



A REASON TO HOPE. THE MEANS TO COPE.  
THE SCHIZOPHRENIA SOCIETY OF ONTARIO  
SOCIÉTÉ ONTARIENNE DE LA SCHIZOPHRÉNIE  
UNE SOURCE D'ESPOIR, DE SOUTIEN ET D'ENTRAÏDE.

NORTH HALTON MENTAL HEALTH CLINIC

## The Phoenix Program Early Intervention Service

The Phoenix Program is an Early Intervention Service for Psychosis (EIP) that is a clinical outpatient program jointly managed by Joseph Brant Memorial Hospital, Halton Healthcare Services, the North Halton Mental Health Clinic, ADAPT and the Schizophrenia Society of Ontario. The program is funded by the Ministry of Health and Long Term Care. We help clients who are experiencing early stages of psychosis and their families to identify their concerns and goals and to develop plans that work on recovering from psychosis. The staff available to support our clients' recovery plans are: Family Specialists, Nurses, Occupational Therapists, Psychiatrists, Substance Use Clinicians, Peer Mentors and the SSO Community Worker.

The eligibility criteria for the Halton Early Intervention in Psychosis program are as follows:\*

1. 14 to 35 years of age *and*
2. are experiencing symptoms of a psychotic disorder *and*
3. have received either no treatment for psychosis or 6 months or less of treatment for psychosis *and*
4. live in the Region of Halton

Because it takes time to diagnose the underlying cause of psychosis, Phoenix will provide two types of service:

1. **Initial assessment and treatment** –which will be provided to anyone between the ages of 14 and 35 experiencing symptoms of a psychotic disorder. Through that assessment and treatment, Phoenix will determine which clients will benefit from treatment and rehabilitation in the program, and which clients should be referred to other more appropriate services. Individuals who do not have a psychotic disorder should not be admitted to the program.
2. **Intensive treatment and rehabilitation services** –which will be provided to those individuals who meet the eligibility criteria listed above (ie. who have been diagnosed with a type of psychosis that can be treated effectively through Phoenix)

Send completed referral forms plus relevant clinical information, including any assessments, consultations, psychiatric admissions, hospital or crisis team notes, neuropsychological testing, and rehabilitation reports to intake at:

(Please direct fax to HHS for Oakville Residents, JBMH for Burlington Residents and NHMHC for Milton, Georgetown & Acton)

Halton Healthcare Services 700 Dorval Dr, 6 <sup>th</sup> Flr, Oakville, ON, L6K 3V3 Tel (905) 815-5140 x4900 Fax (905) 815-5076	Joseph Brant Memorial Hospital 1230 North Shore Boulevard Burlington, ON, L7S 1W7 Tel (905) 631-1939 Fax (905) 631-0513	North Halton Mental Health Clinic 217 Main St E Milton, ON, L9T 1N9 Tel (905) 693-4240 Fax (905) 693-0596
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\* Early Psychosis Intervention Program Standards March 2011, Ministry of Health and Long Term Care



4) Where does the person live?  
 Burlington     Oakville     Milton     Georgetown     Acton     Other: \_\_\_\_\_

5) Reason for request of service (Check all that apply):  
 Assessment     Diagnosis     Treatment & Recovery Support     Extended Consultation     Other \_\_\_\_\_

6) Does the person experience suicidal ideation?  
 Yes     No     Unknown/Client declined to answer

7) Does the person experience homicidal ideation?  
 Yes     No     Unknown/Client declined to answer

8) Does the person experience aggression/violent tendencies?  
 Yes     No     Unknown/Client declined to answer

9) Is there any court or legal involvement? (Charges, convictions, probation)  
 Yes     No     Unknown/Client declined to answer

10) Is there any child welfare involvement/concerns?  
 Yes     No     Unknown/Client declined to answer

11) Do you have concerns about the person's use of any substances?  
 Yes     No     Unknown  
If Yes, Please specify: \_\_\_\_\_

12) Does the person have a developmental disability (e.g. Down Syndrome, Autism) or intellectual deficits?  
 Yes     No     Unknown/Client declined to answer  
If Yes, Please specify: \_\_\_\_\_

13) Does the person have an organic brain disorder or acquired brain injury?  
 Yes     No     Unknown/Client declined to answer

14) Does the person have a primary diagnosis of a personality disorder? (e.g. Borderline Personality Disorder, Antisocial Personality Disorder, Dependent Personality Disorder, etc.)  
 Yes     No     Unknown/Client declined to answer  
If Yes, Please specify: \_\_\_\_\_

15) Please list current medications, dose, and start date (year). Samples given?  Yes  No


16) Any other relevant information
