Grey Bruce Supportive Outreach Services (SOS):

Mitigating and Aiding Vulnerable Populations

Robyn Nocilla, Heather Prescott & Teresa Tibbo September 23, 2023













## About Us



## Robyn Nocilla, Nurse Practitioner

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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: Indivor, 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



## 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 inidividuals 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 Community **Paramedic** (Counties of Grey; Bruce) Nurse Practitioner (Grey Bruce Services) SOS Mobile Team dental Health +

Collaborative Partnerships: Health and Community Organizations

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





#### **Medical Care**

. Episodic and follow up; infectious disease management; broad vaccinations



#### **Addictions Care**

•Patient-centered interventions; harm reduction education, strategies



Crisis Management; esp Opioid use emergency

•Real time response, robust team-based follow up care



#### Comprehensive Mental Health Care

Inclusive care focused on well-being; counselling supports



COVID-19 Response; Mobile and pop-up

Assessment, testing & vaccination beyond dose 1



#### **Wrap-Around Social Care**

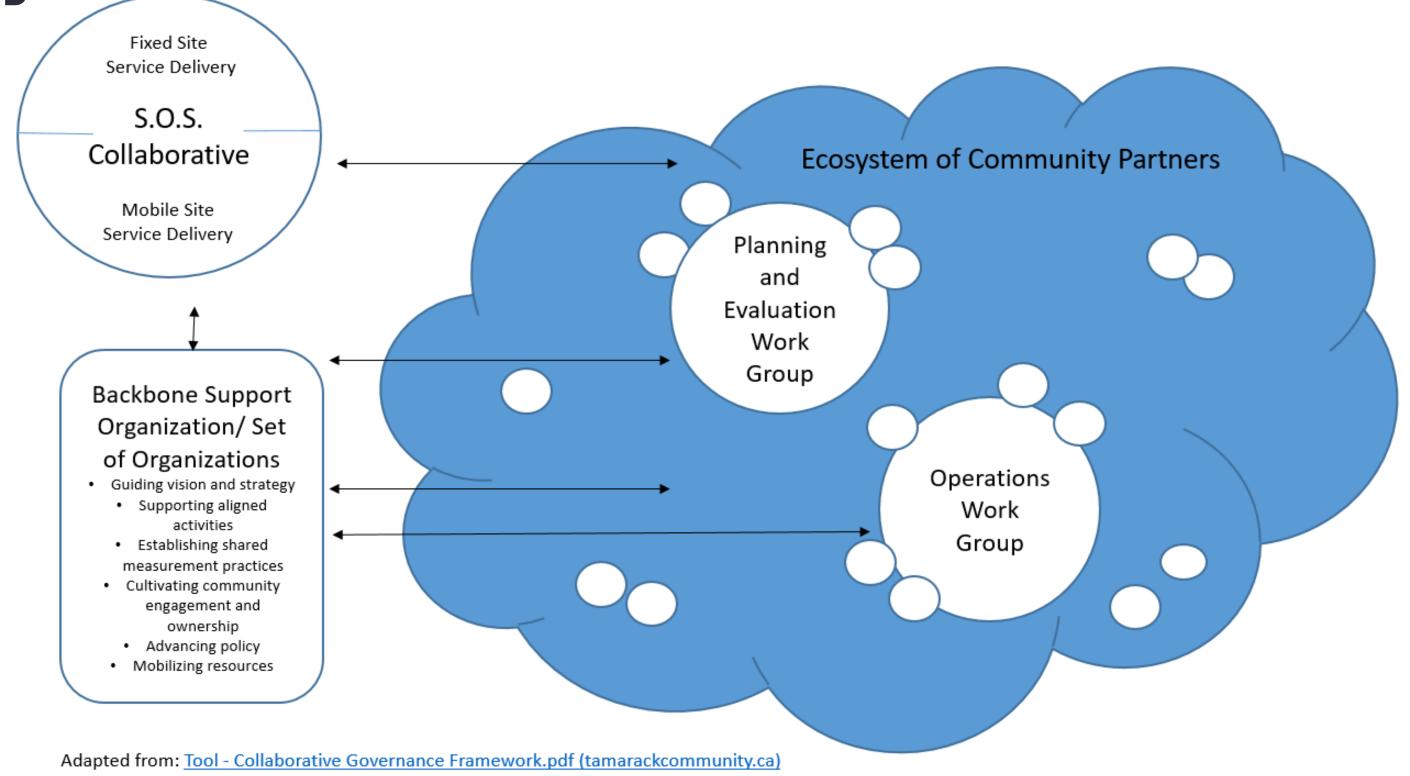
Immediate support to meet broad social needs



#### **Supportive System Navigation**

Consistent care team building trust and easing access to services

Project Governance



## **SOS Mobile Model**

**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

#### **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

provides

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

#### 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

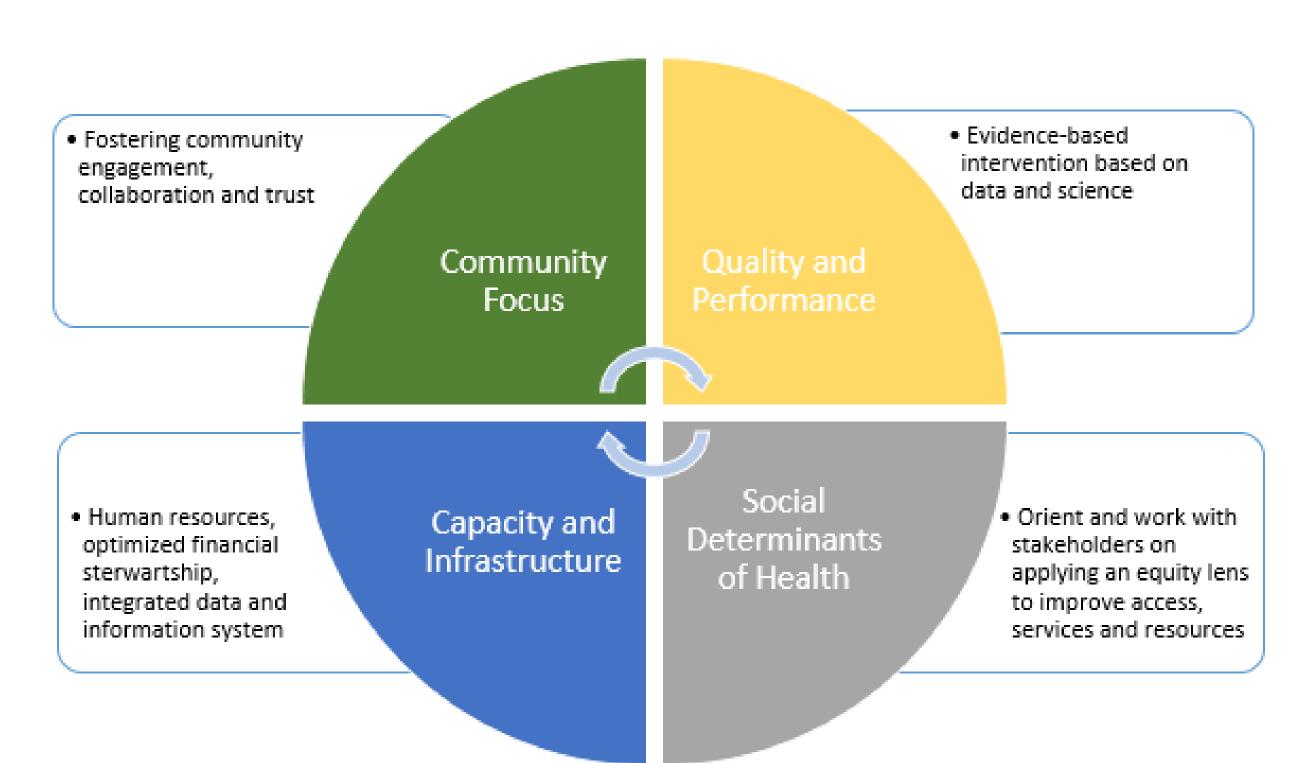
Driving supplies and equipment
Organizing day
Delegated Medical directives
General Health assessment
Wound care/first aid
Drug screening
Bloodwork
911 follow up to poisoning
Market space Management

#### 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**



Collect provider feedback

Gather peer advisory committee (CDAS) input

#### **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 a	nd Bruce Counties.		
Inputs	Strategy	Activities	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Financial:  Monetary and in-kind contributions  Human Resources:	Pilot & Formal Launch	<ul> <li>12 weeks of weekly clinics in alternating locations (between October and January)</li> <li>Recruit community partners to participate</li> <li>Purchase necessary equipment for setting up mobile service delivery</li> <li>Identify challenges and refine operational and advisory processes for formal launch</li> <li>Advertise launch date to the community and share success of the pilot</li> </ul>	<ul><li>Initial outreach offerings</li><li>Presentation</li><li>Community partners participating</li><li>Media releases</li></ul>	Development and provision of a mobile outreach service	Improved coordination of health and social service  Clients access preventative care services and have increased access to harm	Increased integration of services across healthcare system through interagency collaboration  Decreased need for utilization of urgent and acute care services (and cost savings to
<ul> <li>Management staff</li> <li>Front line staff (nurses, counsellors, physicians, social service workers, peer workers)</li> <li>Planning and evaluation staff</li> <li>Communication</li> </ul>	Service Delivery	Provide health and social services and referrals (e.g., primary/medical care, harm reduction, employment, housing, vaccination, counseling) Provide support for basic needs (e.g., food, clothing, hygiene products) Service providers are consistent and create a welcoming and safe environment Collect client feedback	Clinics offered Clients attending Referrals made Supplies distributed Naloxone training sessions Primary care services provided Vaccinations Client survey and feedback	Increase awareness of and referrals to health and social services Increased awareness of harm reduction practices Effective day-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	reduction and outreach services  Model of service meets client and system needs  Mobile outreach offered in a manner that provides equitable service  Maintained support for mobile outreach service  Clients participate in the planning of outreach service delivery	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 outreach model (human resources, finances)
aterials and uipment: syringes and safe injection uipment iTI test kits	Communicaiton	<ul> <li>Develop community communication plan</li> <li>Develop social media/mass media/media releases</li> <li>Identify peers to spread information/posters through word of mouth</li> </ul>	Updates to stakeholder groups Social media posts Media releases Posters distributed	Increase and maintain community, client and stakeholder awareness of outreach service and impact	Stakeholders participate in the planning of outreach service delivery	
ducational terials ite posters ood and verages ersonal care ms leaters	Service Planning, Evaluation & Finance	<ul> <li>Develop terms of reference and project charter</li> <li>Conduct situational assessment</li> <li>Project planning</li> <li>Develop evaluation framework and tools</li> <li>Conduct health equity impact assessment</li> <li>Co-ordination of financial resources (develop budget, apply for funding)</li> </ul>	Terms of reference Project charter Project brief Literature scan Data review Evaluation framework and tools Health equity impact assessment Budget	Increased stakeholder awareness of local Grey Bruce health and social situation and health equity Increased awareness of mobile outreach best and promising practices Establishing an environment for sustainability (secure funding, formalize partner commitment		
internet) Shared record keeping Physical Space: Marketplace Remote sites Partnerships See appendix	Logistics & Operations	Coordination of advisory group meetings and formation of necessary sub-groups Coordination of day-to-day clinic operations Review project progress and implement recommendations from evaluations Identify and respond to opportunities to improve the quality of service provision (e.g., locations, time) Investigate opportunities for improved sharing of information (e.g., shared record keeping)	Financial summary   Regular updates	Increased collaboration and cohesiveness between service providers Sustained support from partnering agencies		
	Client Engagement	Development of client engagement strategy	Client engagement strategy	Clients are informed about outreach service and provide feedback about service delivery		
	er	<ul> <li>Development of stakeholder engagement strategy</li> <li>Provide community stakeholders with updates on mobile outreach</li> </ul>	Stakeholder engagement strategy	Stakeholders are informed about outreach service	Prepared by the Grey Bru	Ice Health Unit

☐ Stakeholder survey and feedback

☐ Presentations/delegations/reports

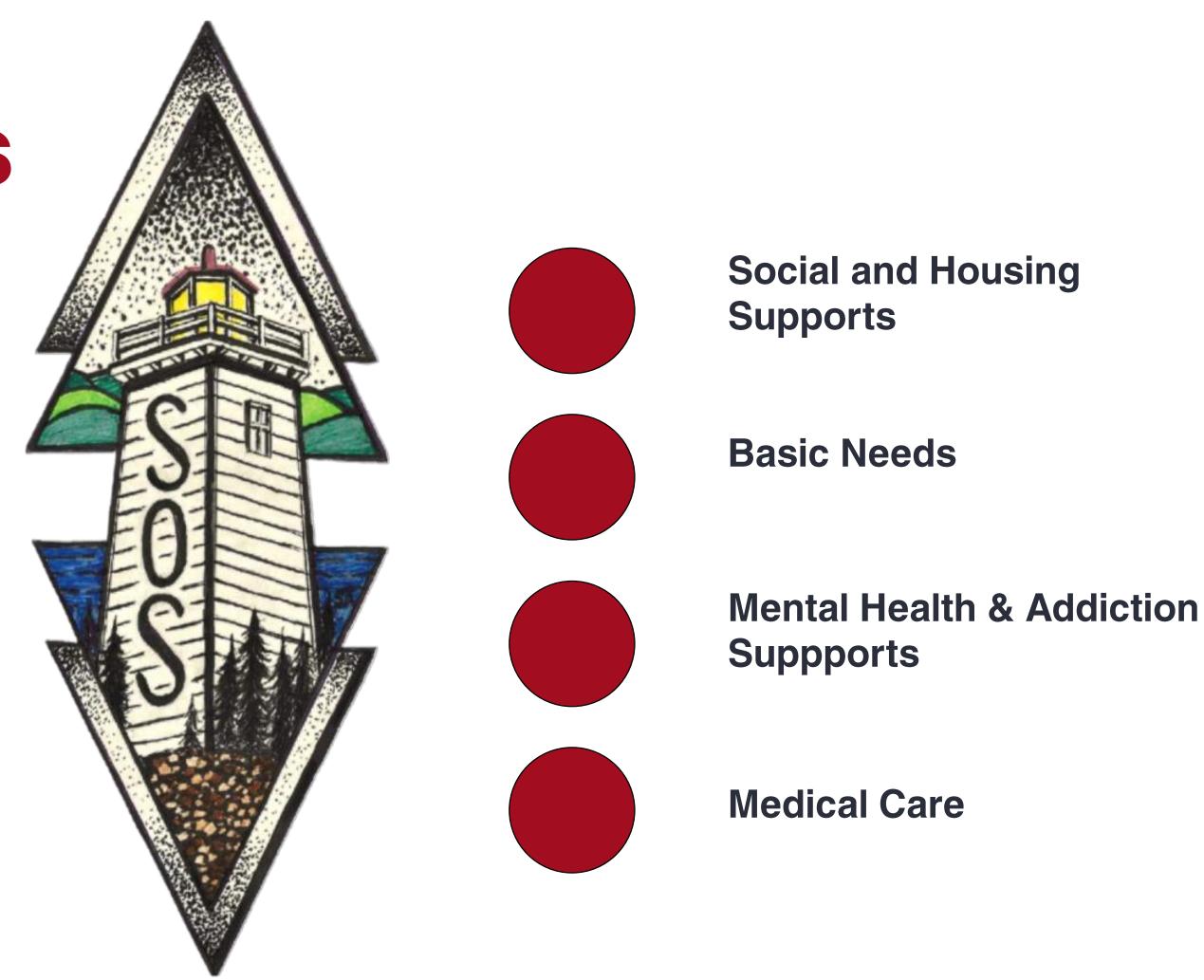
and provide feedback about service delivery

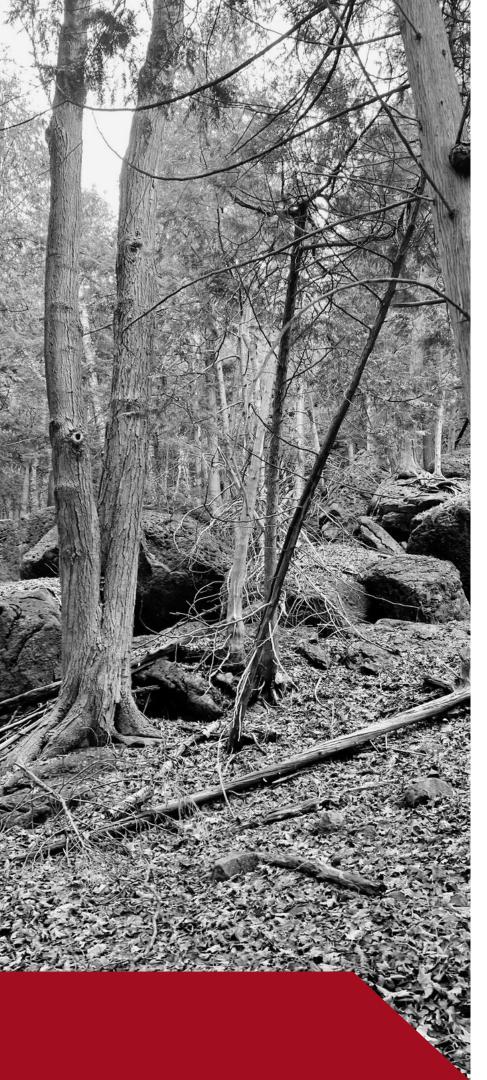
**Prepared by the Grey Bruce Health Unit Foundational Standards Team** 



# Services offered

SOS Mobile Team





## 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















## 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-gency collaboration

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

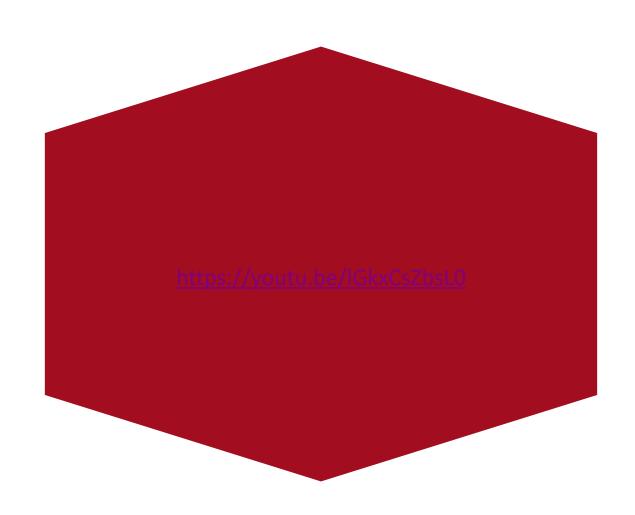
improved health and social outcomes (drug use behaviours, access to housing, employment, income)

reduced health inequities

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

## SOS Helps Video

SOS Mobile Team





# 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 multiople 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."

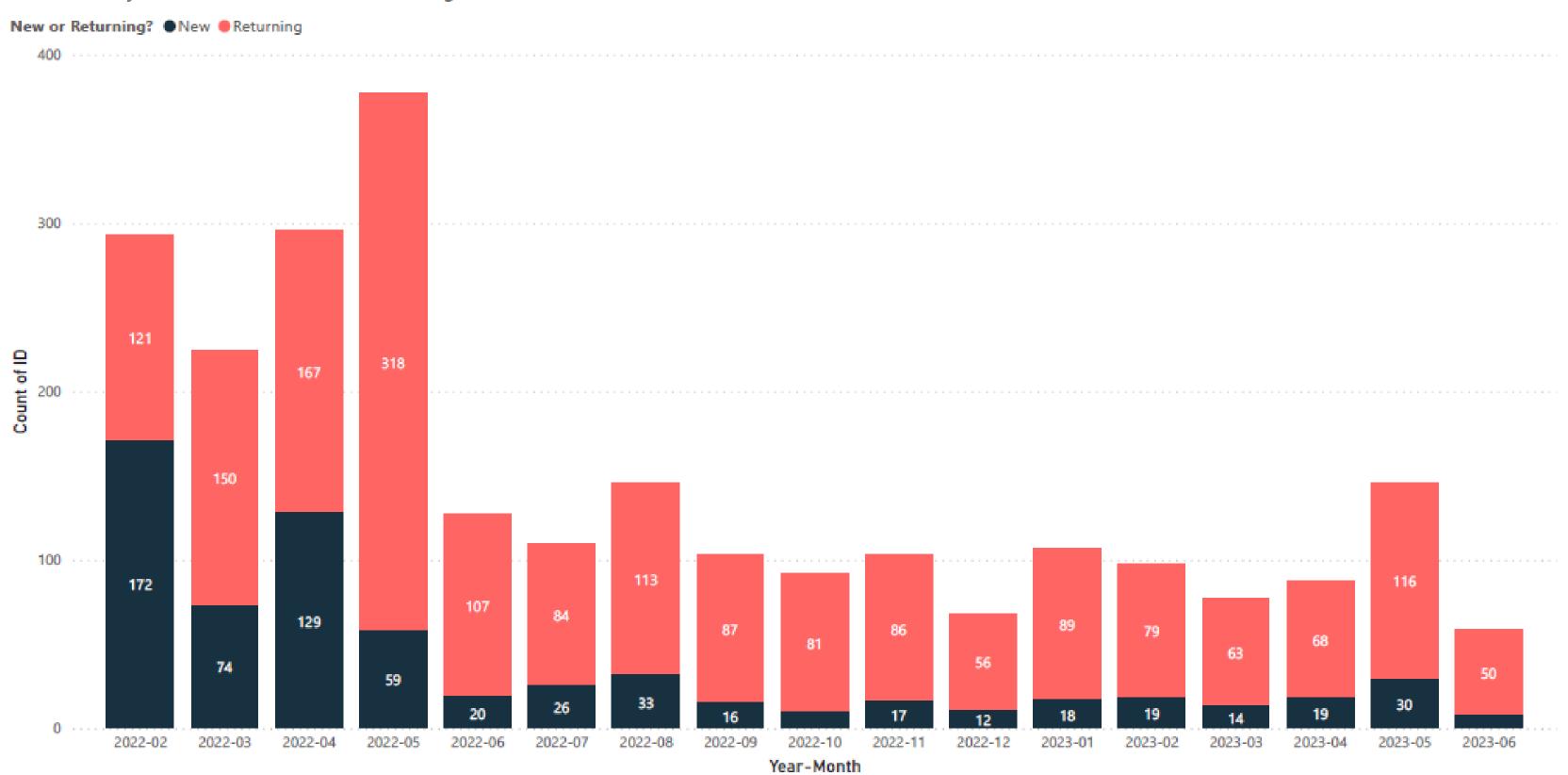
"We are meeting people where they are, reducing barriers to timely, safe, equitable access to health care and social support."



## SOS - Interactions



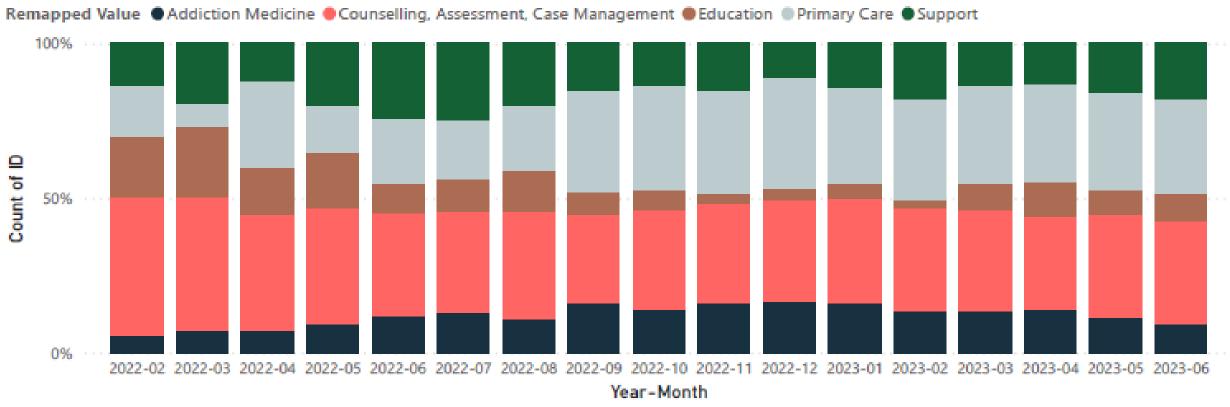
Count of ID by Year-Month and New or Returning?



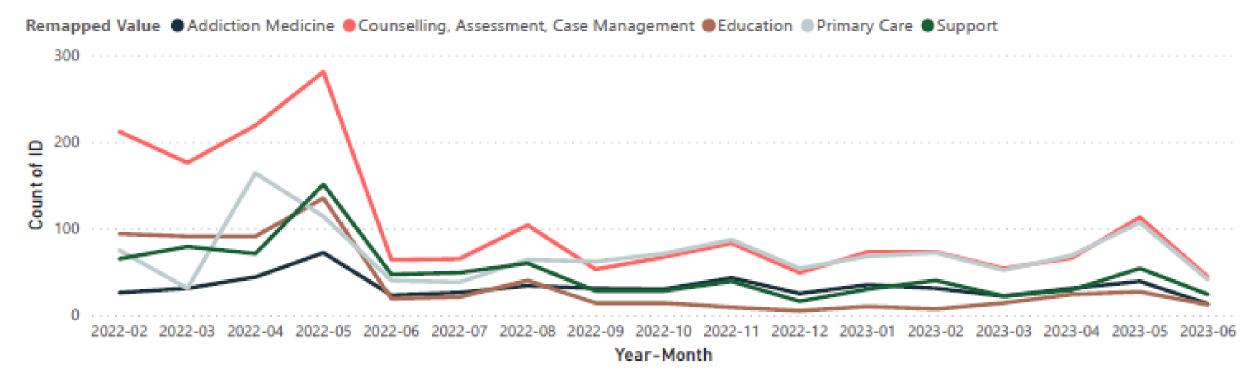
## **SOS - Site Services**



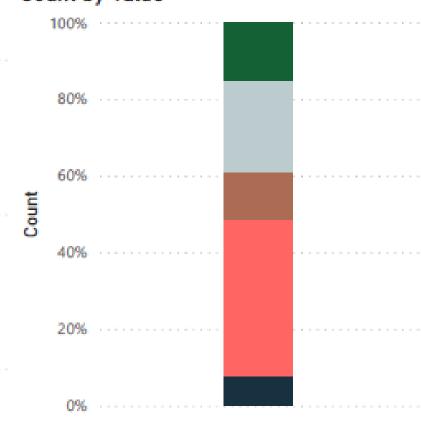
#### Count of ID by Year-Month and Remapped Value



#### Count of ID by Year-Month and Remapped Value



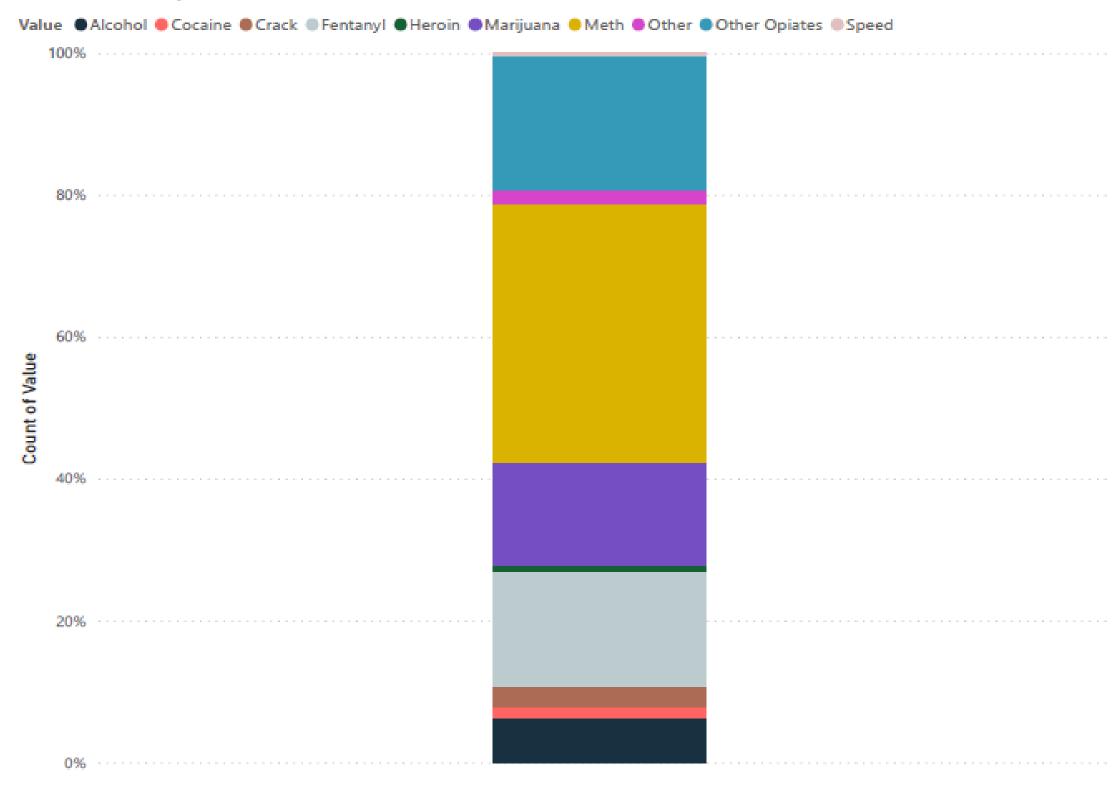
#### Count by Value



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



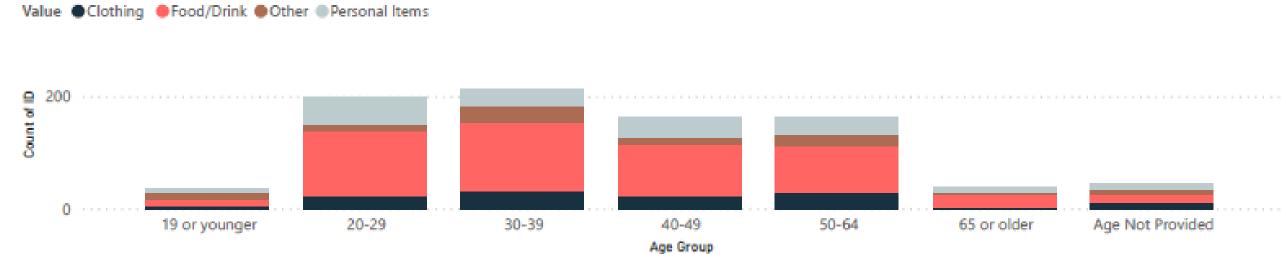


Value	Count
Meth	722
Other Opiates	371
Fentanyl	325
Marijuana	288
Alcohol	125
Crack	55
Other	41
Cocaine	31
Heroin	15
Speed	9
Total	1982

## SOS - Basic Needs

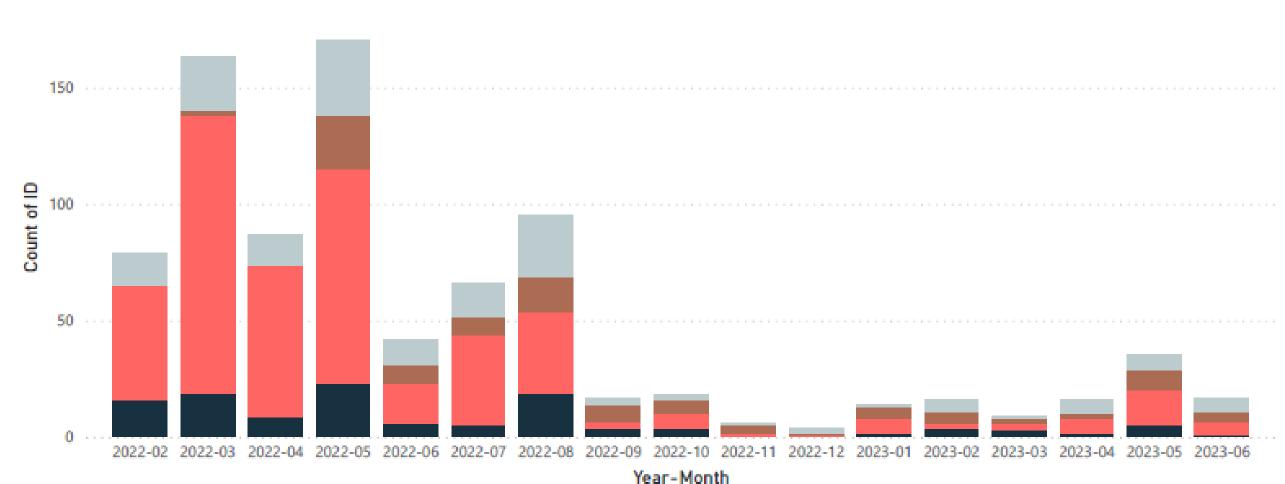
#### Grey Bruce Public Health

#### Count of ID by Age Group and Value

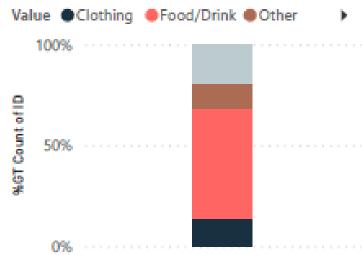


#### Count of ID by Year-Month and Value

Value Clothing Food/Drink Other Personal Items



#### %GT Count of ID by Value

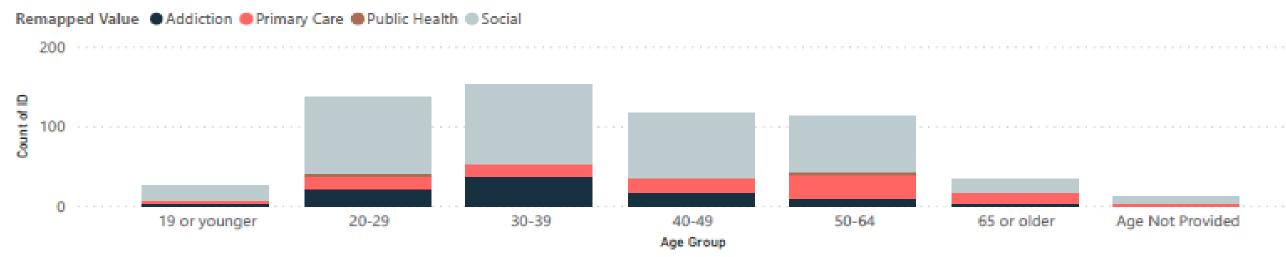


Value	Count
Food/Drink	466
Personal Items	166
Clothing	122
Other	100
Total	854

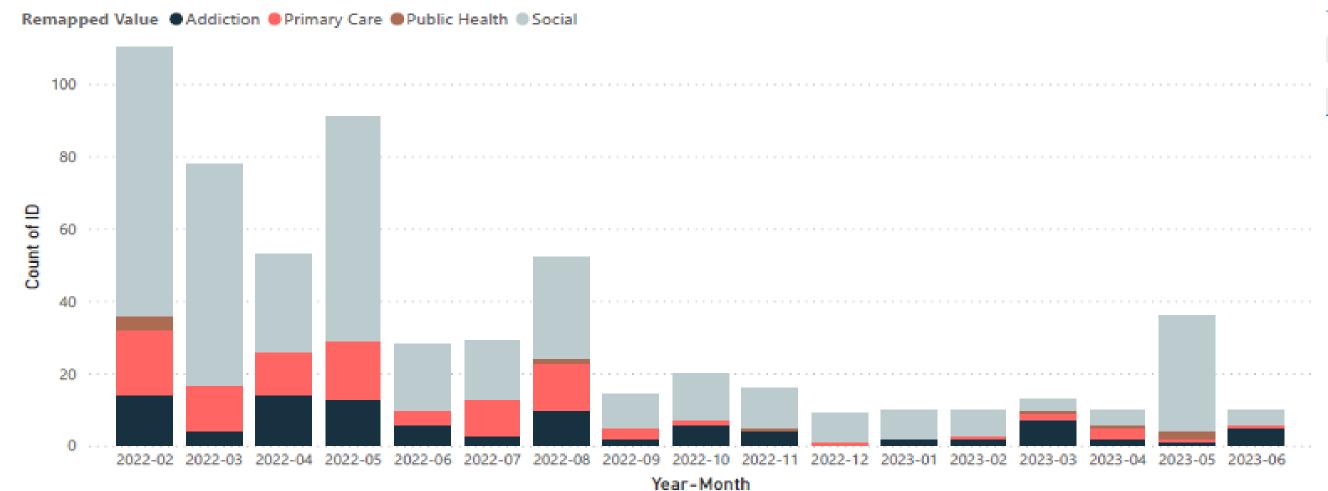
## SOS - Referrals Made

#### Grey Bruce Public Health

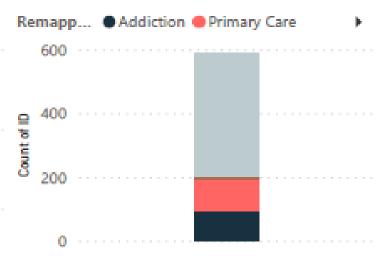
#### Count of ID by Age Group and Remapped Value



#### Count of ID by Year-Month and Remapped Value



#### Count of ID by 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

	2018	2019	2020	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



## 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 sos@cmhagb.org

Visit us unitedwayofbrucegrey.com/sos-helps

Call us **519-379-8743** 

