



	REPORT NO.: 2018-37
MEETING DATE: MAY 17, 2018	DATE PREPARED: APRIL 16, 2018
SUBJECT: FIRST REPORT - ADDICTION SERVICES INITIATIVE SERVICE PLAN: 2018-2019	

RECOMMENDATION

THAT with respect to Report No. 2018-37 (Client Services Division), we, The District of Thunder Bay Social Services Administration Board (TBDSSAB or the Board), approve the receipt of the First Report - Addiction Services Initiative Service Plan: 2018-2019;

AND THAT the Board direct Administration to prepare a report with the final Addiction Services Initiative Service Plan: 2018-2019, with any recommended changes to be presented at the June 2018 Board meeting.

REPORT SUMMARY

To provide the Board with the draft Addiction Services Initiative Service Plan: 2018-2019 for review and input. The final Addiction Services Initiative Service Plan: 2018-2019 will be provided to the Board for approval based on the Board's input and direction.

BACKGROUND

Effective 2014, Service Managers are required to submit an Addiction Services Initiative (ASI) Service Plan to the Ministry of Community and Social Services (MCSS) each year.

The draft ASI Service Plan: 2018-2019 has been prepared using the MCSS template which includes three sections:

- Program Management,
- Link Strategies to Outcome Measures, and
- Monitoring Service Strategies.

COMMENTS

The draft ASI Service Plan provides an overview of:

- the TBDSSAB's service delivery strategy;
- program management including alternatives for participants that do not qualify for the ASI program;
- an outline of the programs offered within the ASI program;
- strategies to monitor positive outcomes.

The ASI Service Plan includes internal data, and the description of services provided at the TBDSSAB, as well as information regarding the services provided for ASI by Thunder Bay Counselling Centre (TBCC). As a third party provider, the TBCC is the Ministry of Health and Long Term Care (MOHLTC) funded Addiction Assessment and Treatment Provider for Addiction Case Management and mandated standardized assessment tools required for a participant’s entry into all MOHLTC-funded addiction programs.

The complete draft 2018-2019 ASI Service Plan is provided in Attachment 1.

FINANCIAL IMPLICATIONS



All financial implications, as prescribed through the ASI processes, are included within the annual operating budget. This program is 100% funded by the Province of Ontario.

CONCLUSION

It is concluded that the final draft TBDSSAB ASI Service Plan: 2018-2019 will be updated based on input and direction provided by the Board and the final draft Addiction Services Initiative Service Plan: 2018-2019 will be provided to the Board for approval at the June 2018 Board meeting.

REFERENCE MATERIALS ATTACHED

Attachment #1 [Draft Addiction Services Initiative Service Plan: 2018-2019](#)

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APPROVED / SIGNATURE:	
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SUBMITTED / SIGNATURE:	
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Program Management	Updates for 2018-19
<ul style="list-style-type: none"> • Please provide recent ASI caseload details including: <ul style="list-style-type: none"> a) Base number of ASI clients b) Average number of new clients per month c) Average length of time in ASI program d) Average number of clients leaving ASI per month e) Approximate current ASI client to caseworker ratio 	<ul style="list-style-type: none"> • Since ASI Renewal period has concluded, ASI participant data is no longer required to be captured through the ASI Collection Tool. • Please provide the approximate number of ASI clients waiting to access treatment and what the estimated general wait list period is for ASI clients to access treatment.

	2017
Base number of ASI clients	124
Average number of new clients per month	4.83
Average length of time in ASI program (years)	1.96
Average number of clients leaving ASI per month	5.92
Approximate number of clients waiting to access ASI	0
Approximate current ASI client to Addiction Counsellor ratio	42

There was a significant increase in the base caseload in 2017 due to more consistent referrals and a more stable ASI program workforce. The number of new clients per month increased slightly. The implementation of the University of Rhode Island Change Assessment (URICA), Employment Readiness Scale (ERS) and the Global Appraisal of Individual Needs-Short Screen (GAIN-SS) tools have allowed the program staff to better assess the needs of the participants, and make more appropriate referrals. Participants are discharged due to improvements. Those who are not progressing return to their Caseworker with the understanding that through the TBDSSAB Reinstatement Policy they will be welcomed back into the ASI program as necessary. This has reduced the average length of time clients spend in the ASI program and has resulted in more monthly exits than prior years. The new intake method introduced in 2016, along with closer monitoring of cases and consistent discharge process, provides the ability to have a continuous intake for the ASI cases, eliminating the need for a waitlist. The average ASI client to Addiction Counsellor ratio was 42 during 2017 (2016: 58 cases per counsellor). The ratio of cases per Addiction Counsellor ratio decreased in 2017 as a result of implementing a consistent discharge process along with the return to the full staff complement of 3 Addiction Counsellors and one Caseworker during the third and fourth quarter.

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Link Strategies to Outcome Measures	Updates for 2018-19
<ul style="list-style-type: none"> Provide a description of your strategies (i.e. progressive measures, intensive case management tactics) to support participation in ASI. 	<p>No specific updates, please continue to:</p> <ul style="list-style-type: none"> Describe specific strategies you employ to support client’s participation in ASI (e.g., interview regarding reasons for non-attendance, re-evaluation of participant-readiness for screening or assessment). Describe your approach in: <ol style="list-style-type: none"> supporting ASI clients’ access to other EA activities maintaining clients’ engagement in a range of other EA activities or other life stabilization services
<p>Participants can request a referral to ASI through their Caseworker, or they can be referred to ASI by their Caseworker when it is suspected that substance misuse is a barrier to employment. The CAGE-AID screening tool is completed by the Caseworker for all participant referrals to ASI. Once a referral is received by the ASI program staff, an invitation letter is forwarded giving the participant the option to attend either the ASI Breakfast (group process) or have an individual appointment scheduled for a screening. After the group breakfast, or during the individual appointment, the participant is screened by the TBDSSAB Addiction Counsellor using the URICA Screening Tool, and an interview is conducted to gather background information about the substances used, level of use, social, medical, physical and correctional outcomes due to the use of substances.</p> <p>If the participant scores Pre-contemplative in their URICA results, they are referred to the group educational session at the Thunder Bay Counselling Centre (TBCC) and referred back to their caseworker for further motivational counselling with the goal of moving to contemplative stage of change to better prepare them for the work that is required in the ASI program.</p> <p>Once a participant is accepted into the ASI program the Addiction Counsellor becomes the main contact and works with the participant’s Caseworker (financial) to ensure the participant is well supported in their treatment.</p> <p>Referrals to TBCC are made for Alcohol and Other Drug Assessments, and to their Outreach Counsellors for those participants who require more Intensive Case Management. This Intensive Case Management includes further specialized services such as Addiction Treatment and/or Mental Health Counselling and/or Crisis counselling. The Addiction Counsellors and their Supervisors from both TBDSSAB and TBCC meet bi-weekly for case discussions, keeping both workers up to date on the participants’ progress, and they discuss further required benefits, joint treatment plans, and group activities.</p> <p>To keep participants engaged and ongoing, the TBDSSAB ASI and TBCC staff offer both one-to-one sessions as well as group sessions. Regular follow up occurs at least once a month with all</p>	

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participants, but many participants attend three to six sessions per month depending on their circumstances. All participants are encouraged to participate in groups targeting the essential soft skills to a balanced work-life stability. These workshops also prepare them with job readiness skills such as re-integration into their communities, building emotional supports, socializing, and personal management. The workshops offered jointly by Addiction Counsellors and TBCC staff are described below:

Breakfast Club Group

Two days per week, Tuesday and Friday morning, drop-in groups for ASI participants allows a non-intrusive forum where participants come together to discuss issues of concern with regards to substance misuse. The goal of this group is to bring individuals together to have conversations about areas in their life that others may be able to identify with, and draw support from or offer support to one another. Co-leaders from TBDSSAB and TBCC facilitate group discussions. On Fridays, new members referred to the ASI Program are invited to attend the ASI breakfast, where they can meet other members, and complete a URICA Screening tool with the Addiction Counsellor. Screening sessions are also available one-to-one at another time for those who do not wish to participate in the ASI breakfast, although most referents enjoy being introduced to ASI by attending the Breakfast Club Group. This group is held at TBDSSAB main office and supplies such as books, DVD's, information sessions, and breakfast are supported through the ASI budget.

Healthy Lifestyles / Boredom Busters Group

This monthly Group is to introduce individuals to leisure, social and sports activities that do not include alcohol and/or drugs. Many of the individuals' lives have revolved around substance using activities and related social contacts. This Group allows for discussions and models alternative ways of spending time and dealing with the issues of boredom and social involvement. This Group develops pre-employment skills such as learning how to integrate into the community, build social and emotional supports, and allows socialization and personal management. This is a community-based group and any related expenses are supported by the contract with TBCC.

Family BBQ

The Family BBQ is an ideal time to bring families together who support participants. The participants make many life changes when participating in the ASI Program. The BBQ brings together the participants' support network outside of the TBDSSAB, TBCC and groups. Their families come together to enjoy the outdoors and engage with other families who are experiencing similar healing. This provides a perfect setting for families to enjoy themselves and enhance essential soft skills necessary for good work-life balance. It builds social networks and allows family members the chance to mingle with other families facing similar life changes.

Rockin' Recovery Day at Marina Park

For the past (4) four years, the ASI Program has participated in the Rockin' Recovery Day at Marina Park to celebrate National Recovery Day. The ASI staff volunteer to plan, as well as set up and take down, for the event. The ASI Healthy Lifestyles group members and families participate in this community event as they celebrate the positive impacts recovery has on all aspects of individual's lives, from their family, friends, and work environment, as well as the entire community.

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Holiday Season Relapse Group

The holiday season is often a time that ASI participants struggle in meeting their substance use goals. This group is run twice in the weeks leading up to the holiday season. It celebrates the successes of the year with participants and their families and provides relapse prevention and safety planning measures to prepare for the holidays. This is a community-based group and any related expenses are supported by the TBCC contract.

In addition to the groups listed above, the TBDSSAB ASI Program hosts informal drop-in appointments for two hours each week. Counsellors set aside this time to assist their hard to reach participants and those who cannot attend at a set time. This provides participants with a consistent time for them to drop-in and see their Counsellor without a scheduled appointment. These drop-in times are held at the TBDSSAB office.

The ASI Program staff are linked to the Employment and Training Team at TBDSSAB. This provides an opportunity for the ASI staff to receive more specific employment training made available to the other Employment and Training Team members. Both ASI and the Employment and Training Team members administer the Employment Readiness Scale (ERS) and use an employment-centered approach with participants. ASI participants and all Ontario Works participants are made aware of current training sessions available to them every month. ASI participants are encouraged to attend the employment and training sessions that fit with their employment goals and plans based on their ERS results.

ERS assessments are administered to all ASI participants. A participant is initially screened to capture a baseline measure, the tool is then re-administered as participants complete training, are engaged with other service providers, or if changes have occurred in their life. The ERS is re-administered at least once every six (6) months. The ERS results measure key factors that have been validated internationally as critical measures to work-life success, using a consistent assessment approach. Counsellors use the results from both the employability factors and the soft skills to ensure all participants improve their employability skills to the fullest. Participant employment activities are recorded and monitored. Participation Agreements are continually updated with treatment, training, and employment-related activities in Social Assistance Management System (SAMS). The Ontario Works ASI Database continues to be used to keep track of staff caseloads and the work done with the TBCC in assisting participants.

Participants are discharged from the ASI Program once they have successfully completed their treatment plan. If staff feel the participant is not progressing with the ASI Program, the participant is discharged from the ASI Program and referred back to the Caseworker where they can be reinstated should their situation change.

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Monitoring Service Strategies	Updates for 2018-19
<ul style="list-style-type: none"> Describe what the frequency of client to case worker contact is once participants are accepted into ASI? 	<p>No specific updates, please continue to:</p> <ul style="list-style-type: none"> Indicate how you will incorporate the use of the URICA tool in screening clients into ASI as an employment activity. Indicate how you will incorporate the use of the GAIN-SS screener to refer clients to treatment.
<p>The average participant to Addiction Counsellor contact per month is 32 individual sessions. Group sessions include a Boredom Busters Group once per month, and 100 ASI Breakfast Groups per year with an average attendance of 15 participants to these programs. The TBCC averaged 15 sessions per month with ASI clients.</p> <p>URICA Screening Tool Administration</p> <p>The URICA screening tool is used by TBDSSAB to screen participants for admission into the ASI Program. The results from the URICA screen measures the participant's readiness for change against the Behavioural Change Model. The Behavioural Change Model has six (6) distinct stages:</p> <ol style="list-style-type: none"> <i>Pre-contemplation</i> - In this stage, people do not intend to take action in the foreseeable future (defined as within the next 6 months). People are often unaware that their behaviour is problematic or produces negative consequences. People in this stage often underestimate the benefits of changing behaviour and place too much emphasis on the challenges of changing behaviour. <i>Contemplation</i> - In this stage, people are intending to start the healthy behaviour in the foreseeable future (defined as within the next 6 months). People recognize that their behaviour may be problematic, and a more thoughtful and practical consideration of the benefits and challenges of changing the behaviour takes place, with equal emphasis placed on both. Even with this recognition, people may still feel ambivalent toward changing their behaviour. <i>Preparation (Determination)</i> - In this stage, people are ready to take action within the next 30 days. People start to take small steps toward the behaviour change, and they believe changing their behaviour can lead to a healthier life. <i>Action</i> - In this stage, people have recently changed their behaviour (defined as within the last 6 months) and intend to keep moving forward with that behaviour change. People may exhibit this by modifying their problem behaviour or acquiring new healthy behaviours. <i>Maintenance</i> - In this stage, people have sustained their behaviour change (defined as more than 6 months) and intend to maintain the behaviour change going forward. People in this stage work to prevent relapse to earlier stages. <i>Termination</i> - In this stage, people have no desire to return to their unhealthy behaviours and are sure they will not relapse. Since this is rarely reached, and people tend to stay in the maintenance stage, this stage is often not considered in health promotion programs. 	

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Those who screen Pre-Contemplative are referred back to their Caseworker for continued Motivational Counselling to assist the participant to move along the Behavioural Change Model to the “Contemplation Stage”. The participant is also referred to TBCC for an educational group session where they are provided with general information on safe alcohol and drug use, as well as local treatment and recovery services. Those who screen Contemplation or higher are accepted to ASI.

The Global Appraisal of Individual Needs-Short Screen (GAIN-SS) is administered as a standardized bio-psychosocial measure screening tool on all ASI participants. It is administered once a participant has been admitted to the ASI Program. The Addiction Counsellor monitors any changes with participants, and the tool assists in making appropriate referrals to supplemental services in mental health, life skills or alcohol and other drug treatment agencies. TBDSSAB has adopted the GAIN-SS tool as a permanent screening tool used to make more informed community referrals.

Intensive Case Management

Some participants require more intensive case management due to their mental health and addiction issues, and those participants are referred to the TBCC for more intensive work. Although some participants are referred to TBCC, the ASI Addiction Counsellor still remains the primary case owner and continues to meet with the participant to authorize benefits and monitor progress by conducting regular ERS and GAIN-SS updates. The Addiction Counsellors, the [financial] Caseworker, and the Client Services Supervisor meet with the TBCC staff to case conference on all mutual participants for case planning and participant progress updates. The two teams meet bi-weekly and review all mutual cases to ensure cases move along their treatment plan, and all staff are up to date with their participant’s treatment plans. This provides consistent and “wrap around” services which build trust with participants, and allow staff to deal with participant crisis, as well as continued progress in addiction treatment plans and employment goals.

Discharge planning with a participant is done once they have completed treatment and aftercare, and once they are stable with their transition along the continuum towards employment. At that point, the case can be referred back to their [financial] Caseworker, and to the employment and training programs. Where there is need, a participant can return to the ASI Program for further support. Every attempt in working on their addiction issues brings participants closer to more permanent success.

Once a participant is discharged from the ASI Program, the ASI database is updated, the information is captured in SAMS, and the Participation Agreement is updated. Participants are referred to their Caseworker for continued follow up.

ERS Assessment

The ERS Assessment provides an employment readiness measure against the internationally validated Employment Readiness Model.

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The **Employment Readiness Model™** is based on the assumption that becoming "employment ready" involves achieving three interrelated goals:

Goal #1 - Being self-sufficient on four Employability Factors that prepare you to manage your work life

1. Career decision-making, or knowing what type of work suits you
2. Skills enhancement, or having the skills and education for the work you want
3. Job search, or having the skills to find work
4. Ongoing career management, or being able to manage future work life changes

Goal #2 - Being strong on five Soft Skills that help you manage challenges and perform effectively in your work life

1. Self-efficacy, or a sense of being able to perform well
2. Outcome expectancy, or whether or not you expect to succeed and are willing to take responsibility for creating that success
3. Social supports, or your network and ability to get help
4. Work history, or your feeling that you have performed well in previous work contexts, paid or unpaid
5. Job maintenance, or having the skills to keep work once found

Goal #3 - Understanding the particular stresses or challenges you face

Personal challenges, which you can usually address yourself

1. Environmental challenges, which you can manage with help
2. Systemic challenges, which have to be addressed on a community basis

Research shows that just being self-sufficient in the four Employability Factors (Goal #1) is not enough. Most clients face a number of barriers or challenges that act as stressors and can be incapacitating if not managed well. Clients facing significant challenges without assistance in handling them are likely to fail at work even if they are successful in securing a job. The five Soft Skills (Goal #2), and understanding stressors (Goal #3), that help clients manage challenges and perform effectively are becoming increasingly vital to work life. All three parts of the Employment Readiness Model™ are equally important to client success.

Ongoing Case Management

Ongoing case management, and continued re-assessments as the participant moves forward, allows the participant and Addiction Counsellor to track progress and remain informed regarding the achieved employment factors and soft skills necessary for work-life balance.