In the Beginning:

- 2007:
  - 33 GP membership
  - 15 sites
  - 40,000 patients
  - 6.0 FTE MHC
  - Mild to Moderate MH concerns

- 2009:
  - 49 GP membership
  - 15 sites
  - Roster size of close to 60,000 patients
  - 7.5 FTE MHC

Traditional Model of Service Delivery
Sample Day-MH Counsellor (Original FHT MH Service)

- 9:10-10:30 New Patient Assessment
- 10:30-11:30 Follow Up
- 11:30-12:30 Follow Up
- 12:30-1:00 Break
- 1:00-2:00 New Patient Assessment
- 2:00-3:00 Follow Up
- 3:00-4:00 Follow Up
- 4:00-5:00 Paperwork/Consultation etc.
- 2-6 month wait times developed

Goals:
- Define MH collaborative care in a broader context
- Improve Access
- Eliminate Wait times
- More fully utilize the skill set of the MH Counsellors

A New Model of Care:
- Emphasis on shared care delivery of service
- Expand the approach of FHT MH care
- Incorporate the more diverse approaches within the program
A Service Delivery Framework

MH Open Access

- Increased flexibility in meeting patient care needs and membership needs—removal of "limited number of sessions" and traditional limitations
- Increased accessibility within the delivery of service the IHP’s of the GFHT

Guelph FHT Mental Health Overview
Mental Health Team Structure
Appendix 4.2

MH Support to FHT Programs

MH One + One Intervention
- Advocacy/liaising
- In-person contact
- Telephone, consults, assessments and intervention
- Case management
- Concrete support services
- Immediate access, based on need
- No limitations imposed on MHC

MH Specialized Programs
- Parenting (AD(H)D)
- Grief and loss
- Change management
- Chronic disease
- Chronic pain
- Communication
- CBS

MH connected to each program. Mental health components incorporated into FHT programming building capacity with IHP's/programs.

MH Support to FHT Programs

MH Open Access – Sample Day

- 9:00-9:30 Open Access for consultation
- 9:30-10:00 Booked (in-person) follow up
- 10:00-10:15 Telephone Follow Up
- 10:15-11:00 Telephone Follow Up
- 11:00-12:00 New Assessment - booked (in-person/or phone)
- 12:00-12:30 Break
- 12:30-1:00 Follow Up (booked in-person)
- 1:00-2:15 Follow Up (in person)
- 2:15-3:15 Open Access for ‘urgent/immediate’ patient need
- 3:15-4:10 Consultation - booked
- 4:30-5:00 Program Planning/Clinical consultation

Lessons Learned

- Success depends on:
  - Resources
  - Realistic Parameters
  - Timing
- Philosophical shift toward practical application requires support
- Beware of over/under processing
- Support the staff/physicians/patients through change
Next Steps:

- Implementation of the programming within MH
- Further development itemized in this paper throughout the GFHT programming
- Evaluation of process and outcomes of MH Open Access
- Continued research in the areas identified as obstacles and areas for growth – i.e., inter-disciplinary professional learning opportunities

Gains to Date: Q1-Q4 Emerging Data Indicators

You're Thoughts?
THE END- let’s hope not.....