3
UPDATE ON THE ONTARIO WORKS PROGRAM MENTAL HEALTH RESOURCE MODEL

The Community Services and Housing Committee recommends adoption of the recommendation contained in the following report, November 17, 2005, from the Commissioner of Community Services and Housing:

1. RECOMMENDATION

It is recommended that:
1. This report be received for information.

2. PURPOSE

The purpose of this report is to provide an update on the successful implementation of the Ontario Works Mental Health Resource Model. Information on the model was previously provided to Committee and Council in a report titled "Ontario Works Program Mental Health Resource Model" (dated October 13, 2004) at the point of initial implementation.

3. BACKGROUND

Social Assistance staff have reported an increase in the number of Ontario Works (OW) participants who present with diagnosed and suspected mental health issues. Social Assistance staff are not mental health specialists and are often limited in their ability to effectively support individuals experiencing mental health issues. This, in turn, can impact service delivery and affect a participant's ability to access appropriate programs within the community that may enhance their personal goal attainment and quality of life.

In fall 2004, the Community Services and Housing Department, in collaboration with mental health agencies in York Region implemented the Ontario Works Mental Health Resource Model approach. The model supports staff to better assist participants with diagnosed or suspected mental health issues through improved access and linkages to community supports.

4. ANALYSIS AND OPTIONS

4.1 The Model

The Ontario Works Mental Health Resource Model is a community resource-based strategy developed by York Region staff with community mental health agency input. The model uses a Mental Health Resource Team consisting of representatives from four

York Region community mental health providers and each of the Department's operating divisions. The team meets on a monthly basis and reviews specific client issues that front line staff are dealing with, while maintaining strict client confidentiality. Staff receive practical case management strategies from the team that are used to assist participants to move forward to external mental health resources, or in some cases, with applications for more appropriate financial supports such as those provided by the Ontario Disability Support Program (ODSP).

4.2 Implementation

Successful implementation involved the design and rollout of three components:

- Improved community mental health provider liaison processes.
- Sensitivity training for staff.
- Innovative Mental Health Resource Team case conferencing.

These components are outlined in detail below.

4.2.1 Mental Health Providers Liaison

The Mental Health Resource Model is built on strong community linkages and a commitment to better utilize existing community capacity and expertise to support the mental health needs of Ontario Works participants.

In the early planning stages, staff met with three key York Region community mental health service providers, Canadian Mental Health Association, Crosslinks Supportive Housing and York Support Services Network, to identify needs and invite participation in the model. More recently, staff engaged the support of a fourth community mental health provider, The Lance Krassman Centre in Richmond Hill.

All four agencies have offered strong support for the model and played an important part in its design and implementation, including the delivery of sensitivity training for social assistance staff and the introduction of an innovative case resolution- focussed resource team. Community Mental Health provider feedback is and will continue to be, an important component in all ongoing reviews and changes to the model.

4.2.2 Training

All social assistance staff received a full day of mental health sensitivity training in fall 2004. Training was facilitated by Crosslinks Supportive Housing at no charge to the Region as part of the agency's mandate to provide educational services to the community.

As part of the training, staff received a general overview of mental health issues and were introduced to the range of mental health resources available in the community. Staff were also provided with tools to support a client centered approach when discussing mental health and making referrals to community providers. The highlight of the training included presentations from two consumer survivors who talked about their experience of being a social assistance recipient with mental health issues.

As a result of this important consumer feedback, the Division is undertaking a review of its automated letter production practices in an effort to promote a more sensitive communication process for all Ontario Works participants, particularly those with mental health issues.

Additional subject-specific staff training sessions (e.g., depression, personality disorders) are to be facilitated by the mental health community over the next few months, and mental health related training will be incorporated annually as part of the Social Assistance, Ontario Works training plan.

4.2.3 Mental Health Resource Team

The Mental Health Resource Team was established in September 2004 to provide social assistance staff with enhanced practical case management skills and referral strategies to better support participants with diagnosed and suspected mental health issues.

The team has held 13 meetings since its introduction and has benefited from strong agency representation at each monthly meeting. Over the past year, a total of 51 cases impacting over 94 beneficiaries have been referred for case resolution to the resource team. The model has used an effective situational review approach to promote extended learning and ensure quality and cost effectiveness. The information gleaned from the case situations discussed is aiding staff in more effectively responding to a range of other situations involving other clients.

4.3. Benefits of the Model

After the first year, the Mental Health Resource Model is showing clear benefits for not only participants, but for staff and the Department as well. These benefits are outlined in detail below.

4.3.1 Benefits to the Participant

Outcome measures were established early in the development of the model to track the number of participants referred to:

- Community mental health programs.
- Employment.
- Other suitable income supports such as ODSP.

Over the past year, based solely on the client situations brought to the Mental Health Resource Team, staff have referred 20 participants to community mental health providers for housing outreach, supportive housing, court support programs and additional supports, and 19 participants to ODSP. In addition, through a pilot project, Social Assistance will support up to five participants to pursue voluntary psychosocial assessments to effectively determine their employability. This initiative is funded out of the existing employment support budget at no additional cost. Several municipalities in the Central East Region have had strong success with this initiative to more effectively

engage barriered participants in employment planning and in some cases to support clients in moving from Ontario Works to more appropriate income supports such as ODSP.

While the Model has had good success assisting participants toward ODSP and community programs, experience has also shown that for many participants the path to employment is more complex and may take a longer timeframe and be accomplished only through a number of small, successive steps. It has become clearer, and also reinforced by our community partners, that improvements to a participant's quality of life also represent important outcomes that should be measured. As a result, increased emphasis will be placed on tracking service needs based on client referral and issue identification to better support community agency planning in regard to our clients. This will involve supports to employment as well.

It is also important to note that the number of persons on Ontario Works in York Region who have become eligible for ODSP has increased by an estimated 39% over the year. This can in part be attributed to staff being more effective in identifying issues and supporting referral activity as a result of the introduction of this model, combined with the creation of a specialized case management model in our Georgina office that supports individuals applying for ODSP.

4.3.2 Benefits to Staff

Using the strategies introduced at training and during mental health team meetings, staff are reporting spending substantially less time on case management with participants and receiving fewer participant complaint calls. This has resulted in substantial time savings for staff. This in turn allows staff to more effectively respond to caseload growth which continues in the Region due to high overall population growth.

Staff have also improved their knowledge of community resources and are developing greater confidence in working with their participants who are experiencing mental health issues, resulting in more frequent and appropriate community referrals and even stronger relationships with community agencies.

4.3.3 Benefits to the Department

This Model builds on existing community mental health capacity, avoiding duplication of effort and cost, and has allowed the Department, in its role as service system manager, to implement and operate a valuable mental health support for participants at virtually no cost to the Region.

The initiative has also allowed the Department to strengthen and build new relationships with community partners, improve dialogue at all levels, and create greater opportunity for improved services for Ontario Works participants. The Model has increased the profile of the Department, recently generating the interest of other municipalities, the Central East Region Ministry Office and the Ontario Municipal Social Services Association (OMSSA).

The Department recently partnered with the Canadian Mental Health Association to showcase the Model during presentations at two provincial forums. (OMSSA Ontario Works Forum and The Ministry of Community and Social Services Forum – both in June 2005.) The Department recently involved mental health agencies in a one-year review of the Resource Model. Based on the feedback, Social Assistance will conduct a staff survey in 2006 to solicit input on the model and determine future training needs. The Division will also develop a quick reference sheet that provides staff with up-to-date information on mental health programs and services. The mental health community has offered to collaborate on the design of training modules scheduled to be delivered in small, team based sessions for all Social Assistance staff in 2006.

4.4 Relationship to AODA

The introduction of the Mental Health Resource Model demonstrates the Department's commitment to the AODA by supporting persons with mental health barriers to more effectively access supportive community programs and services specific to their individual needs.

4.5 Relationship to Vision 2026

York Region's Ontario Works Mental Health Resource Model meets the goals of Vision 2026 designed by responding to the Region's diversity with an innovative service delivery option to meet the needs of vulnerable residents, while building relationships with public-sector partners. It proactively addresses the needs of our clients by meeting service needs at the right time and place with a view to cost efficiency.

5. FINANCIAL IMPLICATIONS

Through effective community collaboration the initial cost to implement this program was $4,000.00 funded through the Community Services and Housing Department's Community Development and Investment Fund (CDIF) as an approved project for 2004. There have been no additional costs associated with the model in 2005, as the model has been designed to utilize existing staff, community resources, and budgets to support clients. The model will continue to be assessed according to client needs while maintaining an emphasis on the avoidance of duplication and the most effective use of existing resources.

6. LOCAL MUNICIPAL IMPACT

There is no direct impact on local municipalities, however all municipalities benefit through effective strategies to assist vulnerable residents on Ontario Works to access effective community services and employment opportunities.

7. CONCLUSION

A growing portion of the Ontario Works caseload has complex barriers to employment associated with mental health issues resulting in the need for more intensive assistance to support these participants.

To proactively address these issues and promote effective outcomes, the Social Assistance Division introduced a Mental Health Resource Model. This initiative has resulted in a Mental Health Resource Team which is built on existing community capacity and expertise. Early results have shown that staff have a greater level of confidence in working with participants with mental health barriers. This model has empowered staff to make appropriate referrals to the programs and services which best serve the varied and complex needs of these participants resulting in a positive impact on their quality of life.

The Senior Management Group has reviewed this report.