

# The Wellington Guelph Drug Strategy Outreach Services Report



## The Wellington Guelph Drug Strategy Committee



## Outreach Services Report

### Recommendations for Enhanced Access and Coordination

January 2010

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## Outreach Working Group

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## Treatment Working Group

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## **Introduction**

In the spring of 2009, interviews were conducted with 17 Outreach Workers from 10 different social service organizations in the community. The purpose of this exercise was to explore perceptions of the barriers their clients experience when interfacing with the service-providing system, and what recommendations they had to alleviate these issues. Organizations who were involved in this process included:

- The AIDS Committee of Guelph and Wellington County
- Canadian Mental Health Association
- The Welcome in Drop in Centre
- Dunara House
- The Community Resource Centre in Fergus
- Guelph Community Health Clinic
- Family and Children's Services Community Development Workers
- Royal City Church
- Stonehenge Therapeutic Community
- Trellis Mental Health and Developmental Services
- Women in Crisis

Once the data was collected, the Outreach Working Group of the Wellington Guelph Drug Strategy Committee worked to synthesize the information, and

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formulated a series of recommendations which encompassed improvements to service coordination, enhanced accessibility and the need for service expansion.

In November 2009 the Treatment and Outreach Working Groups were amalgamated for a period of time, a transition designed to further promote the coordination of services in our community. As a first step in their united work together, the Outreach members presented their recommendations for enhanced coordination and accessibility of outreach services in our community to their treatment providing counterparts. The following report details the recommendations that were agreed upon through that process.

### **SYSTEM ACCESS**

It can be difficult for outreach clients to attain treatment services when they need them, something that seems particularly true for what can be a more marginalized population; including those with severe addictions and concurrent disorders. While not all outreach clients have a desire to access mental health or addiction services, when they do, certain barriers, such as not having a telephone or a lack of transportation can make planning for future appointments very difficult. Although the individual might benefit from assessment and treatment services, due to their struggle to access them, they can remain at a triage outreach level of care for extended periods of time.

### **RECOMMENDATION:**

It is recommended that each point of entry treatment-providing agency (Trellis, Homewood Community Addiction Services and Stonehenge) have a designated staff person responsible for responding to calls that outreach workers are making on behalf of their clients. The role of this individual may be to schedule an appointment with the client, or to provide information about the forms or services that the client is receiving from their agency.

It is also recommended that treatment-providing point of entry agencies reserve a set number of appointments each week for clients who are being served at an outreach level and who are seeking treatment. The purpose of these appointments would be initial welcoming and preliminary assessment.

### **CASE MANAGEMENT**

From an addiction perspective, the role of intensive case management for those with addictions often lies with outreach workers. This requires an extensive amount of time, and subsequently limits the number of individuals that can be supported at an outreach level. Additionally, there are no existing formalized processes that bring service providers together to support individuals with addictions/concurrent disorders.

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### **RECOMMENDATION:**

It is recommended that a case management/support coordination model be developed for individuals living with addictions/concurrent disorders. The preliminary criteria for this model would include support coordination services for individuals with complex needs, who are either involved with multiple service providers or who have a desire for multiple supports and services to become involved.

Trellis, Stonehenge, Homewood Community Addiction Services, CMHA, the Community Resource Centre, the AIDS Committee of Guelph and Wellington County, Family and Children's Services, Women in Crisis, Royal City Christian Life Centre, Dunara, The Welcome in Drop in Centre, Ontario Works, ODSP, Housing Services, and Guelph CHC, would be requested to have planning and support delegates involved in the delivery of support coordination services, as needed.

It is recommended that an addiction organization take the lead on the intensive case management model, which would require additional dedicated resources and staffing.

### **SERVICE COORDINATION**

Within the existing system, independent outreach services are provided by individualized agencies. While this model can offer variety in terms of agency mandate, it can also contribute to isolation, service fragmentation and duplication. Outreach workers discussed breaks in service provision, a lack of coordination and overlapping roles when clients access services from multiple outreach ports at once, particularly when experiencing crisis.

### **RECOMMENDATION**

There is the need to enhance coordination of existing outreach services. While weekly networking opportunities occur, due to work demands, staff is not always able to attend. Options for consideration:

- a) Centralized outreach team, under one umbrella organization. This would allow for shared intake processes, coordinated case management capacity and consistent supervision;
- b) The development of a shared intake process and coordinated case management capacity, while maintaining agency ties and location.