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Frontenac Community Mental Health & Addiction Services

'Your Partner in Recovery Creating an integrated service delivery model: A case study'

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Executive Director
November 2014

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Frontenac Community Mental Health & Addiction Services
Services communautaires de santé mentale et de dépendances de Frontenac

Our Vision:

We welcome and walk alongside people who have mental health and addiction concerns, and support recovery and life with dignity, hope and confidence

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Mission Statement

Building on individuals' strengths, Frontenac Community Mental Health and Addiction Services supports recovery and community for persons with a mental illness and/or an addiction.

Client Advisory Committee

Our Recovery Statement

Recovery is a journey we make together towards taking control of our own lives and embracing our place in the world.

Primary Philosophy of Service

The primary focus of the agency's programs and services is one of recovery, based on the principles of psychosocial rehabilitation which highlight client choice, dignity and uniqueness and HOPE

Unique number of people in recovery = 2013-2014

Number of Staff = 180 FTE

- Non-profit corporation
- Funding through the Local Health Integration Network; the Ministry of Health and Long-Term (bricks and mortar of housing); Ministry of Community and Social Services, City of Kingston
- Accredited through the Accreditation Canada; Exemplary Standing
- Affiliated with School of Medicine - Queen's University.

What we do

- Walking with' not 'doing to'
- Equality of appreciation and respect for everyone in our community.
- Recovery practices - Strength focused – Psychosocial Rehabilitation practices
- HOPE filled
- Individual plans based on dreams and desires of people on their recovery journey
- Services/practices based on evidence-based information

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How can services support recovery?

…what is needed is a genuine system that puts people living with mental illness at its centre, with a clear focus on their ability to recover.

Kirby M, Keon W (2006). *Out of the shadows at last: Transforming mental health, mental illness and addictions services in Canada.* Standing Senate Committee on Social Affairs, Science and Technology: Government of Canada.

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Services

- Assertive Community Treatment teams
- Case Management/Community Support
- Vocational services
- Addiction Counseling
- Problem Gambling Counseling
- Crisis Services
- Court Diversion
- Residential / Housing Support
- And more!

FCMHAS Services

ACTT

Case Management

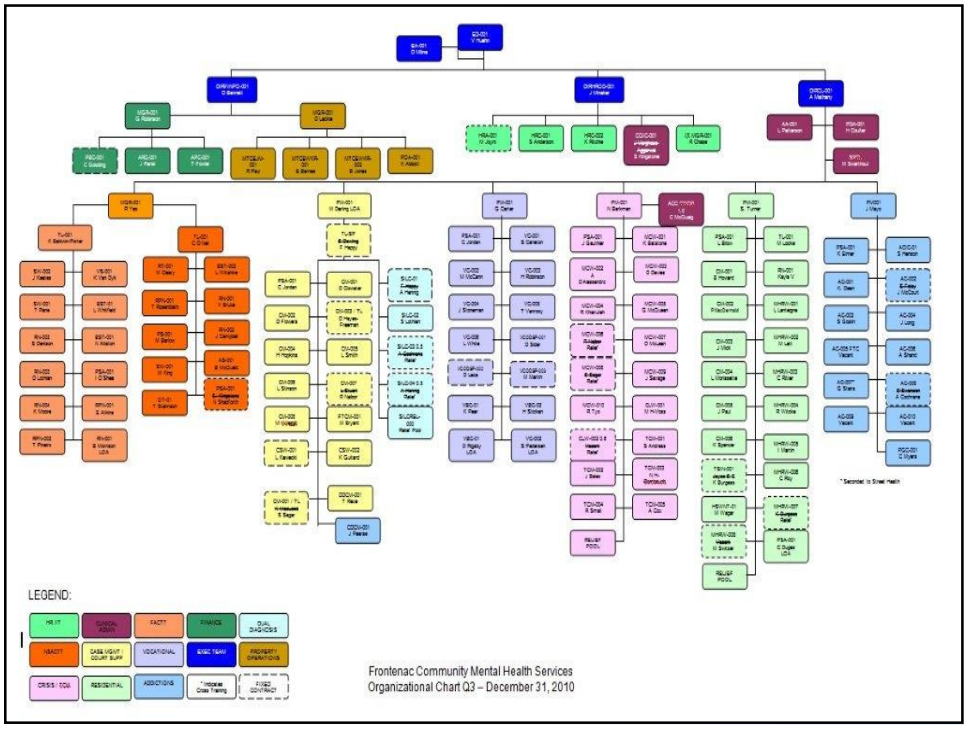
Family Resource Centre

Court Diversion

Vocational Skills

Crisis Services

Housing Services



Issues facing complex agency

- Many service functions
- Confusion on access
- Waiting Lists
- Addiction / Mental Health concurrent issues apparent
- Government policy – adjusting to evidence
- WE COULD DO BETTER FOR OUR CLIENTS

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HOW

Communication

- Used Appreciative Inquiry Approach
- Project Team
- Client and family member focus groups
- Staff members worked in Cluster groups;
  - Group Development
  - Comprehensive Intensive Cluster
  - Community Support Cluster
  - Community Integration Cluster

Communication

Integrating Our Client Services:

- One Access process for all services – consider the complexity of the needs of the person
- Not a program approach but a “person centred” focus - services respond to the client need rather than the client meet the service criteria
- One file, one recovery plan
- Reduced duplication – better coordination
- Increase client flow – ensure daily program
- Services are titrated to meet needs – various levels of intensity

Management Restructured

- Meet staff needs to provide continuous supervision
- Increased front line leadership team members, decreased senior staff leadership
- Redefined job descriptions to have a greater emphasis on safety and quality

Evidence Based

- Used literature from B. Rush and K. Minkoff and others
- Values – based on recovery-focused, trauma-informed; Client-Centered; One client, one recovery plan; meet comprehensive needs
- WELCOMING!

Result

- Clusters developed
- Co-Location requirements identified
- Single client file became a priority
- One Recovery Plan
- Access team formed
- Initial Group Committee became Permanent

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- Direct staff team members provided direction and implementation
- Evidence-based; Knowledge from leading edge practices – Mussar, Drake, etc.
- Client centred services; based on portable, flexible services.
- Former paradigm challenged by new practices and move from custodial care to recovery

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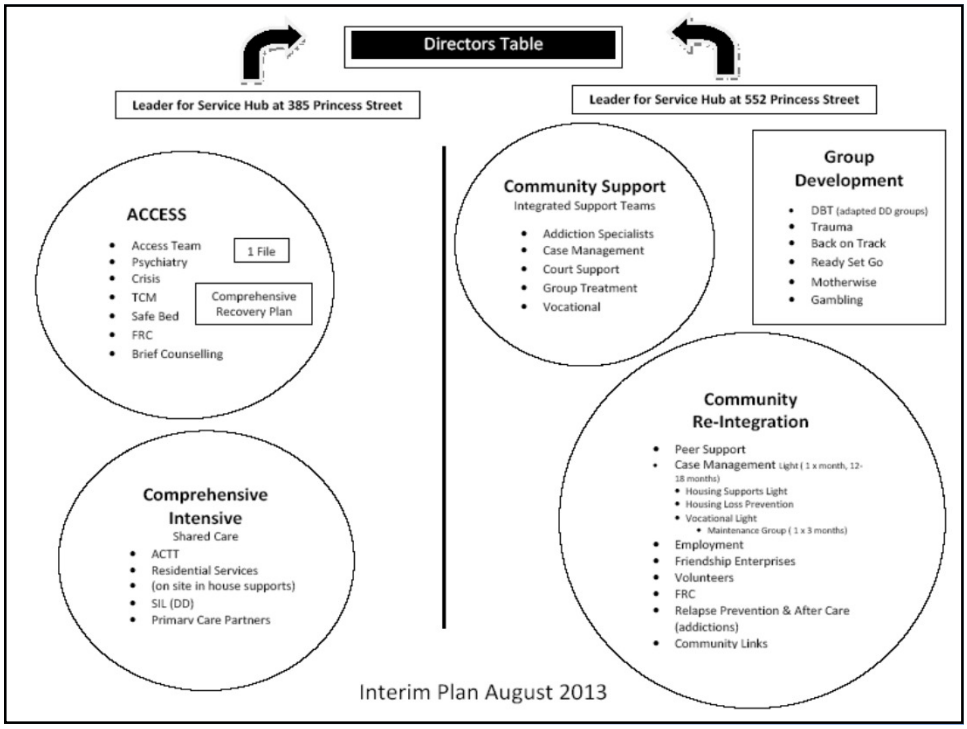
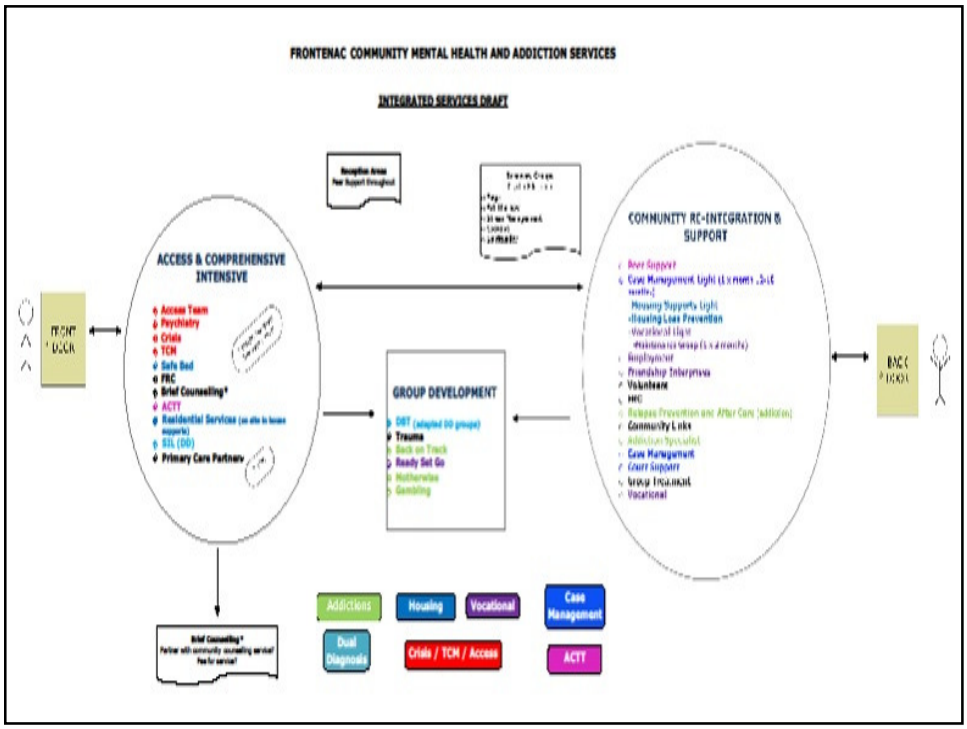

Directors Table
Leader for Service Hub at 385 Princess Street
Leader for Service Hub at 552 Princess Street
ACCESS
Access Team
Psychiatry
Crisis
TCM
Safe Bed
FRC
Brief Counselling
1 File
Comprehensive Recovery Plan
Community Support
Integrated Support Teams
Addiction Specialists
Case Management
Court Support
Group Treatment
Vocational
Group Development
DBT (adapted DD groups)
Trauma
Back on Track
Ready Set Go
Motherwise
Gambling
Comprehensive Intensive
Shared Care
ACTT
Residential Services
(on site in house supports)
SIL (DD)
Primary Care Partners
Community Re-Integration
Peer Support
Case Management Light (1 x month, 12-18 months)
Housing Supports Light
Housing Loss Prevention
Vocational Light
Maintenance Group (1 x 3 months)
Employment
Friendship Enterprises
Volunteers
FRC
Relapse Prevention & After Care (addictions)
Community Links
Interim Plan August 2013


FRONTENAC COMMUNITY MENTAL HEALTH AND ADDICTION SERVICES
INTEGRATED SERVICES DRAFT
ACCESS & COMPREHENSIVE INTENSIVE
COMMUNITY RE-INTEGRATION & SUPPORT
GROUP DEVELOPMENT
Addictions
Housing
Vocational
Case Management
Dual Diagnosis
Crisis / TCM / Access
ACTT

Housing

- 163 beds in 16 different properties
- 40 rental units arranged with private landlords
- Variety of settings – a range of support
- Support is portable & flexible
- Slow integration program available as needed
- All units are rent-geared-to-income

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Intensive Housing Services

- 2 year project – 15 'patients' move out of the institution into the community
- Two current homes reconfigured for 24/7 services
- Collaboration with speciality psychiatric hospital
- Change management
- Appreciative enquiry – strength based

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Outcomes
January – September 2014

Number of clients transferred to Frontenac	13
Emergency Room visits	1
Hospital admissions	3
Days in hospital	3 8 – 2 111 - 1
Number of Days of housing	3259

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Costs – At Home/Chez Soi

- HF cost $22,257 per person per year on average for high needs participants
- Over the two-year period after study entry, HF services resulted in average reductions of $21,375 in service costs for high needs participants

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- For high and moderate needs participants the main cost offsets were:
  - were psychiatric hospital stays, home and office visits to health or social service providers, and jail or prison stays.
  - stays and stays in single room accommodations with support services.

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Intensive Housing Services

- Results after eight months
  - Thirteen people discharged
  - Five people moved to less intensive
  - No homelessness issues

Next Steps - Service

- Negotiate to move remaining people into the community
- Identify further individuals who can move into the community, thus allowing greater access to hospitalization and use of specialized stabilization services.
- Negotiating continuance of the program with the LHIN.
  - People currently in hospital
  - People who require significant support but can no longer access hospital due to reduced beds

Summary

- Common goals
- One recovery plan
- Service agreements essential among service providers
- Strength based paradigm has proven to be successful
- Avoid homelessness by providing appropriate support