Building a New Approach to Health Care Services for Hard to Reach Clients

Community Discussion and Open House

January 30, 2013
Fernwood Community Association
1923 Fernwood Street

February 6, 2013
North Park Neighbourhood Association
Sands Funeral Home
1803 Quadra Street
Building a New Approach to Health Care Services for Hard to Reach Clients

• Cities around the world are challenged to provide effective health services to meet the needs of individuals living with challenging, complex mental health and addictions.

• These services include a range of primary care health programs (prevention and treatment) as well as support services (education, treatment, counselling, harm reduction).

• In Victoria, people with severe mental health and/or addictions issues and marginalized living arrangements have challenges getting the services and supports they need.

• Health care providers, government and community agencies already deliver a variety of programs in the Victoria core.

• Despite service growth and more financial investment, gaps in services and in the ability to reach some clients still exist.

• In 2011, Vancouver Island Health, City of Victoria, Victoria Police and service providers began discussions around developing a renewed approach to service delivery.

• The goal is to provide improved health services by filling gaps and reducing any overlap; this will be achieved by strengthening coordination and integration of services.
The Renewed Approach to Health Care Services for Hard to Reach Clients

- In late 2012, a renewed approach to health care delivery for hard to reach clients was finalized and endorsed by VIHA, City of Victoria, Victoria Police and major community service providers.

- The renewed model will provide better coordination of services already available and will be integrated and connected with the new outreach teams.

- The renewed approach coordinates care and services around the client. With the knowledge that ‘any door is the right door,’ clients will access services wherever it meets their needs – from initial engagement through to recovery.

- The renewed approach integrates services in three streams:

  - **Two service hubs:**
    - Hub One: Access Health Centre (Johnson Street)
    - Hub Two: Public Health/Withdrawal Management complex (Cook/Pembroke streets)

  - **A new outreach team**
Hub One:
Access Health Centre Service Details

The Access Health Centre, a project of the Victoria Cool Aid Society and AIDS Vancouver Island, is a one-stop health and social services facility opened in 2009 to serve people struggling with homelessness, addictions and mental health issues.

Current services:

Primary care – Cool Aid Community Health Centre:

- Variety of health care providers working in a team approach
- Chronic disease management
- Nutritional education
- Dental (dentist and dental hygienist)
- Specialized HIV and Hep C treatments, including Highly Active Anti-Retroviral Therapy (HAART)
- Medication monitoring
- Pharmacist
- Nutritionist
- Acupuncturist
Hub One: Access Health Centre
Service Details

Current services:

Other health and support services – Cool Aid and AIDS Vancouver Island:

- Outreach by a team of health care providers in the downtown core
- Mental health counselling
- Addictions counselling
- Visiting specialists (e.g. psychiatry)
- Methadone maintenance
- Harm reduction supply, outreach, education and collection program
- Nutrition support (meals/hearty snacks)
- Health promotion, education and support (HIV, Hep C, sexually transmitted diseases)

New and expanded services:

- Expanded peer support
- Enhanced harm reduction service (staff trained and experienced in harm reduction provide appropriate education and supplies to clients)
- Expanded screening for blood borne diseases
- Expanded access to primary health care
Hub Two: Cook and Pembroke

The Cook/Pembroke street complex, operated by VIHA, provides public health services and withdrawal management services.

**Current services:**

- Addictions group counselling for individuals in the early stages of recovery
- Sobering and Assessment Centre
- Occasional beds available during extreme weather
- Stabilization Unit
- Withdrawal management
- Rehabilitation and activation services including limited living skills groups that help clients gain skills for daily life
- Harm reduction supply (24/7)
- Public health street nurses
- Psychotherapy (Urgent Short Treatment Assessment Team)
- Counselling and group therapy for high needs clients

**New and expanded services:**

- Enhanced harm reduction and health supplies
- Expanded addictions counselling groups
- Primary care services on evenings and weekends
- Stronger links to housing access and support
- Peer support groups
- Art activities and related therapies
- Aboriginal services
A New Outreach Team

• A new outreach team will be created. It will focus on coordinating health services and building relationships with clients who are reluctant to engage with more traditional service systems.

• The outreach team will be made up of staff with expertise in both clinical services and in non-clinical areas. Team members will come from both VIHA and community agencies who will be working together to reach out to clients.

• The team will be mobile and operate extended hours, including evenings and weekends. Services will include:
  ▶ case management
  ▶ distribution of medical and harm reduction supplies
  ▶ clinical and social supports
  ▶ access to housing

• Services will be delivered by public health nurses, social workers, support staff and peer support workers.

• The outreach team will be closely connected to the two service hubs and to existing outreach services provided through Cool Aid’s Community Health Centre, AIDS Vancouver Island and VIHA’s ACT teams.

• The renewed approach to services – including the expanded service hubs and outreach team – will be in place mid-2013.
Harm Reduction: A Best Practice Around the World

Harm reduction is an approach to care accepted around the world as best practice. Harm reduction includes seat belt use in cars, helmet use for cyclists, protective gear for other activities and the supply and collection of sterilized syringes.

- Harm reduction:
  - Prevents illness and saves lives
  - Reduces risk to the health of others in the community
  - Brings marginalized people back into society and links them to the health care system
  - Lowers health costs
  - Recognizes the behaviour may continue

- Harm reduction services work best when coordinated with other services rather than delivered in isolation. This approach is central to the new service delivery model.

- Harm reduction services, particularly syringe collection and distribution, have changed significantly since the closure of the Cormorant Street needle exchange in 2008 (essentially the only place in Victoria to access sterilized syringes).

Multiple Locations

- Today there are approximately 20 locations in Victoria where syringes and other harm reduction supplies can be distributed and collected.

- These locations include the Cook Street Health Unit, the Sobering and Assessment Centre (24/7) and the Access Health Centre. Harm reduction supplies have been available at these locations for several years.

- The distributed approach to the supply and collection of sterilized syringes has reduced the number of clients and congregation at single sites.
Neighborhood Safety

- Victoria Police support the renewed approach to services.
- There will be no new harm reduction services added to either hub. Rather, there will be improved coordination to existing services already provided at the Access Health Centre and the Cook/Pembroke complex (already a 24/7 service).
- New services include the outreach team and an Aboriginal Liaison Worker. The new and enhanced services will promote neighborhood safety.
- Clients who are not yet ready for services at the hubs will be seen by the outreach team.
- Protocols will exist to guide client behavior; these will be enforced by staff.
- Staff will monitor and clean up if needed.
- VIHA and community service providers are committed to Good Neighbour Agreement(s) (GNAs) for the service hubs as appropriate. GNAs are a mechanism for neighbours to bring concerns, ideas and feedback to service operators.
- Both hub locations already have processes in place to work proactively and cooperatively with neighbours to anticipate issues and address concerns.
- Complaints related to either location and their services are extremely rare.
Model Oversight and Evaluation
Strategic Oversight Committee

- The health authority and service providers have a shared commitment to make sure the renewed service approach reaches the target population and that it functions effectively.

- A **Strategic Oversight Committee** will provide direction and oversight for the implementation and operation of the renewed service approach.

- Committee membership include senior representatives from:
  - VIHA Mental Health and Addictions Services
  - VIHA Medical Health Officer
  - City of Victoria
  - Victoria Police Department
  - Operations Oversight Committee (chair)

- The strategic oversight committee is responsible for:
  - Strategic oversight and direction of the renewed approach
  - Future planning
  - Support and alignment with provincial, regional and municipal priorities
  - Strategic direction, oversight and evaluation of the renewed approach
  - Strategic oversight of public communication
Model Oversight and Evaluation
Operations Oversight Committee

• An **Operations Oversight Committee** will oversee the implementation and sustainability of the renewed service approach.

• Committee membership includes representation from key community agencies providing direct service as part of the renewed model.

• The operations oversight committee is responsible for:
  - Implementing the service model
  - Endorsing and communicating service model policies, guidelines and protocols
  - Establishing and sustaining integration with neighbourhoods
  - Identifying and addressing systemic gaps in service delivery
  - Monitoring budgets

**HUB 1**
**Medical Services**
- primary care
- provision of medical supplies
- peer support
- addictions counselling
- seek and treat

**OUTREACH TEAM**
- outreach
- engagement
- case management
- harm reduction
- treatment and support

**HUB 2**
**Social Services**
- provision of medical supplies
- addictions counselling
- peer support
- rehabilitation services
- link to housing
Community and Stakeholder Involvement

- Services for the hard to reach population have been discussed publicly with stakeholders – including downtown area residents – for many years with numerous reports, studies and plans.

- Major planning initiatives regarding services for the hard to reach include:
  - 2007: City of Victoria report: ‘Breaking the Cycle of Mental Illness, Addictions and Homelessness.’ Involved representation from business, social service providers, health providers, police, Aboriginal sectors and an expert public health panel.
  - 2008: VIHA advisory group: Victoria Needle Exchange Services Advisory Committee. Involved neighborhood associations, police, City of Victoria, service users, needle collection and distribution providers, downtown faith community, schools and academic researchers.
  - 2011-2012: VIHA and City of Victoria: Proposed Service Delivery Model for Hard to Reach Populations in Victoria. Involved health care providers, social service agencies, City of Victoria and Victoria Police.
Then and Now: What has changed?

- No new, additional harm reduction services are being added. These services are already provided at the two hubs.

- Staff will be increased at the locations to proactively engage with clients for education, referral and treatment.

- Harm reduction supplies are now available in 20 Greater Victoria locations as opposed to one or two reducing pressure on single, downtown needle exchange locations.

- Homelessness initiatives have successfully housed many hard to house individuals.

- ACT and VICOT teams, established in 2008, have provided support to many people with mental health and addiction challenges.

- Service providers are working together to coordinate services, and harm reduction services in particular. Service providers meet regularly to address concerns.