Key Observations

1. The DTES remains a crucible for our society's most intractable challenges. Its residents — as well as VCH and contracted staff — can only benefit from empathic and engaged VCH leadership. VCH is uniquely positioned to speak for the health community, and to use both its mandate and convening power to build durable alliances that can best meet the needs of vulnerable DTES residents.

2. VCH managers are stretched across too many services, and there is too little consistent leadership; active communication, effective contract management and most critically the ability to pursue opportunities for greater collaboration and service optimization are neglected.

3. The lack of robust community-level data, shared client-information files, and case conferencing practices for DTES health services has become a critical impediment to improving care for what is a diverse, complex, and changing client population.

4. The emergence of chronic conditions and underlying concurrent mental health disorders is placing added strain on many health service providers; vulnerable DTES residents are living longer but they are not living well.

5. Having fought to establish and preserve InSite, proponents of harm reduction have yet to build consensus around new goals. Changing drug use patterns and risks related to drug purity have not been adequately addressed; an interim and achievable step towards the medicalization of opiates needs to be identified to maintain momentum.

6. Emotional and physical trauma contributes to the vulnerability of local residents; too few VCH funded health services — as well as police and emergency response — incorporate trauma-informed practice or an awareness of the effects of trauma in their interaction with residents.

7. Supportive housing remains a foundation of care, providing stability and respite; housing options remain too few and are too often tied to services that are neither portable nor respond to the changing intensity of client need.

8. The absence of appropriate addiction and mental health services beyond the Downtown Eastside can limit the choice and movement of vulnerable DTES residents; a de facto policy of containment exists which is unsupported by medical or other evidence. For some, this policy creates a tolerant and supportive community that provides stability and leads to improved health. For others it may exacerbate a cycle of addiction, violence, mental distress and poverty. At a minimum, greater choice should be available for those wishing to seek treatment or establish themselves outside of the community.

9. Gentrification in the DTES is a source of conflict, further destabilizing the community; development pressures may be inevitable, but the history of groundbreaking initiatives, a tolerant community, and a concentration of low-income housing and health service providers equips the DTES to be a unique community of care.

10. Aboriginal people remain over-represented in the DTES. As the First Nations Health Authority begins to develop an urban Aboriginal health strategy with VCH and other partners,, it remains essential for VCH to support Aboriginal services providers and promote greater cultural competency across all VCH-funded health services.

11. Women remain acutely vulnerable and have trouble accessing appropriate gender-specific services; protecting, serving and empowering women should be a special focus for DTES investment.

12. There are insufficient interventions — either adequate housing or treatment — available to intercept homeless or drug-involved youth who are new to the DTES; this is, in part, contributing to a cycle of long-term addiction and poverty.

Second Generation Health System Strategy Overview

Vancouver CoastalHealth

Concept

To support the evolution of local health services towards the provision of cost-effective, evidence-based care within a cohesive network of community-based health services.

Goals for DTES health system improvement

Operational excellence | Improved health outcomes | Synergistic partners

Enablers

- A. A commitment to trauma-informed care across VCH-funded and managed services
- B. Improved care coordination and patient data-sharing among providers
- C. Dedicated, consistent and collaborative VCH leadership within the DTES and with external partners
- D. A focus on outcomes and improved reporting supported by robust community health data
- E. Better integrated and appropriate IT services available and employed by VCH-funded and managed services
- F. A culture of active communication and community-based, patient-centred care
- G. A commitment to harm reduction services appropriate for the diversity of drug users present in the DTES
- H. Appropriate mental health services and facilities operating locally and provincially
- I. A commitment to providing freedom of choice and movement for vulnerable residents, particularly for youth and women

Conditions

Stable funding and improved contracting

Draft recommendations

1. Work with partners to develop a robust care coordination system for clinical and other service providers and assertively promote case conferencing between providers
2. Build on the success of the ACT teams and other intensive care coordination models
3. Invest in primary care models that meet people where they are and can provide a range of services that are well-integrated with other health and support services
4. Require all VCH and contracted services to put in place gender equity and gendered violence policies, and set goals for utilization of services by women
5. Designate dedicated VCH leads for women, youth and aboriginal services in the DTES, and host dedicated working groups to improve services for these populations
6. Develop a DTES staff wellness strategy with contracted service providers to address workplace stress and fatigue
7. Create a multidisciplinary trauma taskforce that de-stigmatizes the behavioural consequences of trauma and encourages services and frontline providers to adjust their practices accordingly
8. Shift funding for mental health services towards mental health counseling that embeds itself where people already are, in housing facilities and low-barrier service environments
9. Require all physicians at VCH-funded or managed services to hold a methadone license, and work with relevant partners to provide 24-hour access to low-cost, low-barrier methadone treatment at multiple sites in the DTES
10. Work with clinicians and researchers to refresh or create delineated addiction treatment and harm reduction strategies concerning specific drugs of abuse, including opioids, cocaine and alcohol
11. Continue to support research and work with academic and government partners to build the case for medicalized opiates in addition to opiate replacement and other addiction treatment programs
12. Develop a business case for providing expanded access to InSite, and identify additional partner sites to host and support new safe consumption programs, including managed alcohol, throughout the DTES
13. Create a task force on harm reduction and youth to provide clear guidelines concerning access to harm reduction programs for minors
14. Create a permanent housing coordinating committee with key partners to improve accountability, identify housing gaps, coordinate funding, ensure necessary supports are in place, and share application and vacancy data
15. Work with research partners to develop and track a focused set of community-level health outcome indicators for the DTES, and publish yearly reports that update partners on health system progress.
16. Pursue models for clinical care in supported housing that move with and can respond to the changing needs of individual residents
17. Create and maintain a supported housing directory for the DTES that describes the purpose and features of all supported housing facilities and programs available to DTES residents
18. Advocate for new tertiary mental health facilities for the city's most vulnerable residents living with severe brain injury and cognitive impairments
19. Work with senior partners in government to advocate for the asynchronous distribution of welfare payments to DTES residents