



George Spady Society Clinical Access Team

Mission: The George Spady Society provides a continuum of support services to people with complex life circumstances associated with substance-related disorders, mental illness and homelessness, empowering them to improve their lives through client-centered, evidence-based best practices. We value: Dignity, Diversity, Safety, and Teamwork.

Vision: The George Spady Society is recognized as a leader in the development and delivery of effective services for the care, treatment and support of individuals with substance-related disorders and dual diagnoses. People who come to us find dignity, hope and healing as they set a new path towards health and well-being.

The CAT Model

- ❖ CAT upholds both the Mission and Vision of the George Spady Society in the work we do daily by cultivating an environment of *hope*, making the *dignity* of our participants the #1 priority as we walk alongside them in their *healing* journey. We do this by adhering to the following mandate and goal:
- ❖ **Mandate:** To help Housing First clients' housing stability by improving their quality of life, health, and integration into their communities.
- ❖ **Goal:** CAT participants are connected to natural and professional resources to support their clinical needs; and participants that complete a service plan can sustain and manage their clinical needs with the assistance of natural and professional supports within the community.

Scope of Practice

- Spady CAT bridges the gap that Housing First clients often face with many established health, mental health and addictions systems as a result of their complex, acute, and chronic clinical issues.
- We are an assertive and intensive, mobile outreach, multi-disciplinary clinical team providing services directly to participants in their homes and communities.
- Our goal is to integrate care into suitable established community services.
- Utilizing natural, culturally sensitive, trauma-informed, and professional supports is our focus.
- We also provide assessment and referrals to other supportive housing models where appropriate.

Core Principles

- ▶ Participant-driven, non-coercive
- ▶ Harm Reduction
- ▶ Strengths-based, Recovery-oriented
- ▶ Trauma Informed...Stabilization, Risk Assessment, Safety Planning
- ▶ Community Engagement and Natural Supports
- ▶ Focus on culturally informed services where appropriate



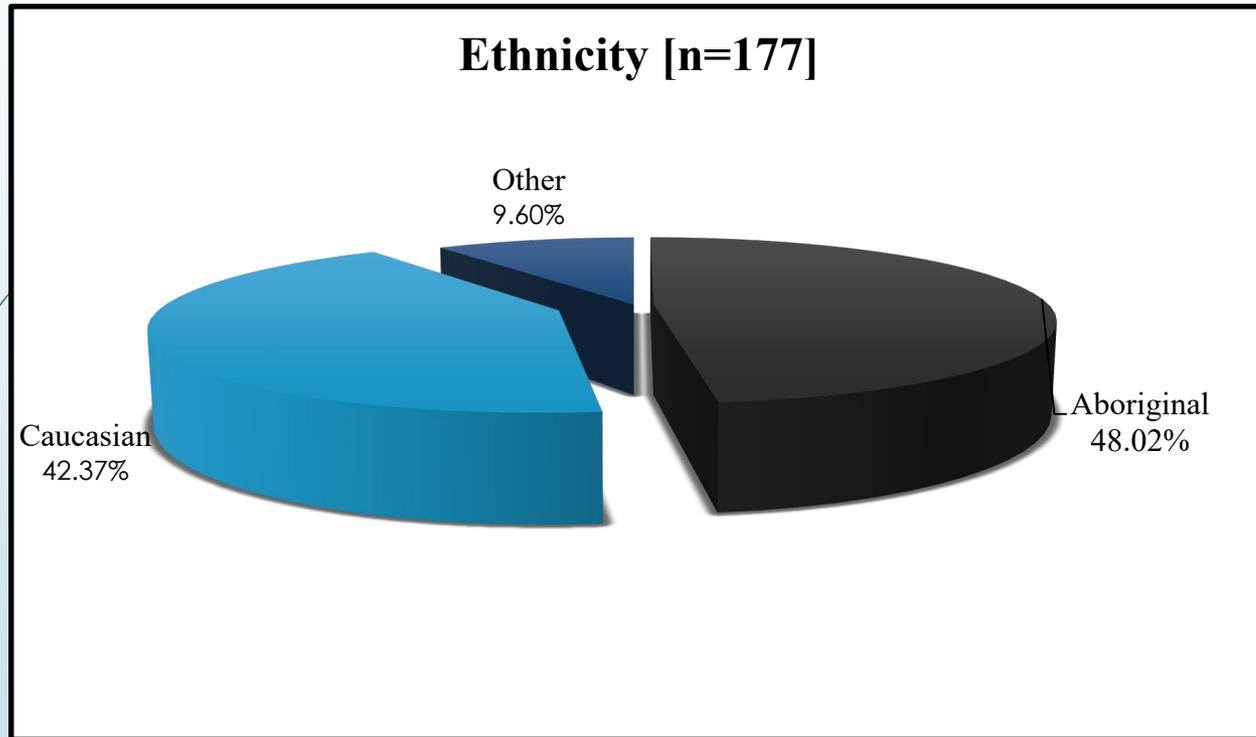
Who Do We Support?

Housing First agencies affiliated with Homeward Trust:

- ▶ Bent Arrow Society
- ▶ Bissell Centre
- ▶ Boyle Street Community Services
- ▶ E4C
- ▶ George Spady Housing First
- ▶ Christopher's Place
- ▶ Balwin Place
- ▶ Hope Mission
- ▶ Jasper Place Health and Wellness
- ▶ John Howard Society, Nova Youth Transitional Housing.
- ▶ Mustard Seed, Westwood Manor
- ▶ YMCA
- ▶ NIHF

Demographics

2018-2019



Eligibility Criteria

- ▶ Participant Consent
- ▶ Housing First participant (has an ETO number) with a designated housing support worker (FSW)
- ▶ Significant and/or complex clinical issues including any combination of mental health, physical health, and substance use issues
- ▶ Not currently accessing adequate or sustainable clinical supports



Criteria for Support Service

- ▶ Collaborative, multi-disciplinary approach from the start of services.
- ▶ Following the Applications Interview a team decision is made by CAT regarding entry into 9 months of support services.
- ▶ Considerations:
 - Clinical needs and scope
 - Natural, professional, and housing supports
 - Level of past and current engagement
 - Current services already in place
 - Access to a consistent mode of Communication
 - Transportation
 - Childcare
 - Life circumstance, unobstructed time to participate

The Team

- Program Manager
- Office Administrator
- Community Support Specialist
- Mental Health Therapists (2)
- Outreach Nurse
- Peer Support Specialist
- Harm Reduction Specialists (2)
- Social Worker
- Family Support Specialist
- Mobile Harm Reduction Specialist



CAT Services

- ▶ Direct clinical services
- ▶ Contracted clinical services
- ▶ Assessment, referral and support into established services, including PSH/ACT
- ▶ Training and clinical guidance
- ▶ Lobbying and advocacy for policy and programs
- ▶ Guard against duplication of services
- ▶ Case-specific specialized clinical services
- ▶ Examples:
 - Physiotherapists
 - Spiritual Advisors
 - Chiropractic
 - Massage Therapists
 - Psychiatrists
 - Psychologists
 - Parenting Course/Supports
 - Employment and Education Services
 - Treatment Programs

CAT Care Path

Intake and Service Planning:

- Applications are received by the Program Manager directly from Housing First-affiliated teams.
- A case lead is designated who conducts interviews with the housing support worker and with the participant.
- Risks (i.e. violence, falls, suicide, harms) and preliminary clinical assessments are conducted, and appropriate services are identified (i.e. consultation or entrance to the program).
- SMART Goals are identified by the participant, and a Service Plan is co-created.

Care Path Continued

Support Services: 9 months max

- ▶ Time-limited, SMART service plans provide a road map throughout service.
- ▶ Waivers are required for multi-disciplinary case planning and community networking.
- ▶ Direct individual and/or group services are provided by CAT as well as community referrals.
- ▶ Clinical assessments and contracted services are provided.
- ▶ All services geared to stabilization, integration, and long-term sustainability of external natural and professional supports.
- ▶ Option to provide time-limited extensions based on individual circumstances at the time of program completion

CAT Client Service Planning

Process for Participant-led SMART Objectives:

- What goals will be worked on?
- How will we know that they've been met?
- How long should it take for them to be achieved?
- What level of support is required during CAT services from:
 - CAT Case lead
 - ICM Team
 - Other Service Providers
- How will changes be supported in the community after CAT services end?
- From this experience, what changes can CAT make to improve our services?



Consultation Services

- Where full service is not indicated or appropriate
- Available to either participants, their support workers, or ICM Teams
- Specific deliverables such as a referral, a warm handoff, an assessment, or an application to community service provider

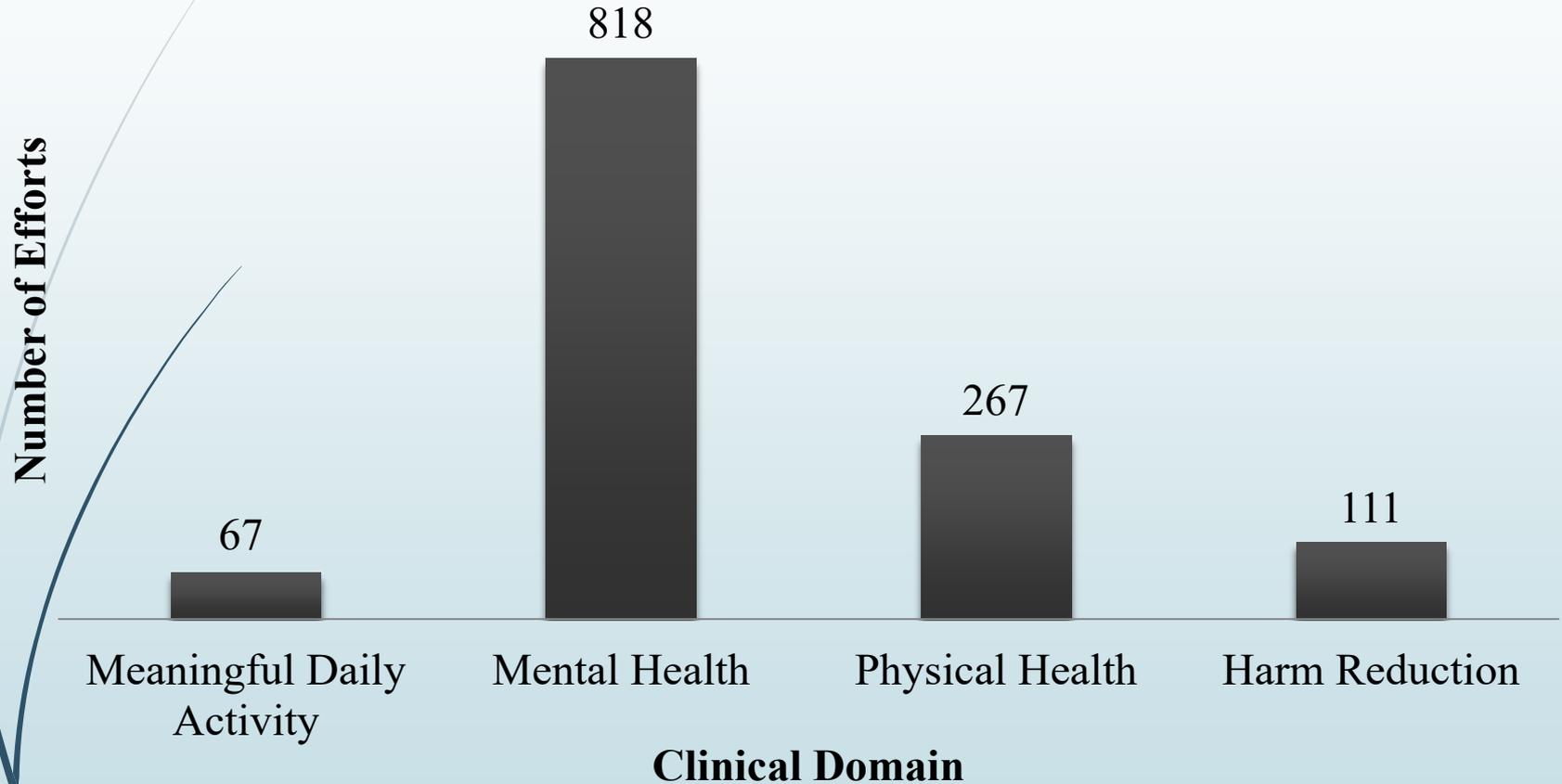
Activities of Note

- Clinical Supervision bi-weekly
- Monthly Ethical Review meetings
- Workshops and groups: Recovering Resilience, Peer Support, Men's group, Trauma-Informed Yoga, Trauma workshops
- Annual Peer Support led events: Christmas lunch, Spring and Fall picnics, Annual baseball game with Edmonton Police Services, Family and Friends Open House, Jam Sessions are being planned to utilize the creative musical talents of current participants
- Accredited, with Commendation, through Accreditation Canada

Areas of work

2018-2019

Number of Efforts by Clinical Domain



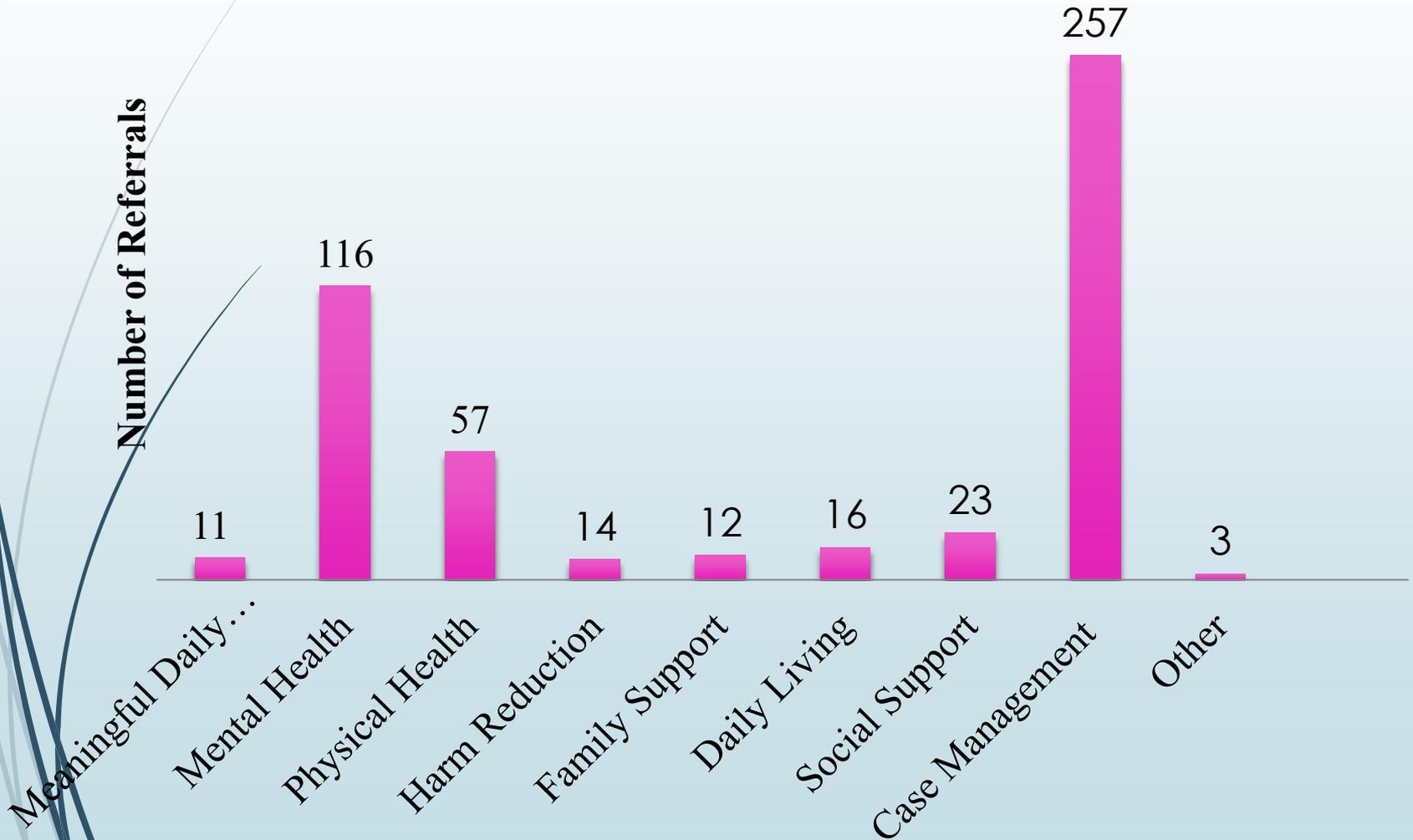
Total Efforts Across all 11 Domains = 4743

Referrals

Number of Referrals by Clinical Domain [n=398]

2018-2019

Number of Referrals



Change Measures

2018-2019

Average HONOS
Decrease in Clinical Severity:
28.75%



Highlights 2018-2019

- ▶ A significant change established by Homeward Trust was made in 2017 capping our program length at 9-12 months instead of ongoing
- ▶ Reached all annual targets to date as established by Homeward Trust (210 participants)
- ▶ *A Family and Friends Open House* was recently held in hopes of further engaging and educating natural supports
- ▶ Client Feedback from surveys and Focus Groups:
 - “Service should be longer than a year, just start accomplishing things in a year”
 - “Big thing –getting cut off after 9 months. Then life is even worse as you don’t trust system. Just starting to get hope. Really affects people”
 - “There is nobody at CAT that I don’t trust. They have helped me in all different ways”
 - “You guys are essential; I’d be in a box”
 - “If it weren’t for CAT I would be in a mental institution”
 - “They involve you in so many areas, not just a client. It’s a great sense of belonging”
 - “Being able to reach out to someone helps you from possibly relapsing”
 - “What I appreciate is the honesty from the workers”
 - “They respect our boundaries. They don’t push us or force anything on us. They don’t make us feel bad about how messed we are”



Barriers to Service

- ▶ Participant non-engagement
- ▶ Loss of stable housing while with CAT but following graduation from Housing First Programs
- ▶ Lack of appropriate community services available for warm hand-offs (service gap identified for person's diagnosed with personality disorders, lack of trauma-informed clinicians)
- ▶ Long wait lists for community services (mental health and treatment programs)
- ▶ Systems navigation challenges
- ▶ Inconsistency with Crisis Response Teams
- ▶ Stigma
- ▶ Lack of education around trauma and how this impacts daily functioning for our participants



So, What Works?

Harm Reduction Works!

So what does Harm Reduction actually look like in this setting?

- ▶ Our priority is treating each participant with dignity and respect
 - ▶ Rapport building is key
- ▶ Always working to break down barriers
 - ▶ Starts with identifying barriers present (application interview)
- ▶ Fostering full participation in the planning and delivery of services
 - ▶ Participant in the driver seat from the beginning
- ▶ Supporting people in their goal setting while remaining neutral
 - ▶ Supporting the participant with making a realistic and obtainable service plan



Harm Reduction Continued

- ▶ Understanding that substances work and people use them for a reason
 - ▶ What about negative consequences?
- ▶ Educating about the potential dangers associated with substance use
 - ▶ Not necessarily focusing on the substance itself
- ▶ We get super creative
 - ▶ A couple examples
- ▶ Most importantly, recognizing and celebrating any reduction in harm/positive changes
 - ▶ And helping the participant do the same