

Grey Bruce Supportive Outreach Services (SOS): Mitigating and Aiding Vulnerable Populations

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About Us



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Land Acknowledgement





Disclosure of Financial Support

- This program has not received financial support
- This program has received no in-kind support
- Potential for conflict(s) of interest:
 - Robyn Nocilla has received Speakers Bureau/Honoraria: Indivior, master clinician and metaphi consultation

Presenter Disclosure

Presenter: Robyn Nocilla

- Relationships with financial sponsors:
 - Grants/Research Support: none
 - Speakers Bureau/Honoraria: Indivor, master clinician and metaphi consultation
 - Consulting Fees: none
 - Patents: none
 - Other: none



Presenter Disclosure

Presenter: Heather Prescott

- Relationships with financial sponsors:
 - Grants/Research Support: none
 - Speakers Bureau/Honoraria: none
 - Consulting Fees: none
 - Patents: none
 - Other: none



Presenter Disclosure

Presenter: Teresa Tibbo

- Relationships with financial sponsors:
 - Grants/Research Support: none
 - Speakers Bureau/Honoraria: none
 - Consulting Fees: none
 - Patents: none
 - Other: none



Objectives

Identify barriers to accessing addictions services in Grey Bruce

- available services
- service gaps
- engaging marginalized groups and communities
- additional rural barriers

Explore the development and evolution of the SOS mobile team

- history and implementation
- expansion to SOS mobile team
- strengthening community bonds 20+ partners
- current data and evaluation

Distinguish between SOS mobile and other existing models of care

- low-barrier, interdisciplinary, harm reduction model
- NP on staff
- delegation to EMS to expand reach
- SUD and AUD supports and treatment options on-site



Born out of a
COVID-19
outbreak response



History

Born out of a rapid response to a COVID-19 outbreak

Jun 2021

COVID-19 outbreak in a rooming house impacting 40+ individuals with complex health needs

Summer 2021

community partners formalize fixed-site response to ongoing need

Fall 2021

expansion to two fixed site clinics in Grey County

Jan 2021

12 week pilot project funded to establish mobile outreach “meet folks where they’re at”

Jun 2023

OHT West funding: full time mobile team of 5 staff (NP, EMS, MH counsellor x 2, social navigator)

Community Partners from health and non-health sectors





Environmental Scan

“Forum” Rooming House COVID-19 Outbreak Debrief Data

residents having low or no income, wide range in age from young adults, pregnant females, adults and seniors

transient mobile community experiencing couch surfing without stable housing, some rooms 4-6 people

many without ID, no housing list, initially refusal to get tested/participate, low compliance

high prevalence of mental illness, substance use, domestic violence, survival sex work

detached from health system; minimal access to health and social supports, no transportation

Results

Outbreak Summary Debrief by Grey Bruce Public Health Unit

rapid response between organizations with patient-centred care

reduced ER visits, no overdoses, no deaths

minimal police interaction (available support when needed)

improved uptake on addiction treatment



Recommendations

“Forum” Rooming House COVID-19 Outbreak Debrief Data

establishment of a community partnership with a mobile outreach component

provide coordinated community care and help reach individuals that would not otherwise access these services

address health equity, situational and personal challenges to accessing support

identify two fixed location sites and develop plan to provide outreach services (Owen Sound and Hanover)

evolve to expand service to Meaford, Southgate and West Grey upon resource availability

Organizing the Project

Project assessment built-in from the beginning, led by Grey Bruce Public Health Unit

logic model: high level overarching project plan including inputs, outputs, objectives and the overall project goal

evaluation framework: provided the group with all metrics that should be used to monitor progress, impact and success of the project, clearly articulates metrics and broken down into short, medium and long term measures

health equity impact assessment: provided the group with clearly identified potential equity challenges along with many mitigations strategies that the project team could use

**Direct Input:
Health Human Resources**

**Addictions Medicine Consultation
Service**



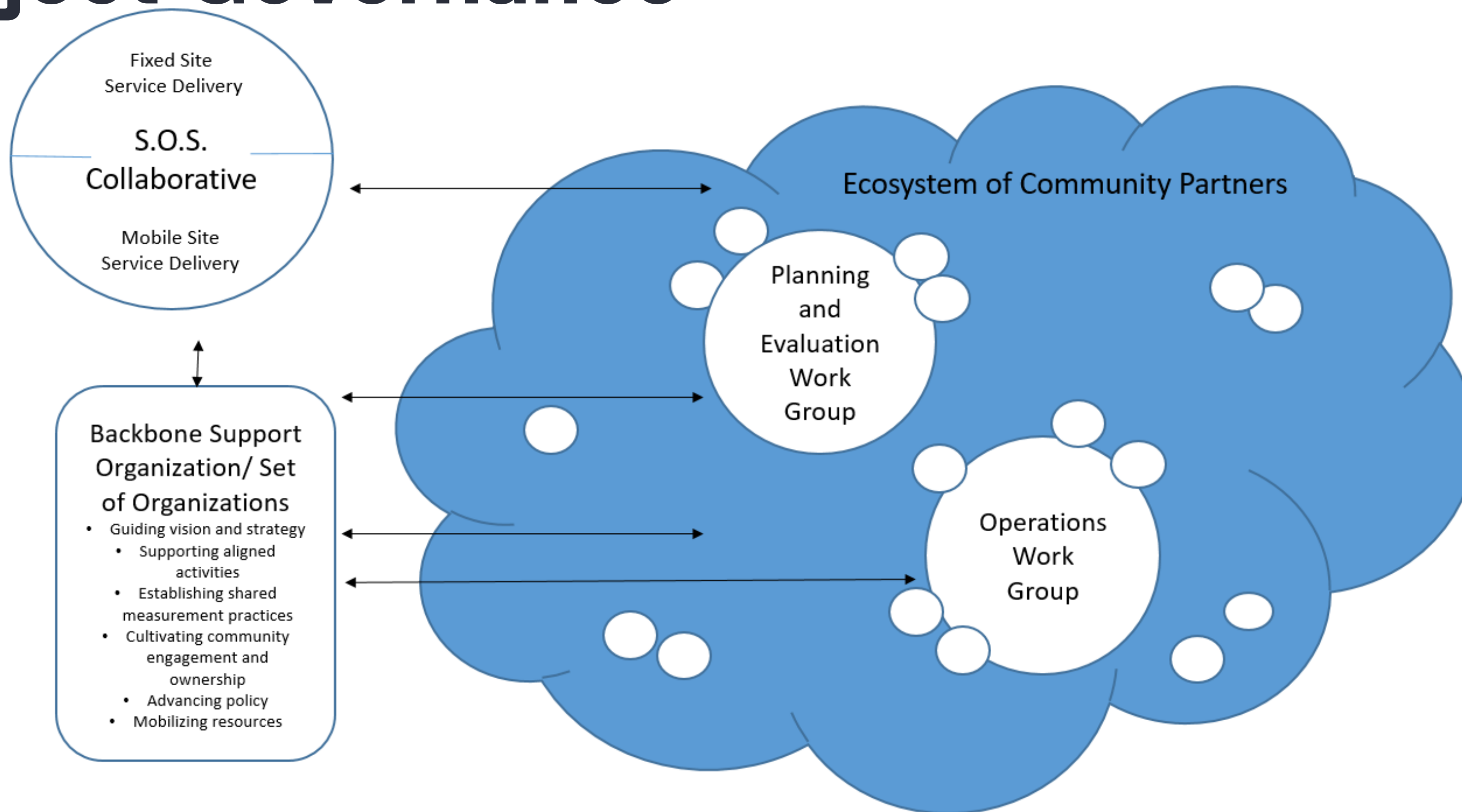
**Collaborative Partnerships:
Health and Community Organizations**



**Intended Outcomes:
Right Type of Care in Right Place at Right Time**



Project Governance



Adapted from: [Tool - Collaborative Governance Framework.pdf \(tamarackcommunity.ca\)](#)

SOS Mobile Model

Nurse Practitioner

Physical Assessment; Diagnosis; Treatment
 Medication Management
 Consultation
 MMT/OAT
 Health Education and Promotion
 Clinical Lead/Clinical treatment plan
 ODSP forms
 Safety protocols
 Delegation to Paramedics
 Medical Necessity Forms

Service Navigator

Advocate and peer conversations
 Assist with social services paperwork
 Basic needs items, access to food
 Prepping items: Hampers, Response bags; First Aid/Wound Care
 Market Stuff
 Inventory and warehouse of goods
 2nd person for safety
 Facilitate transportation – future van
 Fundraising and public speaking for program
 Inter-Agency supports
 Relationships with community members and service provides

Joint Role

Referrals
 Harm Reduction
 distribution/education/tracking
 Evaluation of individuals in terms
 of Continue/Change; Inactive
 Team Education
 Entry into “the System”
 Supportive Counselling
 Client Assessment

NP/Counsellor

Psychoeducation
 Relapse Prevention
 Referrals to Treatment
 Letters of Support

Counsellor

Brief and crisis counselling
 GAIN Q3 assessment and other Assessments
 Treatment System Navigator
 Mental Health System Navigator
 Human trafficking expert
 Coordinating referrals
 2nd for safety

Paramedic

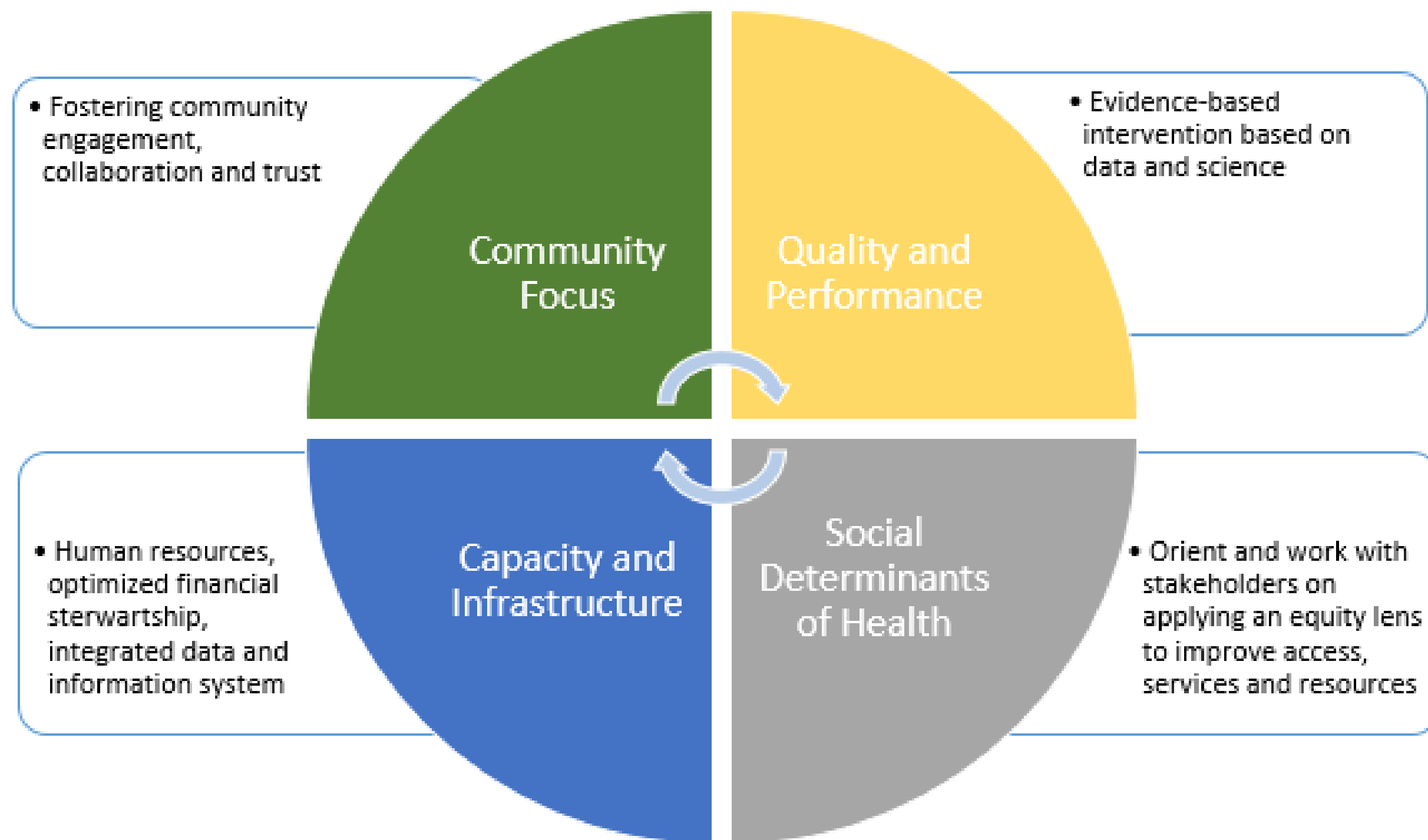
Driving supplies and equipment
 Organizing day
 Delegated Medical directives
 General Health assessment
 Wound care/first aid
 Drug screening
 Bloodwork
 911 follow up to poisoning
 Market space Management

Leadership

Funding
 Advocacy
 Human resources
 Team structure and Guidance
 Assist with problem solving
 Resolve team issues

Navigating the Grey
 Getting bulk supplies
 Community Education
 Take Liability off the team
 Media

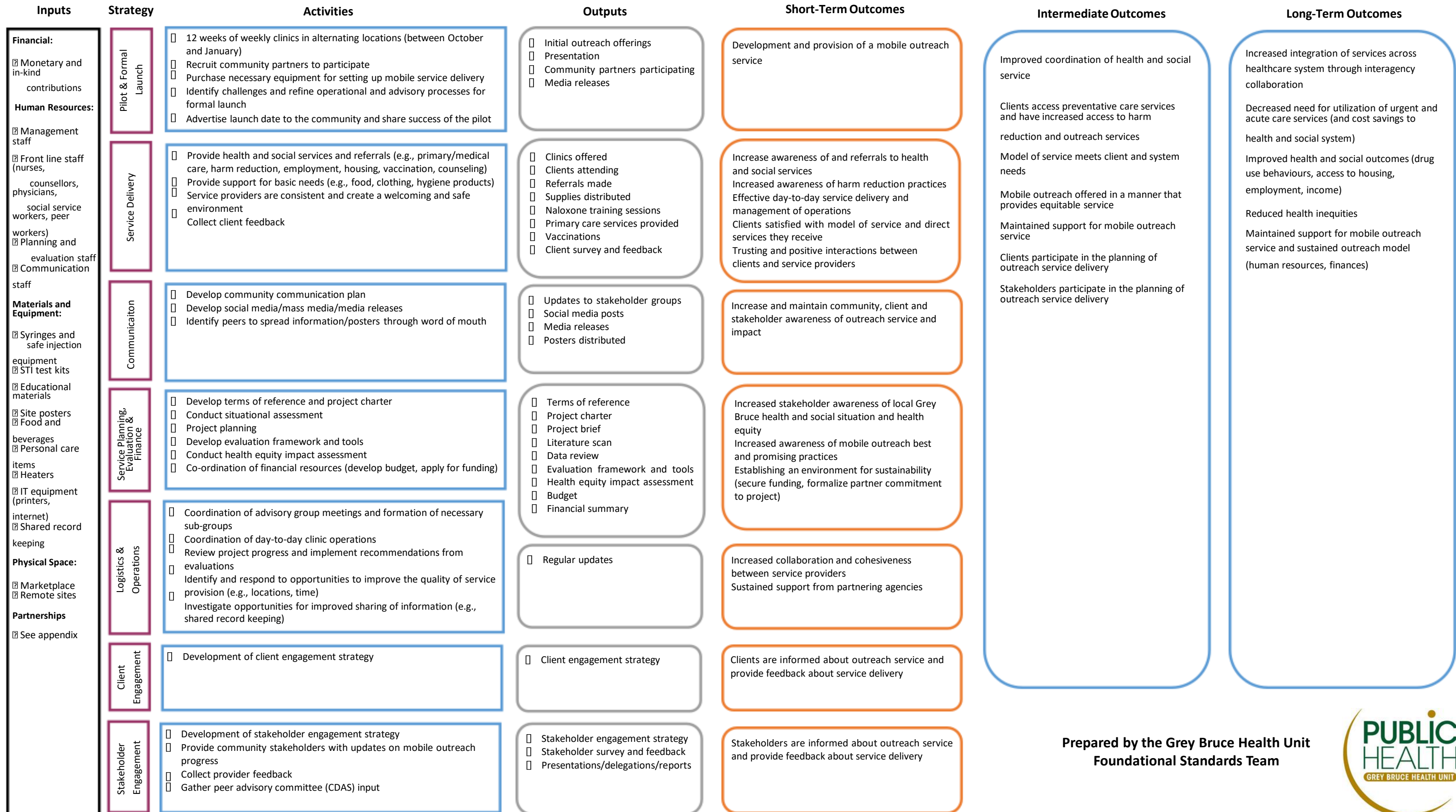
Evaluation Framework



Project Logic Model

Supportive Outreach Service (SOS) Logic Model

Goal: The Supportive Outreach Service (SOS) meets people where they are at to provide person-centered health and wrap-around mobile response to improve health outcomes and health equity of individuals who experience barriers in access to health and social services in Grey and Bruce Counties.

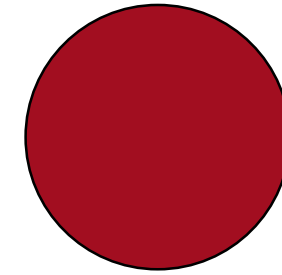


Prepared by the Grey Bruce Health Unit Foundational Standards Team

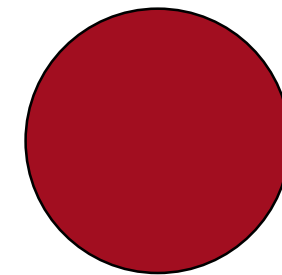


Services offered

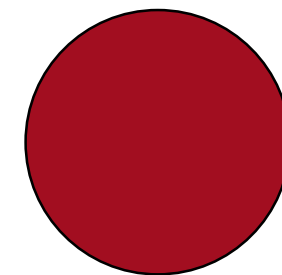
SOS Mobile Team



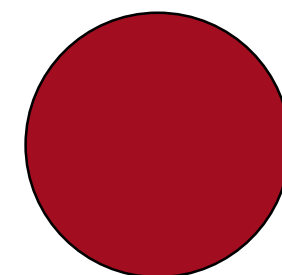
Social and Housing Supports



Basic Needs



Mental Health & Addiction Supports



Medical Care



In Scope

SOS Mobile Team

available to individuals currently residing in Grey County and border coverage

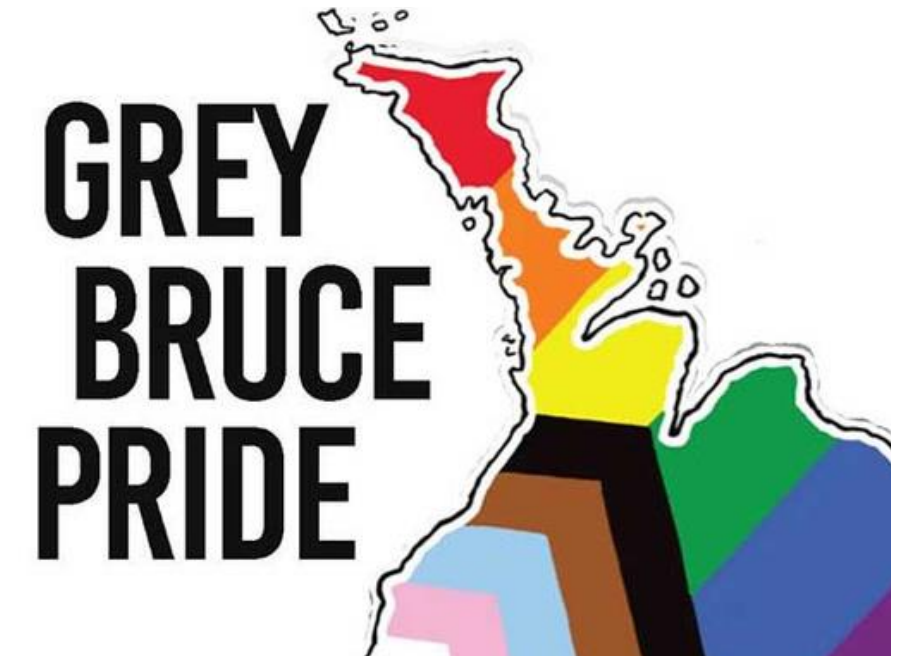
difficulty accessing a regular or consistent health care provider

mental health and or substance use challenges

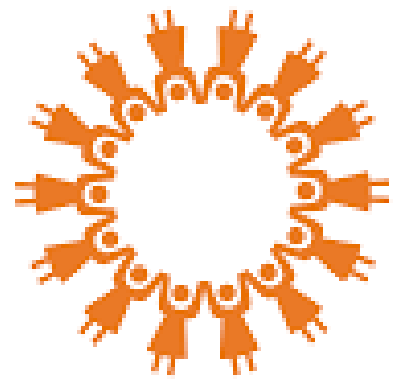
unsheltered or precariously housed

those struggling with social determinants of health, Indigenous, LGBTQ2+

brief case management, system navigation and referral to existing health and social services



Partnering to Improve
Access and Equity to
Under-represented
Populations



THE
WOMEN'S CENTRE
GREY BRUCE



M'Wikwedong
Indigenous Friendship Centre





Short Term Outcomes

SOS Mobile Team

development and provision of a mobile outreach service

increase awareness of and referrals to health and social services

increase awareness of harm reduction practices

effective day-to-to day service delivery and management of operations

clients satisfied with model of service and direct services they receive

trusting and positive interactions between clients and service providers



Long-Term Outcomes

SOS Mobile Team

increased integration of services across healthcare system through inter-agency collaboration

decreased need for utilization of urgent and acute care services (and cost savings to health and social system)

improved health and social outcomes (drug use behaviours, access to housing, employment, income)

reduced health inequities

maintained support for mobile outreach service and sustained model (human resources, finances)

SOS Helps Video

SOS Mobile Team



<https://youtu.be/lGkxCsZbsL0>



Initial Evaluation



Snapshot of Initial Results: SOS Mobile

518	total client interactions
247	new clients
271	returning clients
1187	number of services provided
176	number of referrals made

Snapshot of Initial Results: SOS Mobile

639	units of harm reduction supplies distributed
157	number of primary care services provided
360	number of mental health and addictions counselling sessions
11	number of COVID-19 vaccinations
226	units of basic needs items distributed



Initial Program Impact

SOS Mobile Team

- Improved access and decreased barriers to health and social services
- development of trust through safe, supportive, judgement-free services
- consistent access to multiple supports in one place
- timely access to basic needs and medical supports
- improved care and health outcomes

Benefits of Service Provider Collaboration

SOS Mobile Team

“SOS has provided assistance for health needs that would otherwise gone unmet resulting in fewer adverse events and improved health”

“I am able to have conversations with clients, build rapport with them, and direct them to the appropriate supports.”

“It’s a safe place for people to come, ask questions, and have conversations about their experiences without feeling stigmatized and/or discriminated.”

“We are meeting people where they are, reducing barriers to timely, safe, equitable access to health care and social support.”



Formal Evaluation

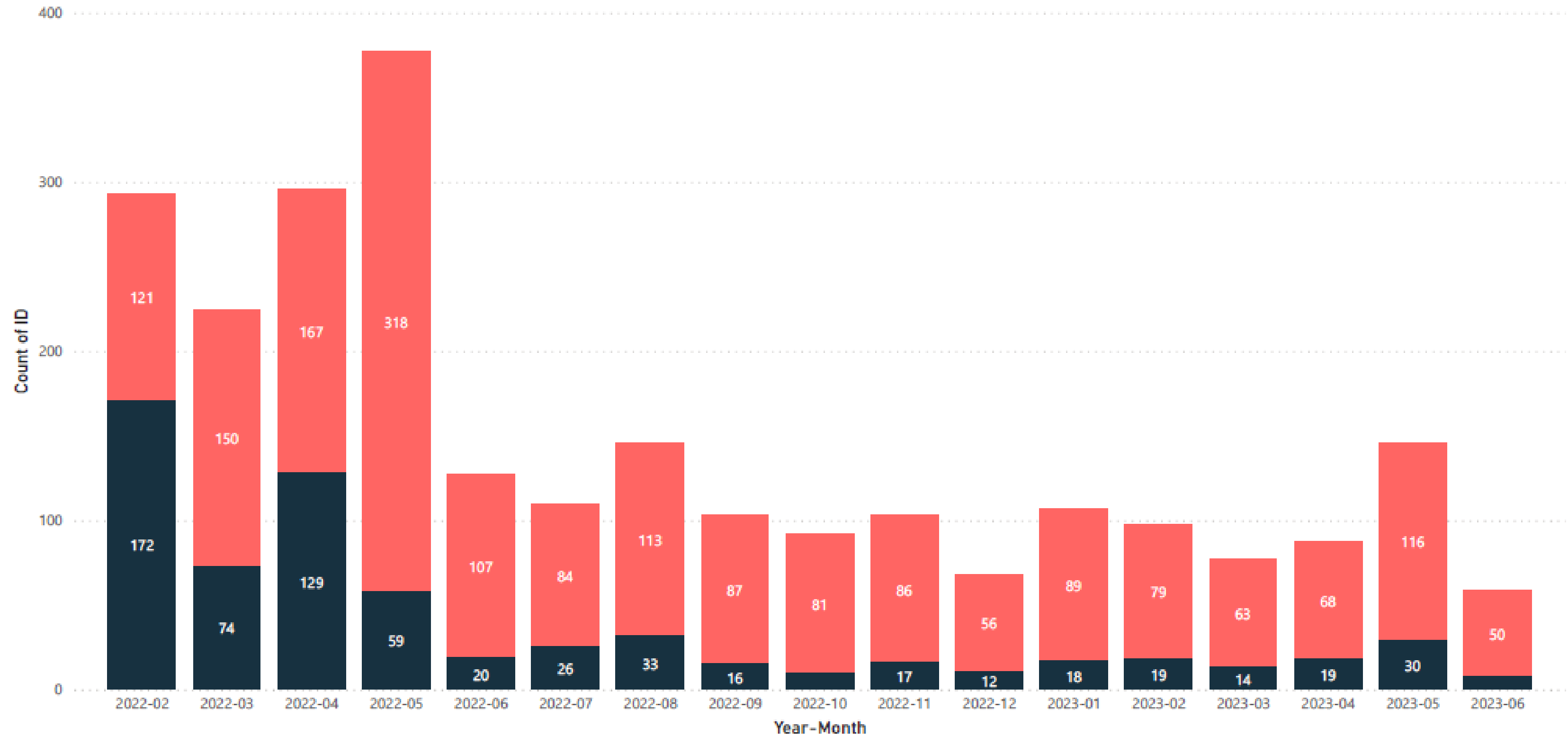


SOS - Interactions



Count of ID by Year-Month and New or Returning?

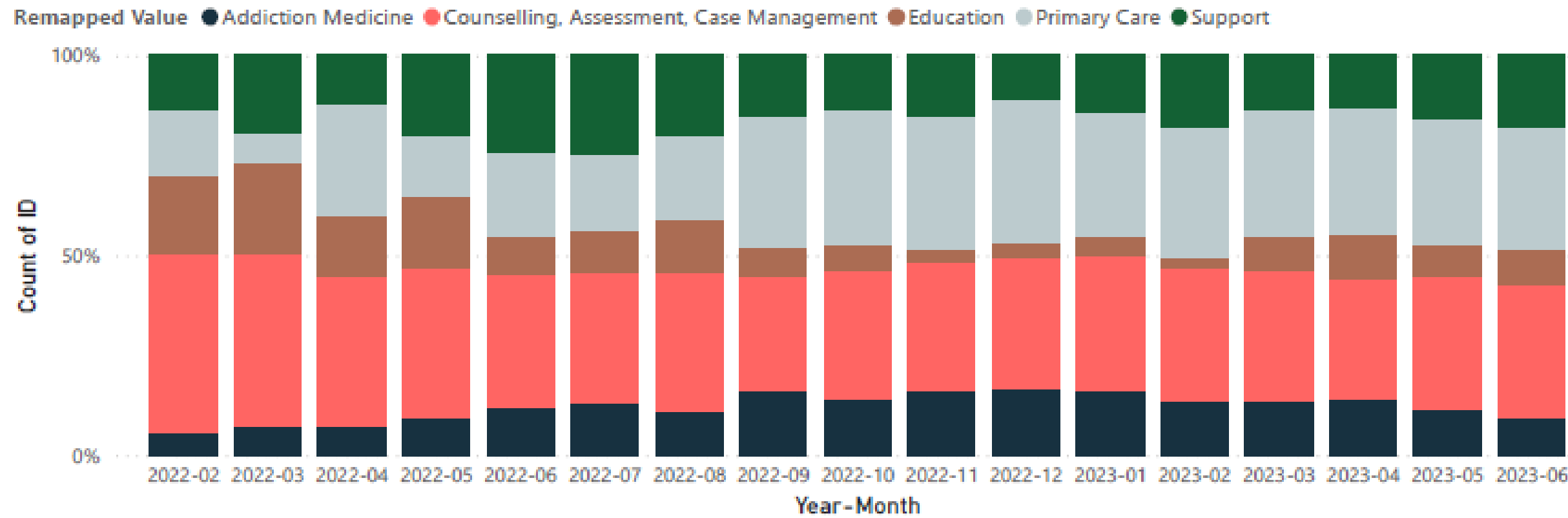
New or Returning? ● New ● Returning



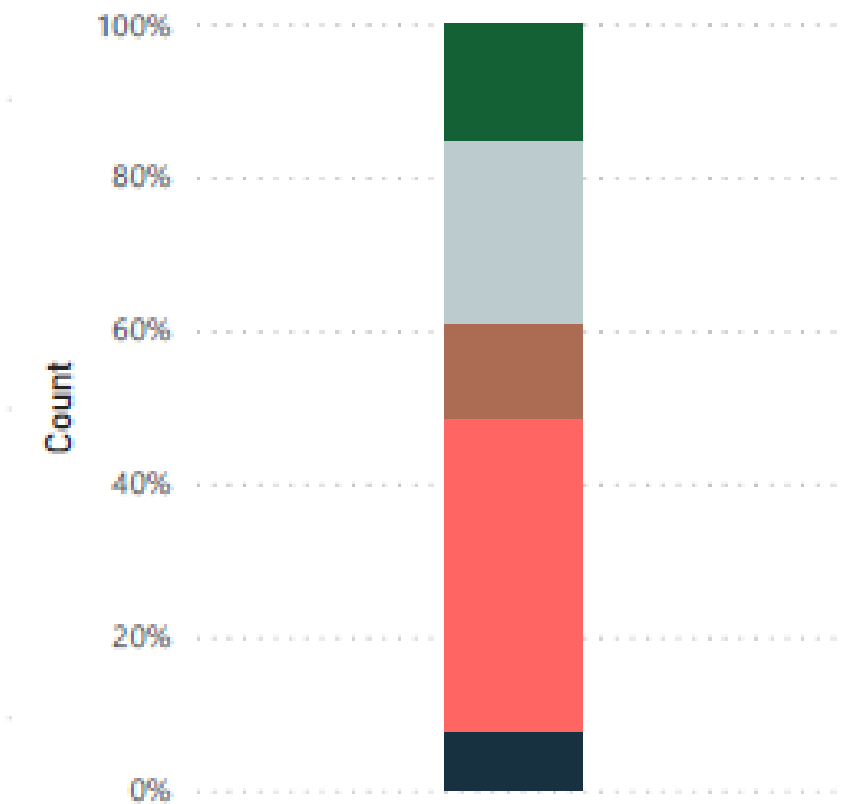
SOS - Site Services



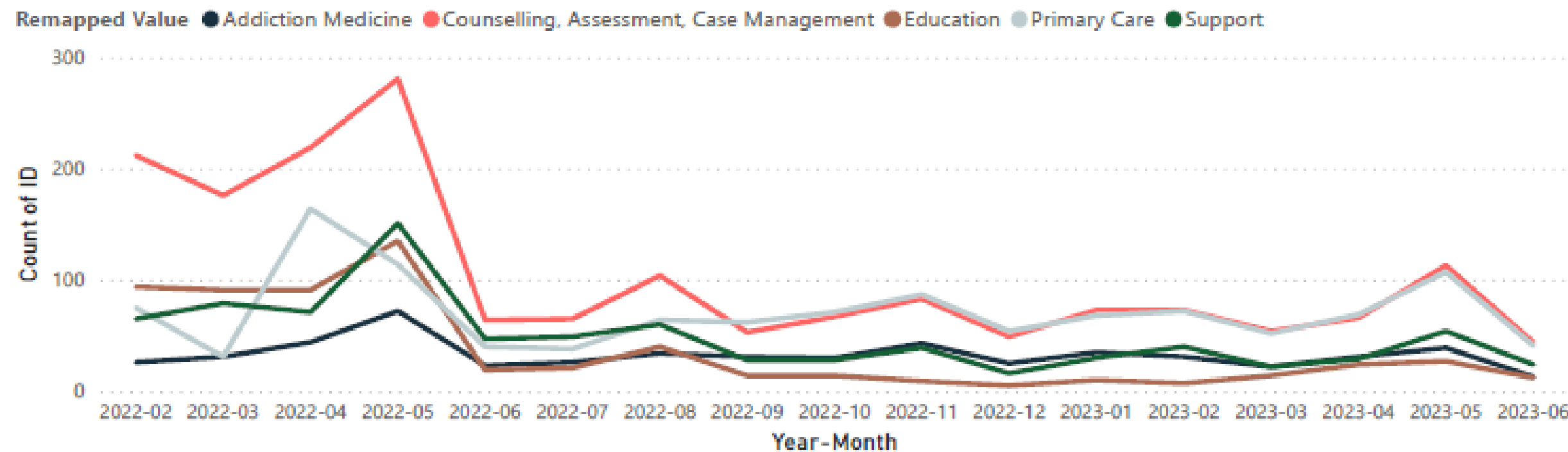
Count of ID by Year-Month and Remapped Value



Count by Value



Count of ID by Year-Month and Remapped Value



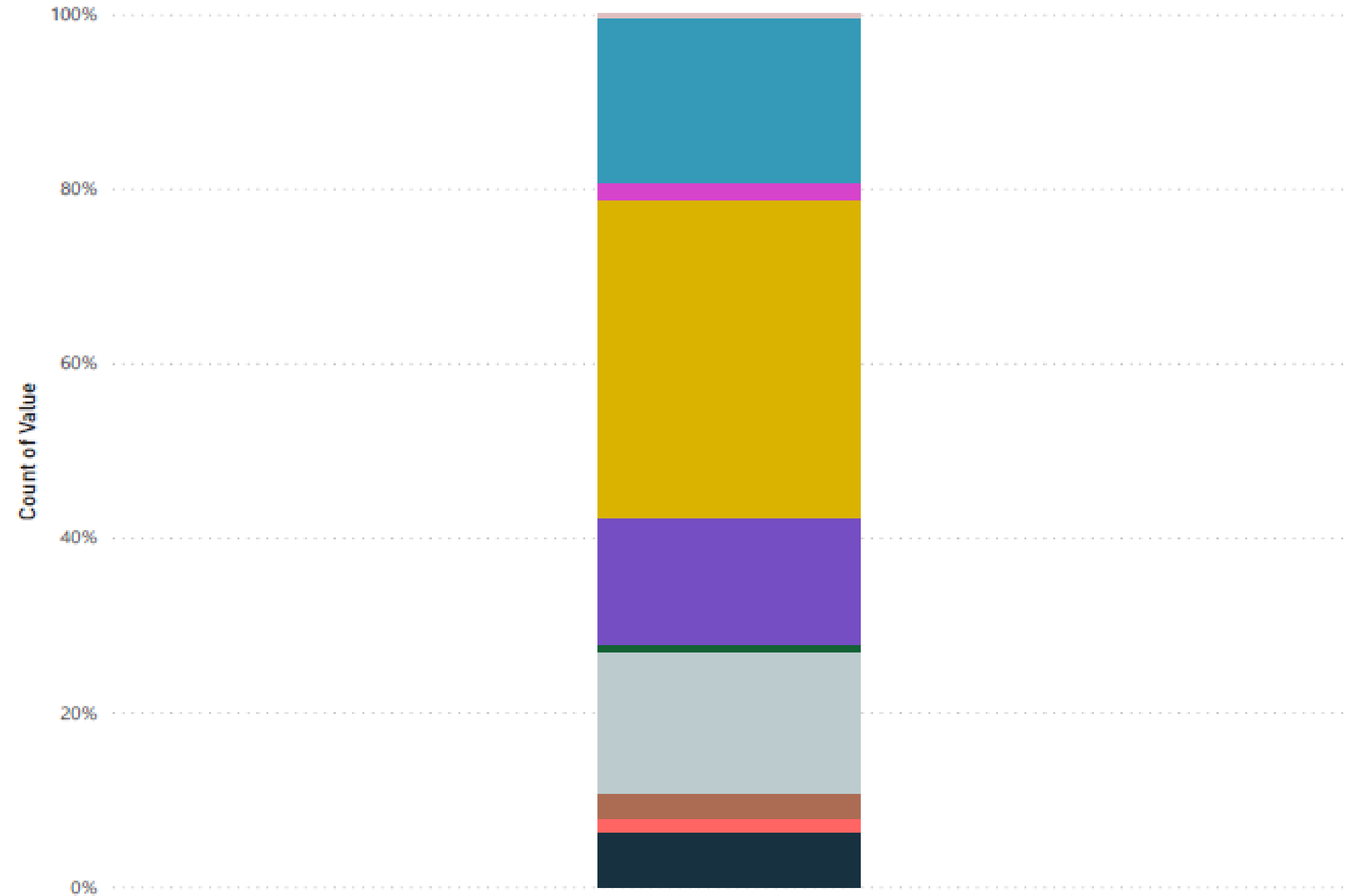
Value	Count
Counselling, Assessment, Case Management	2907
Primary Care	1678
Support	1087
Education	899
Addiction Medicine	556
Total	7127

SOS - Drug of Choice



Count of Value by Value

Value ● Alcohol ● Cocaine ● Crack ● Fentanyl ● Heroin ● Marijuana ● Meth ● Other ● Other Opiates ● Speed



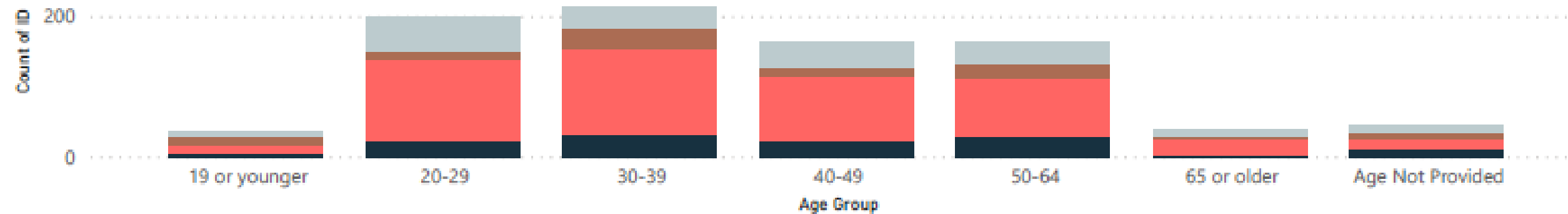
Value	Count
Meth	722
Other Opiates	371
Fentanyl	325
Marijuana	288
Alcohol	125
Crack	55
Other	41
Cocaine	31
Heroin	15
Speed	9
Total	1982

SOS - Basic Needs



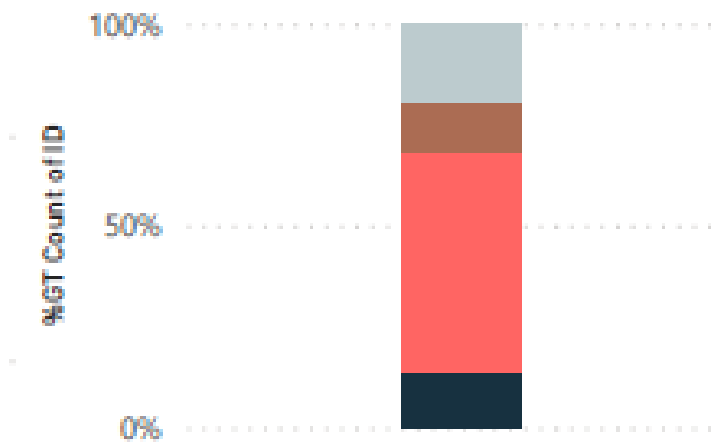
Count of ID by Age Group and Value

Value ● Clothing ● Food/Drink ● Other ● Personal Items



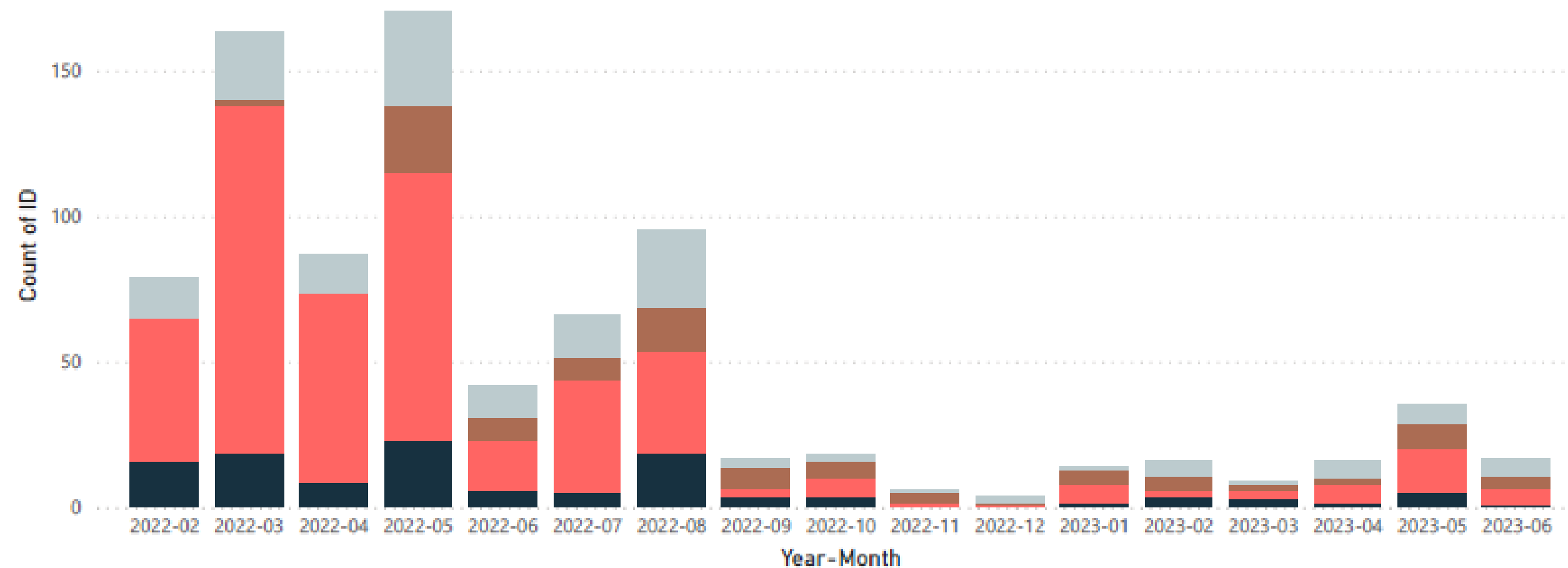
%GT Count of ID by Value

Value ● Clothing ● Food/Drink ● Other



Count of ID by Year-Month and Value

Value ● Clothing ● Food/Drink ● Other ● Personal Items

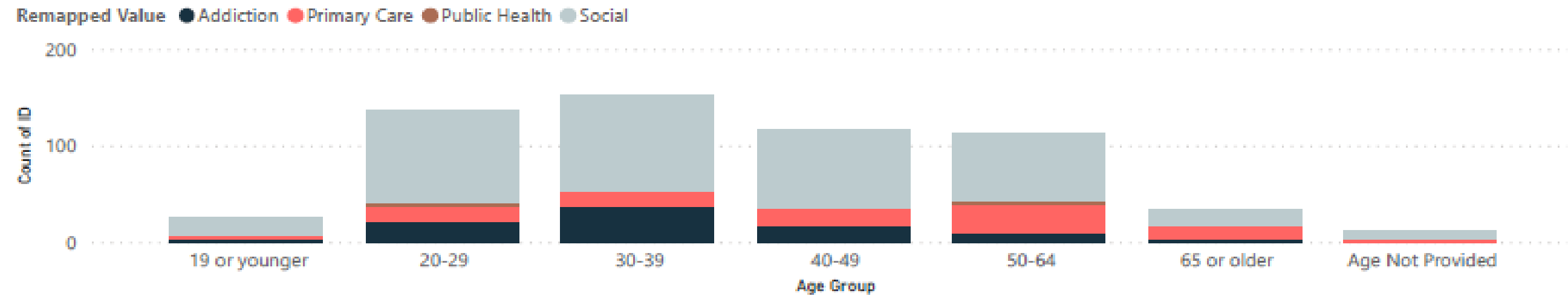


Value	Count
Food/Drink	466
Personal Items	166
Clothing	122
Other	100
Total	854

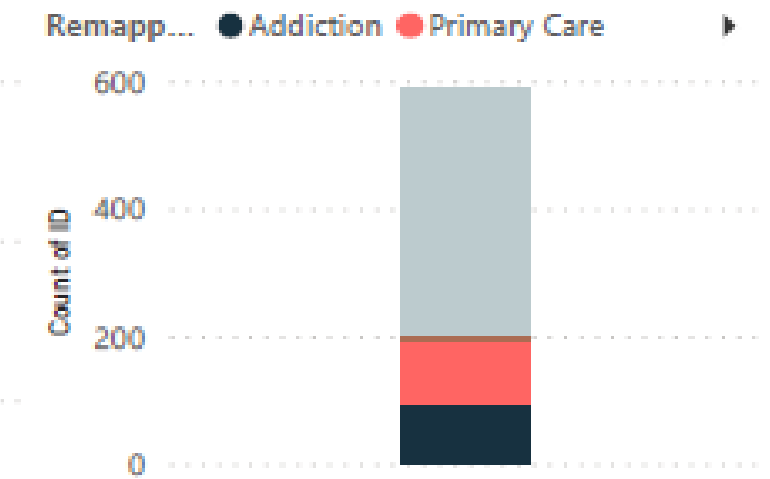
SOS - Referrals Made



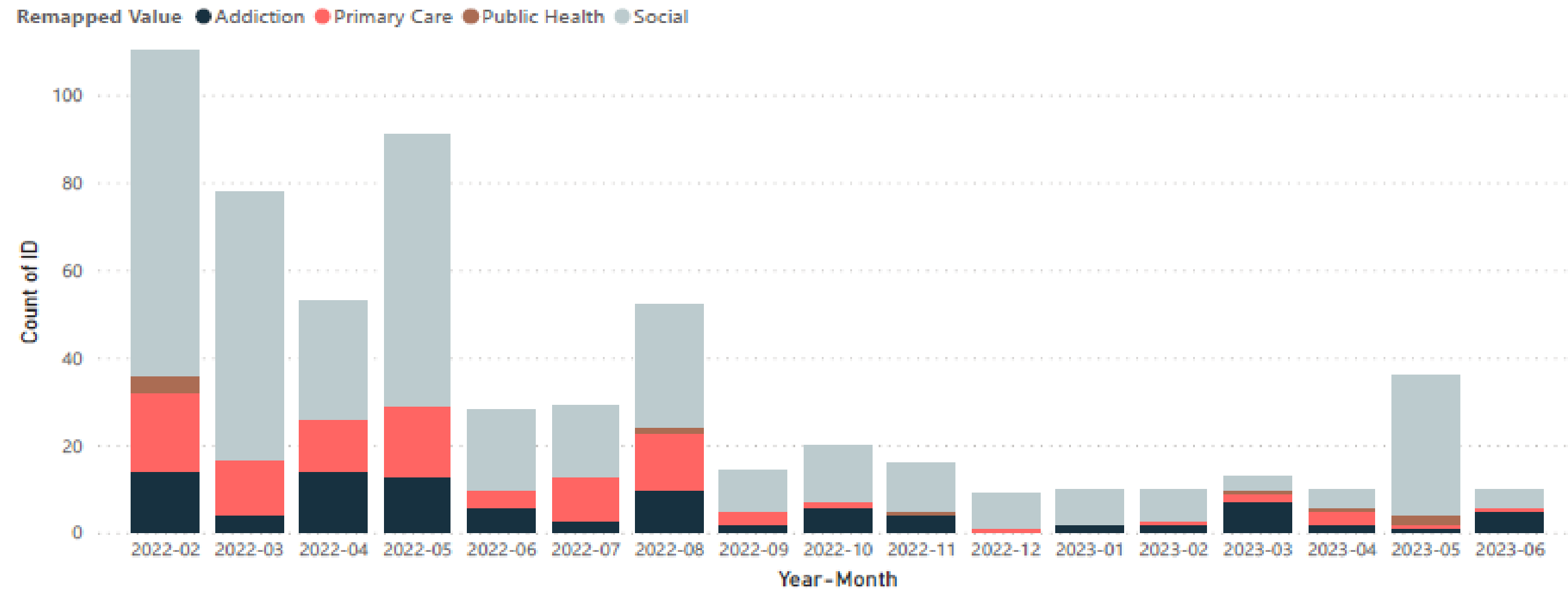
Count of ID by Age Group and Remapped Value



Count of ID by Remapped Value



Count of ID by Year-Month and Remapped Value



Value	Count
Social	385
Primary Care	99
Addiction	95
Public Health	10
Total	589

SOS - Survey Value Remappings



Referrals Made

Original Value	Remapped Value
Addiction Services	Addiction
GBHS Case Management	Addiction
Peer Support	Addiction
Residential Treatment Centre	Addiction
Telemedicine	Addiction
Community Paramedic	Primary Care
Primary Care	Primary Care
Public Health	Public Health
CMHA Housing	Social
ER	Social
Family Support	Social
Grey County Housing	Social
ID Clinic	Social
Social Services	Social
Women's Centre	Social
YMCA Housing	Social

Medical Interventions

Original Value	Remapped Value
Addiction Medicine	Opioid Treatment
OAT	Opioid Treatment
Blood Work	Testing
Covid-19 Assessment, Testing	Testing
Infectious Disease Bloodwork	Testing
ISTAT	Testing
Pregnancy Urine	Testing
Routine Blood Work	Testing
STD/UTI	Testing
Urine Tox Screen	Testing
Covid Treatment	Treatment/Care
Covid-19 Vaccination	Treatment/Care
Dressing Change	Treatment/Care
Immunization	Treatment/Care
STI	Treatment/Care
Symptom Relief	Treatment/Care
UTI	Treatment/Care
Wound Assessment	Treatment/Care
Wound Care	Treatment/Care

Site Services

Original Value	Remapped Value
Addiction Medicine	Addiction Medicine
Brief Counselling	Counselling, Assessment, Case Management
Brief Counselling - Addiction	Counselling, Assessment, Case Management
Brief Counselling - MH	Counselling, Assessment, Case Management
Case Management	Counselling, Assessment, Case Management
CSSRS Assessment	Counselling, Assessment, Case Management
Facilitating MH Appointment	Counselling, Assessment, Case Management
GAIN Assessment	Counselling, Assessment, Case Management
Health Teaching	Counselling, Assessment, Case Management
Naloxone Education	Education
Safe Supply Education	Education
Safe Use Education	Education
Wound Education	Education
Primary Care	Primary Care
Primary Care CP	Primary Care
Primary Care NP	Primary Care
Healthcare System Navigation	Support
Safe Supply Distribution	Support
Social Service System Navigation	Support
Transportation (Physical)	Support
Transportation Support	Support

Overdose Data

Data from hospital and paramedic services
Evaluated by Public Health

	<i>2018</i>	<i>2019</i>	<i>2020</i>	2021	2022	2023
Opiate Overdose Deaths (confirmed)	9	5	7	7	3	3
All overdoses	24	17	21	26	14	16
Behaviour/ Psychiatric	67	43	55	82	75	50



Stories of Success



Client Experiences

SOS Mobile Team

“Thank you very much! I appreciate it. You have no idea how much my life has been effected by all this.”

“You have literally saved my life”

“I wish there was more things like this in other communities. I think it’s an amazing program and hope it continues. 100% it saved my life.”

“I see a radical differences in the way you treat us like humans instead of low-life junkies. You guys are really superheroes.

“This little grassroots invention should be practiced everywhere.”



Challenges Remain

- Stigma and discrimination
- lack of supportive transitional housing
- lack of financial stability and long-term funding
- toxic, unregulated drug supply
- lack of drug testing, no safe consumption site, no shelter
- HHR capacity; funding for 4 days only, need 7 day coverage

Questions? Connect with us.

Email us

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Visit us

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Call us

519-379-8743

