights reserved.

An APA and SAMHSA Initiative



CSS-SMI INITIATIVE

The Clinical Support System for Serious Mental Illness (CSS-SMI) is a Substance Abuse and Mental Health Services Administration (SAMHSA) funded initiative implemented by the American Psychiatric Association (APA).



Funding Statement:

Funding for this initiative was made possible (in part) by grant no. 1H795M080818-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

© 2019 American Psychiatric Association. All rights reserved.

2

An APA and SAMHSA Initiative



Continuing Education Credit

Physicians

The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

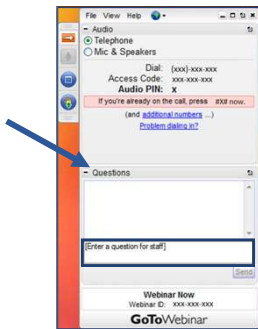
The APA designates this live event for a maximum of 1.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Psychologists

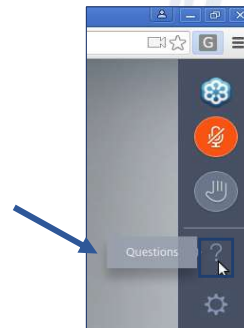
The American Psychiatric Association is approved by the American Psychological Association to sponsor continuing education for psychologists. The American Psychiatric Association maintains responsibility for this program and its content.

Presentation Q&A

Desktop: Use the “Questions” area of the attendee control panel



Instant Join Viewer: Click the “?” to display the “Questions” area





www.SMIadviser.org



Helle Thorning, Ph.D., MS., LCSW

Clinical Professor of Psychiatric Social Work (in Psychiatry),
Columbia University Vagelos College of Physicians and Surgeons.
Research Scientist & Director, ACT Institute,
Center for Practice Innovations (CPI), New York State Psychiatric Institute
(NYSPI) at Columbia University, Division of Behavioral Health Services
and Policy Research.

© 2019 American Psychiatric Association. All rights reserved.

An APA and SAMHSA Initiative



Disclosure

No relationships or conflicts of interest related to the subject matter of this presentation.

© 2019 American Psychiatric Association. All rights reserved.

6

An APA and SAMHSA Initiative



Outline for today's presentation



Introduction the importance of interprofessional team collaboration when working with people with SMI



Building an interprofessional team: challenges and opportunities



Strategies for building an interprofessional team: An implementation science framework



Effective care models that use interprofessional team approach to improve access and care quality for those with SMI: Lessons learned from ACT Institute at the Center for Practice Innovations



Dialog: Q & A

7

An APA and SAMHSA Initiative

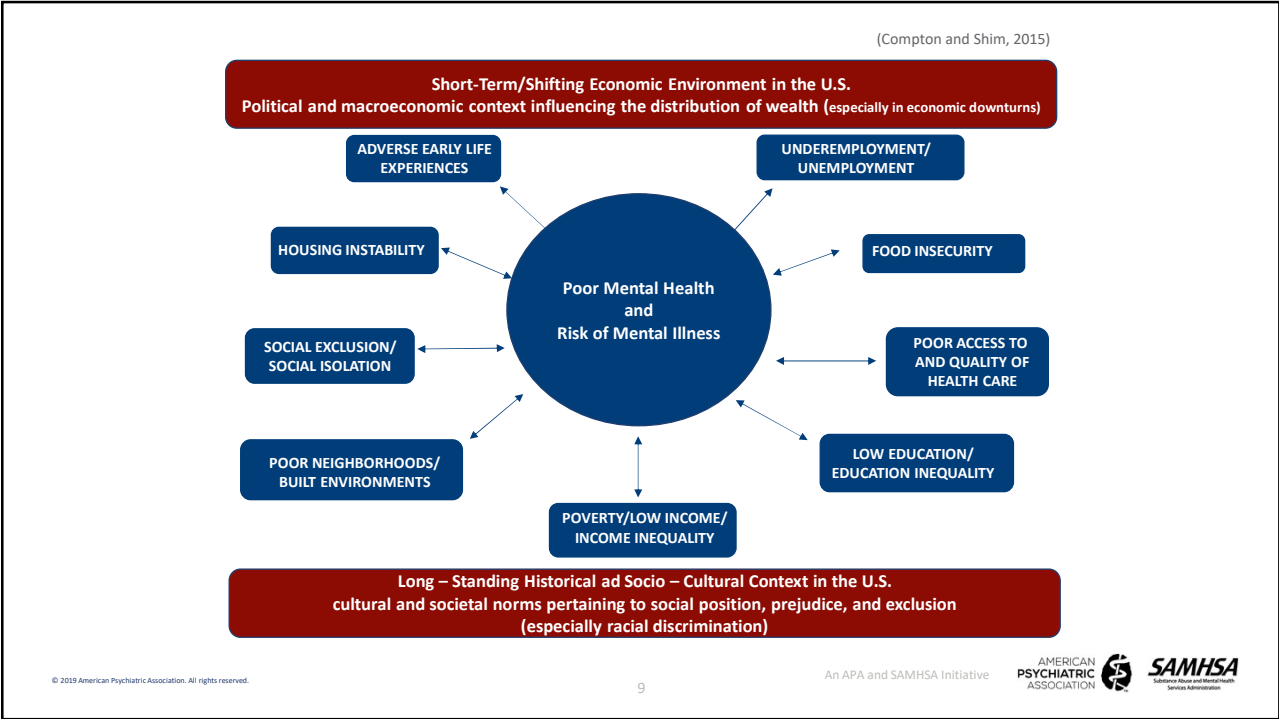


The importance of interprofessional team collaboration when working with people with SMI

- Complex behavioral and health care issues
- Complex treatment systems
- Complex environments

- Social determinants of health includes the economic and social conditions that influence individual and group differences





Interprofessional Team Collaboration



Effective teamwork is the cornerstone of interprofessional collaboration.

When teams come together, their ability to work toward health and wellness for service participants, families, and communities are stronger than any individual efforts.

Bringing a team together can be challenging

Significant departure from the current culture of care provision.

Clinicians are often trained in specialty models emphasizing distinctions among professional fields.

Service participants are often recipients of care and not equal partners. Families and communities are often in the periphery of the teamwork.

To shift cultural norms and pivot towards collaborative practice where all participants are equal partners and contributors.

© 2019 American Psychiatric Association. All rights reserved.

10

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

Learning Objectives

Be At the end of this educational activity learners will be able to:

Understand Understand the opportunities and challenges of collaborative interprofessional teamwork

Identify Identify strategies to build a collaborative interprofessional team

Learn about Learn about effective care models that use interprofessional team approach to improve access and care quality for populations with SMI

11

An APA and SAMHSA Initiative



Defining: Interprofessional practice

- Interprofessional collaborative practice occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, caregivers and community to deliver the highest quality of care across settings.



Interprofessional team

WHO

- Behavioral health & health professionals
- Peer staff/specialists
- Service users/ participants
- Natural supports/family members

WHERE

- Coordinated
- Co-located
- Integrated

Building a collaborative interprofessional team

- Develop a shared mission and vision
- Knowing the team: Understanding roles
- Knowing the people behind the team roles
- Collaborative Leadership: Keeping the team on task
- Establishing the framework/structure for team collaboration
- Interprofessional communication skills: Setting the tone for your team
- Establishing a trauma informed care team: Understanding stress and trauma's impact on the team

Sustaining a trained-up collaborative interprofessional team

- Although all clinicians and peer providers no doubt will endorse the importance of communication among providers, participants and their families and social support as critical to care coordination, this may not happen as often as intended.
- Language in the Standard of care / fidelity measures used in monitoring (licensing and/or audit) and QA must be present to support the practice behavior critical to team communication
- Training is required and a clear expectation stated in the Standard of Care

Sustaining trained staff over time: Strategies from implementation science

ACT INSTITUTE AT THE CENTER FOR PRACTICE INNOVATIONS

What is the Center for Practice Innovations?

- CPI supports the NYS OMH mission to promote the widespread availability of *evidence-based practices to improve mental health services, ensure accountability, and promote recovery-oriented outcomes* for recipients and families.
- CPI serves as a key resource to OMH by spreading those practices identified by OMH as most *critical to accomplish OMH's system-transformation initiatives*.
- CPI is a Purveyor and Intermediary Organization

Purveyor Organization

- An individual or group of individuals representing a practice that work to implement a model program with fidelity and good effect
- Typically involved in the implementation of a specific EBP

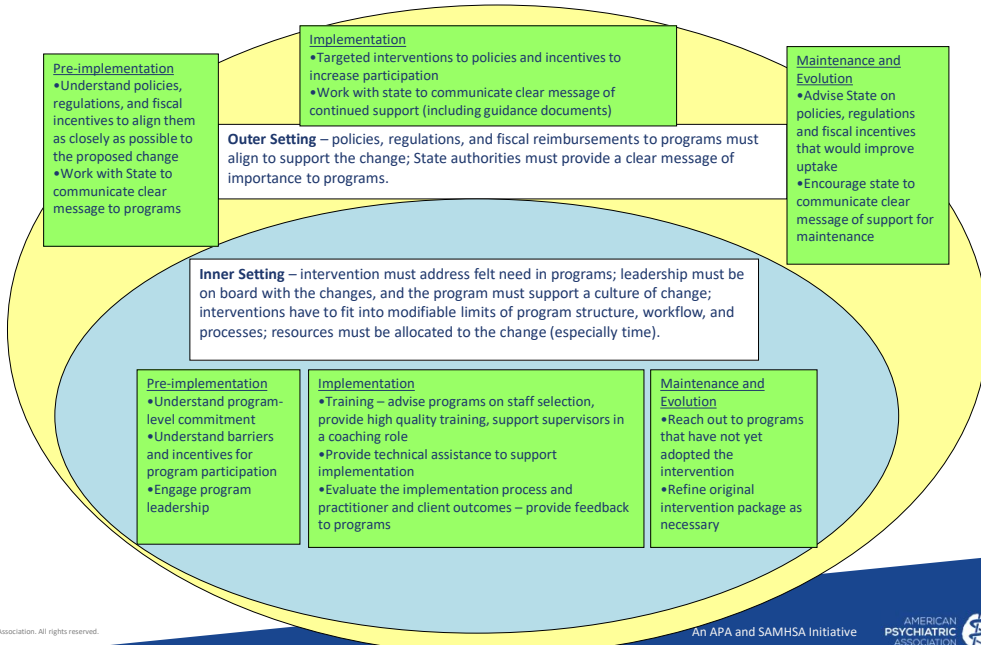
Intermediary Organization

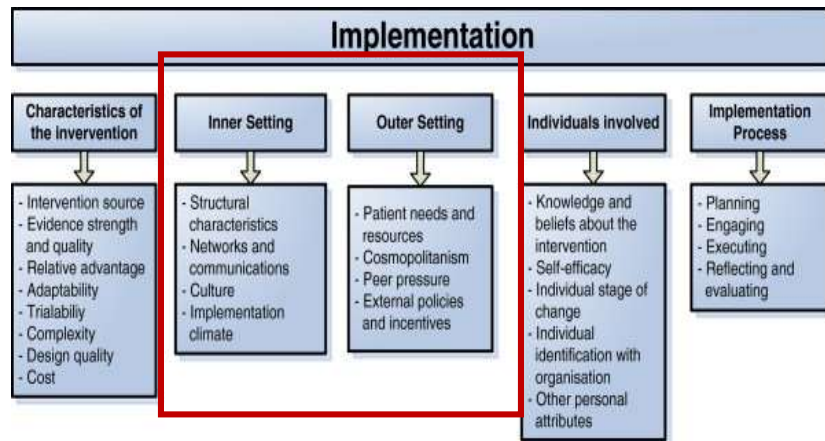
- An individual or group of individuals that acts as an intermediary between two or more entities to promote the implementation of model programs with fidelity and good effect
- Defined as having a broader role to promote implementation including building the capacity of providers or systems to implement and sustain best practice models

Timeline: CPI's Initiatives



CPI Practice Change Model





Offers an overarching typology to promote implementation theory

Damschroder L et al. *Implement Sci.* 2009 Aug 7;4:50. doi: 10.1186/1748-5908-4-50,

© 2019 American Psychiatric Association. All rights reserved.

21

An APA and SAMHSA Initiative



Replicating Effective Programs Framework

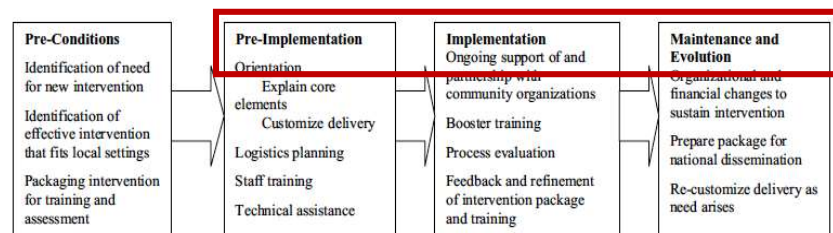


Figure 1
Replicating effective programs framework for health care interventions. This figure outlines the Replicating Effective Programs (REP) process as it can be applied to health care interventions.

Kilbourne AM¹, Neumann MS, Pincus HA, Bauer MS, Stall R. Implementing evidence-based interventions in health care: application of the replicating effective programs framework. *Implement Sci.* 2007 Dec 9;2:42.

© 2019 American Psychiatric Association. All rights reserved.

22

An APA and SAMHSA Initiative



ASSERTIVE COMMUNITY TREATMENT

An example--

23

An APA and SAMHSA Initiative

AMERICAN
PSYCHIATRIC
ASSOCIATION



SAMHSA
Substance Abuse and Mental Health
Services Administration

Assertive Community Treatment

- An **Evidence Based Practice** model to deliver comprehensive treatment for a subset of the SMI population
 - Multiple hospitalizations and difficulties engaging with traditional mental health services
 - High risk for homelessness, substance use, incarceration, complex medical problems, trauma and social exclusion
 - Impacted by social determinants: Stigma, racism, oppression, poverty resulting in lack of access to care

© 2019 American Psychiatric Association. All rights reserved.

24

An APA and SAMHSA Initiative

AMERICAN
PSYCHIATRIC
ASSOCIATION



SAMHSA
Substance Abuse and Mental Health
Services Administration

Assertive Community Treatment Team

- Interprofessional team
- Clearly defined roles (8)
 - Team leader
 - Program Assistant
 - Psychiatrist
 - Nurse
 - Specialists: Family, Peer, Vocational, Substance Use
- Shared caseload
- Direct treatment & care coordination
- High frequency of contacts with participants
- Low participant-to-staff ratio
- Outreach to participants in the community

© 2019 American Psychiatric Association. All rights reserved.

25

An APA and SAMHSA Initiative



ACT INSTITUTE at the Center for Practice Innovations (CPI)

- New York State has 108 teams across the state
- The ACT Institute was established in 2003 (14 teams) when it became clear that the state needed a clear training and implementation strategy to train the ACT workforce in a continuous and structured manner.
 - One off training is not enough to ensure implementation of an EBP
 - Ongoing training and implementation support is needed to account for the comings and goings of all ACT providers
 - Moved from team training to a blended learning program consisting of a series of online trainings (asynchronous) & regional face to face trainings in central locations throughout the state.



ACT Institute
for Recovery-Based Practice

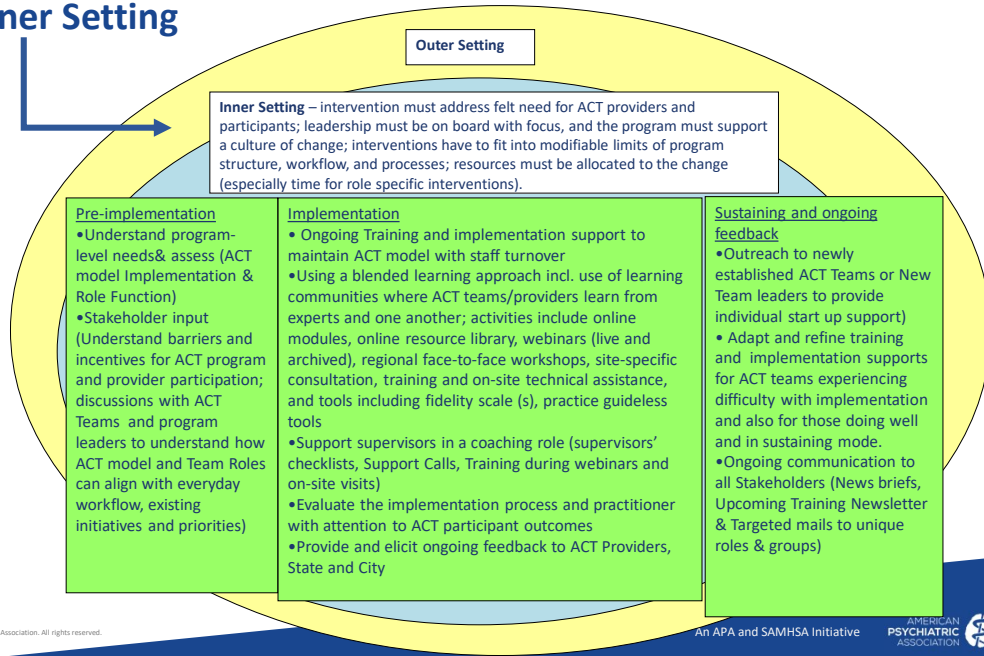
© 2019 American Psychiatric Association. All rights reserved.

26

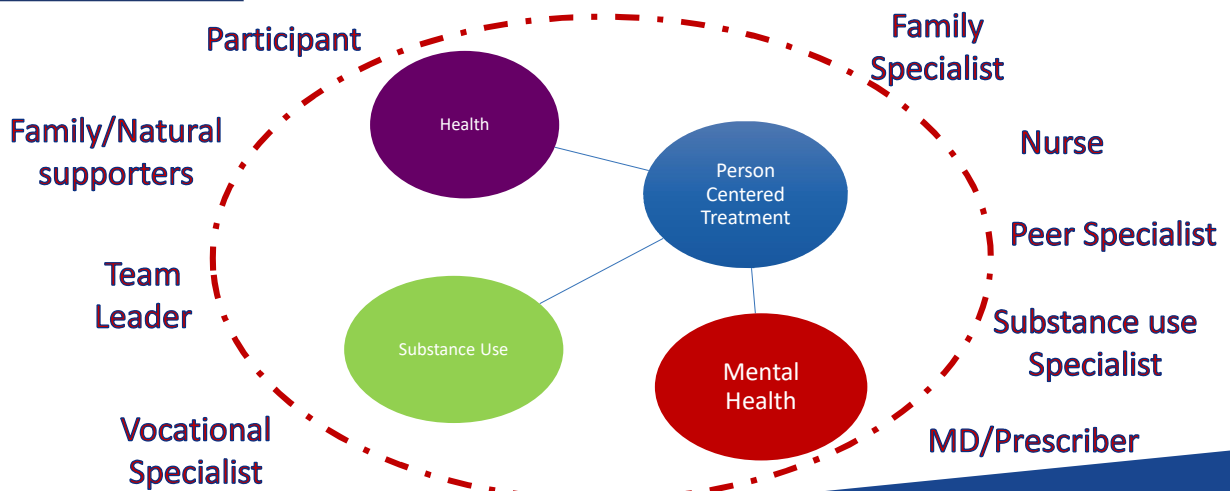
An APA and SAMHSA Initiative



ACT: Inner Setting

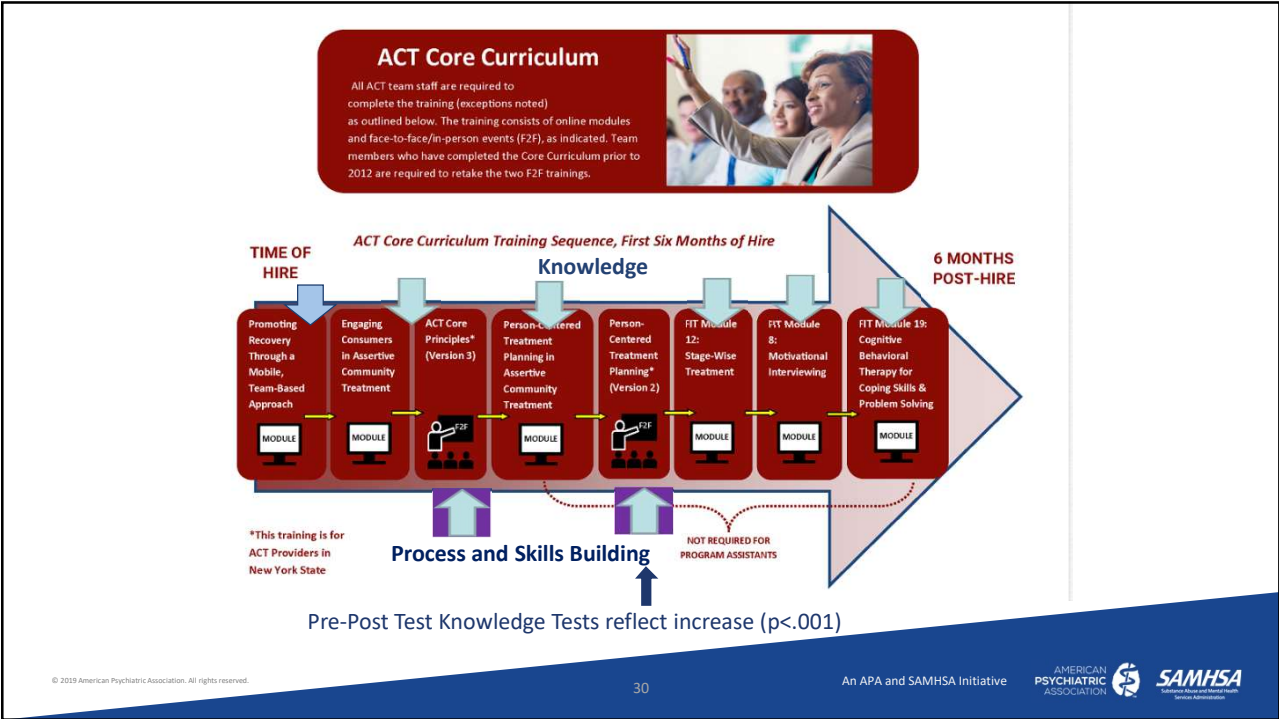


A Collaborative Team Approach



Core Curriculum (REQUIRED)	Role-Based Curriculum (REQUIRED/RECOMMENDED)	Training Areas (RECOMMENDED)
ACT CORE CURRICULUM	TEAM LEADER	CULTURE
	PROGRAM/ ADMINISTRATIVE ASSISTANT	RISK ASSESSMENT
	PRESCRIBER	JUSTICE-INVOLVED INDIVIDUALS
	SUBSTANCE USE SPECIALIST	SUICIDE PREVENTION
	PEER SPECIALIST	SHARED DECISION MAKING
	NURSE	TRAUMA-INFORMED CARE
	FAMILY SPECIALIST	NYC TOBACCO CESSATION TRAINING & TECHNICAL ASSISTANCE CENTER
	VOCATIONAL SPECIALIST	INTEGRATING HEALTH
		ACT TRANSITION CURRICULUM

© 2019 American Psychiatric Association. All rights reserved.



© 2019 American Psychiatric Association. All rights reserved.

Team Leader on an ACT Team

The team leader has full clinical, administrative, and supervisory responsibility to the team and performs these primary functions:

- Direct provision of services as a clinician on the team
- Delivery of consistent clinical supervision to ACT staff



Required Training

ACT: Introduction to Role: Team Leader

ACT SUPERVISORY TRAININGS & TOOLS

DATA & ASSESSMENT OF ACT TEAM FIDELITY

ACT ORGANIZATIONAL TOOLS

ACT: Outer Setting

Outer Setting – policies, regulations, and fiscal reimbursements to programs must align to support the change; State authorities must provide a clear message of importance to programs.

Pre-implementation

- Understand policies, regulations, and fiscal incentives to align them as closely as possible to the proposed change
- Stakeholder interviews/focus groups/workgroups
- Work with State and City to communicate clear message to programs around importance of participation in training and implementation support (key: OMH leadership set an expectation for ACT providers involvement in ACT training and implementation support)

Implementation

- Targeted interventions to policies and incentives to increase participation
- Work with State to communicate clear message of continued support (Governing Body monitoring of facility involvement with ACT across the state; ACT guidelines/standard of care, emphasizing importance of practice; reports of uptake, participation, and outcomes regularly provided to State and City)

Maintenance and Evolution

- Advise State on policies, regulations and incentives that would improve uptake (ongoing discussions with key OMH/City leadership to advise around challenges and incentives)
- Encourage state and city to communicate clear message of support for maintenance
- Ongoing feedback loop with stakeholders

Inner Setting

Outer Setting: ACT Fidelity Tool (NYSAF)

	1	2	3	Evidence
<p>DAILY TEAM MEETING (TP3): The ACT team meets on a daily basis and</p> <ol style="list-style-type: none"> (1) Conduct a brief, but clinically-relevant review of all participants & contacts in the past 24 hours. (2) Record status of all participants. (3) Team develops a daily staff schedule for the day's contacts based on weekly/monthly participant schedules. (4) Team develops contacts based on emerging needs (5) Need for proactive contacts to prevent future crises (6) Staff are held accountable for follow-through. (7) Meetings should not last more than 68/48 minutes. (8) Conducted 4 times a week 	In the last month, the team engaged typically in 2 or less of the 78 components required of all morning meetings.	In the last month, the team engaged typically in 3-5 of the 8 components required of all morning meetings.	In the last month, the team engaged typically in 6-78 components of the component required by all morning meetings.	<p>Meeting log and sign in (time and attendance recorded.)</p> <p>Observation of daily team meetings & evidence that team reviews all participants' appointments, contacts, and follow ups.</p>

IN CONCLUSION: The work is only as good as the team

When the team

- Shared values, vision and mission &
- Roles and scope of practice is clearly defined among team-members, participant and the natural supports &
- Communication is efficient, respectful and inclusive of all voices &
- Collaboration includes service users/participants
- Supported by the outer setting

THANK YOU !

helle.thorning@nyspi.columbia.edu

37

An APA and SAMHSA Initiative

AMERICAN
PSYCHIATRIC
ASSOCIATION

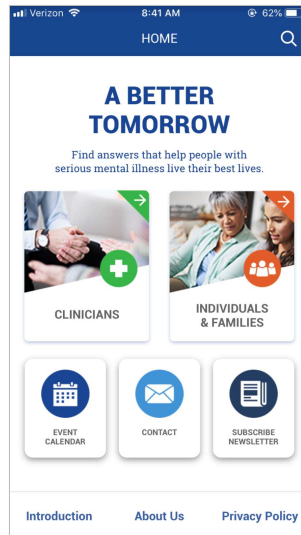


SAMHSA
Substance Abuse and Mental Health
Services Administration

SMI ADVISER MOBILE APP



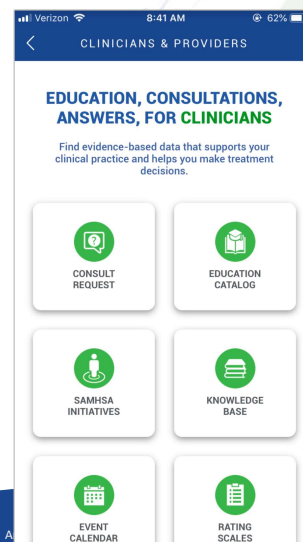
© 2019 American Psychiatric Association



[Introduction](#) [About Us](#) [Privacy Policy](#)

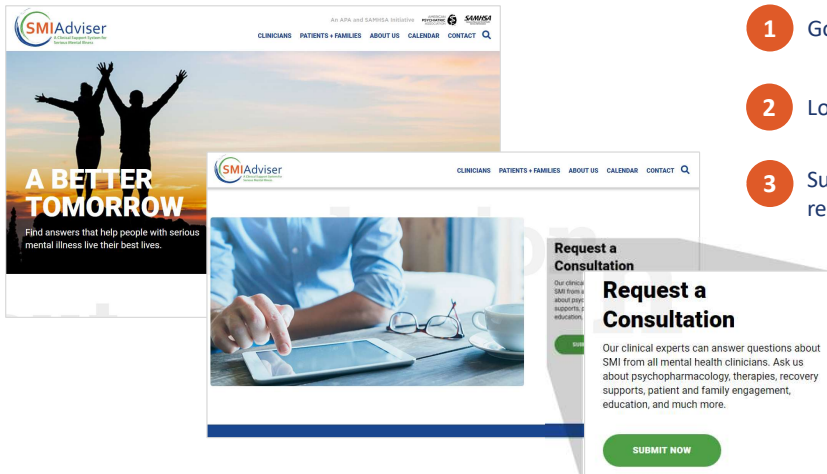
38

Download at SMIadviser.org/app



SAMHSA
Substance Abuse and Mental Health
Services Administration

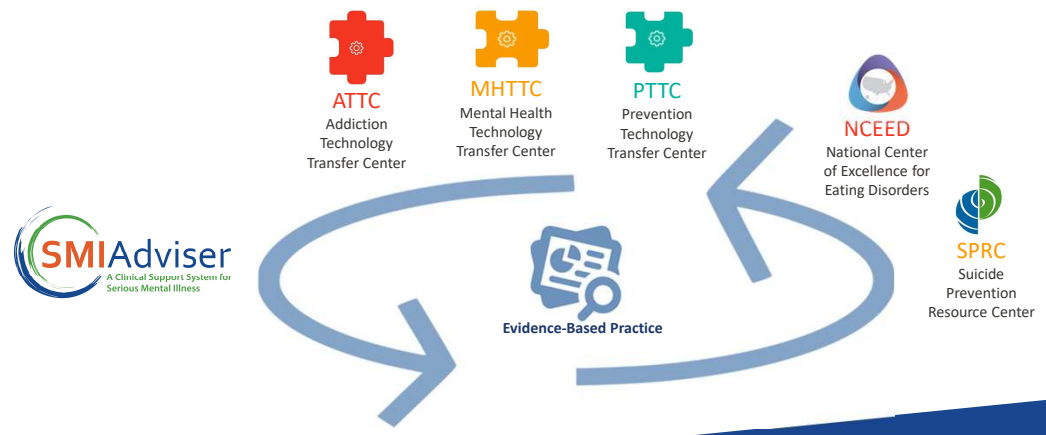
REQUEST A CONSULTATION RIGHT NOW

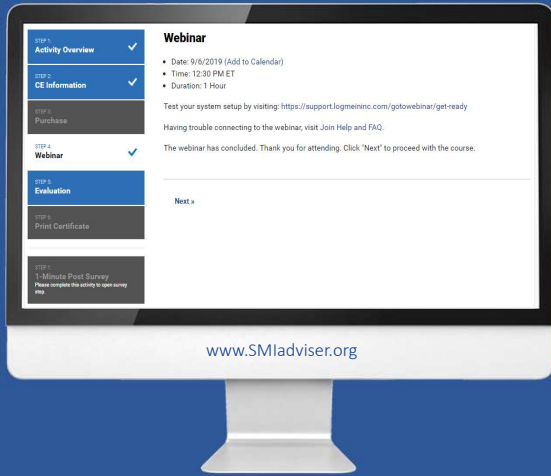


- 1 Go to SMIadviser.com/submit-consult
- 2 Log in or create an account
- 3 Submit any question and receive a response from an SMI expert

Ask us about psychopharmacology, therapies, recovery supports, patient and family engagement, education, and more.

SAMHSA INITIATIVES THAT SUPPORT EVIDENCE-BASED CARE





CLAIM CREDIT

- Close the webinar's browser window
- Return to the course page
- Submit a program evaluation
- Select and save credits
- Generate your certificate

UPCOMING WEBINAR



Yvonne Yang, MD, PhD
University of California, Los Angeles

Strategies for Success: Using Long-Acting Injectable Medications

February 13 | 3-4pm ET

A practical guide for long-acting injectable (LAI) use as well as a discussion of the evidence in support of LAI medications.

[SMladviser.org/long-acting](https://www.SMladviser.org/long-acting)