

# AFHTO

## Oct 6, 2010

### The Evolution of a Mental Health Program (MHP) in a Family Health Team (FHT)

Sherry Kennedy, Administrator, Taddle Creek FHT  
Cathy O'Toole, Social Worker, Taddle Creek FHT

# Agenda – T4

- T1 – **T**imeline  
Nov 2006 to present day
- T2 – **T**ools (x 10)  
For of a healthy MHP
- T3 – **T**eam  
Understanding pts and team roles
- T4 – **T**raps/**T**rajectory  
Lessons learned/Future

# Getting to Know You

What's your wave?

Wave	Awarded	# FHTs	
1	Apr 2005	52/69	← Early/Established
2	Dec 2005	31	
3	Apr 2006	50	← In progress (Taddle Creek FHT)
4	Dec 2009	19	
5	Aug 2010	30	← Green

How many of you have a functional MHP established?

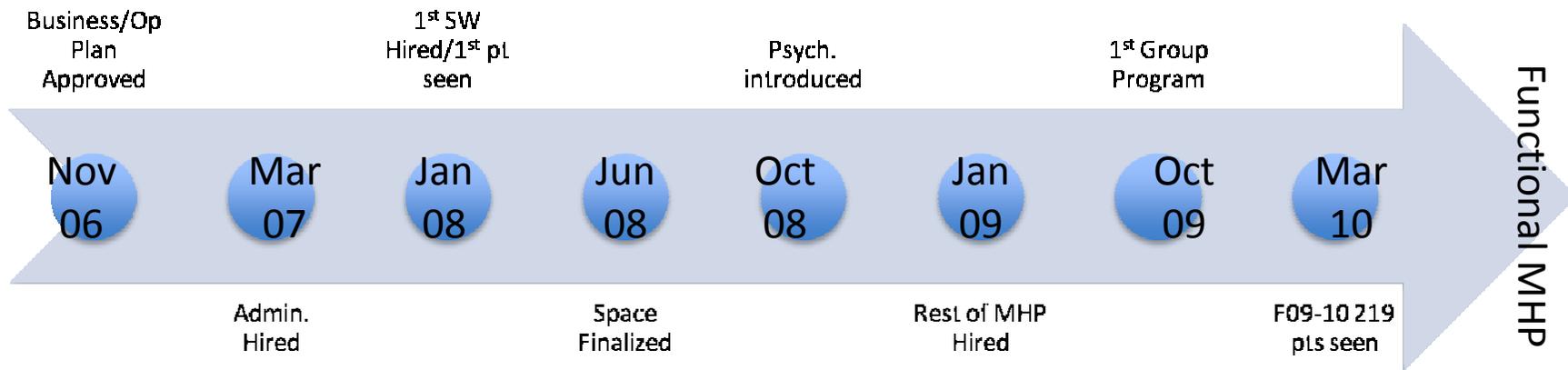
How many of you are working on establishing a functional MHP?

How many people are administrators?

How many people mental health workers?

Other?

# T1 – Timeline (Taddle Creek FHT)



# T2 – Tools

1. Program Goals
2. Annual Goals
3. Program Charter
4. Referral Form
5. eMR Documentation
6. Pt Satisfaction Survey
7. Wait List Mgt
8. Group Ed./Tx – Considerations & Best Practices
9. External Resources/Toolkits
10. Website

# Program Goals

1. Provide a **range of MH services** for pts with mild/moderate MH concerns
2. **Increase access** to MH care services
3. Facilitate **timely access to acute care**
4. Develop **ongoing care** for marginalized populations
5. Address MH problems in pts with **co-morbid medical disease**
6. Provide **timely consultation/short term programs** for pts with hard-to-treat depression & anxiety
7. Assist in **complex drug management** of psychiatric illness

# Annual Goals (F10-11)

1. Provide **counseling/case mgt** to >200pts
2. Offer two 10-week **CBT** Cycles to >20pts
3. Offer two 5-week **Wellness Meditation** Cycles to >30pts
4. Offer **Family Group Counseling** (est. 24 pts) with clinician training component
5. Offer two 7-week group support/counseling for **geriatric** population
6. Offer one 8-week Group for **Bereavement** Counseling
7. Introduce a **peer support** group
8. Continue to **support other TC FHT Programs**
9. **Integrate psychiatry** residents into shared model of practice
10. Offer limited **psychological** diagnostic testing
11. Enhance MHP **website** pages & improve resource bank
12. Strengthen current **partnerships** (e.g. with CAMH, CCAC)
13. **Monitor outcomes** (e.g. pt satisfaction/PHQ-9)

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# Program Charter

Articulates program **entry** criteria (+ referral process, appointment scheduling), program **delivery** (e.g. short/long term counseling, case work, psychiatrist role, group programs, eMR documentation, program mgt, clinical education & staff supervision) and program **discharge**

# Program Charter - Entry

Taddle Creek

Family Health Team

**PROGRAM CHARTER  
Mental Health Program (MHP) DRAFT  
Mar 2009**

**Goal:** To provide mental health services to patients and/or family members with psychiatric, psychosocial or medical/physical concerns that require a psychological intervention such as assessment, individual, family and/or group counseling, and/or referral to community resources to improve their quality of life.

**Participants:** Voluntary patients of the FHT of any age

## Program Entry

Criteria	Referral Process	Appointment Scheduling
<p><u>Social Worker</u></p> <ul style="list-style-type: none"> <li>Experiencing emotional distress causing impairment of daily living (for pediatric case, family members can be experiencing the distress)</li> <li>People living with a mental illness and are at risk as demonstrated by suicidal risk, cognitive impairment, and/or significant disability in overall functioning</li> <li>Considered to be marginalized by their current medical, financial or physical condition(s)</li> <li>Unable to function independently, such as frail and vulnerable seniors/disabled</li> <li>In need of support in developing a plan to cope with new dx or chronic illness (e.g. diabetes, HIV/AIDs, etc.)</li> </ul>	<p><u>Social Worker</u></p> <p>Primary Care Provider (PCP)/Interdisciplinary Health Provider (IHP) discuss referral with pt</p> <p>PCP/IHP gives pt TC FHT contact card and advises pt to contact TC FHT to signify their interest</p> <p>PCP does written referral in eMR. Referral to contain sufficient detail Re: Pts MH Concern</p> <p>On an exception basis, PCP/IHP can request (via eMR msg) SW contact pt to encourage initial appt</p> <p>PCP/IHP can request SW complete a Crisis Assessment for urgent pts</p>	<p><u>Social Worker</u></p> <p>Pt to contact TC FHT to signify interest</p> <p>TC FHT Secretary advises referral rec'd and let pt know their case will be reviewed/assigned.</p> <p>TC FHT Secretary prints referral and notes on MH Referral List then puts copy in MHP Folder for wkly discussion</p> <p>MHP wkly assigns SW to cases</p> <p>TC FHT Secretary contacts pts to make apt or to advise pt added to waiting list and will contact when opening</p> <p>F/U appts are made by the SW in consultation with pt</p>

# Program Charter - Delivery

Program Delivery		
Initial Assessment	Follow-up	Documentation
A) Short Term Counseling (Individual/Couple/Family)		
<ul style="list-style-type: none"> <li>Pt(s) meet with SW to assess current level of emotional functioning and client strengths</li> <li>Pt(s) provide an initial family and personal history of the current difficulty and presenting concern</li> <li>Pt(s) and SW to set counseling goals</li> <li><b>Urgent cases</b> undergo Crisis Assessment/Mental Status Exam and may be referred to psychiatrist/CATS or Hospital Crisis Team as appropriate</li> <li>Some Homecare support/consultation for 'housebound' pts can be provided in conjunction with Homecare Program</li> </ul>	<ul style="list-style-type: none"> <li>Initial Assessment Appt 45 min SW/pt decision whether to move to Cycle 1 or not (if not, disch.)</li> <li><b>Cycle 1</b> = 45 min appts for 12wks</li> <li><b>Cycle 2</b> = 45 min appts for 12wks decision post discussion with PCP</li> <li><b>Cycle 3</b> = 45 min appts for 12wks decision post discussion with PCP</li> <li>Appts may also be &gt; 45 minutes when necessary (e.g. pt in crisis)</li> <li>Telephone f/u appts can be scheduled</li> <li>If MHP feels patient could benefit from a referral to another IHP or to the TC FHT psychiatrist, the SW will discuss with PCP. The PCP will then be responsible for</li> </ul>	<ul style="list-style-type: none"> <li>Complete Social Work Note in eMR itemizing,               <ul style="list-style-type: none"> <li><b>Cycle/Session</b> <ul style="list-style-type: none"> <li>Appt Type (initial, f/u, discharge)</li> <li>Number people in Counseling</li> <li>Treatment Type (assessment, counseling)</li> <li>Referral Concerns</li> <li>Presenting Concerns</li> <li>History</li> <li>Client Strengths</li> <li>Assessment/Update</li> <li>Recommendations</li> </ul> </li> <li><b>Treatment Outcome</b> <ul style="list-style-type: none"> <li>Discharge (treatment completed, quit prematurely, never attempted)</li> <li>Referral (to psychiatry, to outside agency, etc)</li> </ul> </li> </ul> </li> <li>eMR msg to PCP following initial and f/u appts</li> </ul>

# Program Charter - Discharge

Program Discharge		
Criteria	Process/Re-entry	Documentation
<p>Pts mental health has stabilized.</p> <p>Pts no longer wishes to participate in MHP services (desire to end Cycle)</p> <p>Pts who are no show for initial appts and PCP has discussed with pt no longer desire</p> <p>Pts who are "no shows" for 2 consecutive f/u appointments with SW (at SW discretion)</p> <p>Pts referred to more acute psychiatric care services</p>	<p>Pt expresses feelings of optimism and better mental health prior to completion of Cycle 1</p> <p>Pt agrees to discharge (unless discharged for missing 2 appointments without notification).</p> <p>Pt will be advised to contact PCP if symptoms return and if they have a desire for ST counseling (Program entry process will start again) again</p> <p>Pts discharged due to 'no shows' will be notified of their discharge and their responsibility to contact their physician for re-referral</p>	<p>Complete Social Work Note in eMR itemizing,</p> <ul style="list-style-type: none"> <li>• Appt Type (initial, f/u, discharge)</li> <li>• Number people in Counseling</li> <li>• Treatment Type (assessment, counseling)</li> <li>• Referral Concerns</li> <li>• Presenting Concerns</li> <li>• History</li> <li>• Client Strengths</li> <li>• Assessment/Recommendations</li> <li>• Treatment Outcome (ongoing therapy, discharge, referral)</li> </ul> <p>• eMR msg to PCP following discharge</p> <p>Note will also state: Patient will continue to follow up with their family physician for primary care.</p> <p>A note will be sent to the physician via Practice Solutions messaging system that the patient has been discharged and to see note in the pts chart.</p>

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# Referral Form

## Tips

1. Think 'No Paper' build in eMR
2. Understand will evolve (added urgency score later)
3. Build as a team
4. Insist Primary Care Provider completes
5. Only when pt calls is referral activated and pt added to 'wait list' (as per our Charter)
6. Investigate 'locking note' mechanism in eMR

<b>Taddle Creek Family Health Team</b>		Date of Referral:
<b>Mental Health Program Referral</b>		currentDate.default
Patient: patName	Pt. Number: patNumber	
Family Physician: patMdName	Pt. Age: patAge	Sex: patSex
Psychiatric Diagnoses:		
Date Diagnosed:	By Whom:	
<b>Psychiatric Presenting Symptoms</b>		
<b>Please Check Off:</b>		
<input type="checkbox"/> Anger	<input type="checkbox"/> Panic	<input type="checkbox"/> Sadness
<input type="checkbox"/> Excess Worry	<input type="checkbox"/> Poor Sleep	<input type="checkbox"/> Poor Concentration
<input type="checkbox"/> Euphoria	<input type="checkbox"/> Excess Worry	
<input type="checkbox"/> Other		
List of Psychotropic Medication:		
Urgency Scale:		
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
		<input type="radio"/> 4
		<input type="radio"/> 5
LOW		<b>HIGH - Crisis?</b> ( Hospital Care? )
<b>Please Check off: Psychosocial Issues</b>		
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Bereavement
<input type="checkbox"/> Abuse History	<input type="checkbox"/> Immigration	<input type="checkbox"/> Financial
<input type="checkbox"/> Family Problems	<input type="checkbox"/> Children in the home	<input type="checkbox"/> School/Work Issues
Additional Comments		
<b>Medical/Physical Issues</b>		
Relevant Medical Diagnosis:(please record details)		
<b>Intervention Requested</b>		
<input type="checkbox"/> Assessment	<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Couple Therapy
<input type="checkbox"/> Family Therapy	<input type="checkbox"/> Case Management/ Accessing Community Resources	
What is the question for the Mental Health Team?		
Revised Nov. 2, 2009		

# eMR Documentation

## Tips

1. Think 'No Paper' build in eMR
2. Understand will evolve
3. Build as a team
4. Match up with Charter
  - Re: Cycle# and Session #
5. Make sure you can extract header data for statistical purposes
6. Used for counseling (for Case Work, could use progress notes)
7. Investigate 'locking note' mechanism in eMR

<b>Social Work Note</b>	Session #: <input type="text"/>
Cycle # <input type="text"/>	Treatment Type: <input type="text"/>
Appt. Type: <input type="text"/>	<b>Discharge:</b> <input type="text"/>
# People: <input type="text"/>	<b>Referral:</b> <input type="text"/>

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**Impression:**

**Recommendations:**

**Goal(s):**

**Note:**

**Assessment:**

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# Pt Satisfaction Surveys

## Tips

1. Use something right away and KISS (Keep it simple sunshine)
  - So pt can quickly complete
  - So problems can be identified
  - So analysis can be done
2. Complete when treatment complete
3. Keep anonymous (so pt feels free to complete honestly knowing SW will not be able to link feedback to them)
4. Use clerical for organizing/analysis
5. Report analysis in your Annual Report to the ON MOHLTC

Tudzie Creek  
Family Health Team

**MENTAL HEALTH CLIENT SATISFACTION QUESTIONNAIRE**

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much; we really appreciate your help. This is completely confidential. MONTH COMPLETED \_\_\_\_\_

**CIRCLE YOUR ANSWERS**

1. How would you rate the quality of service you have received?
 

4	3	2	1
Excellent	Good	Fair	Poor
2. Did you get the kind of service you wanted?
 

1	2	3	4
No, definitely	Not, not really	Yes, generally	Yes, definitely
3. To what extent has our program met your needs?
 

4	3	2	1
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met
4. If a friend were in need of similar help, would you recommend our program to him or her?
 

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely
5. How satisfied are you with the amount of help you have received?
 

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied
6. Have the services you received helped you to deal more effectively with your problems?
 

4	3	2	1
Yes, they helped a great deal	Yes, they helped	No, they really didn't help	No, they seemed to make things worse
7. In an overall, general sense, how satisfied are you with the service you have received?
 

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied
8. If you were to seek help again, would you come back to our program?
 

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely
9. How long did you wait to get your first appointment? \_\_\_\_\_
10. Any other feedback/comments you would like to provide to help us improve service \_\_\_\_\_

#234

# Waitlist

## Wait List Data Fields Collected

### When Pt Calls

- Dt of Referral
- Priority
- Dt Pt Called
- Pt initials/chart #/age
- Primary Care Provider

### When Assigned

- Dt Assigned
- Clinician Assigned
- Therapy Type

### When Pt Discharged

- Dt Closed
- # Sessions

## Wait List Calculations

### When Assigned

- Wait time days  
(dt assigned - dt pt called)

### When Discharged

- Tx time days  
(dt closed - dt assigned)



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# Group Ed./Tx - Considerations

From Dr. Anne Vagi, Psychologist @ Summerville FHT 2008

1. Need to provide care to pts with common conditions
  - in an efficient way yet
  - maintain/increase capacity of mental health team, and
  - preserve functioning in vulnerable individuals
2. Regular availability of groups in order to minimize wait time
3. Provision of treatment that is demonstrated to be effective
4. Need to assess patients' symptoms & efficacy of group interventions
5. Provision of a group experience to patients who might benefit from mutual support
6. Opportunities for collaboration and co-facilitation between staff,

# Group Ed./Tx – Best-Practice

From Dr. Anne Vagi, Psychologist @ Summerville FHT 2008

1. Provide package of written self-help materials in the 1st session, to promote education to pts who may not return
2. Distribute list of websites which provide info. and tx programs for a variety of MH problems
3. Put emphasis on specific CBT strategies that have been proven to improve symptoms of anxiety & depression
4. Provide 3 scripted f/u phone calls to pts who attended 1<sup>st</sup> session
5. Evaluate symptom severity before and after treatment
6. Constantly communicate, using multiple mediums, to PCP of upcoming Group Ex./Tx and referral process

# Sample Communiqué

- Posted in Suites
- Posted on website
- Sent to PCP via email
- Discussed at
  - Board
  - Executive
  - Clinical Mtg

## **A New Offering:**

### **Bereavement Group Support**

The Mental Health Team of Taddle Creek is happy to introduce a new Bereavement Support Group.



**Purpose:** Provide and receive support for patients whose loved one has passed away.

**Number of participants:** Maximum of 10 people.

**Duration:** Eight weeks with each session lasting 90 minutes.

**Topics:** will include discussion of the death, the funeral, self-care, opportunities to process and grieve a loss, expressing feelings and thoughts, reintegrating with life, developing bonds, etc.

**When:** Starting Tuesday, Oct. 26, 2010, from 4pm to 5:30pm. The last session will occur Dec. 14. It will run weekly.



If you feel this group can be of benefit to you, let your doctor know. A referral is required. You will then call Dianne or Cheryl at 416-260-1315, ext. 0, to activate the referral and get things started.

# Group Ed./Tx Taxonomies

- Purpose of workshop, education or therapy
- Modular format so parts are transferrable to other educational sessions
- Learning objectives, topics, teaching methods, teaching resources and knowledge checks

# Group Ed./Tx Taxonomies

Mental Health Program

First Circle  
Wellness Meditation  
Workshop

Education Taxonomy  
DRAFT

Purpose: To facilitate the transfer of knowledge and skills for the release of stress and to develop self-awareness and meditation skills/mastery.					
Lesson (Objectives & Subobjectives)	Topic (Content Outline) - Purpose: concept, fact, procedure, process or principle	Teaching Method	Teaching Resources Handouts	Knowledge Check: assessment, practice or activity	
<b>MODULE #1</b>					
<b>What is meditation?</b>					
Obj: Student to learn what this type of meditation is not.	Welcome & Introductions introduction to Workshop introduce Meditation [not breathing, mantra, or thought stopping - sensation based/experiential] Meditation as a Skill. [Result oriented, a vehicle to be used, reproducible results, can not fail at meditation – the experiences found while relaxing reflect the meditative state and do not need to be corrected]	Lecture Q&A Explaining Group Discussion	PP PP Workbook  Flip chart	Workbook Read Introduction to Meditation, query learners understanding	
Obj A: Student will develop a rationale for working on the practice of meditation  Obj B: Student will be able to articulate the impact of 'stress' on awareness	Distraction • Intentional the mind goes where you send it. • Unintentional the mind goes where it likes. Fight or Flight response • Physiological reaction to 'stress' creates a reduction in awareness, fixation, narrowing field of view, creates points of fixation eliminating other sources of information. • Expectations/past experience limits and filters information/reality to match expectations/past experience preventing important information from reaching consciousness.	Lecture Discussion  Pack of wild dogs meditation experience Demonstration & Discussion	Workbook  Audio + Visual  Flip Chart	Workbook Complete Stress Exercise Complete Past Experience Exercise	
Obj: Student will begin to learn about the character of this meditation, thought forms, dealing with distraction, and how to increase motivation to practice.	Meditation as a vault. Development of self-awareness – in knowing how you deeply feel it becomes easier to meet your needs.	Motorboat metaphor Experiential	PP slide with clip art	Dramatization	
Obj: pt will know how to sit/breathe/ 'be' while meditating	Body Position	Lecture Demonstration Explaining Group Discussion	Workbook - article in appendices  Show video on body position	Student demonstrates correct body position	
Obj: Student will learn how to deal with distraction during meditation.	introduction of meditation - dealing with distraction - mindfulness	Explaining Discussion	Workbook	Workbook - complete journal for next class	
Obj: Student will learn initial meditation	Meditate with addition of countdown.	experiential	Quiet comfortable space	Ability to meditate  Workbook - complete journal	

# MHP Group Ed./Tx @ Taddle Creek

★ Wellness Meditation + f/u

★ Mind over Mood (CBT)

★ Psychotherapy

★ Bereavement

★ Family Therapy

★ Craving Change

# External Toolkits

From Dr. Anne Vagi, Psychologist @ Summerville FHT

## Complete treatment programs for depression and/or anxiety:

- [www.moodgym.anu.edu.au](http://www.moodgym.anu.edu.au) - *MoodGym* is an interactive self-help program for teens and young adults with depression.
- <http://changeways.com/scdpintro.shtml> - Cognitive-behavioural self-help treatment for depression. Free workbooks are available in English, French, Punjabi, and Chinese. A manual designed especially for teens, *Dealing with Depression*, is also available free on this site.
- <http://www.depressioncenter.net> - Interactive self-help for depression, including online chat forums.
- <http://www.ecouch.anu.edu.au/welcome> - CBT, Interpersonal Therapy, and Relaxation therapy, as they apply to depression and anxiety. Online therapist and client workbooks.
- <http://www.cci.health.wa.gov.au/resources/consumers.cfm> - Information and self-help resources on depression, bipolar disorder, anxiety disorders, and disordered eating. There are excellent handouts, information sheets, and workbooks that are easy to read and provide lots of practical help.
- <http://www.paniccentre.net> – Free interactive CBT for panic disorder
- <http://anxieties.com> - Free self-assessment and self-help programs for a variety of anxiety disorders.

# External Resources

From Dr. Anne Vagi, Psychologist @ Summerville FHT

## Sites with information about a range of mental health topics:

- <http://heretohelp.bc.ca/> - Information about mental health, wellness, and alcohol/drug issues. There are toolkits and workbooks to help manage anxiety, substance use, and depression. There are also links to many other books, websites, and resources.
- <http://bluepages.anu.edu.au/> - Information about prevention and treatment of mood disorders.
- <http://www.camh.net> - The Centre for Addiction and Mental Health's website has information and resources related to mental health and alcohol/drug use.
- [www.nnt.nhs.uk/mh/content.asp?PageName=selfhelp](http://www.nnt.nhs.uk/mh/content.asp?PageName=selfhelp) - Self-help booklets on bereavement, anger, depression, panic, obsessive-compulsive disorder, and stress.
- <http://www.cwgsy.net/community/mindinfo/cbt.htm#online> – Cognitive-Behaviour Therapy self-help resources for learning about the treatment approach and how it applies to a variety of mental health diagnoses.
- [www.crufad.com](http://www.crufad.com) – Self-help and manuals for clinicians to learn more about anxiety disorders and depression.
- [www.livinglifetothefull.com](http://www.livinglifetothefull.com) – Interactive CBT for depression and anxiety, including short videos to help with relaxation, anger management, and wellness.
- <http://anxietycoach.com> – Information on anxiety disorders, with specific written and videotaped information on breathing and other anxiety management skills.
- <https://members.kaiserpermanente.org/redirects/listen/> - Podcasts with guided imagery, meditation, affirmations, on topics such as sleep, stress management, weight management, and pain.

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# http://taddlecreekfht.on.ca

Taddle Creek

Family Health Team



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**ON CALL: MEDICAL**

For urgent medical problems outside office hours please call:

**1-866-553-7205**

**TADDLE CREEK FAMILY HEALTH TEAM**

Taddle Creek Family Health Team is an innovative, collaborative way of providing primary health care to residents of Toronto and surrounding area. This team approach brings together family physicians, nurse practitioners, registered nurses, a pharmacist, dietitians and social workers in order to coordinate the best patient care possible. Click on one of the programs below to learn more.

**AFTER HOURS CLINIC**

**Date:** Wednesday, Sep 15 2010  
**Time:** 5:00 pm to 8:00 pm  
**Location:** Office of Drs. Hirsz, Valentinis, Shaw & Biancucci  
**Telephone:** 416-591-1222  
**Clinic Dr.:** Abraham Hirsz

**QUICK CONTACTS**

Drs. T. Chernin, P. Pariser	T 416 960 1366
Drs. M. Barman, P. Nieuwstraten	T 416 585 9555
Drs. C. Biancucci, A. Hirsz, S. Shaw, A. Valentinis	T 416 591 1222
Drs. B. Jackson, M. del Junco	T 416 538 3939
Drs. B. Davis, M. Machamer, J. Sugiyama	T 416 964 0800
Programs & Administration	T 416 260 1315

 <b>CARDIOVASCULAR PROGRAM</b> <a href="#">Learn More</a>	 <b>RESPIRATORY CARE PROGRAM</b> <a href="#">Learn More</a>	 <b>DIABETES EDUCATION PROGRAM</b> <a href="#">Learn More</a>	 <b>MENTAL HEALTH PROGRAM</b> <a href="#">Learn More</a>
 <b>HIV PROGRAM</b> <a href="#">Learn More</a>	 <b>HOMECARE PROGRAM</b> <a href="#">Learn More</a>	 <b>METHADONE MAINTENANCE PROGRAM</b> <a href="#">Learn More</a>	 <b>PEDIATRIC HEALTH MAINTENANCE PROGRAM</b> <a href="#">Learn More</a>



# http://taddlecreekfht.on.ca



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## MENTAL HEALTH PROGRAM

The goal of this program is to provide a range of mental health services for people with mild to moderate mental health concerns. Services include assessments, short-term counseling, patient/family education, up-to-date community resources, case management and advocacy.

If you experience, in an ongoing or repetitive way: anger, frustration, sadness, worry, loss of sleep, relationship or family conflict or substance use such that your performance or functioning in important personal relationships or work is affected, you would benefit from a primary care referral to this program.

Click [here](#) for a list of all educational offerings.



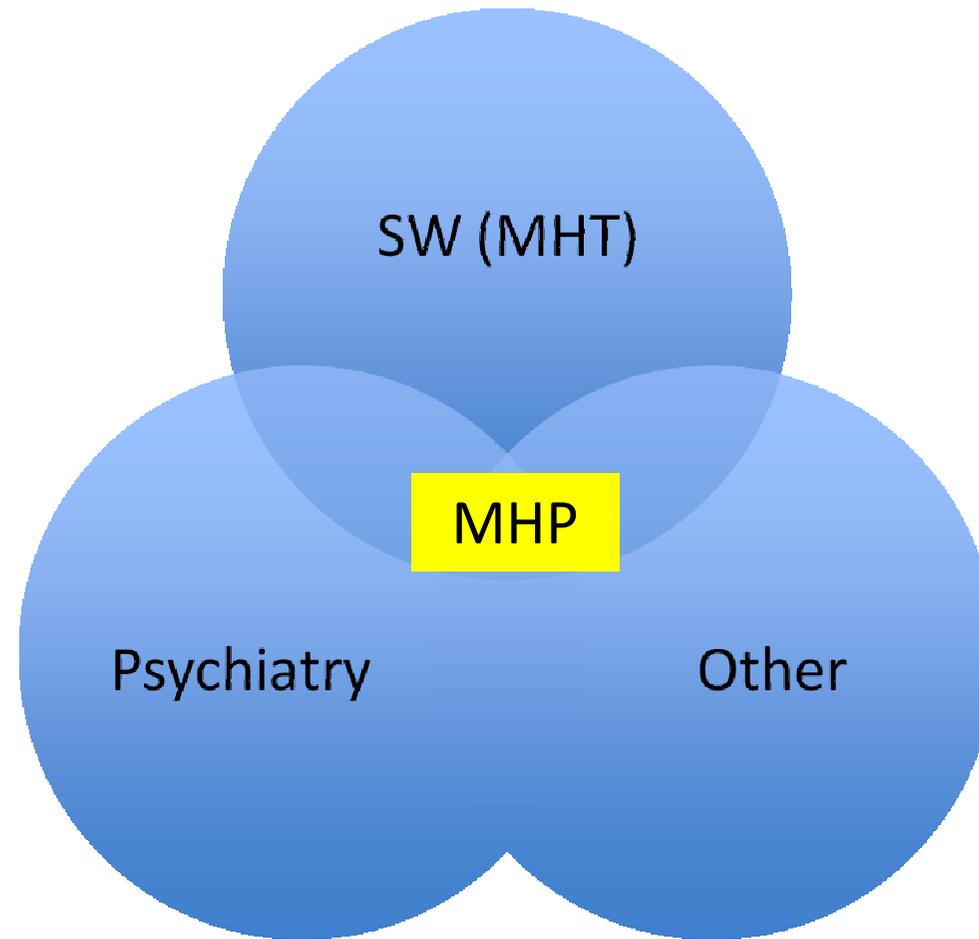
# T2 – Tools

- ☑ Program Goals
- ☑ Annual Goals
- ☑ Program Charter
- ☑ Referral Form
- ☑ eMR Documentation
- ☑ Pt Satisfaction Survey
- ☑ Wait List Mgt
- ☑ Group Ed./Tx – Considerations & Best Practices
- ☑ External Resources/Toolkits
- ☑ Website

Now we'll move to discussing  
T3 – **T**eam

# T3 – Family Health Team

## The Need to Meet



# T3 – MHT Team

MHT (SW only) meet wkly to,

- Manage waitlist/Assign Cases
- Offer Peer Clinical Supervision
- Support SW Student
- Define & Re-define MHP services (e.g. discuss patient needs and how best to address [individual/couple therapy; case management; group therapy; psychiatric assessment])

# T3 – Psychiatry Team

- Psychiatry (SW with Psychiatrist) meet wkly to,
  - Discuss Cases
  - Plan Clinical Staff Education (next slide)

# T3 – Other FHT Teams

- Clinical Mtgs (entire FHT) meet mthly to,
  - Hear guest speakers (e.g. Alzheimer's Society, CAMH)
  - Receive Programs Updates (or process clarification)
- Team Mtgs (primarily IHPs) meet every 2wks to,
  - Receive Administrator's update
  - Discuss special topics
  - Share case experiences (SW support other clinicians)
- Complex Medical Care Clinic (meet quarterly)
  - Multiple disciplines (SW) collaborating on complex pt care

# T3 – MHP

## The Sweet Spot

MHP (MD Champion, Admin. & SW) meet every 6 wks to,

- Manage Program (e.g. annual goals, program charter modifications, documentation/resource tools, evaluation, statistics, etc.)
- Internal & External Collaboration Opportunities

Lunch N Learn Topic (organized by MHP in collaboration with psychiatrist)

# Approach to Suicide Assessment

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Dr. Wayne Baici  
Resident in Psychiatry, 4<sup>th</sup> Year  
May 27, 2010

# T4 – Traps: Lessons Learned

## Traps

1. Assuming everyone knows & appreciates the FHT practice model
2. Assuming everyone understands role of MHP/SW
3. Hiring SW who specialize in one area or tx style is established
4. Promising more than can be delivered in order to get PCP 'buy-in'
5. Thinking MHP can service all populations
6. Abandoning established network for FHT MHP
7. Continuing to offer group programs that are not working
8. Not conducting regular 'Needs Assessments'
9. Not studying why parts of program not working & assuming people problem

## Avoiding Traps

1. Review model during orientation and regularly (see next slide)
2. Take time in mtgs to discuss specifics (e.g. referral process, dealing with no shows etc.)
3. Hire SW who skill set is diverse must be flexible, adaptable and eclectic in tx styles
4. Manage expectations (e.g. not equipped for crisis mgt) communicate services realistically
5. Establish partnerships (e.g. CCAC/CAMH)
6. When demand exceeds supply (or when guidance needed) fall back on network
7. Remember **PDSA**, you **plan**, **do** but when you **study** if not working **act** = stop)
8. Conduct annually & hold pt focus groups
9. Failures can be the result of material, environment, methods and not always personnel (use cause and effect diagrams to identify why not working)

# Practice Model - IDCP

New Culture (Trust, Willingness to share pt care/decision making, Include Pts in Care)

Role Clarification: gain understanding of role of other H. Providers	Role Valuing: Respect for each other based on knowledge/contribution to team
 <p>IDCP Interdisciplinary Collaborative Patient Centered</p>	
Trusting Relationships: Each member trusts knowledge, decision-making capacity and sense of ethics	Power Sharing: Willingness to facilitate joint power sharing within group regardless of ed. Or prof. preparation

# T4 – Trajectory

## **T1 - Timeline**

- Embrace evolutionary nature of MHPs in FHTs – change a constant

## **T2 - Tools**

- Continue to use useful tools (charter, waitlist)
- Base MHP decisions on evidence whenever possible (e.g. evaluations, needs assessments and focus group)
- Improve on tools (e.g. new evaluation – Beck Anxiety Inventory or Pt Health Questionnaire PHQ9)

## **T3 - Team**

- Continue to examine how MHP fits into FHT (determine MHP educational needs and deliver)
- Continue with core services (e.g. one-on-one counseling) and discuss new services (e.g. considering geriatric group)
- Make new friends (collaborate)

## **T4- Traps/Trajectory**

- Don't ignore the feeling when caught in a trap, traject from it

# Complete Forms Available at Front

- Program Charter
- Referral Form
- eMR Documentation Template
- Pt Satisfaction Form

# Contacts

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