

Protocol
 Between
Alcohol, Drug & Gambling Services (ADGS)
Public Health & Community Services
City of Hamilton
 And
The Children's Aid Society of Hamilton
Catholic Children's Aid Society of Hamilton

In respect of the **Choices and Changes Project** to be delivered under
 Community Capacity Building Initiative funding

Service Description	Onsite Addictions Worker within child welfare agencies to deliver clinical assessment and consultation in respect of substance abuse issues with identified clients. Engage clients in pursuit of successful behaviour change, including relapse and harm reduction approaches to ensure safety of individuals, especially children. Motivational interviewing and brief counselling towards reinforcement of client self efficacy, hope and optimism. Provisions of Starting Point Program and Taking Steps Program. Training of child welfare staff in respect of addictions and appropriate interventions.		
Funding	\$85,000		
Target Group	Adult individuals identified by child welfare agency as having a familial relationship with children who are at risk and engaged in a child welfare intervention. Adults who are believed to have compromised capacity to parent or protect children owing to substance abuse issues.		
Service Targets	200 adults in total	140 CAS clients	60 CCAS clients
Service delivery period	April 1, 2007 to March 31, 2008		
Outcome Targets	Per Project: <ul style="list-style-type: none"> ○ Service delivery to 200 adult clients ○ "Champions" established in each agency with increased knowledge of addictions and appropriate interventions. ○ Engaged individuals 	Per Child Welfare impacts <ul style="list-style-type: none"> ○ Increased quality in identification and assessment of substance abuse issues and impact on parenting ○ More effective and meaningful and definitive service planning with possibility of earlier permanency planning ○ Earlier and more fulsome individualized ownership of addiction issue and appreciation for impact on parenting 	

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	<p>experience greater self efficacy, hope and optimism.</p> <ul style="list-style-type: none"> ○ Worker and supervisor satisfaction ○ Increased successful and earlier reunifications in neglect cases ○ Fewer transfers to ongoing in this maltreatment category ○ Fewer re-referrals in this maltreatment category
Performance Measures	<p>200 adults engaged in assessment and consultation process Participant satisfaction and acknowledgement of intervention benefit Satisfaction of child welfare workers and supervisors. Increased sense of parental engagement in case planning in these cases. Number of clients that move forward with recovery plans and referred to community supports. Reduced testing costs to Child Welfare agencies. Child welfare staff "champions" are identifiable.</p>
Client Eligibility	<p>Program must serve exclusively child welfare clients. Clients will be referred directly by child welfare source to the service. Clients will also continue to be eligible for access to any other relevant and needed community service, including those accessed through Contact Hamilton. Clients will be adults, identified by child welfare agency as suspected of having a substance abuse problem that is related to assess risk for a child.</p>
Referral processes	<p>Child welfare staff determines concern regarding substance abuse and carries out brief screening (CAGE or AUDIT) and/or medical screening. Consultation between child welfare worker, Addictions Worker Brief Stages of Change interview to assess process of intervention.</p>
Access Mechanism, linkage to community processes	<p>Contact Hamilton is the single access point to MCYS-funded children's services and MCSS-funded developmental services. Contact Hamilton provides coordinated information about services for children and people with developmental disabilities. Where indicated, agencies, youth and / or families requesting information about and / or access to services for children or people with developmental disabilities will be encouraged to call Contact Hamilton at 905-570-8888.</p>
Case Management Responsibility	<p>Child welfare worker maintains case management of the child and family in respect of the child welfare intervention. There is no specific case management assignment for the adult in consultation. Alcohol, Drug & Gambling Services addictions worker assumes case management responsibility for engaged adult client, including referral to other services where amenable.</p>
Service Process	<ol style="list-style-type: none"> 1. Referral process as above 2. After brief stages of change interview (approximately 30 minutes) assess engagement to move forward. 3. Harm Reduction Sessions (2) - <i>Starting Point Program</i>. 4. Observations of follow up, demonstration of choices based in harm reduction session learning. 5. Could go to Comprehensive Assessment/Treatment Planning (90 minute appt) or could end involvement 6. Potential to move client out to appropriate community source of treatment.
Any requirements of convention	<p>Confidentiality must be assured as per usual agency policy, child welfare agency policy, and in compliance with Freedom of Information and Protection of Privacy Act. Ministry of Community and Social Services Serious Occurrence Reporting policy guidelines must be observed. Additionally, notification to the child welfare agency of serious occurrences</p>

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or contentious issues reported to the Ministry.
 Program is to be delivered under the governance structure of the Alcohol, Drug & Gambling Services department of the City of Hamilton and as such is subject to all legislative, regulative and policy requirements of that corporate entity.
 Alcohol, Drug & Gambling Services are delivering this project on behalf of the Hamilton Addiction System Coalition, and as such will work with that body to ensure appropriate support to the delivery of the project and information sharing.

Documentation Requirements	<p>Per Case: The following are not disclosed: Case notes Summary assessment Comprehensive Assessment in some cases Summary of referral to other services in some cases.</p>	<p>Per Project: Roster of case consultations that indicates dates where cases moved through additional stages of assessment. Summary reports of progress of project capturing number of clients, stages of intervention achieved, linkages established with staff and data in respect of performance measures. Final evaluation of project.</p>
Reporting methods	<p>Per Case: Provision of documentation to child welfare worker/supervisor for inclusion in child welfare file, including:</p> <ul style="list-style-type: none"> ○ Summary of brief screening and stages of change interview. ○ Appointments attended. ○ Treatment plan. ○ Record of delivery of harm reduction sessions. <p>Ad hoc contact with worker/supervisor and program coordinator</p>	<p>Per Project: Identification of any serious occurrence or contentious issue to child welfare program contact as soon as possible. Collection and submission of data and summary reports as above. Quarterly reporting.</p>
Problem solving mechanisms	<p>Problems or concerns are to be identified to the child welfare project contacts as soon as possible. Client complaints are to be initially addressed by the Addictions Worker with notification to the child welfare agency. Worker concerns are to be initially addressed with the supervisor or project coordinator with notification to the service provider. After initial attempts to resolve concerns, project managers will assess issues and make resolution decisions. Any unresolved complaints beyond this point are to be referred to the senior managers of each organization.</p>	
Evaluation process	<p>An interim progress check will occur in December to support any required redirection in the project. Final evaluation of the project will begin in mid February to summarize all of the evaluation data and reports submitted by that date, to measure results and to support future planning. Evaluation will include analysis of data, synthesis of client feedback, summarization of progress reports, lessons learned, child welfare and addictions worker feedback, and assessment of outcome impacts at case and caseload level.</p>	

Successful delivery of quality services and completion of the contract does not imply that the program or service will continue. Community Capacity Building investments are made based on the needs of child welfare caseloads and the capacity of the

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community to meet those needs.

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Signatures			
Date	Aug 20/07	Sep 13/07	Aug 22/07