CAPA at Kari Centre

CAPA – The Choice and Partnership Approach

- A clinical system that evolved in UK – is Evidenced based and Service-user focused
- Uses demand and capacity theory
- Uses the seven Helpful Habits

Three Ideas

- 1. Choice
- 2. Partnership
- 3. Core and Specialist Work

Seven helpful habits for effective services

Framework that can guide service redesign

Evidenced based in terms of theory and clinical experience and meets most standards that mental health services need to apply

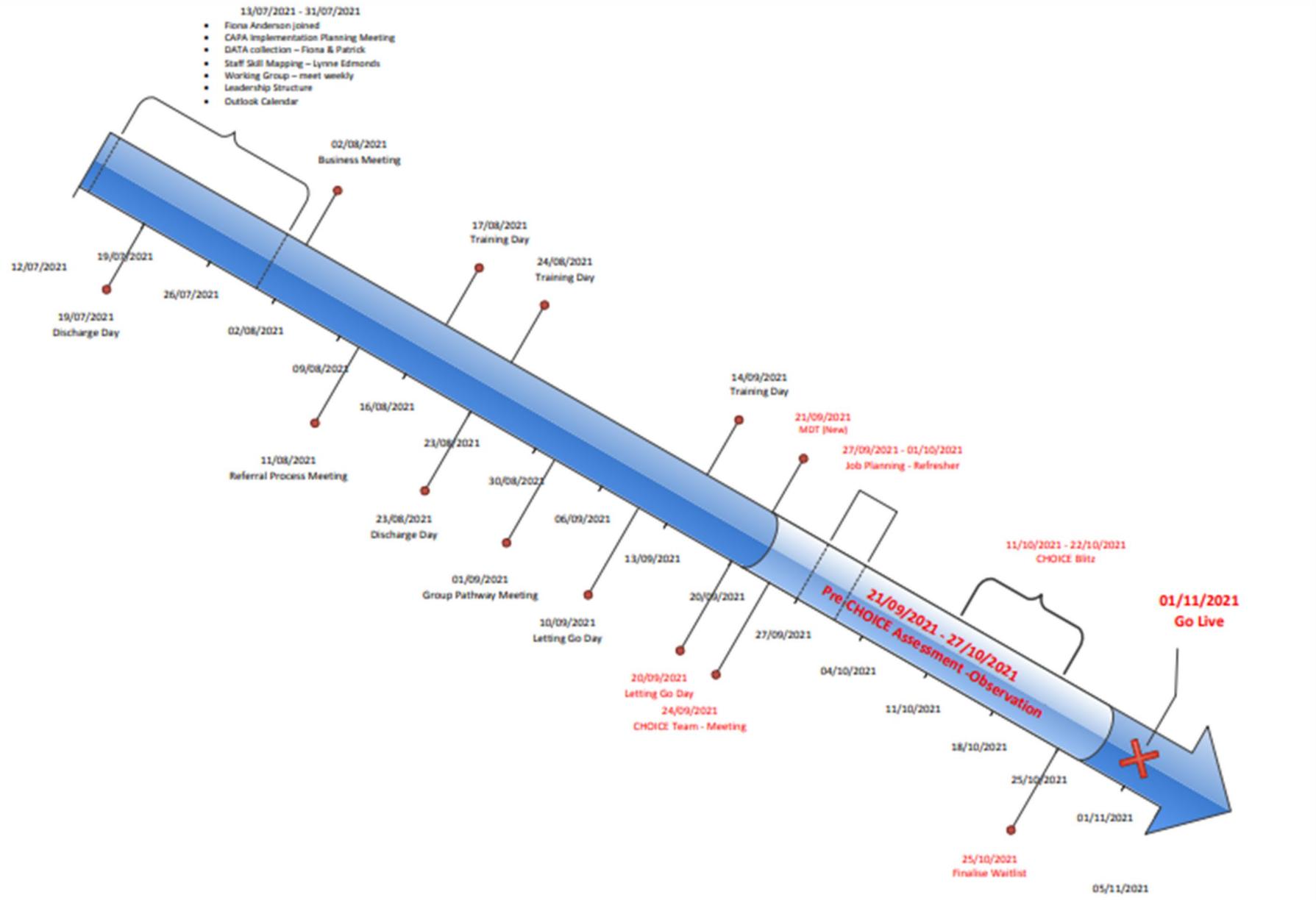Can be introduced in steps or all at once

- Handle Demand
- Extend Capacity
- Let Go of Families
- Process Map
- Flow Management
- Use Care Bundles
- Look after staff

CAPA – Go Live

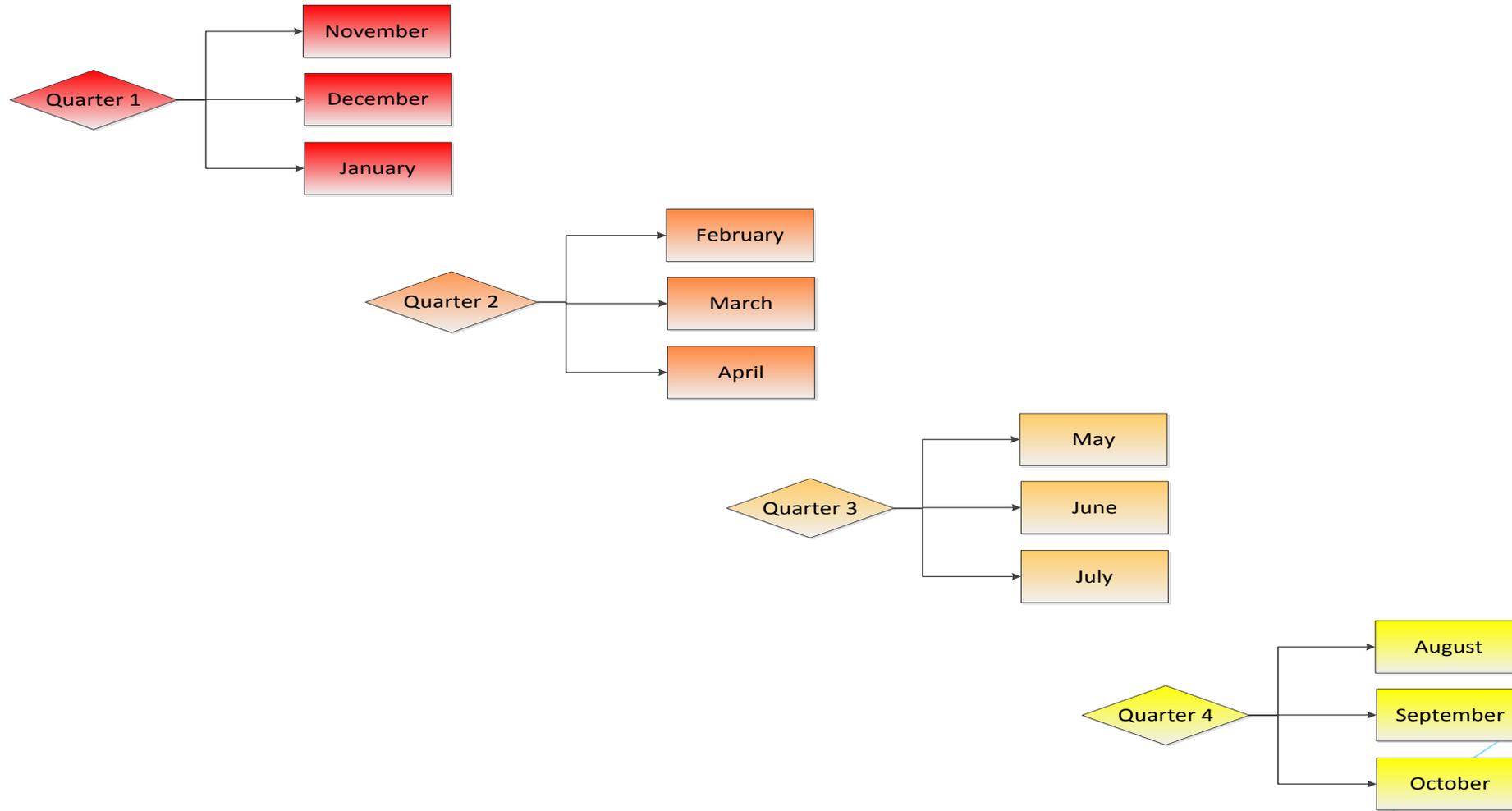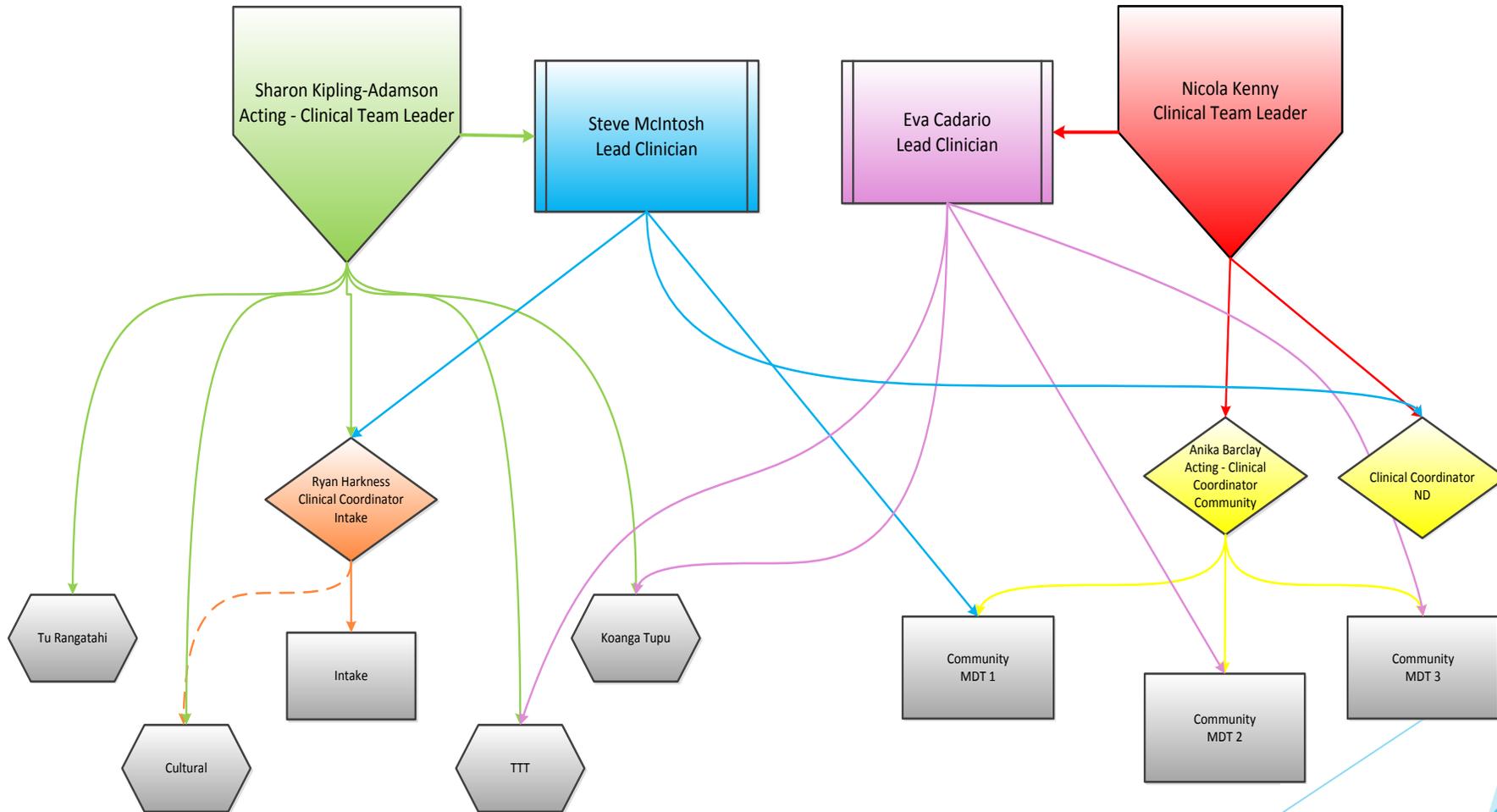## *1ˢᵗ of November 2021*

Timeline

CAPA Quarters

Progress – restructure of leadership team

Work to date

▶ Service Entry and Exclusion Criteria

▶ Pathways into the service – Urgent/Acute/ Routine

▶ Triage/Prioritization Scale

▶ Redesigning

❑ Leadership structure

❑ MDTs and Peer Review

❑ Caseload reviews

❑ The Intake/Referral management team

❑ Neurodevelopmental pathway

❑ Group Pathway

Work to date

- DATA Collection and use of data to plan CAPA quarters

- Staff Skill Mapping

- Individual Job Planning – all clinical and cultural staff

- Resource Library - On N Drive

- Discharge Planning/Letting Go Days

- Consumer & Whānau Feedback

- IT support – New templates on HCC and Laptops & Tablet for Choice Team

- Redesign of Brochures and letter templates

- Service wide Outlook Calendar for Choice and Partnership appointments

Restructure of MDTs and Peer Reviews

► 3 x MDT Groups - smaller weekly groups

with a structured and Agenda

- 1 ½ hour slots

► Peer Reviews - weekly –

6 clinicians, ½ hour slots,

4 Client reviews per slot

► Regular Caseload reviews

approximately every 6-8 weeks

Intake Team/Referrals Management

- CC appointed
- PCL nurse role – for referrals and discharge
- Daily dedicated SMO time
- Support from Maori and Pacific Cultural advisors
- 5 additional FTE
- Entry/exclusion Criteria complete
- Pathways to service complete
- Triage scale complete

Planning forward

- Acute Focused Team
- Choice/Partnership work – acute/urgent work (up to six week)
- Reducing the amount of Triage as clients will be offered CHOICE appointments
- Training and upskilling

CHOICE Team

- Team identified
- Team consists of Community clinicians, Koanga Tupu Clinicians, ND Clinicians, SMOs
- Training for admin and scheduler
- Initial meeting – 24th of September
- Pre CHOICE assessment and Observation underway
- Weekly CHOICE MDT organized
- Outlook calendar for CHOICE organized

Neurodevelopmental Pathway

- Re-organizing the ADHD Recall clinics – Discussions with Dr. Phillipa Clarke (around 180 clients)

- Role of Starship Paediatrics

- Additional Paediatrician time to support assessments of ASD

- ND CHOICE

- ND Partnership – Core work

- Identifying appropriate psychometrics

Group Pathway

- Working with CC to strengthen the pathway

- Additional support of Occupational Therapist to run groups

- Agreement reached about clients who will be offered a 'Group Only' pathway – CC role

- Client can be in Partnership and in the group pathway

- Agreement reached around which groups we would like to keep, change or pilot

- CC to plan group pathway for the next six months – starting October/November 2021 – so this can be part of clinician's Job Plans

Planning Forward

- Meeting with the Intake team to work out the referral process

- Exploring Groups in schools

- Restarting Cultural Groups

- Exploring several potential groups at KC – e.g.: ADHD, Eating Disorders

- Outcome Measures and data analysis

Building Community Partnerships

Planning ahead…

- Ministry of Education
- RTLBs and Educational Psychologists
- School Guidance Counsellors and School Nurses
- NGO providers
- Primary Care/GP Practices/ HIPS
- Cultural supports
- Community supports