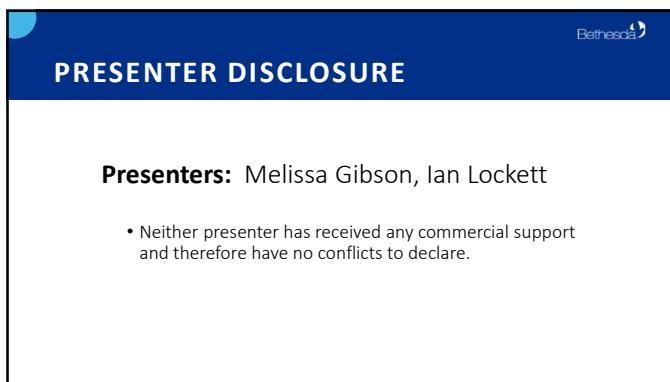
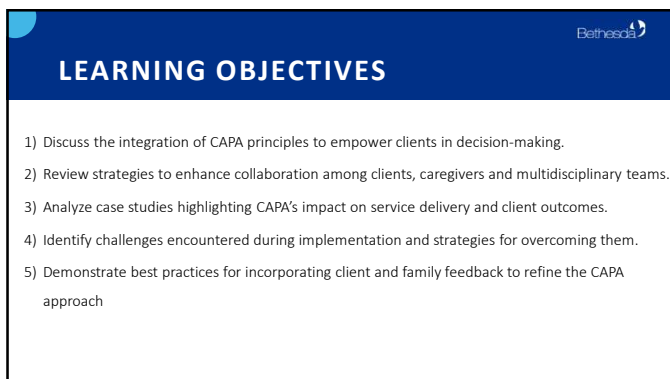




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Slide 1

DH1 changed Case to Support coordinator
Danielle Hamilton, 2025-09-12

Bethesda

Who is Bethesda?

Who we are:	A developmental services agency that supports children and adults with Intellectual and Developmental Disabilities (IDD).
Our Key Focus Today:	Bethesda's Adult Clinical Services
Key Services:	Behaviour Supports, Mental Health and Wellness, Occupational Therapy, Psychology, and Speech and Language Services.
We Serve:	The Niagara, Hamilton, Haldimand-Norfolk, and Brant regions.
Additional Role:	We also oversee the Southern Network of Specialized Care (SNSC), a provincially-mandated program for individuals with complex needs.

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CAPA at Bethesda

Our Journey to CAPA

- Why CAPA?** Feedback from a 2017 survey showed a need for a more **person-centered, flexible, and responsive** service model.
- What is CAPA?** A new model that provides **clear pathways** and holistic support. We were introduced to it by People Minded Business.
- Key Milestones:**
 - August 2018:** Initial discussions for CAPA implementation began.
 - March 2019:** We began offering "Choice" appointments.
- Making It Happen:** We created a new **Clinical Support Coordinator** role and transitioned three employees to help lead the implementation.



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CAPA Origins

- Choice and Partnership Approach was developed in the UK by Ann York and Steve Kingsbury.
- It is a service transformation model that has been implemented in many CAMHS (Child and Adolescent Mental Health Services), including learning disability teams in the UK, Australia and New Zealand, Belgium and Canada.
- CAPA is informed by demand and capacity theory (The 7 HELPFUL Habits of Effective CAMHS on capa.co.uk for more details) and has links with Lean Thinking, Shared Decision Making, New Ways of Working, Our Choices in Mental Health and You're Welcome Standards.

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What is CAPA?

- CAPA is a service transformation model that combines collaborative and participatory practice with service users to enhance effectiveness, leadership, skills modelling and demand and capacity management.
- CAPA brings together:
 - The **active** involvement of individuals and/or their care providers
 - Demand and capacity ideas/Lean Thinking
 - A new approach to clinical skills and job planning.
- Services can then:
 - Do the right things** (have a clear working goal with the individual/their supports)
 - With the right people** (use clinicians with the appropriate clinical skills)
 - At the right time** (without any external or internal waits).
- It is:
 - Flexible
 - Can be tailored to fit individual services.

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Service Improvement

- CAPA improves services to individuals by:
 - Focusing on engagement, therapeutic alliance, choice, strengths, goals and care planning
 - Improving access by ensuring timely appointments that are fully booked i.e. no waiting lists/smaller wait lists
 - Ensuring service users are seen by a clinician with the right skills
 - Use of Outcome measures
 - Facilitates provision of services by ensuring there is a clear understanding of the Partnership goals.

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5 BIG Ideas of CAPA

1. Choice
2. Core and Specific Partnership Work
3. Selecting Core Partnership clinician
4. Job Planning
5. Peer group discussion

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Timeline of CAPA Implementation

- August 2018: Introduction to CAPA process started. Clinical Support Coordinator position rolled out to help with CAPA implementation.
- August 2018 – March 2019: Team Away Days started; pilot projects to explore various CAPA principles launched.
- March 2019: Clinical Support Coordinators started providing CHOICE appointments; all other disciplines continued using a “cookie cutter” approach to service delivery – assessment, waitlist, treatment.
- March 2020: Covid-19 Pandemic started; all clinical services transitioned to a virtual model; as a result, clinicians were forced to start thinking “outside the box”. This is where we started to see CAPA start to come to life!
- March 2020 – October 2023: clinicians continued to explore the CAPA principles and creativity continued.
- October 2023: all clinicians on the Clinical Services team started to do one CHOICE appointment/month. Clinicians had the opportunity to shadow a Clinical Support Coordinator in a CHOICE appointment before facilitating a CHOICE appointment on their own.
- January 2024: CAPA Coordinator position was introduced to better support the continued implementation of CAPA.
- January 2024 – Present: many CAPA principles are seamlessly implemented on a daily and weekly basis, including a shift back to in-person services (requested by people accessing our services).
- April 2025: CAPA Coordinator began working with SNSC to introduce and implement the Welcome Process and CHOICE appointment booking process.

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Adult Clinical Wait Times, B.C. (Before CAPA)

- In March 2019, prior to implementing CAPA, namely CHOICE appointments, there were 898 unique individuals waiting for one or more clinical services.
- Wait times by disciplines:
 - Behaviour Supports: 1165 days
 - Mental Health & Wellness: 1200 days
 - Occupational Therapy: 51 days
 - Psychology: 139 days
 - Speech & Language: 1201 days
 - Complex Support Coordination: 71 days
 - Health Care Facilitation: 81 days

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Adult Clinical Services Average Wait Times

Discipline	March 2019 (Days)	April 2025 (Days)	September 2025 (Days)	Change
Behaviour	~1165	~1000	~1000	17% decrease
Speech Language	~1201	~1000	~1000	14% decrease
Occupational Therapy	~51	~100	~100	96% increase*
Social Work	~1200	~1000	~1000	83% decrease
Psychology	~139	~200	~200	8% increase*
SNSC-CSC	~71	~60	~60	67% decrease
HCT	~81	~160	~160	200% increase

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How has Clinical Services Integrated CAPA Principles....Some Examples

- A shift in thinking from the "cookie cutter" approach to meeting people where they are at in this moment. We have stopped requiring people to meet our expectations for them and accept them for where they are at now. There is more creativity in how we help to address a person's current concern(s).
- Early on, using focus groups, meeting with people who had used our services prior to and early on in our CAPA journey helped to give us a better understanding of what people needed and wanted.
- People using our services continue to have the choice of virtual or in-person options
- Development of an Adult Clinical Services Guide that people get prior to their CHOICE appointment. This allows people to review our services and determine which services, if any, they want to proceed with.
- As part of Job Planning, all clinicians include three hours of time to be devoted to "Quick/Turn/Help" that may be identified as a need through the CHOICE appointment. This allows for a clinician to have time to research community resources, prepare resources (e.g., social narrative to help speak to a specific concern) or schedule a single session with the person to review general coping strategies.

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Enhancing Collaboration - Strategies

Some of the strategies Clinical Services have used to enhance collaboration:

- During Covid-19 pandemic, all disciplines partnered up with each other to deliver group services (e.g., speech pathologist and social worker collaborated on a group to address social anxiety, etc.).
- Social Work Team's name was changed to "*Mental Health and Wellness*" which better reflects the work this team helps to provide.
- Speech Pathologists developed various streams to better address service delivery (e.g., development of a caregiver orientation session or the option for a person who provides their own consent to be directly booked into an initial consult appointment).
- "Year in Advance" Calendar that outlines which groups are running throughout the calendar year, which clinicians are facilitating the various groups and being able to register a person into the group of their choosing.
- Some CHOICE appointments are completed jointly between the clinical programs.

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CAPA Coordinator Role

- Review all referrals received from the DSO.
- First point of contact to individuals through the use of a Welcome Call and Welcome Email.
- Provide individuals and their supports with a copy of the Adult Clinical Services Guide that outlines the services offered through Partnership.
- Provide additional community resources as needed.
- Be accessible to individuals and their supports to help address additional questions or needs as they arise.
- The introduction of this step in our CAPA process (Welcome Email and Clinical Guide), saw 103 referrals cancelled at the Welcome level in 2023/2024 and 164 referrals cancelled in 2024/2025 as service was either not required or we were unable to contact them.
- So far, in 2025/2026- 98 referrals have been cancelled at the Welcome level as service was not required or people could not be contacted.

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YouTube - Welcome Videos

- In response to feedback received from people who had been through the Welcoming and CHOICE appointment process, YouTube videos were developed to summarize the Welcome Process.
- These videos will be sent to people upon booking their CHOICE appointment to help them know what to expect when coming for this kind of appointment.

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Case Studies

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“Right Time, Right Person, Right Service....”

- Individual booked with one of the Speech Pathologists for a CHOICE appointment.
- During the CHOICE appointment, it became apparent to the Speech Pathologist that SLP services would be the most appropriate Partnership option.
- The Speech Pathologist transitioned quickly into an initial assessment, suggested specific Partnership options that would address the current concern and was able to register the individual into one of the speech groups starting two weeks later.
- This is an example of the efficiency of the CAPA model, moving seamlessly from CHOICE to Partnership through direct booking.

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“Knowing is Half the Battle...”

- Welcome Email with the Adult Clinical Services guide sent out to an individual and their parents.
- CAPA Coordinator received a response to the Welcome Email from the parent, who noted that they had reviewed the clinical guide but did not feel that there were any services that were needed at the current time and so declined further involvement.

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“We are Family....”

- Referrals received for a sibling group of three adults, all with what appeared to be complex clinical needs.
- With consent from the three siblings and their brother who coordinates all appointments, it was agreed to complete their CHOICE appointments at the same time, rather than schedule each of them into their own CHOICE appointment.
- CAPA Coordinator approached a clinician from Behaviour Supports, Mental Health and Wellness and Speech and Language Services to attend the CHOICE appointment as well.
- All three CHOICE appointments were completed within 90 minutes. In addition, both the Speech Pathologist and Behaviour Consultant were able to provide Quick/Turn/Help resources and strategies to the brother, who not only appreciated this support but the ability to only have to come out once for an appointment.

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“Time is of the Essence....”

- CAPA Coordinator called an individual to book a CHOICE appointment.
- While on the phone, the individual could clearly articulate what their current concern was and how they wanted to address it.
- The CAPA Coordinator was able to book the individual in to start in a virtual group as well as access to the Rapid Mental Health clinic for one to three sessions.

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“Teamwork makes the dream work....”

- Individual was receiving services from a Complex Support Coordinator with SNSC, who supported where possible on their own – however, with no other supports involved, the support that was able to be provided was limited.
- Complex Support Coordinator reengaged in service with the individual 8 months later, and Behaviour Supports (the primary need) was able to engage to collaborate with the Complex Support Coordinator.
- Support was requested through interdisciplinary referrals from the Community Response Program and Occupational Therapist, who were easily able to engage and address the identified needs.
- With support from the multidisciplinary team, the individual was able to be supported at a reduced staffing ratio and the situation was stabilized.

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Best Practices and Challenges

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Best Practices in Action

- CAPA aligns with the 5 pillars of Trauma Informed Care which is a key focus of Bethesda's work: Choice & Voice; Collaboration; Trustworthiness; Safety; Empowerment. Bethesda is working with the University @ Buffalo to become a Trauma-Informed Organization.
- Bethesda is also working on a research project with Indiana University to develop a trauma screening tool for people with IDD (the first of its' kind!).
- Bethesda's Evaluation Committee is working in partnership with Brock University to develop an evidence-based approach to how we evaluate the services and work that we provide to ensure that we are continuing to provide the best service possible.
- In 2022, Adult Clinical Services launched a Peer Facilitator Program, where past participants in some of the groups offered through Clinical Services have been trained to help facilitate certain groups. This program came at the urging and feedback of these participants who became strong advocates with Bethesda's Senior Management team and Bethesda's Board of Directors to continue to offer this amazing opportunity.

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Some Challenges Encountered....

Some of the challenges that we have encountered along the way and how we have worked to address them:

- All referrals come from a central referring agency called Developmental Services Ontario (DSO) which means people cannot self-refer to our agency. We maintain continual engagement with the DSO around referrals, providing ongoing education and training as to the services we provide and to send referrals in for "Clinical Services" to allow for our clinicians to work with the individuals around what their current concerns are and how we might work together to address them. Referrals for SNSC are also sent by the DSO and generally, people must meet criteria via specific Support Intensity Scale scores for Behaviour and Medical or on reasonable grounds.
- Change, even when it will be good, can be hard! Early on, it was important to ensure we had the right people as part of the CAPA Leadership Committee. Additionally, there were no firm timelines to implementing CAPA in the beginning. This, along with keeping communication open and as transparent as possible (i.e., the entire clinical team has been involved in CAPA implementation discussions), has helped us navigate the sometimes muddy waters of change and implementation. We have seen a shift in thinking from "When will we be done with CAPA?" to "What's the next step in our CAPA journey?" (asked with enthusiasm, of course! 😊)

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Any Questions?

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