




Co-ordinating Services for Pregnant and Parenting Women

IN A RURAL SERVICE DELIVERY SETTING

- 
- ▶ Amie Foster , Addictions Counsellor,
HopeGreyBruce
 - ▶ Linda Gray, Addictions Counsellor,
HopeGreyBruce
 - ▶ Susie Frook, Public Health Nurse, Healthy Babies
Healthy Children
 - ▶ Judy Moir, Supervisor, Bruce Grey Child and
Family Services

Our catchment area: Grey and Bruce Counties

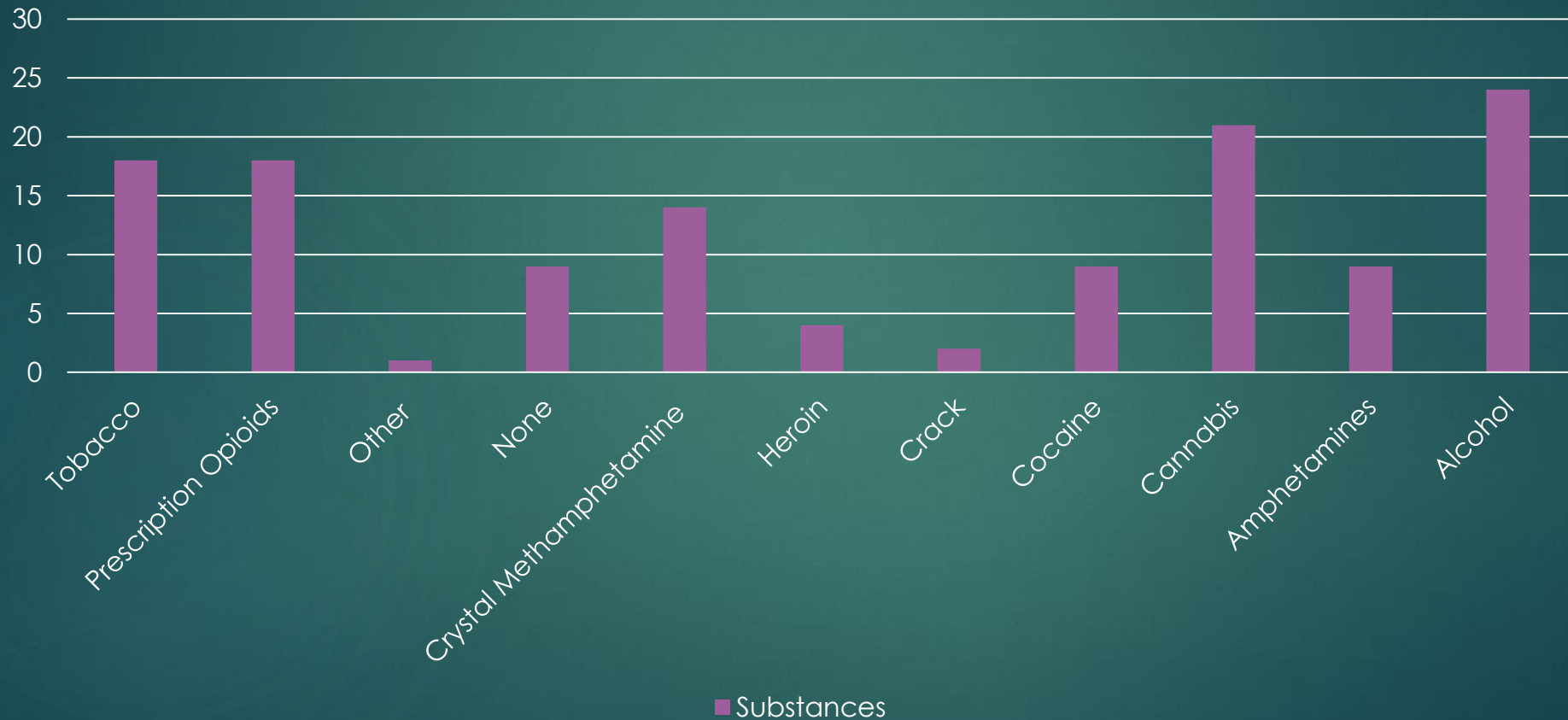


Grey and Bruce Counties cover 8600 square kms and have a population of 161, 977 (2016 Census).



Reported Substances

HopeGreyBruce 2016-2017 fiscal year



The Pregnant and Parenting Program

- ▶ In 2012 the Ontario Ministry of Health and Long Term Care began to respond to Opiate misuse in Ontario
- ▶ Funding was provided for services for Pregnant and Parenting women experiencing opiate and other substance use problems
- ▶ New Directions (an agency of Hope Grey Bruce) received funding for two positions and began offering services in 2013

Our Clients

- ▶ We asked ourselves about the challenges our clients face:
- ▶ Fear of loss of children
- ▶ Concurrent mental health and addictions
- ▶ Hospitalizations for mental health issues
- ▶ Legal issues
- ▶ Low education and barriers to further education
- ▶ Intravenous drug use
- ▶ Victim of abuse, historical and/or recent
- ▶ Poverty
- ▶ Inadequate housing
- ▶ Social Isolation, lack of transportation
- ▶ Few family supports

However....Motivation is high!

Clinical Approach

- ▶ Case Management
- ▶ One on one counselling, assessment and referral
- ▶ Home Visits
- ▶ Attending Court, Victim Witness Assistance appointments/trial
- ▶ Attending case conferences
- ▶ Building client capacity to deal with other services
- ▶ Transporting to and attending doctor's appointments, obstetric appointments and ultrasounds
- ▶ Completing forms
- ▶ Attending groups with clients to reduce initial fear
- ▶ Help find supplies for babies and children
- ▶ Help finding housing
- ▶ Creating safety plans
- ▶ Supervising access

Community Work/ Advocacy

Pregnant and parenting staff attend local committees committed to the health of women and children:

- ▶ Grey Bruce Breastfeeding Coalition
- ▶ Breastfeeding Peer Support Network
- ▶ FASD Leadership Team
- ▶ FASD Prevention Working Group
- ▶ Substance Abuse Community of Practice
- ▶ Smoking Cessation Community of Practice

Substance Involved Mom's Support SIMS

Created with the goal of
building partnerships to
enhance services

How we started collaborating:

- ▶ Director and staff of Pregnant and Parenting services initiated meetings with other agencies serving this population, offered to host working group
- ▶ Gained support of management by making a connection between this topic and each organization
- ▶ Initial group of 8 agencies met to foster partnership, collaboration and planning in 2013
- ▶ Members attended a tour of Breaking the Cycle to see how agencies can work together, decided to implement a rural version
- ▶ Membership in other local committees continued, and invited interested members to the SIMS table
- ▶ Mix of front line and management staff at the table brings varied experiences, visions and ability to make decisions

Our Partners

22 members from 14 partner agencies

- ▶ HopeGreyBruce
- ▶ Grey Bruce Health Services (GBHS)
- ▶ Owen Sound Family Health Team (Dr. Dyke)
- ▶ Bruce Grey Child and Family Services
- ▶ Women's Centre
- ▶ Women's House Serving Bruce and Grey
- ▶ Infant Development (Community Living Owen Sound)
- ▶ Keystone Child, Youth and Family Services
- ▶ Saugeen First Nation
- ▶ M'Wikwedong Native Friendship Centre
- ▶ Southwestern Ontario Aboriginal Health Access Centre (SOAHAC)
- ▶ Ontario Addiction Treatment Centre (OATC)
- ▶ Midwives Grey Bruce

Our Mission

To collaborate as partner organizations in the planning, development and delivery of appropriate services for pregnant and parenting women experiencing substance problems

SIMS Work

The SIMS group:

- ▶ Barriers, stigma
- ▶ Information and training
- ▶ Network, collaborate and brainstorm
- ▶ Identify gaps in service
- ▶ Consistent screening methods
- ▶ Case consultation
- ▶ Unified belief and understanding
- ▶ Issues (Methadone, Cannabis)

Benefits

- ▶ Improved communication between agencies
- ▶ Streamlined referrals, case conferences
- ▶ Increased capacity
- ▶ Better case management
- ▶ Earlier intervention

What we learned

- ▶ Having a mix of front line staff and management is important
- ▶ Tap into existing groups and discuss the topic, identify who is missing
- ▶ Sharing resources, training and networking are valuable outcomes
- ▶ There is power to make change in a small group, voice concerns
- ▶ Pooling resources (child minding for groups)
- ▶ Check in with members about time commitment

Questions