Mandate

- To provide interdisciplinary community based intervention and rehabilitation to patients presenting with mild to moderate traumatic brain injury (TBI) as well as mental health conditions.
  - Specializing to address the unique needs of the proximal urban Indigenous community in the adjacent Kingston Road/Galloway (Morningside) area.
- With leadership provided by the clinician-scientists within the psychology department of UTSC and the Rehabilitation Science Institute (UT), the intervention model would be broadly that of clinical-vocational outcome measurement-guided care.
- Guided by the expertise of the NCFST, services would offer a blend of traditional Indigenous and western approaches, catering to individual Indigenous patient preferences/needs.
- Best practice interdisciplinary care would provide interdisciplinary learning experiences for health and allied-health related professional trainees; the involvement of the acclaimed Wilson Centre (UT) would establish a clinical-research informed framework towards continual enhancement of best practice training in interdisciplinary care.
- Research linkages with the Waakebiness-Bryce Institute for Indigenous Health (WBIIH-UT) could enhance iterative best practice pursuits relative to Indigenous patient outcomes.
- An outcome measurement guided care framework would also guide patient centric care while fostering an iterative feedback loop between the adoption and development of increasingly efficacious evidence-based multi-disciplinary clinical/rehabilitation intervention modalities.
Objectives

1) To provide and continuously evolve best evidence-based practice, interdisciplinary clinically-vocational: integrated traumatic brain injury services to post-acute patients presenting with mild to moderate residual functional impairments.

2) ... mental health services to post-acute patients presenting with mild to moderate residual functional impairments, and/or who remain at ongoing mental health risk.

3) To provide and continuously evolve best evidence-based culturally sensitive and appropriate services to the ethnically diverse surrounding region of Scarborough, with specifically oriented services for the neighbouring large Aboriginal community.

4) To integrate the principles of the social determinants of health (SDoH) into all care plans and to continuously evolve evidence based best-practice methodologies in this respect.

5) To provide an interdisciplinary training facility for health and allied-health professionals: Medicine (western), psychology, nursing, occupational therapy, chiropractic, physiotherapy, speech pathology, social work and Indigenous practitioners (as desired/appropriate). Many of these disciplines (besides chiropractic + traditional healers) having professional training programs within UofT.

   • Strong training emphasis on capacity building within the Indigenous and other ‘at risk’ communities

6) To provide an initial evidence-based integrated model of patient-centred interdisciplinary care, training, clinical/scientific advancement and leadership for Ontario’s CHC and Family Health Team (FHT) services.
Program Development Leadership and Resources

• Spearheaded by UTSC’s Mental Health Program/Psychology Department and the Rehabilitation Sciences Institute.
  • These departments have the required expertise in TBI (neuropsychology, occupational therapy, physiotherapy, speech language pathology) and mental health (clinical/rehabilitation psychology, occupational therapy)
  • Faculty are highly represented by highly regarded clinician-scientists in the respective fields.

• A number of the faculty have cross-appointments and/or teaching/mentorship roles and/or research interests in the Faculty of Medicine as well as with CAMH.

• As such, they are well abreast of both the most up to date clinical practices but also already have strong inter-disciplinary relationships within the university as well as outside of it.

• Both aspects are key core competencies upon which to build a fundamentally truly integrated inter-disciplinary facility.
Founding Partnership Organizations

- It is of fundamental importance that the Centre reflect a partnership of found organizations to assure that its mandate and objectives are fulfilled.
- At this juncture the following organizations have expressed an interest in the project or will imminently be approached for involvement in the development steering committee:
  - **Ontario Psychological Association (OPA);**
  - **University of Toronto Scarborough Campus (UTSC)**
    - Mental Health Program/Psychology Department/Coop Program; Rehabilitation Sciences Institute (UT Faculty of Medicine);
  - **Native Child and Family Services of Toronto (NCFST);**
    - Has a significant presence and regional office in the Kingston Road and Galloway (Morningside) area
    - The Executive Director has expressed a keen interest in being a community partner and on the related steering committee.
  - **Waakebiness-Bryce Institute for Indigenous Health (WBIIH; Dalla Lana School of Public Health, UofT);**
    - The mandate of the WBIIH is to provide world-class inter-disciplinary graduate and post-graduate education and research programs with emphasis on traditional and contemporary health interventions.
  - **The Wilson Centre (UT);**
    - As global leader in the field, the mandate of the Wilson Centre is to advance healthcare education and practice through research.
  - and, **UTSC Arts and Science Co-Op program.**
Facility Housing for UTSC-CHC

- In close proximity to Toronto Pan Am Sports Centre (TPASC)
  - Which is jointly owned by UTSC and the City of Toronto
    - Public and easily accessible (by the TTC) recreation space
    - State of the art facility, with the necessary infrastructure and many resources required for physical rehabilitation interventions

Mental Health, Social, Recreation, and Vocational Advantages

- Will help offset the ostracization and isolation all too often experienced by those with both TBI and mental health conditions
- Rehabilitation in close association with community oriented facility = normalization of healthcare services
  - Seamless integration between health interventions and community/recreational/social involvement
  - An anticipated higher rate of aftercare adherence to health and wellness lifestyle promotion
  - Increased opportunity for new/healthy peer group formations
    - * Particularly important for those dealing with substance abuse and addiction concerns
- Size and expanse of facility lends itself well to volunteer opportunities
- With respect to vocational reintegration, there will be a proportion of those served for whom occupational re/training will be an essential step in re-establishing viable and sufficiently remunerative work skills
  - Between the UTSC campus itself and the adjacent Centennial College Science and Technology Centre, opportunity would abound for CHC clients to attend and be supported in their training initiatives while continuing to receive ongoing health care/intervention/support in light of the close proximities involved.
  - The UTSC Arts and Science Co-Op program Director has expressed a strong interest in the concept, and this department could be a key ally with respect to spearheading the academic-workplace bridge from the vocational rehabilitation perspective.
Community Spin Off Advantages

- With its high visible minority population, UTSC may readily be perceived as a welcoming site to the surrounding Scarborough community generally, including the local Indigenous community.
- By fostering utilization of the TPASC/UTSC campus as a community resource in general, a side benefit is anticipated to be the promotion of increased university enrollment applications from the surrounding residents by reducing psychological barriers to higher education.
- This is especially important for the Aboriginal (and other marginalized) community which is well underrepresented in, and potentially intimidated by, traditional university settings

Research and Training Infrastructure

- UofT among world’s most distinguished institutions for research and clinical health training
- The newly established WBIIH shall have a strong empirical approach to studying the intersection of Indigenous and Western health approaches
  - Will have a strong foundation in the study and application of the social determinants of health, which is highly germane in the context of Indigenous TBI/FASD/MH service delivery
- Bringing the research and clinical training strengths of these joint UofT faculties together in an evidence-based interdisciplinary facility, should assure the evolution of ongoing best practice in culturally sensitive/safe and appropriate service delivery
- Similarly, the Wilson Centre’s involvement would support evidence-based practice individual and interdisciplinary professional training
Research and Training Infrastructure (cont.)

• Clinical expertise in the areas of TBI and MH and addictions is paramount, but evidence based practice and research must be fully integrated to guide continuously evolving best practice.

• In this context, UTSC has a unique position:
  • Dr. Konstantine Zakzanis (Rehabilitation/neuropsychologist), Associate Chair, UTSC Mental Health/Co-Op Program, and Dr. J. Douglas Salmon, Jr. in conjunction with industry partners are in the process of establishing of an Inter-disciplinary Assessment and Rehabilitation Centre for Excellence.

• The foundational infrastructure of this Centre is the creation of a world-wide data repository supporting the scientific and clinical/rehabilitation communities towards enhanced outcomes, cost-effective interventions and improved patient care in a multi-lingual/cultural context across the age spectrum.

• The development of this Centre is based upon a comprehensive outcome measurement methodology.

• Seed funding for the Centre is being provided by:
  • MITACS grant support with co-sponsoring industry leader Multi-Health Systems (www.mhs.com) already committed to the project,
  • along with RTW Integrated Health (www.rtwintegratedhealth.com ) and Rehabilitation Research, Education and Evaluation Services (www.rrees.com).

• The Centre is to be housed at UTSC's graduate program in clinical psychology.

• The well-validated measures of the Rehabilitation Outcome Measurement System (ROMS) would serve as the empirical framework for the proposed CHC.
  • The ROMS system serves to guide the individual patient’s clinical/vocational pathway, while also providing data input into the worldwide research data base.

• Elusive to date, the lack of common clinical/functional outcome metrics for unitary and combined physical/mental health conditions has slowed the required direct comparison of intervention(s), towards enhanced clinical care.
Individual and Family Based Interventions

• Need for complementary family based programming. Parenting related services are woefully lacking.
  ▪ context of aftermath of the residential school experiences and inter-generational trauma → Indigenous parents are often multiply disadvantaged.
• As such, parental/family based interventions are viewed as an essential component of service delivery for the target populations.
• The model being proposed can be found at www.cfcaa.com.
  ▪ NCFST has an intimate understanding/involvement/support for this program model in its initial pilot
  ▪ Their Scarborough location has just established related services for piloting in that facility.
    ▪ Related evidence informed best practice professional training and service delivery of this social-determinant of health model would be an important inclusion in the CHC program.

Championing the Project with the Ministry of Health

• Ms. Jan Kasperski, currently CEO of the Ontario Psychological Association (OPA) has committed to championing the project with the Ministry of Health.
• The Family Health Teams and other Community Health Centres (FHT/CHC) model gained recognition in Quebec and in the US where the organization provided related consultation to American Academy of Family Medicine.
• More recently, Ms. Kasperski consulted to the McGuinty government and Minister of Health Smitherman with respect to the expansion of the FHT/CHC model.
  ▪ The most recent Ontario Budget has committed additional major funding towards further expansion of this service delivery model.
• As such, Ms. Kasperski’s commitment towards initially informally introducing the concept to Ministry officials, and commitment to subsequently assist in a formal proposal to the Ministry, assures that it will at least be heard and given serious consideration by policy makers.
Anticipated Steps

1) Formal exploratory meeting with the Ministry of Health and Long Term Care and key stakeholders.
2) If supported as an outcome of step 1, obtain protocols for formal submission to the Ministry.
3) Formalize steering/planning committee membership towards facility development and related resource planning and budget.
4) Submission of proposal.