

Creating and Sustaining Collaborative Relationships Between Aboriginal and Mainstream Partners

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Hamilton

Mental Health and Street Outreach Program
Clinical and Preventative Services Division
Public Health Services
City of Hamilton

Overview

- ▶ History of MHSOP
- ▶ Development of Homeward Bound
- ▶ Partnership
- ▶ between the two programs



History of MHSOP

- ▶ Estimate 20–25 years
- ▶ Developed to address changes to mental health system
- ▶ Re-intergrading people back into community with no supports
- ▶ Distrust of services

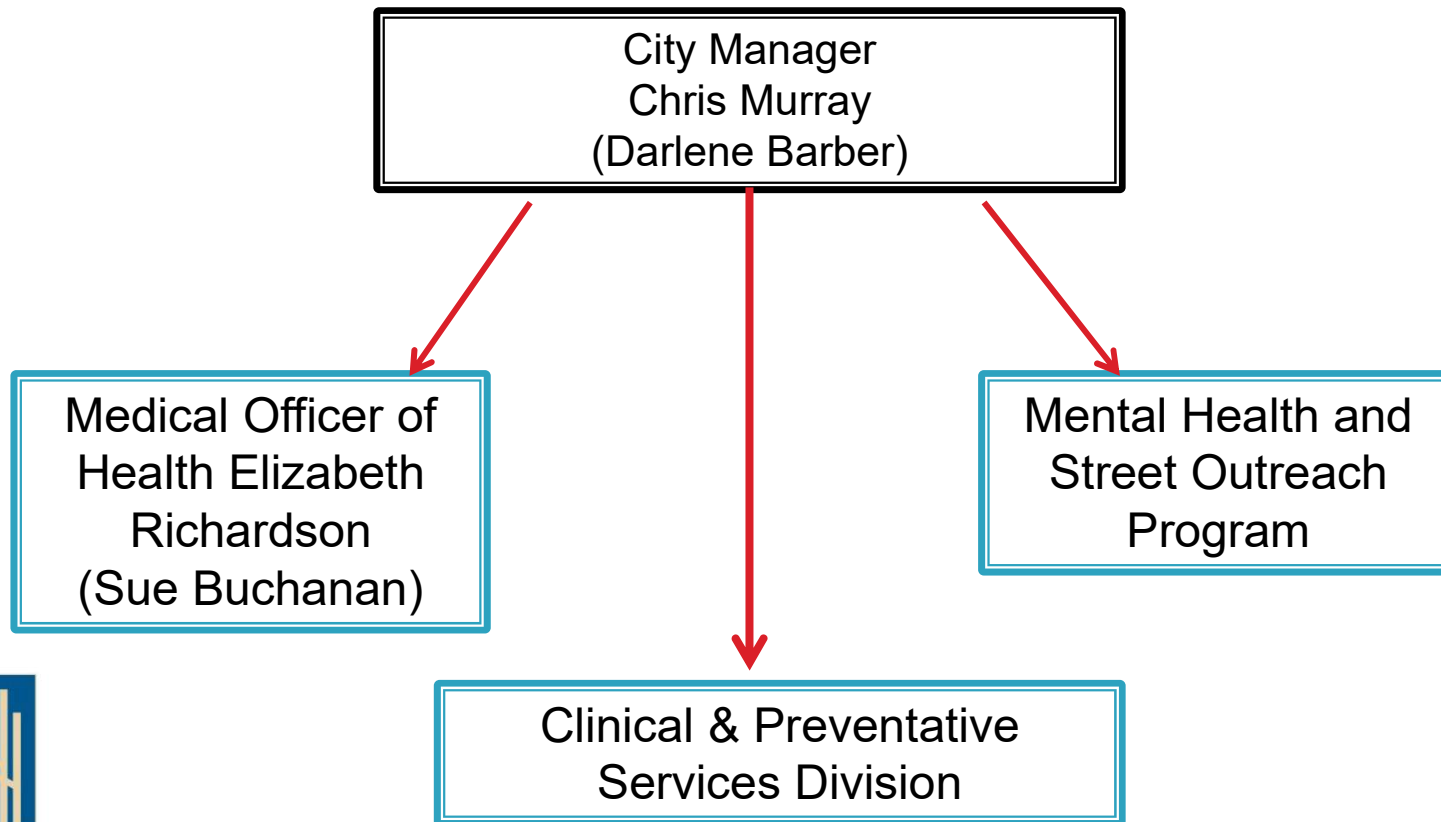


History of MHSOP

- ▶ Two parts of program
- ▶ Intensive Case Management service (standards of ICM through Ministry of Health)
- ▶ Street Outreach Services (Ministry of Health and homelessness prevention)

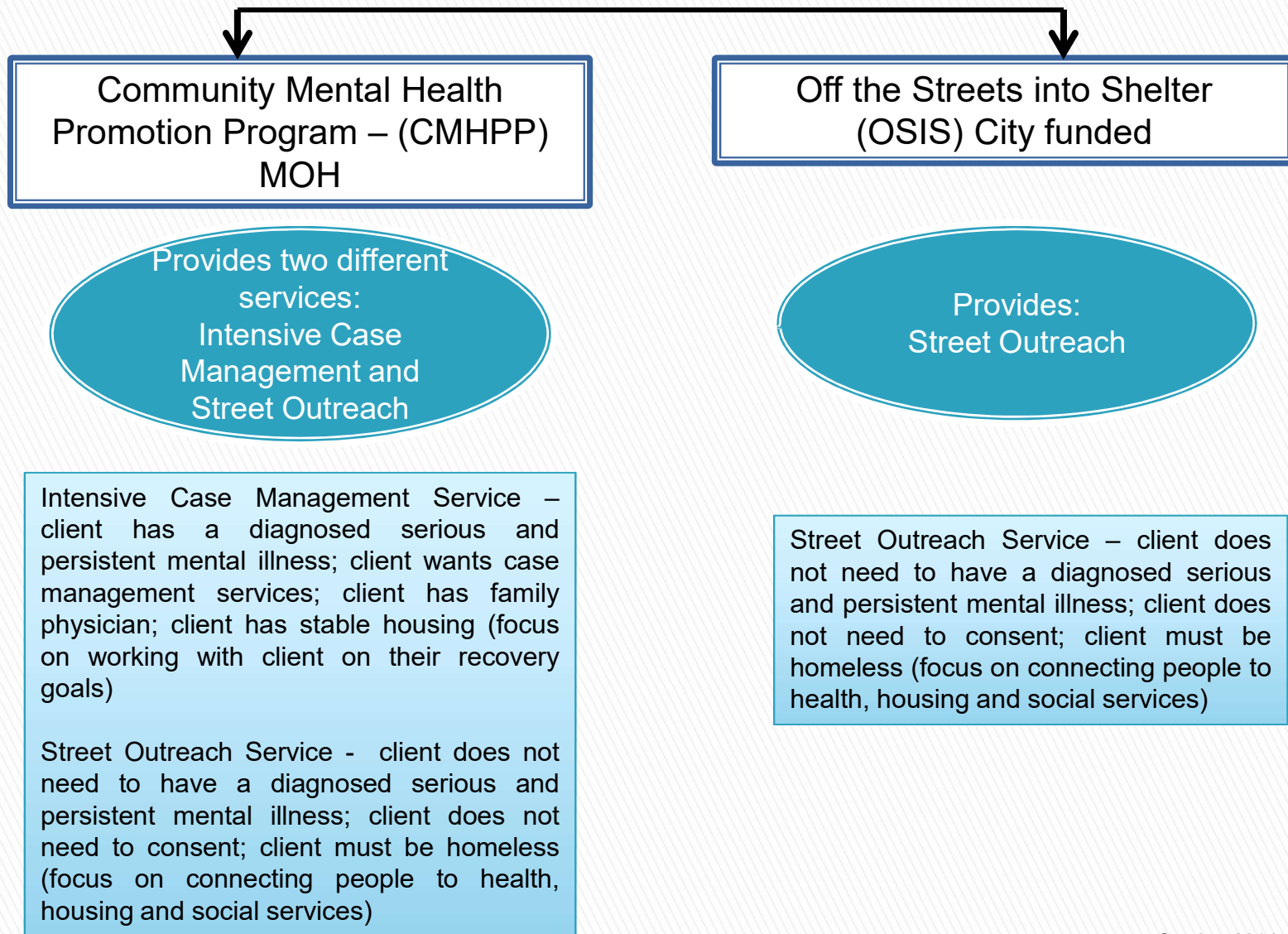


Administrative Structure

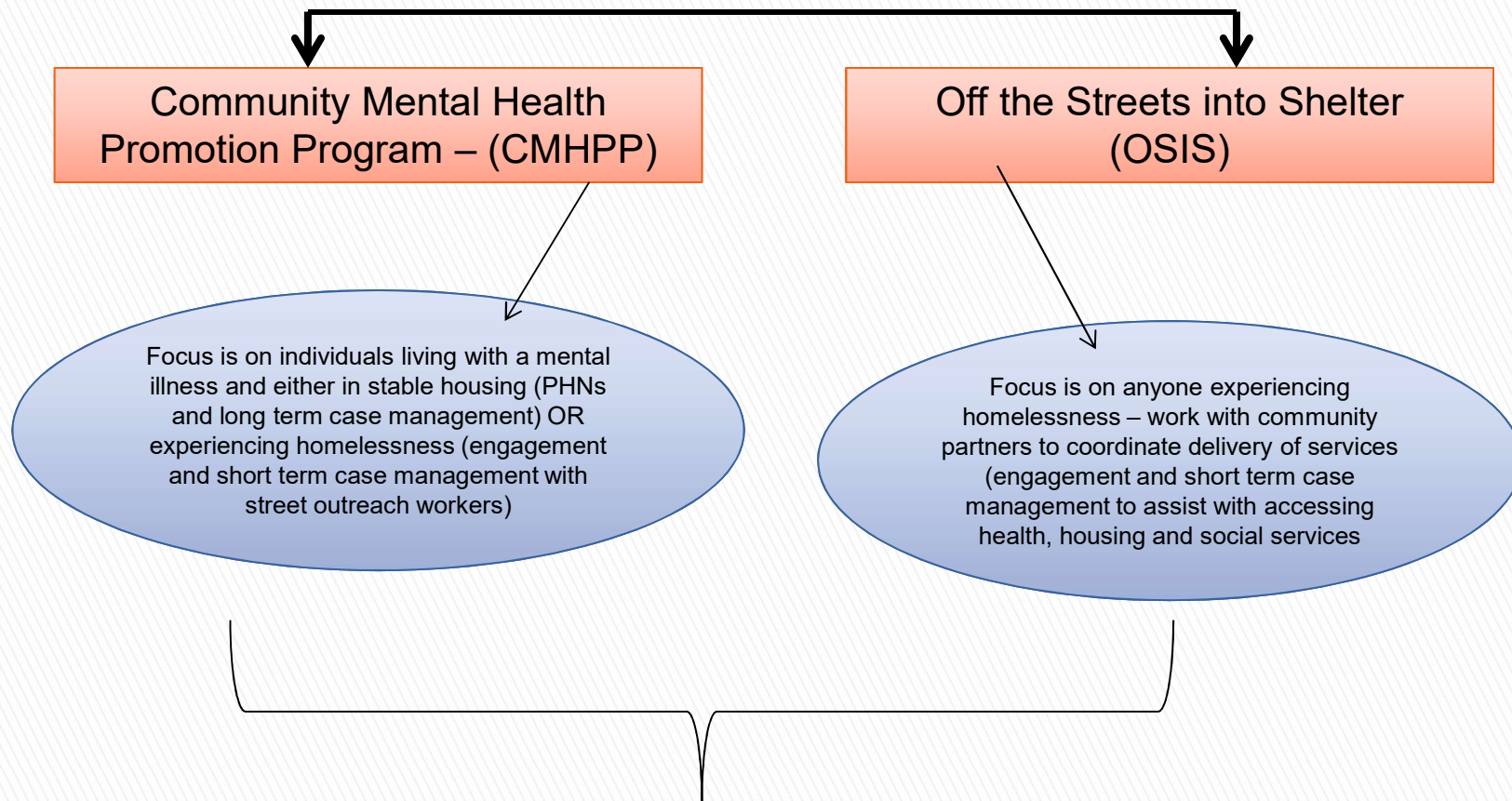


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Structure and Funding of Mental Health and Street Outreach Program (has 2 programs)



Clients Served and Referrals to Mental Health and Street Outreach Service



Ministry of Health mandated a central point of access for the 4 community case management agencies in Hamilton – Hamilton Program for Schizophrenia; Hamilton Mental Health Outreach Canadian Mental Health – Hamilton; and CMHPP IntÃc (pronounced intake) – was created in 2006



Focus of the Structure of MHSO Service

Capacity Building



- ❖ Developing community's skills and sharing of skill sets
- ❖ Sharing human and financial resources to meet a community need
- ❖ Increasing client access to staff with various skills to meet their needs
- ❖ Maintaining staff connections to the culture, values and work of their home agency

How can a capacity building approach promote and enhance working partnerships?

- ❖ Brings together organizations to work on a single goal
- ❖ Prevents duplication of service – all agencies are working together to deliver one street outreach service
- ❖ Creates a multiagency; multidisciplinary; cross-Ministry funded service that can provide clients with access to staff with diverse knowledge and skills



How are staff and agencies connected?



- ❖ Grassroots agencies already working with marginalized populations were approached for the partnership
- ❖ A staff person from the community-based grassroots organization joined the Mental Health and Street Outreach Service
- ❖ The agency delivers their outreach service through the Mental Health and Street Outreach Service
- ❖ Staff spend time at their “home” agency, to maintain their connection, and the rest of their time on the Mental Health and Street Outreach Service





Definitions

Engagement is a critical function of Street Outreach.

Engagement is the process by which a trusting relationship between worker and client is established. It provides a context for assessing needs, defining service goals, and agreeing on a plan for delivering services (Barrow, 1988, 1991; ICH, 1991; Winarski, 1994).

Some clients require slower and more cautious service approaches than others (Morse, 1987).

The engagement period can be lengthy; the time from initial contact to engagement can range from a few hours to two years (ICH, 1991) or longer. Effective workers can “establish a personal connection that provides a spark for the journey back to a vital and dignified life” (Winarski, 1998). (adapted from 1998 National Symposium on Homelessness Research: To Dance With Grace)

Outreach engagement attempts to make connections with individuals who are marginalized and/or homeless and are not accessing health social or housing services for whatever reason, e.g. mistrust, barriers, past negative experiences, etc. The intent of engagement is to walk with individuals as they find their way to service providers who can assist them with health , social and housing services.



Street Outreach Service

- Role is to engage individuals who are experiencing homelessness and build a relationship with them.
- The focus of the service is to engage individuals and connect them with other service providers.



Street Outreach Services

- Minimal information is collected through IntAc (name if known; description; age if known; location; if there are any known safety concerns; any other info the referral source may have)
- Only eligibility criteria is that the person is experiencing homelessness and is not engaging with social, health or housing services – we are not a crisis service – person does not have to have a mental illness
- Consent is not needed – client does not need to agree to see us

The Street Outreach Service involves a multidisciplinary and inter agency team. All of the Street Outreach staff can and will work in any of the shelters.



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Key Points

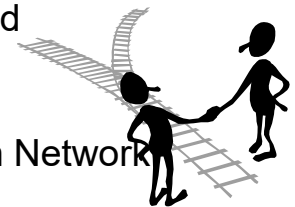
- Not City funded – 100% funded by LHIN; Ministry of Community and Social Services
- Long term case management is for individuals living with a diagnosed mental illness
- Street outreach is for anyone who is homeless
- Referrals go through IntÃc at 905 528 0683
- We are not a crisis service – that is COAST at 905 972 8338
- For information about mental health and addiction services throughout the province go to <http://www.connexontario.ca/>



Mental Health and Street Outreach Service Team Members

MHSO Team Members (street outreach & long term case management); Consultants; Housing Role

- ❖ Greg Shupe– Alcohol, Drug and Gambling Services (Addiction Counsellor)-funded by LHIN Mental Health
- ❖ Liz Cronk- Housing Help Centre (outreach-housing worker-)-funded by CHPP (consolidated homelessness prevention program)
- ❖ Michelle Semonovitch – Wesley Urban Ministries (street outreach coordinator)-funded by CHPP
- ❖ Adam Lamont– Housing Help Centre (outreach-mental health)-funded by LHIN Mental Health
- ❖ Brett Aston– St Matthew’s House (street outreach)-funded ½ by LHIN Mental Health HOMES and ½ by CHPP
- ❖ Janet Amaya-Mission Services (outreach)- funded by LHIN Mental Health
- ❖ Anita Louw-Public Health Nurse(case mangers)LHIN Mental Health funded
- ❖ Linda Carey – Public Health Nurse (case manager) – LHIN Mental Health funded
- ❖ Lesley Jefferies – Public Health Nurse (.5 case manager) – LHIN Mental Health funded
- ❖ Rebecca Turtle- Public Health Nurse (.5 case manger) – LHIN Mental Health funded
- ❖ Dr. Stephen List– Consulting Psychiatrist– funded by LHIN Mental Health
- ❖ Doctors from the SHN – works closely with Outreach Staff – funded by Shelter Health Network APP Funding
- ❖ Susan Boyd-Manager- Mental Health& Street Outreach Program and Alcohol, Drug, and Gambling Services



*We work closely with the agencies that contribute staff to the team, the Van Needle Exchange Program and the HOMES Program through Good Shepherd in delivery of our services



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MHSOP–Pre 2015

- ▶ Decrease in funding
- ▶ No longer have RN's from hospital
- ▶ Lost Minister Role
- ▶ Lost Aboriginal Worker



MHSOP– Fall 2015

- ▶ Missing Aboriginal Connections
- ▶ MHSOP had one position open
- ▶ Approached Aboriginal Health Centre
- ▶ Created partnership with Aboriginal Health Centre
- ▶ Developed into Housing First and Homeward Bound
- ▶ Continued on with partnership (informally)



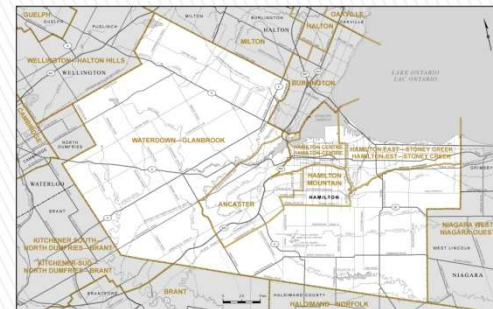


Homeward Bound From Homelessness to Community



Hamilton Indigenous Homelessness

- ▶ Aboriginal people represent 28%* of Homeless but only 3.1%** of the population
- ▶ Aboriginal people less likely to use shelters due to safety issues
- ▶ Trauma plays a major role in a person's life
- ▶ Effects of Residential School, 60's Scoop leading to Intergenerational trauma
- ▶ Racism and negative stereotyping still alive and well



*City of Hamilton, Point in Time Count, 2016

** Social Planning and Research Council Hamilton, National Household Survey 2011



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Aboriginal Homelessness

▶ What is working?

- **Housing First** – immediate attention to getting individuals housed, link them with necessary supports and services and stay with them during the process, they need to have people who care about them
- It's more than just housing, there needs to be wholistic approach, consider the factors that contributed to their homelessness in the first place
- Re-integrate them into family and community, re-introduce them back into their culture if they wish



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Principles of Housing First

- ▶ Immediate access to permanent housing with no housing readiness requirements
- ▶ Consumer choice and self determination
- ▶ Individualized, recovery oriented, client driven supports
- ▶ Harm reduction
- ▶ Social and community integration



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The Homeward Bound Team

- ▶ 3 Housing First Case Managers
- ▶ Landlord Liaison
- ▶ Mobile Housing Worker
- ▶ Peer Outreach Workers
- ▶ Wellness Case Manager
- ▶ Team Lead
- ▶ Cultural Worker



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What does culture look like?

- ▶ For Indigenous people it is who they are, coming from a strong people (prior to contact) with clear roles & responsibilities
- ▶ Today we have cultural confusion so “culture” can mean different things to different people



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Homeward Bound – Impact of Culture

- ▶ Culture can play a major role in the healing process
- ▶ HWB Cultural Worker provides programs for clients and community members
 - Social Drum Night – learning drumming & singing
 - Art Class - self expression & share time with others
 - Friday Breakfast Program – open to both clients and community members
- ▶ Cultural Referrals for Sweat Lodge, Moon Ceremonies, Fasts, etc.



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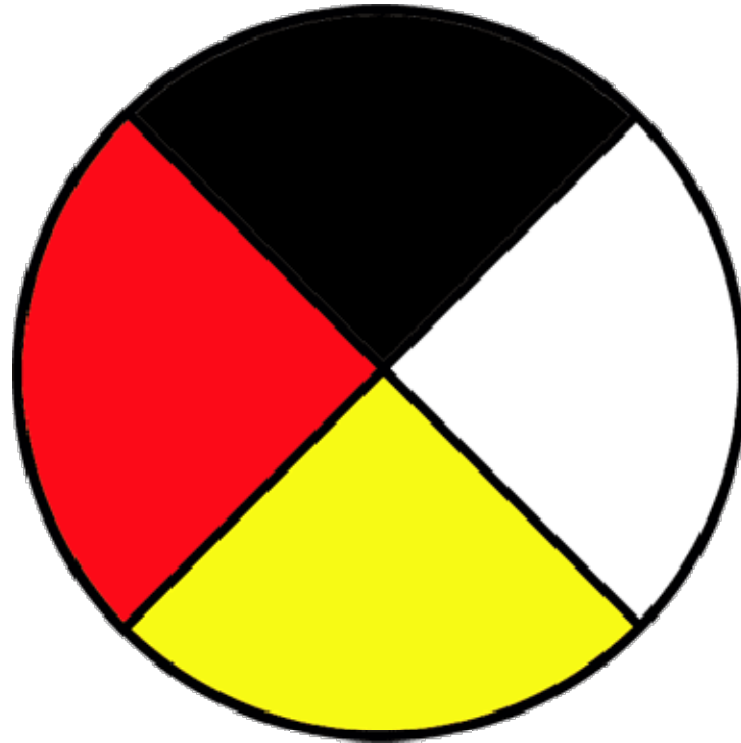
Programs being offered



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The Medicine Wheel



Mental

Physical

Spiritual

Emotional

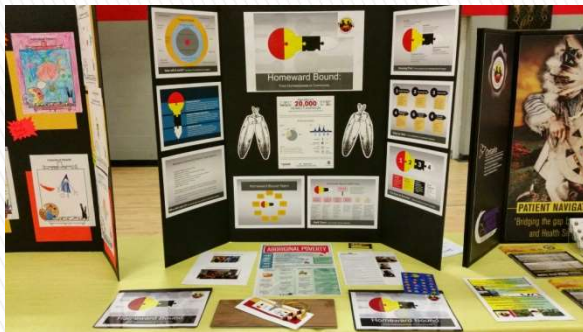


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Partnerships and Collaboration

- ▶ Urban Native Homes
- ▶ Hamilton Regional Indian Centre
- ▶ Native Women's Centre
- ▶ Na Me Res
- ▶ Mental Health and Street Outreach Team
- ▶ Good Shepherd
- ▶ Mission Services
- ▶ Wesley Urban Ministries
- ▶ Core Collaborative Learning
- ▶ City of Hamilton



Shared educational opportunities

We are seen as a service as well as a support



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Results

- ▶ 2015 – Homeward Bound Team Initiated
 - De Dwa da dehs nye>s Aboriginal Health Centre awarded program
- ▶ To date the Team has housed 33 individuals, with added 11 Peer Housed with a Total of 44 Clients
- ▶ Target set for Homeward Bound – 30 per year
- ▶ Program exceeded targets
- ▶ Lower percentage of re-housed and returning to homelessness than city average



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www.aboriginalhealthcentre.com



First Steps

- Homeward Bound and Mental Health Street Outreach created informal partnership (2015)
- Brought together Aboriginal services and mainstream services to homeless individuals on street, staying in shelters or couch surfing
- Teams meet individuals in “where they’re at” (streets, drop ins, shelters)





Shared Services

- Partnership enhanced staffing capacity on the streets without additional funding
- Created additional staff safety, able to go to areas that required 2 workers (parks, trails)
- Staff were able to have stronger presence on streets during the evening
- Staff able to engage with more individuals during street outreach times

Shared Resources

The ability to share:

- heat supplies: hats, sunscreen, water bottles
- cold supplies: hats, gloves, jackets
- costs such as educational opportunities, transportation
- office space
- Intellectual capital





Knowledge

- Partnership allows for shared knowledge between staff and management
- Homeward Bound provides knowledge to Street Outreach staff about Aboriginal services, understanding Aboriginal culture and barriers to services
- MHSO provides years of experience with street involved individuals and mainstream services
- Different skill sets: housing workers, peer workers, addiction workers, landlord engagement

Access to services

- Individuals given choice: mainstream services or Aboriginal services, sometimes both
- Easier communication between the two programs (individuals often aware of both programs together)
- Quick connections with individuals and staff





Staff Experiences

- Street Outreach staff learned more about Aboriginal culture (smudging, culture, history)
- Homeward Bound experienced meeting people living on streets and barriers people face accessing services (Woman not being able to access shelter)
- Allowed for more effective crisis work (although not a crisis service)

Examples

- EMS call
- COAST call





Connections to Committees

- Hospital Shelter Working Group (hospital, shelters and community agencies) addressing inappropriate discharges to shelters and community
- Heat and Cold Committee (developing protocols responding to extreme heat and cold weather)
- Walkabouts (front line workers, students visit shelters and learn about Homeward Bound and MHSOP)
- Women's Housing Collaborative (addressing issues of homeless women)

Connections to Committees

- Men's System Case Conference (case planning around complex individuals)
- Brought attention to Aboriginal Homelessness and Housing First opportunities
- Connections to Aboriginal Services (housing, health, income, and sister agencies)





Reasons for Success

- Pre-existing relationship between City of Hamilton and Indigenous organizations
- Dedicated funding stream with autonomy in decision making by Aboriginal Community Advisory Board
- Mutual respect of all team members and leadership
- The use of a partnership versus trying to develop a culturally sensitive response in a mainstream organization
- Lack of competition between teams; sharing resources instead of competing for them



Questions?

- For Michelle Semonovitch?
 - For Dick Passmore?
- Thank you for attending!