UTSC Community Health Centre Preliminary Proposal

The following is a preliminary synopsis of a proposal for a provincially funded Community Health Centre (CHC) to be housed on the University of Toronto Scarborough Campus (UTSC), with proximal access to the Toronto Pan Am Sports Centre.

Mandate

The mandate of the proposed CHC would be 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. While the Centre would service the community at large, it would specialize in addressing the unique needs of the proximal urban Indigenous community in the adjacent Kingston Road/Galloway (Morningside) area. It is recognized that the Indigenous community in general is known to have both high rates of mental health and substance concerns as well as significantly higher rates of traumatic brain injury (TBI) and Fetal Alcohol Spectrum Disorder (FASD) incidence relative to the community at large. 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 Native Child and Family Services of Toronto (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-vocationally integrated traumatic brain injury services, including Fetal Alcohol Spectrum Disorder (FASD) to post-acute patients presenting with mild to moderate residual functional impairments.

2. To provide and continuously evolve best evidence-based practice interdisciplinary clinically-vocationally integrated 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 Indigenous community. With respect to the Indigenous community, full service traditional Indigenous and western interventions would be available to address the unique preferences of patients served. Ideally, services would span from childhood to adulthood and with special consideration of FASD subgroups and functional in-community family interventions.

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.

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5. To provide an interdisciplinary training facility for health and allied-health professionals including but not limited to: Medicine (western), psychology, nursing, occupational therapy, chiropractic, physiotherapy, speech pathology, social work and Indigenous practitioners (as desired/appropriate). Other than chiropractic (and traditional healers), each of these disciplines currently have professional training programs within the University of Toronto. A strong emphasis of professional training would be that of 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. It is intended that such a multi-dimensional model will be instructive in providing a continuous evidence-based, evolving interdisciplinary clinical and professional training framework for existing and future CHC/FHT services mandated to provide chronic disease management, with social determinants of health considerations.

Program Development Leadership and Resources

Program development leadership would be 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) and their 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 Partnering Organizations

It is of fundamental importance that the Centre reflect a partnership of founding organizations to assure that its mandate and objectives are fulfilled. At this juncture the following organizations have expressed an interest in the project towards potentially becoming co-founding organizations: Ontario Psychological Association (OPA); University of Toronto Scarborough Campus, Mental Health Program/ Psychology Department/Coop Program and the Rehabilitation Sciences Institute (UT Faculty of Medicine); Native Child and Family Services of Toronto (NCFST); and, UTSC Arts and Science Co-Op program. It is noteworthy that NCFST has a significant presence and regional office in the Kingston Road and Galloway (Morningside) area.

Supporting Organizations

The following organizations are also lending support to the project and have expressed an interest in providing related research linkages: Waakebiness-Bryce Institute for Indigenous Health (WBIIH; Dalla Lana School of Public Health, University of Toronto); the Wilson Centre (UT). 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. As global leader in the field, the mandate of the Wilson Centre is to advance healthcare education and practice through research.

Facility Housing

It is proposed that the UTSC-CHC be housed in close proximity to the Toronto Pan Am Sports Centre (TPASC), on the University of Toronto Scarborough Campus. The TPASC is jointly owned by UTSC and the City of
Toronto. TPASC is a public sports, exercise and recreational facility promoting community memberships. As a brand new state of the art athletic and aquatic facility originally devoted to being a primary venue for both the Pan Am and Para Pan Am games, it is fully accessible and has the infrastructure and many resources required for physical rehabilitation interventions. The facility is highly accessible by TTC and is becoming increasingly integrated within the broader community.

**Mental Health, Social, Recreational and Vocational Advantages**

As a fully community integrated facility, such an environment will help offset the ostracization and isolation all too often experienced by those with both TBI and mental health conditions. By bringing rehabilitation in close association with a truly community oriented facility, health care services will be normalized, thus serving to offset stigmatization from all perspectives. More practically, there will be a seamless integration between health interventions, and community/recreational/social involvement, and an anticipated higher rate of after-care adherence to health and wellness lifestyle promotion and increased opportunity for new/healthy peer group formation. The latter can be particularly important for those challenged by substance abuse and addiction concerns. Moreover, a facility of such size and expanse lends itself well to volunteer opportunities, which are an important bridge to vocational reintegration.

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 explore, 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 the CHC serving to assist in reducing the psychological barriers to higher education. This is especially important for the Indigenous (and other marginalized) community which is well underrepresented in, and potentially intimidated by, traditional university settings.

**Research and Training Infrastructure**

The University of Toronto (UT) is among the world’s most recognized institutions of higher learning both in terms of research and clinical health professional training. As noted above, the newly established Waakebiness-Bryce Institute for Indigenous Health shall have a strong empirical approach to studying the intersection between Indigenous and Western health approaches. It is understood that Waakebiness Institute will also 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 and mental health service delivery. A critical clinical model component would be the integration of the social determinants of health principles. Bringing the research and clinical training strengths of these joint UT faculties together in an evidence-based interdisciplinary facility, should assure the evolution of ongoing best practice in culturally sensitive/safe and appropriate clinical service delivery. Similarly, the Wilson Centre’s involvement would support evidence-based best practice individual and interdisciplinary professional training.
Clinical expertise in the areas of TBI and mental health and addictions is paramount, but evidence based practice and research must be fully integrated to guide continuously evolving best practice. Integrating this concept particularly into specialized care, must be accomplished through a robust standardized set of outcome measures, and through involving an interdisciplinary research approach. This notion promises to be a unique and highly robust approach to testing and contrasting the efficacy of single and multi-disciplinary interventions across the disease/injury spectrum.

In the TBI and mental health context, again UTSC is uniquely positioned. 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

In addition to interdisciplinary intervention for individuals with TBI/FASD and mental health condition, there is a need for complementary family based programming. Broadly speaking parenting related services are woefully lacking for those with cognitive and/or mental health limitations. Moreover, in the context of the frequent lack of sound parental role models as an 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 for this aspect of the services can be found at www.cfcaa.com. The model was recognized in the context of the Ontario Mental Health and Addictions Strategy: Creating healthy communities, a Subcommittee Report to Minister’s (of Health and Long Term Care) Advisory Group on the 10-Year Mental Health and Addictions Strategy, December 2010. Moreover, NCFST has intimate understanding and support for this program, having been highly involved in the initial pilot program, with a number of their staff having subsequently been trained on the model. 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. Previously as hospital Senior Vice-President and more recently the 15 year CEO of the Ontario College of Family Physicians (OCFP), through Ms. Kasperski’s leadership, the OCFP fostered the following: “Family Health Teams (FHTs) and other inter-professional team-based primary care practices (Community Health Centres and NP-Led Clinics), the Northern School of Medicine, a 50% increase in the number of positions for medical students and family

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medicine residents, distributed learning so that family medicine residents practiced in the communities where they were most needed and most likely to remain once they were certified in family medicine and competitive funding arrangements that helped to made family medicine a go-to medical profession.” The 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 related follow up as indicated.