CAPACITY BUILDING: A MODEL FOR STREET OUTREACH

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CAPACITY BUILDING: WHY DO IT?

Capacity Building in Public Health

The notion of capacity building in public health has come about for two reasons. The first has to do with the scale of action needed to improve the health of the population. Because such large-scale action is required, significant improvement in public health would be difficult to achieve with the current workforce and its support systems without expanding the available resources. Capacity building focuses on workforce and organizational development. The second reason is recognition that the engagement and commitment of people to an issue or goal are necessary in order to bring about sustained change in individuals' behaviour and social and physical environments. Unless goals are understood, accepted and embraced by community members, there is limited scope for change. A focus of capacity building is to build community capacity, usually by developing community structures (social and physical) or developing community members' skills.[1] The two focal points of capacity building revolve around expanding the workforce and the development of shared goals and knowledge. Theoretically this sounds like a reasonable approach but what does it actually mean in practice? How do you expand your workforce and how do you strive to have shared goals?

Capacity building focuses on workforce and organizational development.

Capacity Building in Social Services

The public health model of capacity building is also appropriate for social services. The issue of homelessness generally falls under the funding sources of social services rather than public health. However, it is impossible for any one agency to put a dent in the many issues associated with homelessness. Community programs typically come and go, often disappearing because they duplicated services and lacked sustainability. The question arises as to whether any two agencies in a community should offer the same service. A key consideration is the desire to offer clients choices about the services they are receiving. Clients can have choice when they have staff from various agencies with various values and beliefs coming together to provide service. The time has come for all levels of government to look at the needs of individuals and design programs to meet those needs by building capacity within our existing agencies.

Clients have choice when staff from various agencies come together to provide service.

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DEVELOPING A CAPACITY BUILDING MODEL: A CASE STUDY

The history of the Mental Health/Outreach Team in the City of Hamilton illustrates key steps in developing a capacity building model. The following is an overview of the funding, program and staffing changes that shaped the development of the Mental Health/Outreach Team.

Phase I: City Partners with Hamilton Psychiatric Hospital

Key Points

- Mental health case management program
- Psychiatric nurses for outreach to shelters
- Psychiatric consultation services
- Public health nurses and outreach worker staff van needle exchange program

The initial change happened in 1995 when two nursing staff were added to the City's mental health case management team. The mental health case management program has been funded by the Ministry of Health and Long Term Care for 18 years. The program also has sessional fees available for psychiatric consultation services and two psychiatrists are accessible to staff for case review. The case management program had ties to Hamilton Psychiatric Hospital (now St. Joseph's Healthcare). In 1995 with the move to close provincial psychiatric hospitals, it became evident that more clients living with a mental illness were living on the streets and in shelters. Hamilton Psychiatric Hospital agreed to expand the City's case management team by adding two nursing staff who would provide services to mental health clients living in shelters or in the detention centre. One nurse focused on the men's shelters and the other focused on women's shelters. The mental health community quickly embraced this pilot project which lasted about a year. The shelters found the nurses helpful in assisting clients to manoeuvre within the often-cumbersome healthcare system.

Hamilton's Mental Health/Outreach Team is a partnership between:

- City of Hamilton Public Health and Community Services Dept
- St. Joseph's Health Care Centre
- Hamilton AIDS Network
- Alcohol Drug and Gambling Service
- Hamilton Urban Core Health Centre
- Sexual Assault Centre of Hamilton
- Housing Help Centre
- Good Sheppard Non-Profit Homes
- Centenary United Church
- St. Matthew's House
- The Salvation Army
- Wesley Urban Ministries

St. Joseph's Hospital paid the salary of the nurses and continues to support these nurses on the team. The nursing staff report to the Manager of the Mental Health/Outreach Team for the City of Hamilton but receive their salary from St. Joseph's Healthcare. The nurses attend meetings at St. Joseph's and are responsible for following the policies and procedures outlined by the hospital. They are also expected to follow the policies and procedures outlined by the City. Evaluations are a joint effort but are the primary responsibility of the hospital. Performance issues are the responsibility of the hospital with the Mental Health/Outreach Team Manager providing input.

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The team also includes the staff from the City's Van Needle Exchange Program, an initiative mandated by public health and funded by the Ministry of Health and Long Term Care - Public Health Branch. There are two Public Health nurses in the van program along with an outreach worker. The outreach worker is employed by the Hamilton AIDS Network and Public Health pays for this staff person to work on the van three evenings per week. The Hamilton AIDS Network educates and coordinates the volunteers who work with staff on the van. The Van Program also includes a nurse-run Street Health Clinic. To provide clients with access to a nurse practitioner as well as addiction and sexual assault counsellors, formal service agreements were established between the City of Hamilton and the Alcohol, Drug and Gambling Service, Hamilton Urban Core Health Centre, and the Sexual Assault Centre of Hamilton. None of these agreements include an exchange of money. Since the client group served fits within the mandate of these three agencies, the Street Health Centre is the vehicle where the counselling is provided. These agreements result in a comprehensive service that is now more easily accessible to the client.

Phase II: Community Organizations Join the Partnership

Key Points

- Street outreach
- Outreach to drop-ins
- Staff from community agencies join mental health/outreach team

In 1996 community investment funds became available from the Ministry of Health and Long Term Care - Mental Health Branch. These funds were to be used for services that would assist individuals living outside the provincial psychiatric system. The Mental Health/Outreach Team requested funding to add two additional staff to the team. These staff would attempt to engage individuals who were homeless and living with mental illness and help them access health and social services, thus expanding the Mental Health/Outreach Team's outreach role. The nurses would continue to focus on particular shelters while the engagement team would focus on the streets and drop-in centres. This time the Mental Health/Outreach Team would be the transfer payment agency for the program. To further expand the capacity building model, Housing Help Centre and Good Shepherd Non-profit Homes were approached and asked if they would be willing to participate. The Housing Help Centre was approached because of its expertise in assisting individuals to find housing. Good Shepherd Non-Profit Homes Inc. has experience working with homeless men, women and youth. They administer several shelters in Hamilton, operate some mental health funded programs and offer a wide range of housing options for marginalized individuals. The proposal to the Ministry of Health was accepted and funds were received to add two additional staff to the team. The Mental Health/Outreach Team, as the transfer payment agency, would pay Housing Help Centre and Good Shepherd Non-profit Homes Inc. for two staff, which would enable them to backfill the positions.

The managers of the Housing Help Centre and the Good Shepherd along with a staff member from the outreach team met to interview potential staff. Two staff were selected, one from each agency, and they joined the Mental Health/Outreach Team. Both staff had been employed by their respective agencies for some time and both were social workers. They brought with them an understanding of the work done by their agencies along with the values and beliefs held by their organization.

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A management challenge was how new team members would maintain the understanding of the work, beliefs and values of their home agency. One way was to ensure contact with their home agency was maintained. To facilitate contact, the staff attend meetings at their home agency along with functions and educational sessions. In addition, the staff member from Housing Help Centre works a half day per week at the agency's front desk.

Phase III: Identifying Specific Skills Sets to Enhance the Street Outreach Partnership

Key Points

- Expanded staff resources for street outreach
- New team members include a minister, addictions counsellor, staff from a multi-service agency

In 1998 the Ministry of Health announced funding for supportive housing projects for individuals living with a mental illness. The mental health community in Hamilton through its Regional Psychiatric Program Committee submitted a supported housing proposal. Good Shepherd Non-profit Homes Inc. would be the transfer payment agency. One of the arrangements made with Good Shepherd in the development of the proposal was that two additional staff would be added to the Mental Health/Outreach Team. The proposal for the supported housing program was funded, with resources allocated for outreach staff whose role it would be to connect with, and engage, people living with a mental illness who are on the streets in an attempt to help them access health and/or social services. Their role would be the same as the role of the two social workers previously added to the team. The Good Shepherd would be the transfer payment agency and the Mental Health/Outreach Team would invoice them for the staff.

To continue with a capacity building framework, consideration was given to what other skill sets would add value to the team. As many clients had issues with addictions the team approached Alcohol, Drug and Gambling Services for a half time staff person. As the issue of spiritual support was often raised, the Centenary United Church was approached for the services of a full time minister. St. Matthew's House, an agency providing support services such as a foodbank, seniors services, day care, and shelter beds, was also approached for a half time staff person. The Mental Health/Outreach Team now had added one full time staff member and two half time staff members to the team, all bringing with them various skills and the mission, vision and values of their home agencies. The Minister on the team runs a weekly outreach program at his church, visits case management clients if there are spiritual issues they would like to address, and conducts funerals for Mental Health/Outreach Team clients as needed. The addictions

Capacity Building Through an Expanded Workforce and Shared Goals: Rewards and Benefits

1. Clients have access to a wide range of agencies and staff skills.
2. Multiple agencies acknowledge shared goals, values and purpose.
3. Team members have a sound knowledge of other agencies.
4. The team approach results in a critical mass of staff who can provide continuity in service.
5. Staff who would normally be a "one of" in an agency now have the support and mentoring of other staff involved in similar work.
6. A multi-agency team is an excellent learning opportunity for students.

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counsellor from Alcohol, Drug and Gambling Services works at her home agency half time thus maintaining her skill set. Her work with the Mental Health/Outreach Team assists her agency colleagues and the team in understanding the issues of clients with concurrent disorders. Other team members obtain her assistance when working with clients with addictions issues. The staff person from St. Matthew's House works at the agency's food bank a half day per week and brings with him a knowledge of the issues related to families living in poverty and the unique needs of aboriginal people.

Challenges and Pitfalls

1. Maintaining a sense of team while respecting and acknowledging the unique differences of staff and agencies.
2. Different union and wage agreements between agencies.
3. Building in time for the team manager to maintain relationships with agencies.
4. Maintaining clarity between the team manager and the agencies about who employs the staff and overcoming the need for ownership.

Phase IV: Focus Goes Beyond Individuals with Mental Illness

In 2000, the Ministry of Community, Family and Children's Services requested proposals for *Off the Streets and Into the Shelter* programs. The focus of these funds would be homelessness but not specifically focussed on mental illness. A group of agencies working with individuals on the street had started meeting prior to the proposal call in an attempt to co-ordinate street and shelter activities. This Street Outreach Steering Committee still meets today. The committee discussed what staff resources they would like to see added to the existing street outreach team and concluded that a youth worker, a family worker and some co-ordination of street outreach activities were needed. The need for a co-ordinator's role was becoming evident because frequently there was several people working with the same client on the same issue, and often agencies were seeking the same type of supplies (e.g. hats, mitts). The role of the co-ordinator would be to coordinate service not people. A proposal was submitted on behalf of the Street Outreach Steering Committee and funds were received. Two and one half additional staff would be hired to join the team. The Salvation Army was approached for a half time staff as they have a family services focus and the Mental Health/Outreach Team often visits clients in their shelters. The staff from the Salvation Army spends a half day per week working at their food bank. The Wesley Urban Ministries, known for its youth program, was approached for a full time staff person. The youth worker from Wesley spends several hours a week at the agency's Transitional Youth Program.

Key Points

- Team expands to include a youth worker, family worker, street co-ordinator, and harm reduction outreach worker
- Expanded skill set on team brings value to community agencies

Composition of Mental Health/Outreach Team

- 3 public health nurses as case managers
- 2 psychiatric nurses
- 2 consulting psychiatrists
- 4 social workers (with expertise in housing, addictions and poverty)
- 1 minister
- harm reduction outreach worker
- 2 public health nurses and 1 outreach worker staffing van
- youth worker
- family worker
- street co-ordinator
- team manager

In 2000, the Mental Health/Outreach Team received

funding from the Ministry of Health and Long Term Care - AIDS Bureau for a full-time outreach worker to promote harm reduction practices with individuals using injection drugs. The team approached the Wesley Urban Ministries and an outreach worker was hired by Wesley who is now a member of the Mental Health/Outreach Team.

By developing the skills of the Mental Health/Outreach Team members we are also expanding the skills of their home agencies.

If a focus on capacity building was to expand the workforces and develop community members' skills then it was important to ensure that as many agencies as possible that work with those who are homeless were participating on the Mental Health/Outreach Team. The intent is that by developing the skills of the Mental Health/Outreach Team members we are also expanding the skills of their home agencies. Since the home agency also gains some additional work time from their staff member it seems only fair to ensure that all agencies serving homeless populations have the opportunity to participate if they choose to.

The way to get things done is not to mind who gets the credit for doing them. Benjamin Jowett

The Mental Health/Outreach Team continues to have three case managers who are Public Health nurses, in addition to consulting psychiatrists; two psychiatric nurses; four social workers with expertise in housing, addictions, and family poverty; a Minister; a harm reduction outreach worker, two Public Health nurses and an outreach worker on the van along with service agreements with Hamilton AIDS Network, Alcohol, Drugs and Gambling Services and Sexual Assault Centre of Hamilton. Finally, a youth worker, a half time family worker and a Street Co-ordinator were added to the team. The only difference in these new roles is that they do not have to focus exclusively on those living with a mental illness on the streets. Except for the 3 Public Health nurses, all staff continue to be employed by a community agency and their work on the Mental Health/Outreach Team is funded from a variety of sources. They have two managers and two sets of policy and procedural guidelines that set out the parameters of their work.

Policy and Protocol Development: Things to Consider

1. Obtain legal counsel at the outset to develop contracts outlining wages, responsibilities and a conflict resolution protocol.
2. Ensure the team manager is aware of the human resource policies of each partnering agencies (e.g. vacation, sick time, and conflict resolution guidelines), as the partnership contract is with the agency and not the individual staff member.
3. Have the team develop program policies and procedures which respect the unique differences between agencies.

As the funding sources and agencies are different, there are differences in salaries, vacation and union requirements. Some staff are unionized and some are not. All staff spend some time at their home agency to ensure they maintain contact with their agency and share information about the activities of the Mental Health/Outreach Team at Public Health. Because the program is administered by Public Health and Community Services, team members have

access to all Public Health services. Questions about communicable diseases, sexually transmitted infections, school programs, health promotion and health protection can all easily be answered. The team members are treated as if they are Public Health staff and have City identification cards, access to computers, and the library.

Concluding Remarks

When reading this paper you may wonder what it is like to be the Manager of the program. Well, it is indeed a challenge. When I was new to this role, I wondered what possessed my predecessors to go this route. It was difficult to figure out all the contracts, the funding, and differences between staff and agencies regarding so many issues. I was certain there would be a mutiny or coup at some point. Well here it is four years later and I now have a great admiration for my predecessors and an incredible respect for the agencies that have participated in this innovative and creative adventure. The staff have been exceptional in understanding and accepting the differences of agencies and individual skills. It is not an easy road but it has been made easier by the fact that all those involved have made a commitment and share the same goal - to provide unconditional support to those who are the most marginalized in our society.

I was certain there would be a mutiny or coup at some point.

A capacity building model can pull together community agencies in a way that expands a workforce to meet the needs of a particular population. Capacity building to create a team or program is an excellent way of developing community members' skills and reinforcing shared goals and values.

Nothing can be more absurd than the practice that prevails in our country of men and women not following the same pursuits with all their strengths and with one mind, for thus, the state instead of being whole is reduced to half. Plato

There is nothing so easy to learn as experience and nothing so hard to apply. Josh Billings

Additional Resources

The Community Development Handbook: A tool to build Community Capacity. 1999. Sponsored by Labour Market Learning and Development Unit, Human Resources Development Canada. 90 pages. Download from www.hrdc-drhc.gc.ca/community. Also available in French.

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