

Intentional Plan

**for Providing Mental Health Outreach Services
in the Calgary Health Region**

*"Whatever you vividly imagine, ardently desire, sincerely believe and
enthusiastically act upon must inevitably come to pass."*

Paul J Meyer



Acknowledgements

This Intentional Plan could not have been developed without the support, advice and hard work of the Outreach Framework Operations Committee. Thank you to the following members:

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The findings and recommendations from Phase 1 were the foundation from which this document was developed.



Intentional Plan

for Providing Mental Health Outreach Services in the Calgary Health Region

This document sets out an intentional plan for Mental Health Outreach Services in the Calgary Health Region. It presents the Outreach Services' mission, values, and objectives, and sets out proposed intentions to create the most effective outreach system in the world. This document also presents the major goals the Mental Health Outreach Services will achieve within the next three years (2007-2010) as they move forward to fulfill the proposed intentions.

Mission

The Mental Health Outreach Services reach out to members of our community—sharing expertise and sharing responsibility—to create and maintain healthy communities. Client needs determine the extent of outreach involvement, which may include education, consultation, or direct care. Collaborative support is provided to the community by a skilled, knowledgeable, and passionate workforce.

Values

WE VALUE

caring, respectful relationships

quality and safety

accountability

knowledge, skills, and passion

AS SHOWN BY

Providing client centered care
Showing respect, equality, and fairness
Being compassionate
Maintaining dignity
Valuing contribution—sharing expertise

Committing to safety
Providing accessible services
Working in partnerships
Providing best practice, evidence-based care

Being honest and transparent
Building trust and being trustworthy
Displaying integrity and the highest level of ethical behaviour

Being persistent, flexible, creative, courageous, assertive, and confident



Assumptions

1. This intentional plan recognizes that the definition of outreach, and the associated service models, may vary depending on the context in which the service operates. For the purposes of this intentional plan, the following definition of outreach applies:

To provide direct mental health services to our clients within their own immediate environment, with a focus on stabilization, support, intervention, and linkages within the region to provide accessible and seamless services for those clients.

2. The target population receiving outreach services include:
 - ◆ Persons with severe and persistent mental illness.
 - ◆ Members of our community at risk and/or in crisis situations.
3. The term client is used in this plan to refer to individuals as well as groups of individuals.
4. Outreach services provide assistance on an episodic, time limited, or longer term basis, as required by the client.
5. Outreach services provide assistance to clients within all age groups across the continuum.
6. The term community is used in this plan to be inclusive of all services across the continuum.
7. The outreach intentional plan recognizes the importance of self determination for clients in their recovery - “the principles of recovery cluster around self-determination and include self-esteem, self-help, and individuality. They privilege consumers’ experiences and self-knowledge and the communication of these ... They emphasize real choice in and beyond the clinical encounter.” (*The Role of “Evidence” in Recovery from Mental Illness, S. J. Tanenbaum, British Journal of Social Psychology, June 2005*).
8. The mental health outreach system of services is guided by best practices.
9. The outreach intentional plan recognizes the following definition of continuity of care: ability to provide uninterrupted, coordinated care/services across programs, practitioners, organizations, and levels of care/service, over time (*Accountability and Performance Indicators for Mental Health Service and Supports, McEwan & Goldner, 2001*).
10. This intentional plan applies to outreach services within the boundaries of the Calgary Health Region recognizing that some outreach services have client obligations outside of the CHR (e.g., Forensic Services – Southern Alberta).
11. This intentional plan is intended as a living document to be reviewed and revised on an annual basis.



Outreach Services Profile

1. The Mental Health Outreach Review Phase 1 was carried out between February 2006 – April 2006 and included the interviewing of all mental health services and contracted services that identified themselves as exclusively outreach (i.e., all services are provided in client’s environment) or as partially outreach (i.e., having an outreach component within their service). See attached addendum for a listing of the programs providing outreach services. See Phase 1 report for more detail. <http://www.calgaryhealthregion.ca/mh/sites/reports/pdfs/projects/OutreachReviewPhaseOneFinalReport.pdf>

2. An accurate representation of the number of clients assisted by outreach services is not available at this time. Utilization statistics for programs categorized as partially outreach does not differentiate the service accessed by clients; therefore, there is no information available regarding the number of clients that have received assistance from the outreach component of these services. Given this limitation, the following utilization statistics for fiscal year 2005-2006, although providing an estimate of the population accessing those services that are categorized as exclusively outreach, significantly underestimates the number of people served by all outreach services (CHR and contracted services).

CHR Service	Number of times service accessed
Aboriginal Mental Wellness	31
Assertive Community Treatment	81
Community Extension Team	209
Community Geriatric Mental Health Services - Health on 12th	451
Community Geriatric Mental Health Services - South Calgary Health Centre	151
Community Mental Health Rehabilitation Team	n/a
Geriatric Mental Health Outreach Team	109
Mobile Response Team	599
Mobile Response Team—South Calgary Health Centre	198
Psychiatric Emergency Room Outreach Team - FMC	180
Psychiatric Emergency Room Outreach Team - PLC	131
Psychiatric Emergency Room Outreach Team - RGH	193
Total for CHR Services:	2,333

Contracted Services	Number of times service accessed
Bow Valley Victims Services	214
Community Resource Team (CRT) – Woods	802
COMPASS – YWCA	207
Foothills Victims Services	182
Peer Outreach Program – SSACC	41
Street Outreach Stabilization – CMHA	47
Transitions – YWCA	20
Vulcan Regional Victims Services	20
Total for Contracted Services:	1,533

Source: Mental Health & Addictions Services: Year End Service Summary April 1, 2005—March 31, 2006.



Intentions & Goals

PROVIDE CLIENT CENTERED CARE

1. Mental health services are flexible and adapt to meet client needs. All mental health services provide outreach services to their clients when it is determined that providing services in the client's environment is the most effective means of ensuring continuity of care.

Goal:

- a. *Guidelines are established to determine appropriate outreach components within all mental health services to ensure continuity of care.*
-

2. Resources are allocated to outreach services to meet population need within the CHR. A process is in place to ensure fair and equitable access to outreach services. A number of factors, such as supports in place and risk factors, determine how quickly outreach services are required. A prioritization process utilizing contextual information ensures that outreach services' response time is based on client need.

Goals:

- a. *A process, ensuring fair and equitable access to outreach services providing direct care, is established and implemented.*
 - b. *A prioritization process to ensure that outreach services' response time is based on client need is implemented for those outreach services that provide direct care.*
 - c. *Mental health outreach services are able to respond to client need within the timeframe identified by the prioritization process.*
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3. All clients, their support networks, and service providers are partners in client care. This partnership is reflected in the collaborative creation of a plan that respects a client's right to self-determination and details what each partner can expect in their involvement with outreach services. The plan addresses safety concerns for client and outreach staff. The plan accompanies the client throughout their involvement with outreach services and is revised/updated based on client need. Together the current service provider and client are responsible for ensuring information in the plan is updated and risks associated with determinants of health are identified. This information provides the service provider with direction and identifies all partners to be actively involved in further creation of the care plan. This process results in all partners in care understanding their role and responsibilities within the plan.

Goals:

- a. *Plans are created with all clients utilizing the outreach services that provide direct care.*
 - b. *Plans are revised based on client need and clearly outline roles and responsibilities of all partners in care.*
-



4. Coordinating mechanisms / processes are available for outreach services to facilitate client access to community resources that assist in stabilizing and normalizing the client's environment. Coordinating mechanisms take various forms, such as a complex case committee, a database and/or network. These community resources include housing, financial, peer support, supported employment, services for complex cases, legal, culturally competent services, health services, and urgent services.

Goals:

- a. *Coordinating mechanisms / processes are established for the following resources: housing, financial, peer support, supported employment, services for complex cases, legal, culturally competent services, health services, and urgent services.*
 - b. *Mental health outreach services are linked to coordinating mechanisms to facilitate client access to resources within community that address client need.*
-

COLLABORATE WITH COMMUNITY PARTNERS TO PROVIDE CONTINUITY OF CARE

1. Mental health outreach services utilize current innovative technology to its fullest capacity to support information sharing and communication to provide best service to clients.

Goal:

- a. *Mental health outreach services are utilizing the electronic health record to share information.*
-

2. Mental health outreach services actively engage in community development activities to support clients in their environment. *Community Development is a process of social change which brings community members together, in an equitable fashion, to work cooperatively to identify community strengths and needs, and to address common issues that affect their health. (Calgary Health Region. (2000) Strengthening Community Action Framework for Health and Wellness).*

Goal:

- a. *Mental health outreach services that provide direct client care are engaged in community development activities that directly influence clients determinants of health in the areas of housing, reduced discrimination and stigmatization of mental illness, supported employment, and accessing health care services.*
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3. Mental health outreach services strive to continually improve by:
 - a. Monitoring outreach's ability to meet the population need,
 - b. Strengthening linkages with resources within the community,
 - c. Establishing and maintaining networks at all levels of the healthcare system to provide collaborative support through the integration of services, and
 - d. Continuing to use the approach, based on Appreciative Inquiry philosophy, to discover and build on our success stories.



Goals:

- a. A process is in place to monitor wait lists and wait times for outreach services considered exclusively outreach.
 - b. The electronic health record is used to provide statistics regarding the number of clients utilizing outreach services.
 - c. Networks, comprised of outreach services and community partners, that facilitate client care in the community, are established and maintained.
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RECRUIT AND RETAIN A COMPETENT AND PASSIONATE WORKFORCE

1. Mental health outreach services are comprised of skilled, multi-disciplinary, and passionate people who share common values as outlined in the mission, values, and intentions. The people working within outreach appreciate the complexity of the client's world and understand that outreach staff and services need to be flexible to support clients in their community. Clear roles and responsibilities are communicated. Best practices drive performance expectations.

Goal:

- a. Clear roles and responsibilities are established and communicated to all outreach staff.
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2. Mental health outreach services provide a flexible working environment that meets employee needs and truly values the talent and expertise that people bring to their work. This flexibility and value are reflected in:
 - a. A structure that assures client and staff safety,
 - b. An environment that encourages staff autonomy and independence,
 - c. An environment that provides ongoing professional development, and
 - d. A psychologically safe environment that encourages open dialogue, risk taking, and learning to maintain a just and trusting culture.

Goals:

- a. Clients and staff feel safe.
 - b. All outreach staff providing direct service to clients are offered one or more professional development opportunities per year.
 - c. The outreach services staff providing direct service to clients work within a just and trusting culture.
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Summary of Goals & Measures

Provide Client Centred Care	Measure
1a. Guidelines are established to determine appropriate outreach components within all mental health services to ensure continuity of care.	Evidence of guidelines
2a. A process, ensuring fair and equitable access to outreach services that provide direct care, is established and implemented.	Evidence of process
2b. A prioritization process to ensure that outreach services' response time is based on client need is implemented for those outreach services that provide direct care.	Percentage of outreach services utilizing prioritization process to determine response time
2c. Mental health outreach services are able to respond to client need within the timeframe identified by the prioritization process.	Comparison of response times to established benchmarks regarding access of services based on need (e.g., urgent, emergent, and routine)
3a. Plans are created with all clients utilizing the outreach services that provide direct care.	Percentage of mental health outreach clients with a plan
3b. Plans are revised based on client need and clearly outline roles and responsibilities of all partners in care.	Percentage of partners in care reporting this goal as met
4a. Coordinating mechanisms / processes are established for the following resources: housing, financial, peer support, supported employment, services for complex cases, legal, culturally competent services, health services, and urgent services.	Percentage of coordinating mechanisms / processes in place
4b. Mental health outreach services are linked to coordinating mechanisms to facilitate client access to resources within community that address client need.	Percentage of outreach services that report being able to access coordinating mechanisms specific to client need



Collaborate with community partners to provide continuity of care	Measure
1a. Mental health outreach services are utilizing the electronic health record to share information.	Evidence of utilization
2a. Mental health outreach services that provide direct client care are engaged in community development activities that directly influence clients determinants of health in the areas of housing, reduced discrimination and stigmatization of mental illness, supported employment, and accessing health care services.	Evidence of community development activities in areas outlined in goal
3a. A process is in place to monitor wait lists and wait times for outreach services considered exclusively outreach.	Evidence of process in place
3b. The electronic health record is used to provide statistics regarding the number of clients utilizing outreach services.	Evidence of utilization
3c. Networks, comprised of outreach services and community partners, that facilitate client care in the community, are established and maintained.	Outreach services and community partners are able to identify networks that facilitate client care in the community

Recruit and retain a competent and passionate workforce	Measure
1a. Clear roles and responsibilities are established and communicated to all outreach staff.	Percentage of outreach staff who report that roles and responsibilities have been clearly communicated
2a. Clients and staff feel safe.	Percentage of clients and staff reporting
2b. All mental health outreach staff that provide direct service to clients are offered one or more professional development opportunity per year.	Evidence of opportunities Percentage of staff reporting
2c. The mental health outreach services staff that provide direct service to clients work within a just and trusting culture.	Percentage of staff reporting on culture measure



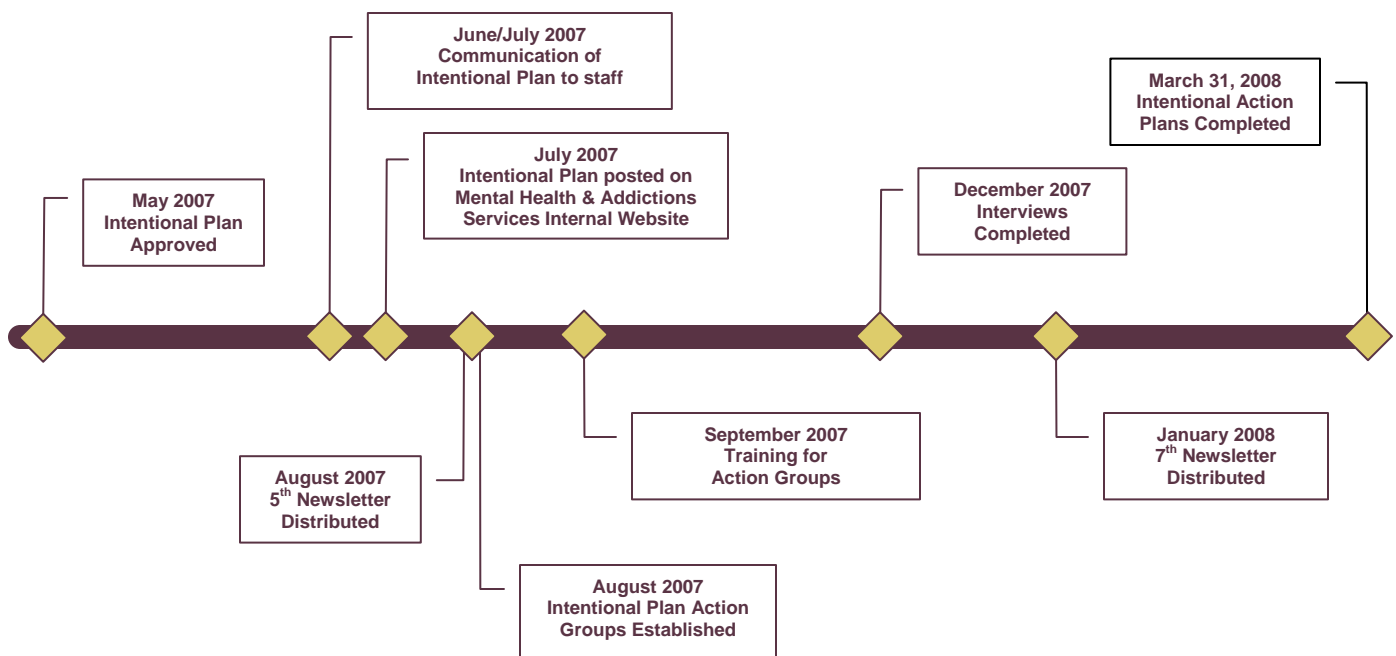
Intentional Action Plans

Three action groups will be formed to develop intentional action plans to fulfill the intentions in the three areas: providing client centered care, collaborating with partners within the community to provide continuity of care, and recruiting and retaining a competent and passionate workforce. The action groups will be led by the Outreach Framework project lead. Each group will be comprised of 8 – 10 members, including CHR staff and community members.

The members of the action group will receive education on the Appreciative Inquiry process and be trained as interviewers. Utilizing the Appreciative Inquiry process, members will interview staff in representative services within the community to:

1. Discover stories of success (the best of what is) and different perspectives on what should be related to specific intentions (e.g., creation of plans for clients). Action group members will be asked to interview someone they do not know or do not know well so that the process also serves as a networking activity.
2. Action groups will also be provided with reference material to enable generative benchmarking. This will include information from environmental scan and the literature review completed in Phase 1 and additional reference material related to a specific topic (e.g., role clarity, networking, communities of practice, etc.)
3. Using these materials and the information from the interviews, the action groups will capture innovative ways to fulfill the intentions stated in the intentional plan.

The following timeline is proposed for the completion of the Intentional Action Plans.



Communication of the Plan



Outreach Operations
Committee members to
distribute intentional plan



Publication of the Outreach
Newsletter outlining the plan
highlights



Outreach framework project lead will
target each service that provides
outreach to introduce the plan & elicit
feedback and interest in joining an
Intentional Action Group



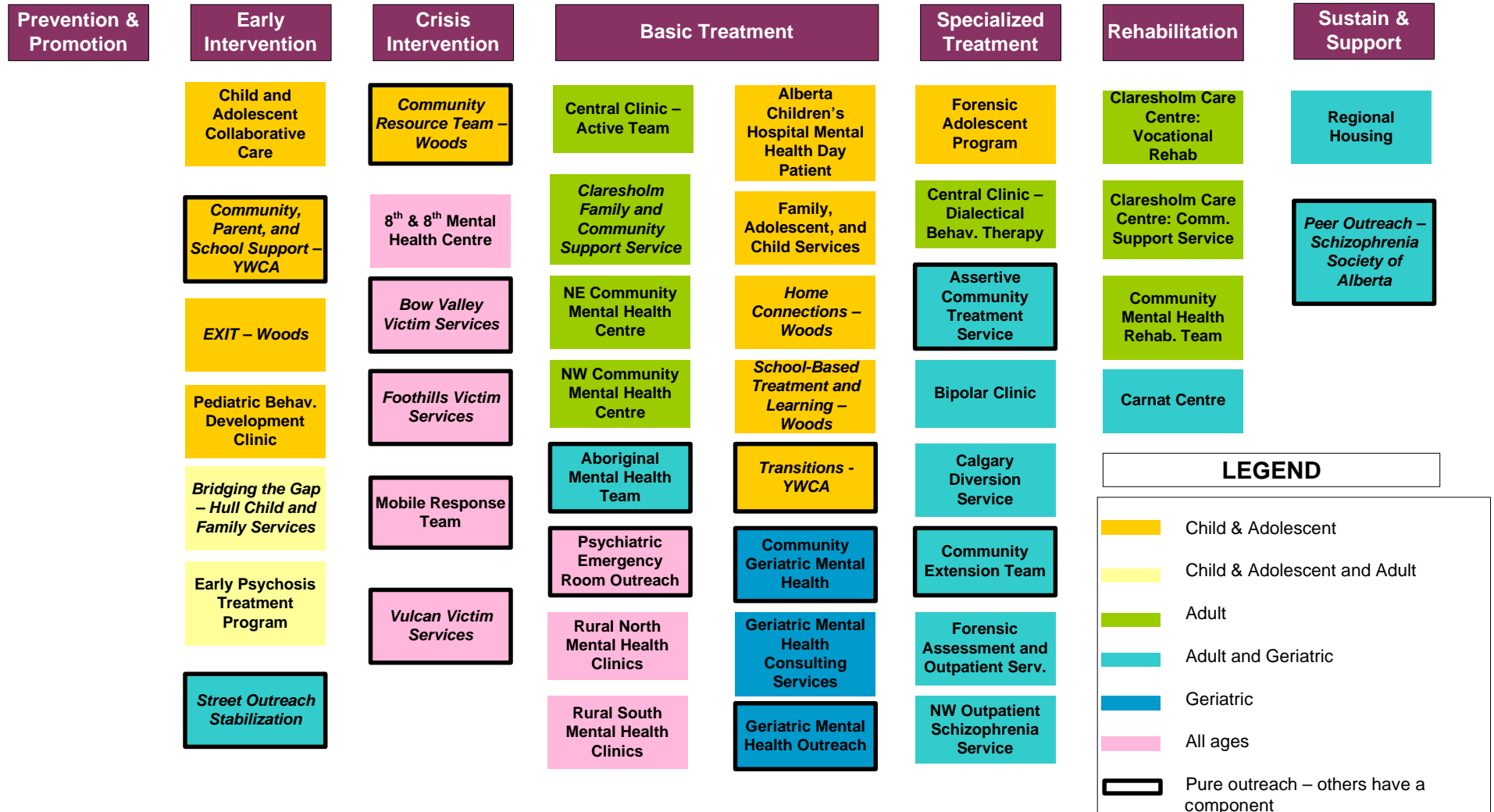
Create and capitalize on
opportunities to incorporate
community input into the
intentional plan



Plan will be posted on the
Mental Health and Addictions
Services Internal Website



Continuum of Care



Rural North includes clinics in Airdrie, Cochrane, Didsbury, and Strathmore Chestermere; Rural South includes clinics in Black Diamond, Claesholm, High River, Nanton, Okotoks, and Vulcan; Rural West includes clinics in Canmore, Banff, and Lake Louise



