Building Strong Collaboration

Between Primary Care and Children’s Mental Health Services’ Families First Model
Introducing Your Presenters

- **Alexis Wenzowski, Program Supervisor:**
  - Has worked in the Caroline Families First Program for four years
  - An Employee of ROCK
  - Taught on an isolated northern reserve for five years, which got her actively involved in mental health issues for children. Is still a certified teacher.
  - Has an academic background in Education, Peace and Conflict Studies, and Political Science

- **Alison Wood, Quick Wrap Family Support Provider:**
  - Has worked in Caroline Families First for five years, since its inception
  - An Employee of ROCK
  - Has lived experience raising own children with mental health
  - Has been a therapeutic foster parent, for the past 17 years, for 30+ children
As Providers...Is This Program for You?

- Do you think that the medical world is integral to your client’s mental health care?
- Do you understand the power of peer-based experience and empowerment?
- Do you believe that the environment of a child can impact the mental health of the child?
- Have you ever felt that care coordination/systems navigation would benefit a family you are working with?
YES = FAMILIES FIRST
Partnering Together

Family Health Team + Children’s Mental Health Agency = Families First
Family physicians needed to have more information about children’s mental health services and interventions.

Caroline Family Health Team began the conversation with children’s mental health service, ROCK, on how to collaborate effectively for optimal holistic children’s care.

In 2013, Caroline Families First was the first program in Ontario to be jointly funded by the Ministry of Health and also the Ministry of Child and Youth Services. This joint funding represented a solid collaboration between Children’s Mental Health and Primary Care.

CFF is the pilot program under the Families First umbrella.
Families First: Model Overview

The Partnerships:

- Purchase of service agreement between the FHT and Children’s Mental Health Organization
- Staff are employees of ROCK and are embedded in a physician practice space
- Signed Memorandum of Understanding for all partners
- Monthly Steering Committee meeting to support the partnership
- Honorary partnerships with 4 community pediatricians
CFF has serviced more than 320 families since its inception 5 years ago.

Currently, the program is committed to servicing 60+ families per year.

*Families First is a model of care that we believe - and know - has the power to change lives*
Some Families First Highlights

- Families First has been researched and published in *The Canadian Journal of Community Mental Health* (2017)
- Families First presented a workshop *at the National Conference on Peer Support* (2018)
- Families First presented at the *Association of Family Health Teams of Ontario* annual conference (2018)
- Families First was awarded the “Bright Lights in Mental Health and Addictions” at the *Association of Family Health Teams of Ontario* annual conference
- Families First was the first program to offer WRAP for Caregivers in Halton Region
- Families First influenced the Special Needs Strategy direction taken by Halton Region
- Families First reached - and continues to meet - the standards for Wraparound Fidelity
WHAT GUIDES US

Values, Models, and More
Families First: Fiscal Responsibility

FAMILIES FIRST DELIVERS A MORE COST-EFFECTIVE AND EFFICIENT MODEL OF CARE:

It is estimated that $300 per hour is spent by a primary care professional to provide this service intervention to families. By bringing in this model, it would be a third of the cost per hour. This means primary healthcare professionals focus on top of license medical care

**FF knows that not every solution is a service solution.** It encourages families to look at natural community and relationship supports.
Families First: Holistic Care

Families First looks at the overall health of the family - functionally those Social Determinants of Health. This accounts for 50% of what has the potential to make people sick or well!

By focusing on the Social Determinants of Health, Families First is able to better support the doctors with that other 40% (HealthCare and Biology)

FF is committed to structural change and big-picture care
Families First: Holistic Care

- Clinical Services
- Camp, Sports
- Faith
- Transportation
- Medical System
- Education (child and parent)
- Finances
- CAS
- Social Networks
- Affordable Housing

Family
Families First: Embedded Collaboration

- FF believes - and practices - strong communication between its partners
- **Staff** - while employed by the Lead Agency - *are embedded within the family health team*, and have ongoing access to communication with health team staff and services
- Doctors agree to participate in Wraparound meetings (as needed)
- Staff have access to services offered through Lead Agency and navigate for families
Families First: Consistent Innovation

- Families First is dedicated to consistent innovation and quality improvement.

- Family exit surveys are reviewed regularly to look at areas for program improvement and to enhance family-centered care.

- Areas of innovation have included involvement in Peer Support Community of Practice, participating in psychiatric consults, utilization of CALOCUS, introduction of Quick Wrap, et cetera.
Families First: Empathy

- Utilizes both a High Fidelity Wraparound Model of Care and Family Support Provider Peer Support. Both practices are guided by the value of empathy for each and every family we are working with:

https://www.youtube.com/watch?v=1Evwgu369Jw
Families First: The Wraparound Model

- Wraparound Teams meet to develop goals and build a coordinated care plan

- Wraparound Teams build a solid team of support for families, and are uniquely composed of natural and formal supports

- Wraparound meetings are GOAL focused planning meetings. These meeting are action-directed and outcome-focused. They foster solid communication between the family and their support team.

- Teams are sustainable AFTER the program transitions out
Families First: The Family Support Model

- Family Support Providers are peer-support for parents. They are staff members who have their own lived experience raising children with mental health, and navigating the system effectively.

- FSPs support families by brainstorming potential solutions, advocating for the family voice within systems, meeting one-to-one with parents, supporting families at appointments, and more (more on this later)!

- FSPs are part of each family’s Wraparound Team.
Families First: Model Overview

Wraparound Model

- Facilitates wraparound meetings which include the involvement of the physician
- Staff are certified Wraparound facilitators through WRAP Canada, and receive ongoing coaching from a certified WRAP Canada coach
- Family-centered and responsive to family culture

Peer Support

- Provide support and advocacy for caregivers
- Focus on building increased caregiver capacity, improved caregiver self-care, and stronger support systems
- Runs peer-led drop-in programs
- Facilitates 8 week Wellness Recovery Action Plan Group
- Staff have all received peer specific training, and have access to ongoing coaching, communities of practice, and supervision
THE BASICS
Logistics of Families First
Referral Criteria

What is referral criteria?

- Children and youth 0-21 years of age
- Must reside in Region (CFF = Burlington, Milton, Oakville, Acton, Georgetown, et cetera)
- Must have a mental health diagnosis or suspected diagnosis
- Willingness to engage in the program - this program is voluntary
Families First: Process

- Referrals come directly from 4 community pediatricians, FHT physicians or staff (Social workers, Nurses)
- Patients are connected to Families First intake (simple 1 page referral form)
- Patients are screened using the CALOCUS level of care screen tool, determining the stream of service they will receive
- Patients are connected to a Family Support Provider and Care Coordinator.
- Referring physicians are provided with regular updates by the Care Coordinator and a copy of the care plan
FAMILIES FIRST DOES NOT HAVE A WAIT LIST FOR SERVICE!

PHYSICIANS ARE PROVIDED WITH A CERTAIN NUMBER OF REFERRALS PER YEAR TO AVOID PATIENTS HAVING TO WAIT FOR SERVICE
Families First: Options of Care

The model has multiple avenues of care, and are triaged based off client-need:

- **Full Wrap** (9-12 months)
- **Quick Wrap** (6 months)
- **WRAP (Wellness Recovery Action Plan)** 8-week peer led group for caregivers
- **Weekly Peer Led Drop in groups**
- **Community workshops**
Full Wrap

- Has been running through the inception of the program in 2013
- On average, families are in the Full Wrap program for 9 - 15 months
- During this time, a plan of care is developed, Wraparound meetings are held, services are referred to, families receive family support, and multiple complex life domains are addressed
- Always asking families, “What does better look like to you, and how can we help you get there?”
- Families know that they can connect with CFF, even after they have transitioned out
Quick Wrap

- Quick Wrap began running in FF in 2018
- This stream was created as a way to work with families who were only struggling in one-or-two life domains, and whose caregivers were ready and able to move forward with their goals intensively
- Each family works with a Care Giver and an FSP. Appointments are scheduled weekly or bi-weekly, and the first Wraparound Meeting occurs in the first month
- Families get to see significant change quickly, and see success quickly
- Have serviced 20+ families in the Quick Wrap stream this year
Wellness Recovery Action Plan (WRAP)

- First FF WRAP group began running in September 2018, with 15 caregivers registered.
- Two trained FSPs facilitate this group - after having achieved their Levels I and II of Wellness Recover Action Plan (through the Copeland Centre).
- Five key concepts are Hope, Support, Recovery, Self-Advocacy, and Education.
- Each WRAP plan is individualized, helped family to build their resilience, and encourages self-advocacy.
Coffee Group/Boys Group/Community Supports

- “Not all caregivers want a support group. They don’t want to talk about their child’s problems, but they do want to be around people who empathize - who get it - and who can relate to their experiences.”
- Coffee groups now run weekly (in the morning), and continue to run monthly in the evening
- Caregivers attend on a drop-in basis
- For Caregivers, this event gives them something to look forward to, offers a chance to tap into resources, and to build connections
Coffee Group/Boys Group/Community Supports

- Realized that a large number of teenage boys - who were not struggling with behavioral issues, but were struggling with social isolation
- Piloted social programming for boys, that was eventually picked up by ROCK
- Activities included board games nights, movies, escape rooms, video games, et cetera, and social mentoring
- Feedback has been positive. Participants gained new friendships and felt positive about themselves. Parents also felt less worry about their child
Workshops, Groups, and More

- CFF has created many opportunities for education of both families and community supports. Some of these have included:
  - Partnering with Halton Families for Families (a family-run social group), to help encourage families to attend events/workshops
  - Running a summer camp fair for families, which included free giveaways!
  - Facilitating a children’s mental health fair for family health team
  - Worked with internal departments at ROCK to create free local workshops - run by pediatricians
Iris and Brandon
A Family Case Study in CFF
Meet Brandon (12) and Iris (age 15)

They live in Halton Region, with their parents, younger sister, Jill (age 7).

Brandon and Iris are patients of their family health team.
Iris and Brandon

**PHYSICIAN REFERRAL REASONS**

- Brandon has significant anxiety - panic attacks,
- Brandon has been sexually assaulted by a peer
- Brandon is consistently being traumatized and triggered by the peer
- Is isolating himself

- Iris has an eating disorder - suspected Anorexia Nervosa
- Iris has an anxiety - panic attacks and avoidance
- Iris is often angry with her siblings and has high behaviors in the home
A Family Tale: Other Contributing Factors

- Parents, Jeanette and Bob, feel guilt about what their children are going through.
- Parents feel let down by the community; they consistently feel that they do not get answers.
- Parents are extremely stressed.
- Youngest sibling, Jill, often spends time with other family members because parents are so busy.
- Family feels like they are constantly at the doctor because they don’t know what else to do.
- Bob has taken a leave of absence from his job.
Sample of Strengths:

- Brandon is extremely musical. He plays the guitar, the piano, and the saxophone. He loves music.
- Brandon is athletic. He enjoys playing sports. He is in a basketball league.
- Iris is an incredible dancer. She dances tap competitively.
- Iris is very popular with her peers. She is always going out.
- Iris is academic. She wants to be an engineer one day.
- Family has board game nights with grandparents once a month.
- Jill is talkative, sociable, and has a great imagination.
- Jeanette and Bob are very empathetic parents.
- Jeanette is an excellent cook, and believes in engaging kids in activities.
SUPPORTS: BEFORE CFF

- Family
- Activities
- Grandparents
- Riley (Dog)
- Family Health Team
Families First: Interventions

- CLINICAL SUPPORTS
- FAMILY
- RECREATION SUPPORTS
- SOCIAL SUPPORTS
Some Interventions for Brandon

- Arranged for Brandon to go to Music Camp. Brandon eventually started to take singing lessons to compliment his guitar playing. He eventually joined an alternative band with some peers from basketball.

- Helped family to transition Brandon to new school: to build safety plan, connection to SERT and CYC, and for Brandon to join school basketball league.

- Arranged for Brandon to have a male therapist through ROCK for anxiety, and for parents to support Brandon with CBT.

- Assisted Brandon accessing sexual trauma therapy through RADIUS.

- Brought Brandon’s team together for several Wraparound meetings.

- Supported family in looking at medications for Brandon.
Some Interventions for Iris

- Helped family to advocate with school for Iris’ eating needs and scheduling
- Accessed specialized respite support for Iris, when she was unable to attend school
- Accompanied family at doctor appointments, and supported family at Sick Kids appointments in Toronto
- Registered Iris for the Dove Self-Esteem Group and helped family ensure she attended
- Helped Iris to attend local STEM opportunities
- Connected family to Eating Disorders Support Group
- Hooked up Iris with local volunteering opportunities to help earn hours
Some Interventions for Family

- Helped parents to get a referral to pediatrician for Brandon and Iris
- Assisted parents to gather information to bring to pediatrician
- Strategized with parents on how to practice their own together-time, and to utilize informal supports
- Arranged for a mentor match for Jill to do activities with
- Helped to register Jill for Brownies, and encouraged Jeanette to find a friend Jill could attend with
- Helped parents plan summer camp activities for Jill
- Arranged for parents to renew gym membership, and helped them to schedule time in
- Helped parents to ask Grandparents for child-sitting (so parents could have date night)
- Connected parents to CFF Coffee Group
Support Map: After

- Grandparents
- Iris' School
- Riley
- Band (B)
- Therapist at ROCK (B)
- Eating Disorders Support Group
- RADIUS (B)
- Brownies (Jill)
- Respite Worker (I)
- Mentor (Jill)
- Pediatri cyan
- Gym (parents)
- Brandon's School
- Coffee Group

Family
Family Success

“Thank you for convincing me to have a Wraparound meeting. It’s taught me patience and compassion at the ripe ol’ age of 50.” - Bob

• Brandon felt happy happy to go to his new school and felt safe there
• Iris was connected to a local outpatient Eating Disorders Clinic (weekly support)
• Brandon and Iris were both on medications, and felt it was successful
• Jeanette and Bob felt less stressed; Bob was able to return to work
• Family felt comfortable to utilize informal supports
• Jill felt like she had made new friends, and felt special
• The family felt like they were a unit again
Reports on Families First
Families First

What Patients report

- 96% of patients report being given the opportunity to make decisions about their care
- 100% of patients report having a better understanding of where to get help for their child
- 96% of patients report being able to better use their support system
- Global Caregiver strain reduced by 40%
- 86% of patients report being more engaged in treatment
Families First

What Physicians Report:

- Families First provides more holistic view of patient needs
- Increased knowledge of children’s mental health services
- Better communication with community providers overall
- Reduction in crisis calls from patients
- Reduction in no-show or cancelled appointments
Next Steps
What’s Next?
Replication Potential

- FF is ready to see this model of family-centered care expand outside of Halton, and is poised to support other agencies help to make this happen
- FF has developed a program replication manual, and is able to help other agencies with the logistics of replication
- FF has the training capacity to help other agencies train their staff to be high-fidelity Wraparound facilitators, and to offer ongoing coaching
- FF has the training capacity to train other peer support workers in the Family Support Provider model
- We believe in this model; we know the power it has!
Are You Ready to Have FF?

**YES**
- Reach out to a family health team in your area and tell them about the Families First model or request support from ROCK to do this
- Connect with ROCK (see marketing sheet) about replication supports and costs
- Read the published content FF has already produced
- Set up a meeting with our team

**NO**
- Continue the hard work you do with your families
- Think about how this program might help influence your policies or practices
- What would you need to move this forward?
Questions?