

CFCG 2000 PRESENTATION

NIAGARA FALLS APRIL 30, 2000

Introduction:

Preview of what will be presented:

- Cut it out — First impressions
- The Cornwall ‘soap’ the real story
- Blending. Can’t make a cake with eggs alone
- The recipe that works
- A closer look at SWOT
- Identifying clients RIBEER

Addiction Services of Eastern Ontario covers 5305 sq. Kms.

Five United Counties S.D.G.& P.R. and Akwesasne

Counties Population 175 000

Akwesasne 9 000 (Ontario-Quebec and New York State)

French is the mother tongue of 44% of the population

The Eastern Ontario District generally has a lower socio-economic and health status than the provincial average. Incomes are lower than the provincial average as are education levels. Almost **30%** of area families earn less than **\$30 000** annually compared to the provincial average of 20%.

There are 3 Casinos; 1-in Hull Quebec, 1-in Montreal, which are both about 1 hr. away by car or tour bus. The other is located 15 min. away into the State of New York.

There are 2 horse racing tracks, 1-in Ottawa and 1-in Montreal both again about 1 hour by car or tour bus.

Cut-out First Impressions:

Looking through a small window or a door peep-hole is how it was when people were looking at the addictions system for help. They could see a part of what was available but couldn't see the whole.

On the other side of the window service providers were looking out for clients to serve from their very own base with their very own expertise. What was it that we saw; male — female — abusers — children — drug addicts — alcoholics — gamblers — families etc.

The Cornwall “soap”, the real story:

Near the end of 1996 we were all still looking through our little windows from our safe little worlds. The winds of change were beginning to brew at the shores of the Mount Carmel House Treatment Centre in Eastern Ontario. Then came the storm. Mount Carmel House toppled. A domino effect was about to begin.

The consumer thought that all was lost. Of course this consumer was looking from the other side of the window and saw only M.C.H. toppling. For the consumer “all is lost!”, was the cry.

The District Health Council, at that time in Cornwall became aware of the situation and with great concern knew that they had to and must do something, but what! No one really knew. So when you don't know what to do - - - - “Call a meeting”, and so they did. To try and figure out what to do!

The O.S.A.B., with all good intent and some foresight thought that this was an opportune time to engage the process of change. Yes it was a premature state even though we have been talking about change for the past 10 years. However, who is really ready for sudden change even when strategies have been planned. Think of a most personal significant emotional event and you will or should be able to relate.

Well, for the Ministry of Health at that time any change meant savings. Simple, political and sound administration practices.

Agencies realised, or thought they did, that change meant the end of all. The “Chicken Little” syndrome occurred. Turf lines were drawn, battle strategies were being planned and the enemy was everywhere and was everyone and anyone. God help us all!

(where did all the clients go)

Blending; Can't make a cake with eggs alone:

Now that we have put the window away and the dust has settled we find that everything is still intact. There were some fences to mend (completed), and there are some scars to bear, however, "I never promised you a rose garden" so goes the song and real life!

We took all the existing services with each of their special gifts, talents, skills and abilities and blended them together. So instead of having singular, isolated people and services, we share knowledge, resources, thoughts, ideas and each our own way of working. To day we send gamblers to the detox centre to help control their cravings and desires to gamble. We have compulsive gamblers in treatment with other addicts; We can provide assessment and counselling for them and their families; Now everyone in the system is aware and can direct a compulsive gambler to the proper resources.

The recipe that works:

After a few broken eggs and some flour spattered here and there, the finished product emerged. A product that is the envy of all services, the process is what scares everybody, but as we have experienced it wasn't that bad at all.

If we can apply the term 'fine tuning' to this product, well, this is it in evolution. In evolution, because it's not over, there are still things to be done.

(review the organizational chart)

A closer look at SWOT.

We know what we went through and are willing to share some of our experiences with you, but on your own and within your own communities take a look at the S.W.O.and Ts. That you can identify and apply them to your clients and agency.

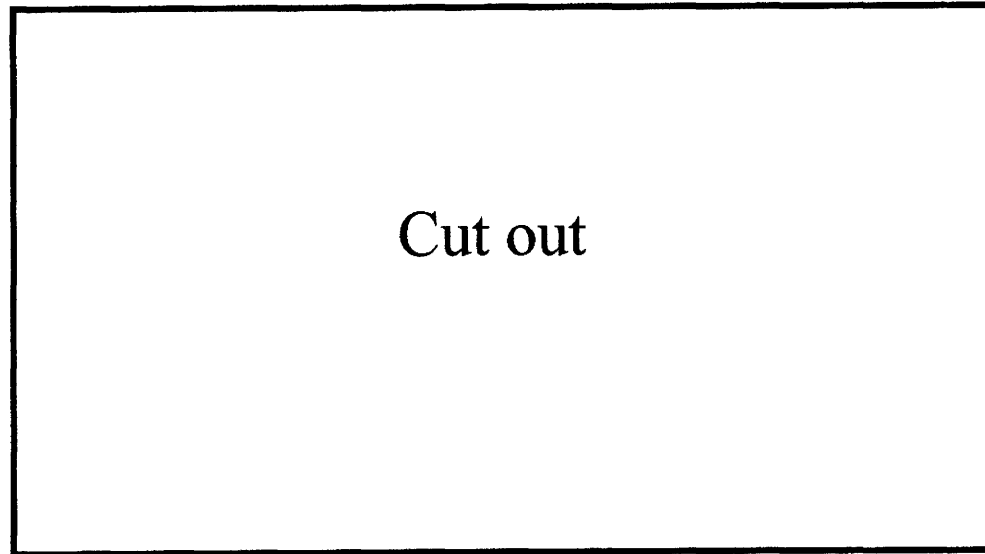
Identifying client's RIBEER:

The integration of services allows the agency to identify and establish clients' level of motivation, which determines to a greater degree the expected results from intervention and treatment. The R.I.B.E.E.R. formula has become an excellent measuring tool, which gives a clearer portrait of clients.

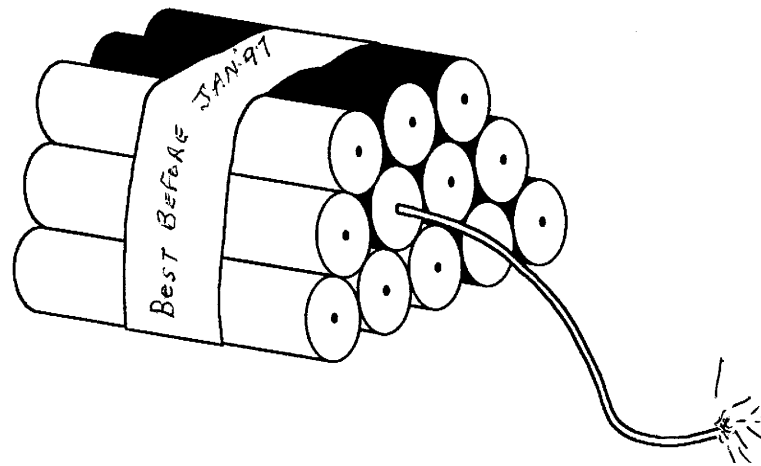
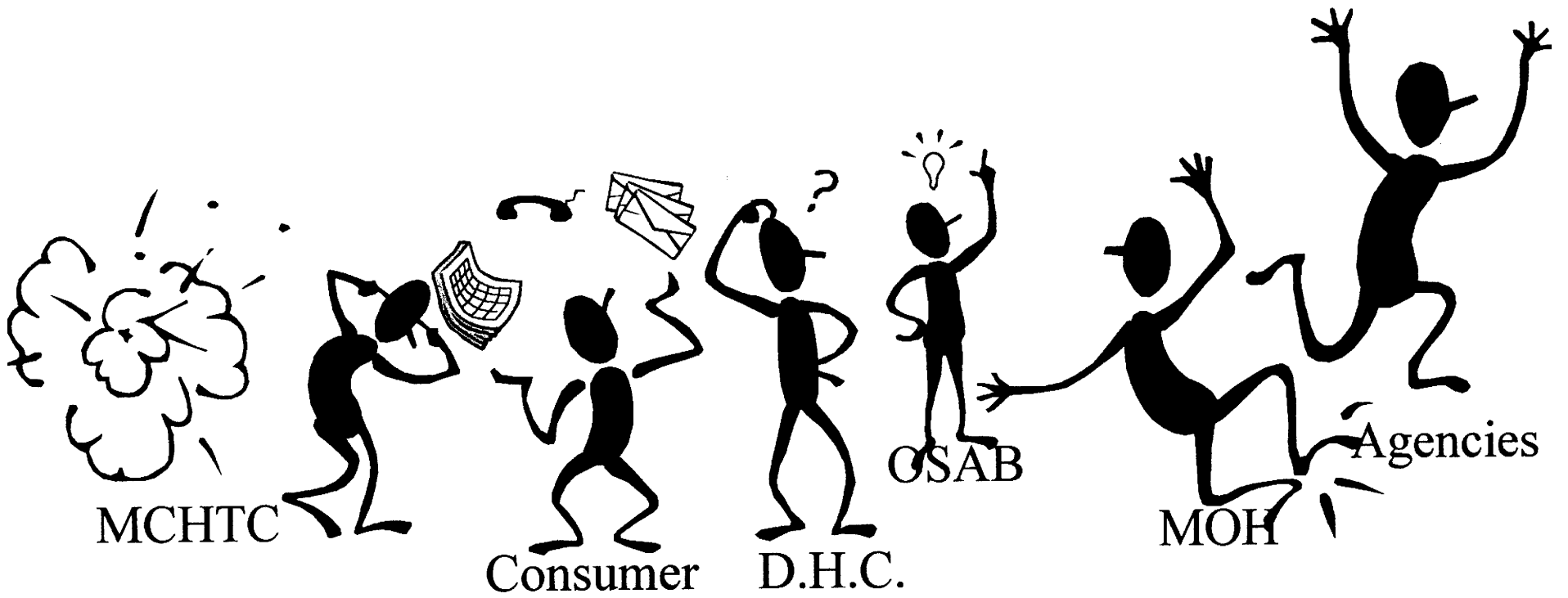
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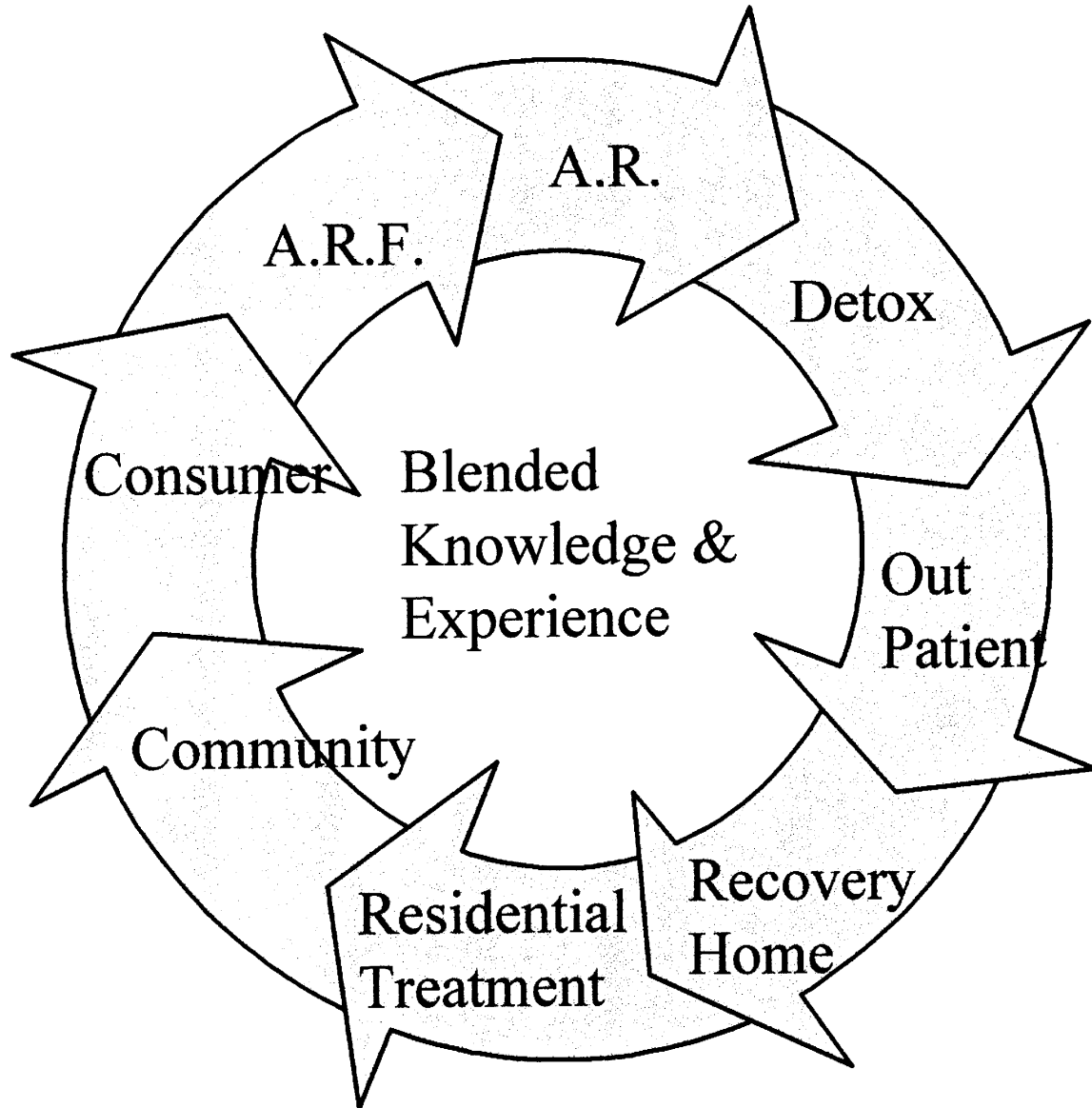
- ✓ Change that which can be altered
- ✓ Explain that which can be understood
- ✓ Teach that which can be learned
- ✓ Revise that which can be improved
- ✓ Resolve that which can be settled
- ✓ Negotiate that which is open to compromise

Accept reality exactly as it is

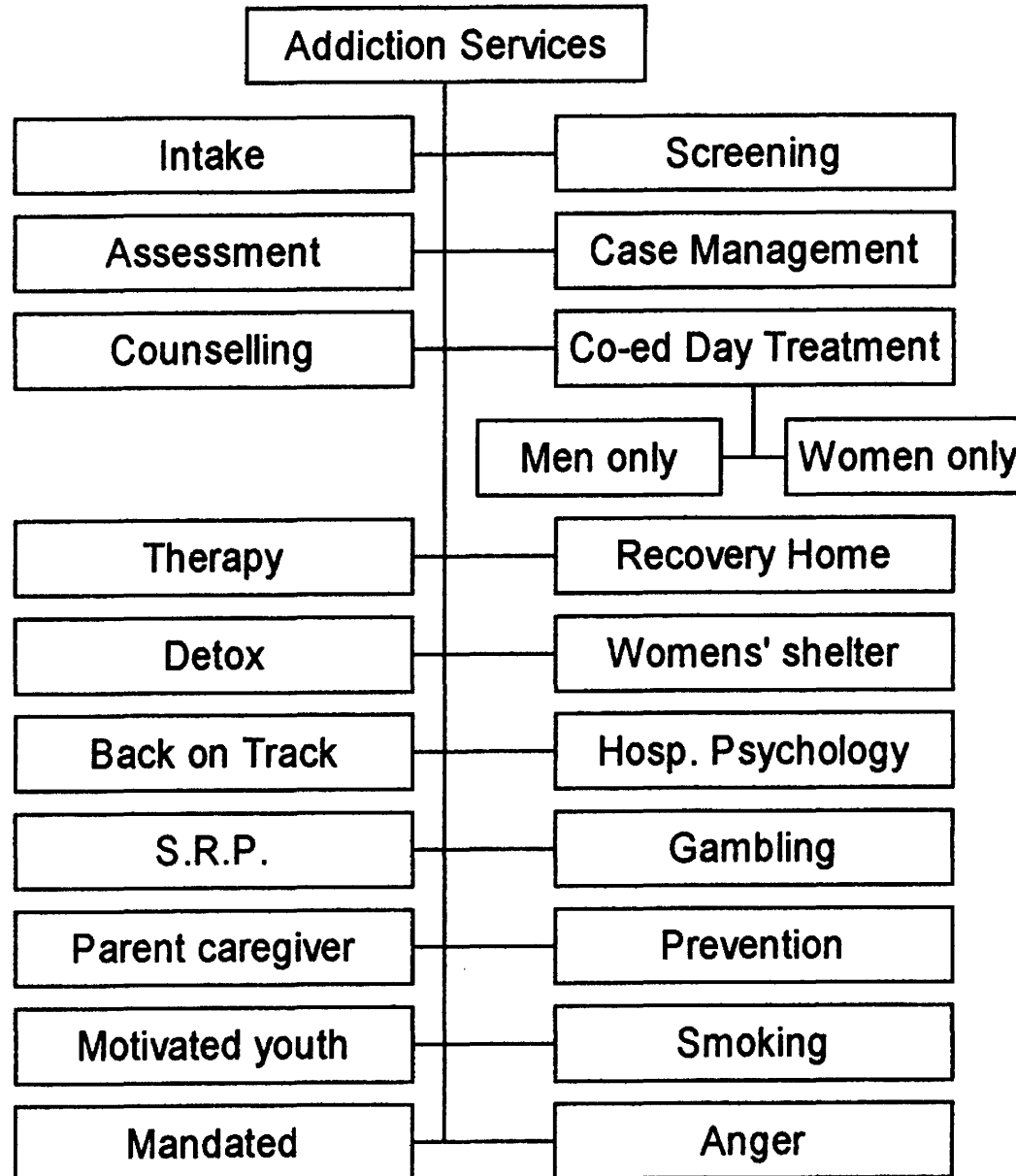


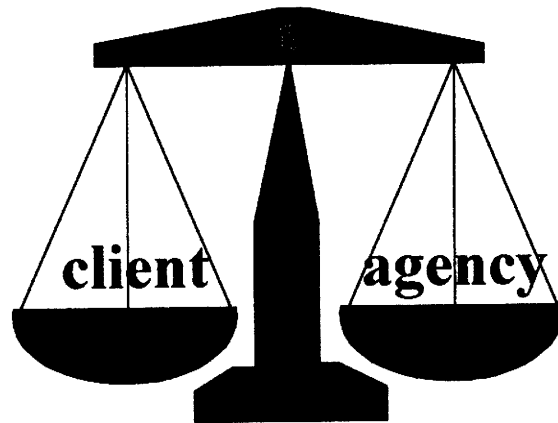
Clients view of us - Our view of clients needs
Hold at arms length can you see a gambler





CLIENT SEEKING SERVICES





Strengths Weaknesses Opportunities Threats

Client

Agency



Client's

R I B E E R