
Backgrounder for new Downtown Eastside programs and services

Connecting people to care and creating safe, welcoming and culturally-sensitive facilities and services for all our clients is foundational to all of the Downtown Eastside Second Generation Strategy initiatives. In addition, upcoming Request for Proposals will include specific requirements for women and aboriginal populations related to programming, safety and cultural competency.

1) Mental health and addiction drop-in services – RFP Planned for October

Drop-in centres provide a unique opportunity to connect with people and link them to services. This is further enhanced with the presence of peer support, where individuals with “lived experience” can relate to clients while providing guidance and assistance.

VCH will issue an RFP in October to seek a contract service provider to provide a low-barrier drop-in service that will offer longer hours and better integration with the health care system, so clients with complex health needs can receive the care and support they need. It will allow clients to access services when they need them, without appointments or other barriers.

Requirements for the RFP will be developed in consultation with agencies, clients and community. An open procurement process will include engagement sessions with these stakeholder groups.

2) VCH operated Low-Threshold Addiction Service

The DTES Second Generation Strategy identified an urgent need to make services more accessible for people with untreated opioid addiction. Research suggests that at least 40 per cent of people in the DTES who are eligible for treatment for addiction to opiates are not receiving the treatment they need, along with other crucial health care such as HIV and psychiatric care.

The VCH operated Low-Threshold Addiction Service will address untreated addiction. Once substance use is stabilized or reduced, participants can effectively access other supports and better overcome obstacles to maintaining their treatment.

Located at 625 Powell Street, key elements of the service include:

- Fast access, no wait lists, and no appointments required;
- Same day or next day start for therapies, including opioid replacement treatment (methadone and suboxone), nicotine replacement, alcohol treatment and naltrexone (anti-craving drug).
- Extended operating hours seven days a week;
- An on-site pharmacist to dispense medications as well as monitor and support client compliance with other medication needs (such as HIV/hepatitis);
- A lounge that not only provides clients with a place to relax, but also where clinicians can actively engage them in other services and supports;
- Staff and clinicians who have experience dealing with chaotic addiction.

3) Peer navigation program

Feedback through the DTES Second Generation Strategy planning process confirmed that peer navigation and support is a top priority of clients and agencies in the DTES.

Through an open procurement process, VCH will seek a partner to assist with delivering some of the peer-based supports. The long term plan is to have peer navigators embedded in existing services at high-need points of contact, including the new Mental

Health and Addiction Drop-in Service, Low-Threshold Addiction Service and community health centres.

Not only will the peer navigator role create employment for DTES residents with lived experience, but there is considerable evidence demonstrating the value of peers as a way of linking clients to services and supports. VCH already has peer services throughout Vancouver and will use this experience to develop—in partnership with the successful proponent—our DTES program. This includes establishing criteria for roles and developing ongoing support, education and supervision of peers.

4) New hours for Insite

Plans are underway to shift the opening and closing hours of Insite to one hour earlier. New operating hours will be from 9am—3am. This decision is based on a review of data that demonstrates a peak in activity when doors open at 10am each day and a significant drop overnight. Improving access to Insite was identified as a priority in the Design Paper. By opening an hour earlier, VCH hopes to:

- Improve client outcomes by reducing wait times, particularly in the morning and at mid-day;
- Reduce overdose deaths, communicable disease infections and other drug-related harms that occur when Insite is unavailable;
- Reduce client anxiety while waiting to access supervised injection, which can lead to violence and crime.

5) Shelter pilot to improve transitions from acute care

VCH, BC Housing, Raincity Housing and Lookout Emergency Aid Society are working together on a pilot project that designates shelter beds for individuals with complex clinical needs who are homeless and ready to leave hospital. While the ultimate goal is to find permanent housing for these individuals, this approach aims to support them through the transition and improve client flow into and out of shelters, and then into permanent housing. VCH will continue to support the clinical needs of these individuals as they move through the system.

Since late July, ten existing shelter beds have been reserved for individuals experiencing homelessness in acute care who are ready for discharge. Early results indicate a high success rate with permanent housing solutions identified for 20 difficult-to-house individuals.

FOR MEDIA ENQUIRIES:

Viola Kaminski, Public Affairs Officer
Vancouver Coastal Health
Phone: 604-708-5338
Cell: 604-312-1148
viola.kaminski@vch.ca

Web: www.vch.ca

