

System Navigation

Community HR Response Teams (CHRRT) project
Street Health

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What is CHRRT?

The **Community Harm Reduction Response Teams (CHRRT) project** is a 3-year initiative (April 2018 to March 2021) designed to promote low-threshold, Harm Reduction services in Toronto neighbourhoods in response to the growing opioid crisis.

Funded by the **Substance Use and Addictions Program (SUAP) of Health Canada**, the project has been designed to mobilize people with lived experience to play leadership roles in community-based Harm Reduction work.

Ten agencies are partnering to train and employ over 25 people with lived experience to become Harm Reduction Support Workers in their communities.

A major component of the project is the mobilization of the community's knowledge about this new model for promoting and resourcing effective community responses to the crisis.

Acknowledgements

First of all, we would like to express our sincere gratitude to **Janet, Monica and Mary Kay** for enabling us to complete this project. Without their kind guidance and patience, this report would be of little success. Throughout every phase of the project, they have mentored us during the process by providing important resources, information and answers to our questions.

In addition, we convey gratitude to our interviewees **Fiona, Steph, Tina and Maurice**, who openly shared their experiences with us as part of this project.

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Section 1: Background

In this section, we provide an overview of the three modalities in an evidence-based and low-threshold approach to Harm Reduction, including Outreach, Drop-in and Systems Navigation/Accompaniment.

Low-threshold services



Outreach



Drop-in



System Navigation

Demands for low-threshold services

Existing Barriers:

- Stigmatization & Social Judgement
 - e.g. some countries have laws that criminalize “promotion of juvenile drug use” and therefore HR providers are threatened by the system
 - use people-first language, avoid stigmatizing language
- Lack of services that address specific needs
- Eligibility concerns and Admission Criteria
 - e.g. many programs require identification documents
 - e.g. some have a minimum age requirement which prevent young people from accessing them, nonetheless, they are a population that is vulnerable to drug use
 - e.g. supervised injection sites are generally open to registered users and injection drug users

Demands for low-threshold services

Why is a low-threshold approach important in Harm Reduction?

- Non-judgemental, emphasis on trust, care and sustainability
- People might have a difficult time locating specific services, could be rejected merely because of their appearance
- Any step along the HR process is an opportunity to connect people with system navigators

“Support. Don’t Punish”



Demands for low-threshold services

Goals:

- **Inclusiveness:** Enabling access to service to subpopulations that are highly marginalised and toughest to reach, which also include identifying and addressing the most urgent needs of the community.
- **Diverse Needs:** Coordinate appointments and guide clients to access support from appropriate service providers, such as primary care, substance use treatment and housing options.
- **Sustainability:** Develop a trusting and long-term relationship with clients to ensure stability and sustainability.



Methodology and Project Milestones

- **Preparation Stage:** The project commenced in early October. With proper guidance from Janet and Monica, we discussed our expectations of the project findings and interview questions.
- **Interview Stage:** We conducted interviews with system navigators and case managers from Parkdale-Queen West CHC (Fiona, Steph, Tina) and Street Heath (Maurice) throughout the months of October and November. Concurrently, we started our literature scans to supplement our interview findings and fill in knowledge gaps.
- **Analysis Stage:** After the completion of interviews in the third week of November, we performed thematic analysis of each question with valuable input from Janet, Mary Kay and Monica. We synthesized information from the literature and put together this report.

Section 2: System Navigation and Accompaniment

Next, we will discuss our findings in the System Navigation/ Accompaniment modality. Our insights are largely based on interviews with HR workers from the two organizations (Parkdale - Queen West CHC & Street Health) and their system navigation work, but not service users.

What is System Navigation?

System navigation involves:

- A **client-centered and warm hand-off approach** that helps people navigate through the system by setting up appointments to address specific needs and connect them with appropriate resources.
- **Non-coercive** and **non-judgmental** strategies to minimize harm without forcing them to go through barriers.
- Locating people in the community who are suffering from difficulties (e.g. homelessness and mental health issues) and identifying the urgency of needs.
- Informing people about their eligibility for entitlements and helping them sustain their stability (**foundation building**).

Why is System Navigation important?

- Because it allows the client to navigate through the different resources available to them such as health care systems, financial systems, etc., which are normally limited to them because of stigma and discrimination.
- Allows the Systems navigator to act as a bridge between the client and the service they need.
- Allows to have someone who can advocate for the clients if they are found in a situation where they are being discriminated or unrecognized.
- **Note:** By client we refer to marginalized community members such as homeless, sex working, and street-involved people.

What is Accompaniment?

- One-on-one peer support through mentorship & regular appointments
- Referrals, accompanying them to specific resources - e.g. doctor visits, health counselling, financial services etc.
- An opportunity for a more intimate conversation about a specific problem a community member might have that cannot be solved through the regular outreach program
- Allows for the consideration of how different layers of disadvantage could affect the ability to access service providers - e.g. past trauma, societal judgement etc.



Referral

SECTION 2

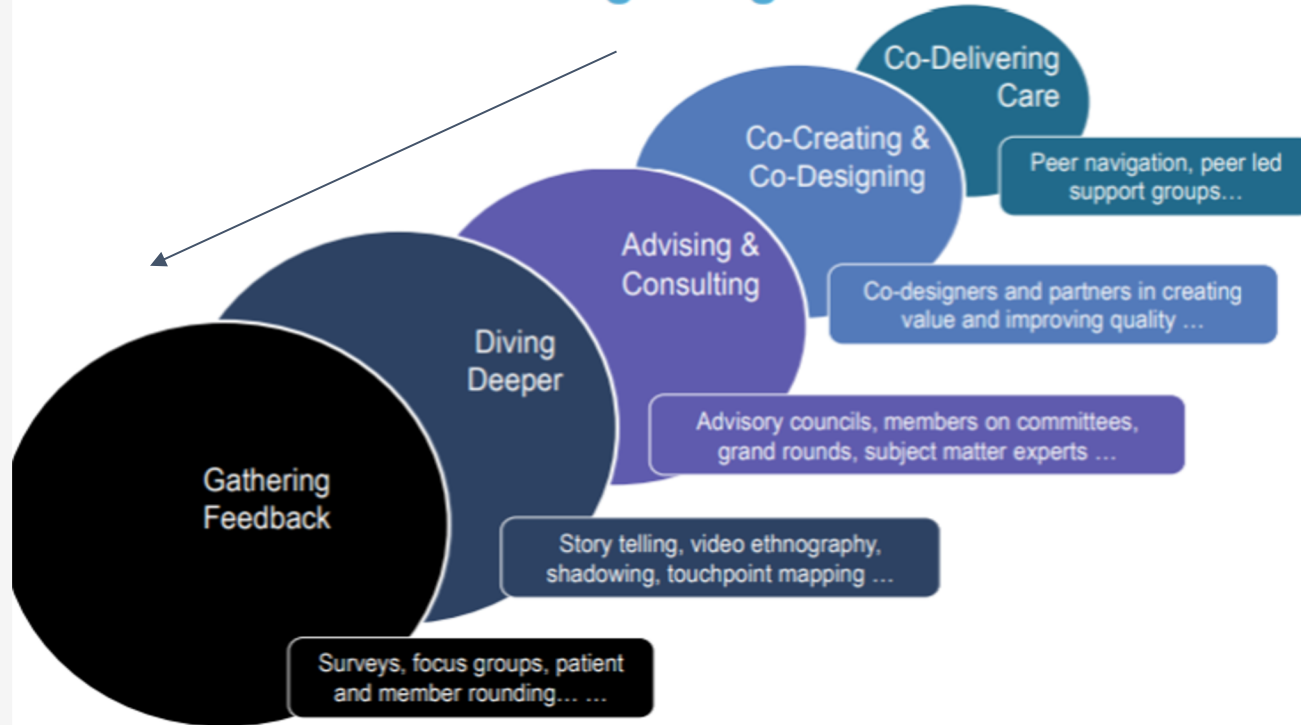
What does the literature say?

Pathways to Care

- Is a holistic approach that consists of a complex intervention that ensures quality of care for individuals who are experiencing substance use harm.
- This approach can be used in different contexts. For instance, the Black Health alliance used the concept of “Pathways to care” to develop a 5 year project with the objective of “removing barriers and improving access to mental health and addiction services” for the black community.
- In a medical context, pathways to care refers to the different steps a patient might experience when dealing with life-threatening diseases/conditions, or substance use disorders.
- What they all have in common is that in a “pathway to care” there is continuation and follow-up with the patient, either by the physician, a family member or a health/peer navigator.

Pathways to Care

KP's Evolution in Integrating Patients and Families



SECTION 2

What information did we obtain from the interviews?

Peer Education

- An umbrella term to describe a range of approaches that **engage members of a particular target group in delivering health promotion initiatives to their peers** (Mason, 2006)
- Engaging '**people with lived experience**'
 - *"They have more credibility than someone who is coming with judgment"* (respondent)
 - At Street Health, they recognise 'lived experience' as one of the most important qualification for a peer support worker.
 - Although many of them still think that they need more training and education (e.g. counselling, public speaking) to excel their role.
- Ensures that communities impacted have a real voice in the creation of programs designed to serve them.

The Peer Participation Model

GOALS:

- “Encourage peer participants to share information, knowledge, and resources among each other” (respondent)
- Spread information and share strategies that they have found useful with the purpose of creating a greater community.

FOCUS:

- The focus of this model is the (re-)integration of people with lived experience into the mainstream workforce and recognition of the expertise and skills of peer workers in providing relevant and appropriate services.

(Shifting Roles: Peer Harm Reduction Work at Regent Park Community Health Centre. Penn, Mukkath et al n.d.) (p. 15)

The Peer Participation Model

DESCRIPTION:

- Provides training and employment opportunities to people with lived experience of substance use and homelessness.
- Peer workers are expected to have a level of stability in their lives that enables them to commit to the responsibilities of providing services to clients.
- “People with lived experience” usually do not have formal education, and that lack of formal instructions sometimes generates stigma within the work environment.
- Alternatives such as “**Micro-credentials**” have been proposed in order to recognize them as professional employees with expertise and authority.

(Shifting Roles: Peer Harm Reduction Work at Regent Park Community Health Centre. Penn, Mukkath et al n.d.)
(p. 15)

SECTION 2

What does the literature say?

Peer Support in Healthcare

The Peer Navigator (PN)

- Is a trained volunteer who is matched with a newly diagnosed patient with a complex medical condition.
- The PN have had the same illness, has survived or is managing the condition = "Lived experience"

The Peer Support Specialist (PSS)

- Volunteer or hired person who has been engaged in its recovery from a mental health condition/substance use disorder, and has been trained and certified to help others with the same conditions.
- PSS has lived experience and expertise that "A Professional training cannot replicate".

SECTION 2

What information did we obtain from the interview?

The Peer Participation Model-ADVANTAGES

- People in community respond really well to workers who share parts of their experience, who they see themselves reflected, who have an expectation of compassion, empathy, generosity, and have knowledge and expertise.
- HR workers – they have been there – in the streets – they know what's going on. They have more credibility that someone who is coming with judgment
- "Let's do this in a way that doesn't harm you, that doesn't kill you as a matter of fact" (respondent)
- The client has to explain less when accessing service, especially when people are reluctant to bring up past trauma.

"Street Health recognizes the importance of lived experience – their experience carries weight here"
(respondent)

Harm Reduction Workers



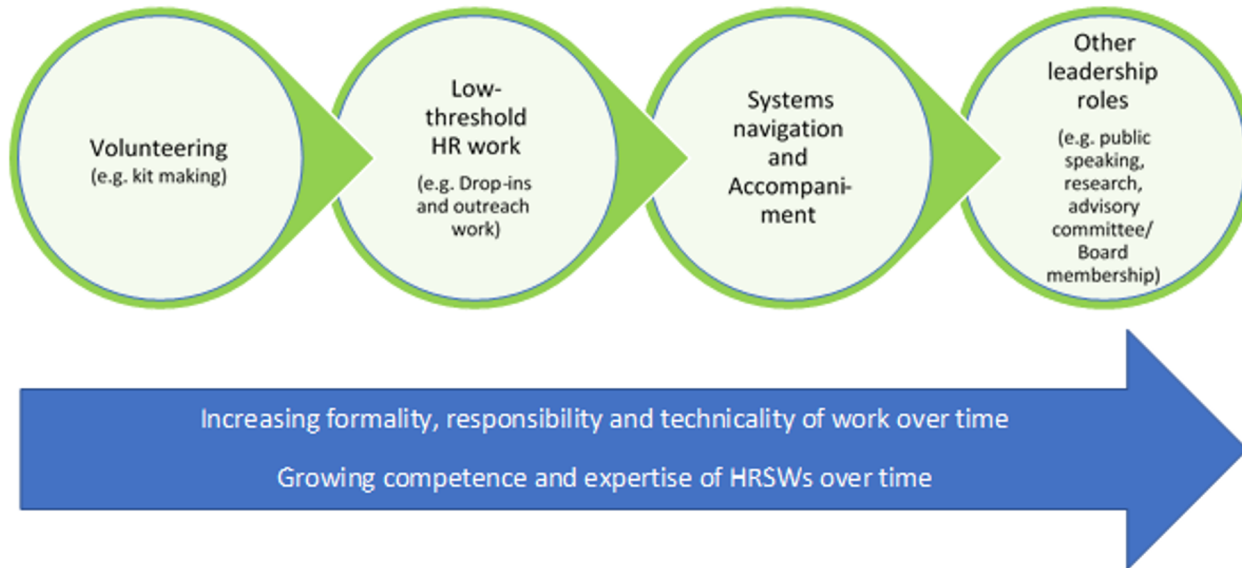
Patty (Left), Fiona (Right)



Tina (Left),
Natalie (Right)

Evolving HR Worker Engagement and Opportunity

A Continuum of Responsibility - Deepening HR Roles



Typical day of a System Navigator

- One-on-one appointments
- Supervision
- Outreach & Inreach
- Case Management
- Education and Advocacy

*"He does more accompaniment, but also case management. The moment you get involved in someone's life, you have to take it all on. I need shoes... I need food... It starts with accompaniment, but it ends up being case management – you have to deal with it."
(respondent)*

*"I have a 'problem-solving' type of job."
(respondent)*

Typical day of a System Navigator



HR Supplies



Providing Supplies

Case Study

- Indigenous female to male transgender in their late 40's.
- They wanted to connect to primary health care to access hormonal treatment.
- Bad past experiences and lack of support from the health system
- Fear of social judgment.
- Needed emotional support, especially during doctor visits.
- Care providers did not want to understand the patient situation and often pushed them away.
- Fiona, a systems navigator, met this client through the regular drop-in sessions.
- Build a trusting relationship over time.

Case Study

What was done for the patient?

- Fiona used her position as a middle class person and HR worker to get a voice for this client.
- Fiona advocated for them.
- Fiona and other health navigators (HN) were involved in the patients' transition.

- Their functions were: Making appointments, access transportation, facilitated access to the hormonal treatment, and follow-up.

Outcome:

- Client feels more confident now about the transition but still needs support.

Section 3: Outcomes, Challenges, and Moving forward...

In this final section, we will summarise our results from System Navigation analysis and provide insights into the future direction for HR work to continue. A limitation is that our analysis of outcomes was based on the perspective of service providers, instead of service users. We recommend future research to focus on this aspect to conduct a more comprehensive outcome analysis of system navigation work.

OUTCOMES

Outcomes of System Navigation

SERVICE USERS/ COMMUNITY MEMBERS

- Warm-hand off, personalised approach to cater for the individual needs of service users and help them overcome logistical barriers.
- Transforming & rewarding experience for both HR workers and service users.

Outcomes of System Navigation

HR WORKERS

- More employment opportunities for people with lived experience.
- Alleviate stigmatization around HR work and gives the work they do more credibility.
- Increase feelings of empowerment.

"When people come back and say: 'Hey, that really helps me.'" (respondent)

Outcomes of System Navigation

ORGANIZATION

- HR Navigator team lowers the threshold for people to access care by increasing working capacity.
- Improved internal and external capacity for accessing pathways of care.
- Identify and prioritize at-risk populations.
- Inform service providers about the urgency of needs.

CHALLENGES

Challenges, COVID and Next Steps

PERSONAL

- Sometimes tasks can be overwhelming and lead to burn out of the job.
- Even though extra hours are required for some workers, those hours are not economically compensated.
- Because working as a Systems Navigator does not have a typical work routine, time management is an essential task that might be challenging sometimes.

Challenges, COVID and Next Steps

PRACTICAL ISSUES

- Clients might not show up due to the nature of their situation (substance use/dependency, homelessness, etc).
- Connecting with service providers may result in problems when trying to reach out for funding.
- Not a good system to follow up with clients. In other words, it is hard to keep in touch with them.
- COVID has prevented in-person appointments, which made it more difficult for people to reach out for help, and for HR workers to connect with them.
- Phone calls have been used as an alternative due to COVID. However, it is not as effective as drop-ins or in person appointments.

Challenges, COVID and Next Steps

INSTITUTIONAL

- Keeping overdose Prevention sites is a challenge, especially due to government measurements.
- Finding workers with more availability, which would mean higher payment. Nevertheless, workers need to work for longer periods of time without monetary compensation.
- Fairness regarding terms of employment for HR workers, their work is derecognized by society, and sometimes by their work environment.
- Integrating people with lived experience in interdisciplinary teams has been a challenge that has been partially solved with “microcredentials”.

Next Steps....

- Have different organizations involved in Harm Reduction created a plan for the upcoming year in regards to COVID? (Alternatives to drop-ins, outreach programs, etc..)
- After the CHRRT Project ends in March, what's next in regards to funding, HR workers and other related parties?
- What are some concrete steps to translate research and findings into execution?

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