

# Our Collaborative Team

- West End Mental Health Team
- Rachelle Coleman (nurse/CM); Anna Thompson (SW/CM); Ryan Thompson (nursing student); Susan Rechel (manager); Ferguson (support dog)



- We serve adults (19+) with primary mental health diagnoses. Many of our clients have concurrent disorders. We are located in the heart of the West End on Robson and Cardero at a stand alone office – but are moving this summer to an integrated space with addictions, primary care etc.



# Aim Statement

- What are you trying to accomplish?
  - By July 2018 we will capture data reflecting 100% of clients who have had, or currently have, a substance use disorder, specifically an opioid use disorder
  - We are trying to increase the conversations between staff and clients about substance use and available treatment.
- What aspect of care are you trying to improve?
  - Staffs' awareness of clients' substance use, impacts of substance use, and potential avenues for treatment and harm reduction
- Why is this important to do now?
  - This is important due to the current epidemic, but also to provide more integrated care for our clients. With our upcoming move to the same space as addictions we hope to collaborate more

# Describe your Population of Focus

- Adults (19+) with mental health diagnoses and opioid use disorder

# Changes Tested

- What small tests of change have you tried?
  - We have implemented a tracking tool into our morning huddle – case managers simply state the names of clients they have worked with the day before and we write it down, with their substance use and access to treatment information
- What were you measuring?
  - We measure each time we interact with a client who is using opioids or crystal meth. Are they connected to treatment, if yes what treatment? We are tracking both opioids and crystal meth as staff felt strongly that crystal meth is more prevalent than OUD in our catchment area.
- Did you implement them?
  - Yes.

# Old School Info Collection!

- We are old school, and couldn't make PARIS do what we wanted, so pen and paper it is (thanks Cole!)

SAN 17 - FEB 21

9 x OUD  
23 x Meth.

Did you meet with a client, with an Opioid Use Disorder OR Crystal Meth use, yesterday?						
OU	Crystal Meth	Currently on a Therapy?	What is current Therapy?	Prescribing doctor or team?	Support requested?	Primary Care?
✓	✓	✓	✓	✓	✓	✓
✓	✓	NO	N/A	N/A	DECLINED	✓
✓	✓	NO	N/A	N/A	DECLINED	NO RES
✓	✓	✓	METHADONE	WINATA - DCHC + consult	RE-ENTERING RESIDENTIAL TX.	✓
✓	✓	✓	SUBOXONE	FLYNN - WEMHT	DECLINED	NO
✓	✓	NO	N/A	N/A	DECLINED	NO
✓	✓	NO	-	-	DECLINED	-
✓	✓	NO	-	-	-	-
✓	✓	NO	-	-	-	-
✓	✓	NO	-	-	-	-
✓	✓	NO	-	-	-	-
✓	✓	NO	-	-	-	-
✓	✓	Yes	Heroin	Cross team	✓	Cross Case team
✓	✓	Yes	Methadone	-	-	-
✓	✓	Yes	Methadone	-	-	-
✓	✓	Yes	-	-	Yes	-
✓	✓	✓	-	-	-	3 Br
✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	Suboxone	N/A Demand Centre	declined	-
✓	✓	✓	Suboxone	-	Yes	5 Br
✓	✓	✓	Suboxone	-	Yes	5 Br
✓	✓	✓	Suboxone	-	Yes	3 Br

Methadone 2  
 Suboxone 3  
 Heroin 1  
 No Treatment 2

# Lessons Learned

- Share your progress so far- what have you learned about your POF, partnerships, etc.
  - We now have a picture of how many of our clients are using opioids and crystal meth, as well as how many of these clients are connected to addiction services. We have 2.5x more interactions with clients using crystal meth than opioids
  - Our staff are better educated about what resources are available. We are improving our working relationships with OAT providers (3B).
  - We have created an information board for staff and clients



# Lessons Learned Continued...

- We are now looking at how we can support these clients as their mental health team. Prior to this exercise we were less aware of who was using and what resources they had available. We are now working on gathering the client voice to guide our practice in supporting clients with substance use disorders.
- We have just implemented two new tools → next slide.



# Looking forward...

## Opioid Use

To be completed by CM or psychiatrist with client

OAT: Suboxone  Methadone  Slow Release Oral Morphine  Injectable (heroin/hydromorphone)

Prescribing Doctor: \_\_\_\_\_

Location: \_\_\_\_\_

Date first started OAT: \_\_\_\_\_

Naloxone training:                      yes       no       If no, offered?

Aware of supervised consumption/overdose prevention sites?    yes       no

Aware of access to harm reduction supplies?    yes       no

Aware of locations to get drugs tested?    yes       no

Additional information:

---

---

---

---

---

---

---

---

Boost Collaborative – PDSA cycle. Opioid Use Tracking sheet

OAT tracking to be added to client file to encourage conversations re harm reduction/access to treatment

## Questionnaire to gather client voice – how can we better support our clients?

Boost Collaborative

### Confidential Client Questionnaire

We are a part of a city wide project trying to improve care for those who use opioids. Please share your experiences with us – there are no wrong answers, and your voice is important.

Do you use Opioids?    yes                       no

Have you received Opioid Agonist Therapy in the past?    yes                       no

Are you receiving treatment now?    yes                       no

What barriers have prevented you, or made it more difficult, for you to receive treatment?

---

---

Is there any way the West End Mental Health team can help you in accessing or remaining on treatment?

---

---

If you could receive treatment through the West End Mental Health Team, would that be of interest?

yes                       no



Best-Practices in  
ORAL OPIOID AGONIST  
THERAPY Collaborative



# Contact Information

West End Mental Health Team

1555 Robson Street

604 687 7994

Rachelle Coleman or Anna Thompson