

**Network Minutes**

**Thursday September 10, 2020 5:45 pm Mellor Hall – Cowichan Exhibition Grounds**

**Present:** Denise Williams Chair, Sheila Service, Cindy Lise, Rhoda Taylor, Pam Alcorn, Sue Kurucz, Rosalyn Graham, Carla Bortoletto, Elizabeth Croft, Rob Hutchins, Barry O’Riordan, John Horn, Chris Hall, Anne Brunet, Denise McKinlay, Leslie Welin, Lynn Smith, Dave Gutscher, Judy Stafford, Lynne Weaver, Mary Lionas, Linda Roseneck, Douglas Hardie, Chris Rafuse, Sonia Furstenau, Maeve Maguire, Cicilia Ann Crocker, Michelle Staples, Robin Routledge, Rosalie Sawrie, Colleen Fuller, Gretchen Hartley, Noelle Philp, Valorie Masuda, Shannon Waters

Alistair MacGregor, Mary Beth Small, Debra Toporowski, Ina Kennedy, Carol Newington, Jane Osborne, Tracy Parow, Stephanie Eschak, Amanda Marchand, Jane Hope, Kathy Easton, Carolyn Austin, Arlene Robinson, Anita McLeod, Debbie Berg, Kate Rossetto, Sara Ferrario, Jane Hope, Gus Williams, Tara McCaffrey, Kristine Sandhu,

**NEW Members:** (also included in attendance above). OCCHN grows and welcomes to the team; Cicilia Ann Crocker Cowichan Neighbourhood House

**Guests:** Jacqueline MacKinnon Island Health, Norma Winsper Island Health, Laurel Crawford Ministry of Social Development and Poverty Reduction, Cailey Foster Cowichan Community Action Team Peer Coordinator, Tracey Pocock Peer, Barry Gallow peer, Kim Ayer Canadian Mental Health Outreach

### **10 Great Things About Our Cowichan:**

Following through from the July 9th recommendations by OCCHN Members- we began the meeting by asking tables to share their thoughts on the 10 great things about Our Cowichan. (Attached). These comments will be discussed further at future OCCHN meetings and support evaluation and messaging about the impact of OCCHN.

1. **Call to order** at 5:45 by Denise Williams who welcomed guests and members and initiated round table introductions.
2. **The agenda was approved** by general consent.
3. **The Financial statement** was accepted as presented by general consent.
4. **Correspondence** – No correspondence
5. **United Nations Rights of the Child-** Article 39 – You have the right to help if you have been hurt, neglected or badly treated

### **Update on OCCHN Activities**

* Planning and developing the Cowichan Communities Health Profile is ongoing and is currently at the vetting stage.

**COVID**

* Participated in Island Health/ Cowichan Division of Family Practice and Health Care Emergency Response and Planning Committee as community liaison. Daily meetings moved to monthly
* EPIC meetings moved to bi weekly meetings to meet the demands of the changes
* Provided daily support for dissemination of information on service delivery changes and program closures via OCCHN Website.
* Supported COVID Rehousing Initiative and Task Force for underserved and homeless community members
* Assisted with dissemination and planning for COVID Emergency granting opportunities.
* Facilitated Community Action Team Collective Impact meetings

## **Equity and Inclusion- Lynne Weaver Cowichan Intercultural Society**

## ***In a racist society, it is not enough to be non-racist. We must be anti- racist.***

## In the context of today’s world and the COVID crisis we learned that those who are of colour are far more likely to be infected with the COVID Virus. The discussion of poverty, racism and inequities of our society and how ethno- racial groups are more likely to be placed in positions to be most vulnerable took place.

It is important for us to start by exploring our language. Lynn took us through the Our Cowichan Vision “All Citizens of the Cowichan Valley enjoy good health and wellbeing”. By exploring the word ***citizen***, we learned that Citizen means:

* To vote in elections
* To be a candidate in elections
* To apply for a Canadian Passport
* To enter and leave the country freely

The word citizen excludes:

* Permanent residents
* Asylum seekers
* People without legal status
* Temporary (long term) residents
	+ Migrant workers
	+ International students

Moving forward OCCHN will explore its use of language to ensure equity and inclusion.

Lynn then discussed:

1. Inclusive Policies
	1. Policy, procedure and by-laws
	2. Sanctuary City and Sanctuary Organizations
	3. Access without fear
2. Inclusive Actions
	1. Equity and Inclusion Task Force
	2. Decolonizing and unpacking white privilege
	3. Increasing public awareness
	4. Data collection
	5. Responding to incidents and being more than a bystander

## **Cowichan COVID 19 Temporary Housing Initiative – Mayor Michelle Staples and John Horn Cowichan Housing Association**

## Mayor Staples opened the conversation by thanking the multiple community partners who have worked tirelessly within the region over the past number of months. When COVID hit community partners including the City of Duncan Mayor were contacted about concerns regarding vulnerable community members who had lost access to food and services as a result of many of the program closures. The needs and concerns grew every day. Immediately Cowichan Green Community engaged in the development of a food task force that has continued to lead the way in connecting community resources, accessing grants and feeding hundreds of community members. It was soon requested that communities find a way to mitigate the spread of COVID by housing the community members who were living on the street. Mayor Staples contacted John Horn the new executive director of the Cowichan Housing Association for his assistance. Within a very short while a team of community partners worked on the temporary COVID shelter task force and a plan was put in place that included working with local governments to find property, working with hotels to find spaces as well as with BC Housing and other granting opportunities to provide food and other resources such as health care, outreach, security and more. The plan was in place early but it took until May to get funding and approval to move individuals into the sites. Careful planning, vetting and outreach were involved to ensure that each of the sites became a community. Vetting and planning also ensured the success of the sites. Food, outreach and security were implemented.

Following a meeting today with BC Housing it has been announced that the temporary shelter program will maintain its funding until December 31. Further efforts by the task force to support transitioning to the new supported living units once they are built and winterizing the current shelters is underway.

## **Outreach and Wrap Around Care initiative- Heather Taylor Nurse Practitioner**

## Heather reported on:

## WHY wrap around services have been implemented within the region?

1. Our community is facing a triple threat at this time which includes COVID 19, Opioid and Housing Crisis
2. To prevent the spread of COVID amongst vulnerable and unhoused
3. Early identification of those with symptoms
4. Assessment, swabbing and health monitoring
5. To enhance the safety for the whole community

WHO- the collaboration between teams?

1. The COVID Outreach Team (COAT)
2. Public Health
3. Canadian Mental Health Association Adult and Youth Outreach
4. House of Friendship and Cowichan Tribes
5. Ladysmith
6. Women’s Shelter
7. Cowichan Community Action Team (CAT)
8. Meal providers
9. Water delivery
10. Toilets and garbage collection
11. On site Coordinator
12. The clean team (more than cleaners)
13. Blackbird Security

HOW

1. Duncan Mental Health and Public Health deployment of the staff to the COAT team
2. Collaboration with community partners and teams via CMHA, Cowichan Tribes and Ladysmith
3. COAT operating 7 days per week which included testing, primary care, outreach and support to staff and residents at the site
4. Prescribed Opiate Agonist Therapy and safer supply 5 days a week by Nurse Practioners and

Physicians

WHAT WE LEARNED

* COVID 19 didn’t really happen in this population- but we were prepared
* Self isolation space was ready at the Super 8 and Warmland should it be required
* How to consider a plan and how to manage for those who do not want to or are unable to self isolate should it be necessary (this still needs to be explored further)
* It is much easier to offer services and improve access and response when working this way
* By providing housing we are able to meet basic needs and people began to thrive
* Their attention can now be turned to other things besides basic survival
* Some people are always going to need support and to be looked after
* Many are not going to “recover” from substance use but they can be supported in the community to live in greater comfort and safety
* Fostering connections between teams’ benefits clients
* The presence of the COAT team, Laurel and outreach teams enhanced connections with clients
* There was improved access and immediacy
* There has been a shift in public opinion as the sites run smoothly
* There is less trash and paraphernalia on the street
* Less loitering and theft
* We learned the importance of other services such as the Ministry of Poverty Reduction and Social Determinants and the pharmacy for prescription delivery
* We learned that in-reach to the sites for primary care is important
* We learned about ourselves as we walk alongside others

**Quotes:**

“The grief from people dying by poisoned drugs impacts the health of the entire community”

“Collaboration between community partners facilitated client centred care and prevented ER visits”

“People are trusting me with their story… trusting me to be a genuine person… I get to learn from some of the most resilient, creative, caring, strong and smartest people I know.”

“This felt like one of the first times we (community partners) all worked well as a team to offer support and help problem solve with clients.”

**Quotes from Clients:**

“As my depression dissipates, I think of how I can thank you.”

“All of the people I am so lucky to share this work with sincerely receive this message of depression lifting. Our day to day work is providing support when every day for people is purely survival and struggling to change that and be a part of the gift of safety, sleep, food and support is an incredible perk.”

“And we think- what more can happen to encapsulate even more of the vulnerable population into this net of basic needs being met?’

**A Story**

“On request from a community partner, and Island Health Outreach nurse saw a client in pain and distress. The client was not willing to go to the ER due to past experiences of disrespect and racism. The nurse referred to the NP who came to the shelter site where the client preferred to be seen. NP assessed and prescribed some medications which the CMHA youth outreach team picked up and delivered to the client. The client was checked on daily by the team and recovered in the next few days grateful for the care.

## **The impact on individuals who have been housed by the COVID temporary tenting and hotel sites - Cailey Foster Cowichan CAT Peer Coordinator and Peers Barry and Tracey**

A short video was created by the Cowichan CAT Peer Coordinator and a number of peers who are currently housed in the temporary shelter spaces within the region. Interviews capture the impact that the temporary housing has had from a very personal perspective. It is noted that this video clip is for the members of Our Cowichan and the Cowichan Community Action Team. It has been asked that the clip not be posted to social media or other outside sources at this time.

<https://youtu.be/5w1YAW2PpiQ>

## **Why this work is important and advocating for resources -Dr Shannon Waters Medical Health Officer**

In her role as the medical health officer Dr Waters is responsible for community health. It has been three years almost to the date that the Cowichan Overdose Prevention Site opened on Canada Avenue. Since that time there have been a reported 70,000 visits to the site which has averaged out to approximately 430 visits per week. Since the beginning of the Opioid Crisis in 2015 and up until the start of 2020 there were a reported 83 overdose related deaths in our region. Since COVID there have been 14 unfortunate deaths including that of a youth and we are on a trajectory for more likely due to those individuals who are using substances now using alone combined with the increased pressures of mental health, job losses and isolation.

The collection of data has been a key driver to draw attention to small town/big city challenges. The efforts in reaching out to local, provincial and Federal leaders has resulted in resources to address the impact of the opioid crisis which has continued to grow. An application for a federal grant for TiAOT Safe Supply initiative was successful (Jacqueline will speak to this).

We are still in an overdose crisis and working together with leaders such as the members of the Cowichan Leadership Table (Mayors, Cowichan Tribes Chief, MLA, MP, School District and Island Health) is important in making shared decisions and planning.

## **The new Wellness and Recovery Centre -Norma Winsper Island Health**

Cowichan has been historically underserved. Leaders and community members of the Cowichan Valley have been advocating and lobbying for services in relation to recovery, treatment and harm reduction for some time. The collective voice has played an important role in the decisions made by Health Providers and governments. They have been listening. This has resulted in the development of the vision that was created some time ago with the design of the Wellness and Recovery Centre. Stand alone Overdose Prevention sites don’t offer the level of supports and services that the development of a full spectrum centre was created.

Cowichan Valley Wellness and Recovery Centre Service Model and Program Overview People living with mental health and substance use challenges in the Cowichan Valley will be able to access services from a new Wellness and Recovery Centre. It will be located at 5878 York Road, North Cowichan and open in 2021. The new Centre brings together primary care, harm reduction, case management, overdose prevention and on-site treatment in one location. The Centre will be operated by Island Health in partnership with a non-profit service provider. Services include:

• Security: Security services will be provided in partnership with local government through the Safer Communities Plan. The Centre is located on the security corridor and is regularly patrolled by security staff.

• Needle recovery: Needle (sharps) pick up will be done around the Centre. Community sharps pick up will be done by a peer team. This team is funded by Island Health and coordinated by the Canadian Mental Health Association - Cowichan Valley Branch.

• Assertive Community Treatment (ACT) is an outreach team that includes nurses, social workers, a psychiatrist, rehabilitation and recovery workers. The team supports people with mental illness who may have substance dependency. The team supports people in crisis, delivers treatment, manages medication and helps people connect with education, jobs and other supports.

• Intensive Case Management (ICM) is an outreach team that supports people with substance dependency. ICM helps people to build on their strengths and improve confidence.

• Harm Reduction Services are offered by a team including primary care providers (physician and nurse practitioner), nurses, harm reduction workers and peer workers. They provide overdose prevention, witnessed consumption, harm reduction supplies and education. Services are provided under the provincial public health emergency overdose response.

• Treatment for substance dependency is offered by health care providers, including addictions medicine specialists, delivering a range of substance use medical treatment services. Treatments may include Opioid Agonist Therapy (iOAT) and Tablet Injectable Opioid Agonist Therapy (TiOAT). These services help to treat substance use dependency by preventing withdrawal, reducing cravings and promoting better overall health.

• Substance Use Integrated Team (SUIT) is an outreach team of nurses, social workers, substance use counsellors and peer support, rehabilitation and recovery workers. The team provides health and wellness care for people significantly affected by physical, emotional, spiritual and mental health impacts of substance use. Clients may be experiencing homelessness and in distress within the community. September 11, 2020

## **New Supported Housing – Cindy Lise For Heidi Hartman BC Housing**

Recently there was an announcement that BC Housing will be building 100 supported housing units in the Cowichan Valley. There will be 2 units, one in the Municipality of North Cowichan on Drinkwater Road and the 2nd on White Road in the City of Duncan. Each building will house 50 healthy, safe and stable homes for people experiencing homelessness or precarious housing. These are self contained studio units with supports provided on site to ensure that people can maintain housing. Stability supports include outreach workers, wellness checks, life skills training, employment assistance, connection and referral to community services and support groups. Residents have access to counselling as well as health, mental health, and addiction recovery services. Residents would sign a program agreement and would pay rent. Residents are provided with one hot meal and 24/7 access to support services on site

There are concerns about the housing in the region but based on other regions studies show that after 6 months:

* 94% of supportive housing residents remained housed
* 84% of supportive housing residents reported improved overall wellbeing
* 54% reported improved access to employment opportunities and employment support services
* 39% reported improvements to their addiction issues. 39 % reported that their addiction issues were the same and 15% reported that this question did not apply to them
* 10/13 property values immediately surrounding supportive housing sites kept pace or surpassed municipal trends.
* On average a person experiencing homelessness with addictions and/or mental health used $55,000.00 per year in health care and or corrections services
* On average a person in supportive housing with addictions and or mental health used $37,000.00 per year in health care and or corrections services
* More information can be found in documents attached to the minutes
* Here is some information regarding upcoming **supported housing** for folks who want to learn more:
	+ [Let’s Talk website (Cowichan Valley)](https://letstalkhousingbc.ca/cowichan-valley) – A number of resource documents are available here.
	+ North Cowichan Drinkwater - [Fact Sheet](https://letstalkhousingbc.ca/15076/widgets/59174/documents/37391)
	+ Duncan White Road  materials - [Fact Sheet](https://letstalkhousingbc.ca/15077/widgets/59171/documents/37167)
	+ Community Benefits - [Fact Sheet](https://letstalkhousingbc.ca/15077/widgets/59171/documents/35612)
	+ Great example and video of the Parksville Project [Orca Place supportive housing](https://www.youtube.com/watch?v=ioEd_2F7S5U).

## **TiOAT Safer Supply Pilot Project- Jacqueline MacKinnon Island Health**

QUESTIONS & ANSWERS September 2020

**Q. What is Tablet Injectable Opioid Agonist Therapy?** A. Tablet Injectable Opioid Agonist Therapy (TiOAT) is a medication-assisted treatment for people who have not benefitted from other treatment options and are at high risk of overdose. This lifesaving initiative will provide pharmaceutical-grade medications as an alternative to the toxic drug supply.

**Q. How is the medication provided?** A. TiOAT will be provided as one or two 8mg hydromorphone tablets up to five times each day. Tablets will usually be crushed for injection but may be taken orally or inhaled. All consumption will take place in a supervised setting. Q. Who can access the program? A. TiOAT is prioritized for people who have not had success with other treatment services, such as OAT, and those deemed appropriate by the prescriber’s clinical assessment. Up to 25 people can participate in this program. People will be screened for suitability and can be identified by local doctors and health-care providers, service providers and through self-referral.

**Q. Are ‘carries’ or take-home medications allowed?** A. Initially, the pilot will offer on-site consumption only. We will evaluate the service for opportunities to provide take-home medication. Q. Where will the program be located? A. TiOAT will be available at the Cowichan Wellness and Recovery Centre, 5878 York Road, Duncan. It will be part of a suite of services available at the Centre, including primary care, harm reduction, case management, overdose prevention and additional treatments.

**Q. Who provides the service and when is it open?** The TiOAT service will be provided by a local non-profit provider 7 days a week, and people can attend up to five times a day. Hours to be determined.

**Q. Why Cowichan?** A. The Cowichan Valley was identified for this pilot TiOAT program for a number of reasons:

• The overdose data indicates that the Cowichan Valley is a high priority for overdose prevention and response work.

• Multiple community stakeholders including local government were interested in pursuing this approach.

• Island Health wanted to prioritize a smaller urban setting so that this pilot project would increase our understanding of how a service like this might meet the needs of individuals in a smaller community.

**Q. Should the public be concerned about safer supply programs causing security and public health issues?** A. Evidence shows that there are no negative effects on public safety related to similar programs, such as injectable Opioid Agonist Therapy. These programs have been shown to reduce illegal activities and reduce street opioid use.1 Clients take their medication in a supervised setting which ensures the safety of patients and people in the community, and provides an opportunity for patients to engage with other types of health care they may need.

**Q. How is community safety and security being addressed?** A. The program will be offered in a location that is regularly patrolled by security services, provided in partnership with local government through the Safer Communities Plan. Sharps (needle) collection will continue through the existing partnerships and will be expanded as a result of recent CAI funding. Island Health and the service provider are committed to ensuring security, safety and ongoing community dialogue.

**Q. Is this model proven to be successful?** A. TiOAT is an innovative treatment for people with opioid dependency that is being piloted across the province. Early findings from Canadian evidence has found that using pharmaceutical-grade medications, such as hydromorphone, as an alternative to highly toxic street drugs for people at risk of overdose, can help to save lives and improve health outcomes. It can also help establish an entry to care and treatment for people with substance use disorder. This pilot will be evaluated by the BC Centre for Substance Use.

**Q. Who funds the project?** A. Island Health received approximately $2 million in funding through Health Canada in partnership with the Ministry of Mental Health and Addictions. Funding for this project is provided through Health Canada’s Substance Use and Addictions Program (SUAP). Island Health also provides significant in-kind support to the project.

##

1. **New Business**:
	* **Our Cowichan Small Grants- Please disseminate the small grants opportunity broadly**
	* **Meeting in November to be determined**

**Adjournment**: at 8:00 pm. Minutes taken by Cindy Lise

Next meeting (pending Provincial Health Office Directions) November 12 at 5:45 pm Dinner to begin at 5:15. Location to be determined