

## FINAL REPORT – Programme Réaffiliation Itinérance et Santé Mentale (PRISM) BONNEAU AS OF DECEMBER 31st, 2018

Project funded in part by the Government of Canada through Innovative Homelessness Solutions in the Homelessness Partnering Strategy.

### Is the project on the right track; is it on track or has it already achieved the expected results in the agreement?

The project was suspended at the end of December 2018 when the social worker assigned to the PRISM Bonneau left. Given the recruitment issues and the planned end of project funding on March 31<sup>st</sup>, 2019, it was decided to stop the project's activities by December 31<sup>st</sup>. This document therefore lists the final results of the PRISM Bonneau.

### Are there any issues that could jeopardize the success of the project?

Many issues were identified during the project. At the end of the activities, a review of the activities was carried out in collaboration with the clinicians, the psychiatrist, the clinical coordinator and the former Centre Intégré Universitaire de Santé et de Services Sociaux du Centre-Sud-de-l'Île-de-Montréal (CCSMTL) manager assigned to the project.

Here is a summary of the major findings from this review:

#### **Instability of the CCSMTL professional staff**

- 6 social workers who have worked and left at PRISM Bonneau over a period of one year. This high turnover had a significant impact on the continuity of care and patient reception capacity at the PRISM.
- During the integration of a new social worker, the orientation, training and adaptation period limits the performance of the PRISM.
- The nature of the clinical work realised by the social worker calls for a professional profile that can be a challenge to recruit, the clinician having to be particularly experienced and autonomous in order to be able to coordinate efficiently the clinical work in the field.
- A better period of orientation / integration and a twinning with the other the other PRISM social workers have to be put in place for future recruits. This would favor the retention and the stability of the personnel of the CCSMTL. This type of structure is difficult to put in place when faced with unplanned departures.

#### **Difference in the nursing presence at PRISM Bonneau and other PRISM models**

- The other PRISMs benefit from a part-time nursing presence, allowing for increased

interdisciplinarity, clinical support and replacements during the social worker absences. The complexity of the cases that are referred to the PRISM can quickly be difficult to navigate alone for the social worker and the nursing presence makes it possible to optimize the intervention work done, while sharing the load of these follow-ups with a colleague.

- The clinicians who worked at the PRISM Bonneau named an additional workload related to a consultative role for community and institutional partners, responding to several calls and requests for information or clinical orientation from these different actors. Although extremely relevant, this role adds to the social worker's task and may exacerbate the clinician's perception of overload.

### **Lack of a community of practice-type support structure**

- The relative isolation (both geographically and from other colleagues) of the PRISM Bonneau was named by all the clinicians who worked there. The establishment of a community of practice, put in place by the end of summer 2018, has been identified as supportive but could not achieve the desired effect at the PRISM Bonneau because of its late implementation.

### **Misunderstanding of inclusion criteria at PRISM Bonneau by partners**

- A significant proportion (65%) of the referrals to the PRISM Bonneau come from hospitals (Notre-Dame Hospital, Centre Hospitalier de l'Université de Montréal (CHUM), Montreal General Hospital). The turnover of front-line staff at the Accueil Bonneau may partly explain the difficulties of recruiting patients from the organization itself. However, a partnership with the Accueil Bonneau has helped to increase that type of recruitment in the last few months.

- Some referral issues have occurred in connection to a misunderstanding of the PRISM inclusion criteria among frontline and institutional partners. These referrals, for people with profiles not compatible with PRISM, contributed to some confusion among these partners who may have hesitated to again refer people to the service. Communication work was done in the fall by the team's clinical coordinator to optimize referrals and insure that the criteria were well understood.

### **Prolonged stays at the PRISM in the absence of available transitional / supervised housing for patients**

- The duration of a treatment episode at the PRISM can extend beyond the period previously planned (4 to 6 weeks) since available housing corresponding to the needs of people ending a stay at PRISM are scarce. This extension of stays may affect the performance of the PRISM, which can not accept new referrals and new patients for lack of available beds.

## The structure of the PRISM Bonneau differs from other PRISMs

- Internal recruitment of potential patients at the Accueil Bonneau differs from the one in place in other PRISMs since the resource is not a refuge, but mostly a day center. It is therefore more difficult for resource's staff as well as for the PRISM social worker to identify people who may have mental health symptoms consistent with the profile sought for a stay at the PRISM. The ability to observe a person for a longer period prior to referral is referred to as a facilitator in other PRISM structures.

-Partnership work and continuous clinical training of the Accueil Bonneau's staff therefore remain central in the ability to refer patients to the PRISM or persons who may otherwise not be connected to the healthcare system.

## Final results (as of December 31<sup>st</sup>, 2018)

Number of people evaluated as of December 31 <sup>st</sup>	177			
Number of patients admitted as of December 31 <sup>st</sup>	68			
Number of organized discharges	33			
Autonomous housing	19			
Number of days of service offered	2921			
Average length of stay (days)	43.01			

## Detailed results

*The Bonneau reception will reach several hundred people daily experiencing chronic homelessness not attending any shelter or the services offered by the CHUM or the CCSMTL.*

- At the end of the project on December 31<sup>st</sup>, 2018, 177 people had been evaluated, including 59 referrals from l'Accueil Bonneau's services.

*Approximately 100 people suffering from chronic homelessness will use the PRISM services;*

- 68 admissions have been realized throughout the project.

*75% of patients will see their physical condition improve;*

- All the admitted patients have had their physical health improve, if only because they had a roof and three meals per day while having access to health care services.

*75% of patients will see their mental health improve*

- All those admitted have seen their mental health improve. The access to good living conditions (roof, bed and meals) helped to stabilize the mental state, and active psychiatric follow-up contributed to the treatment of symptoms.

*75% of patients will get out of homelessness and enter stable housing;*

- 48% of people got off the streets, which is consistent with the results of other PRISMs.

*75% of patients will have life projects: study, work and renewing with family and loved ones;*

- For the 48% who managed to get off the street, finding housing or adhering to a clinical program constitutes the realization of a life project.

## Summary of meetings held with the main project's actors

Numerous meetings between CCSMTL and the Accueil Bonneau's officials:

- Review of the first year of activity in May 2018 - (see document # 1)
- Clinical and organisational support for the employees (meetings in December 2017, January, April and May to support social workers with challenges).
  - First 'Staff Day' in December 2018 gathering the social workers of all the PRISM as well as the SII team.
- Weekly clinical supervision with the PRISM Bonneau's social worker (September through December 2018)
- Weekly meetings of the PRISMs, including the social worker and advisor of the Accueil Bonneau (June through December 2018)
- Implementation of clinical team supervisions in conjunction with the CCSMTL Multidisciplinary Services to support the team in their duties (December 2018).
- Final assessment of the project in January 2019.

## Roles and responsibilities of the various staff members

See document #2: Roles description

## Compilation of the obtained data

See document # 3 – Statistics monitoring table (anonymized)

## Team organizational chart

See document # 4 – Presentation of the PRISM

### Organizational chart (as of December 31st 2018)

Mélodie Racine, Coordinator Accueil Bonneau	Constantin Georgiades Coordinator CCSMTL	Elaine Polflit, Manager CCSMTL
Marie-Ève Hamelin, Advisor Accueil Bonneau	Marc-Antoine Dagenais, Social worker CCSMTL	Olivier Farmer, Psychiatrist CCSMTL

## Copy of the press release announcing the funding and launch of the project

As indicated by Mr. Jason Champagne during the telephone interview of November 14, 2018, there was no press release issued prior to the launch of the project.

## New personnel training guidelines

See document # 5 – CHUM clinical guidelines

## Partnership agreements

2 aspects:

1) The partnership between clinical directions of the CCSMTL does not require formal agreements (eg agreement for Montreal housing projects - between the Mental Health & Addiction Programs Direction and the Associate Direction of Partnership).

2) Given the history of collaboration between the direction and several community organizations (such as the Accueil Bonneau), the agreements were often not formalized. This type of agreement has never been an issue in the delivery of services.

