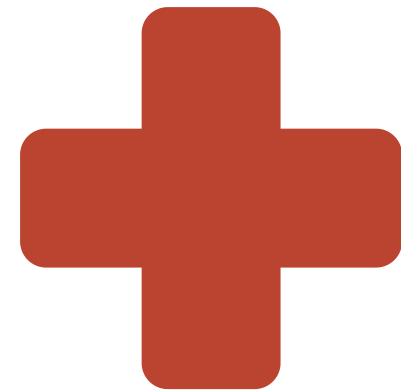


# Integrated Homelessness Action Response Team (IHART) at Fraser Health Authority

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Speakers: Tabitha Mclaughlin & Dana Ryane



IHART | CAEH Conference | November 2-4, 2022

# Presentation Outline:

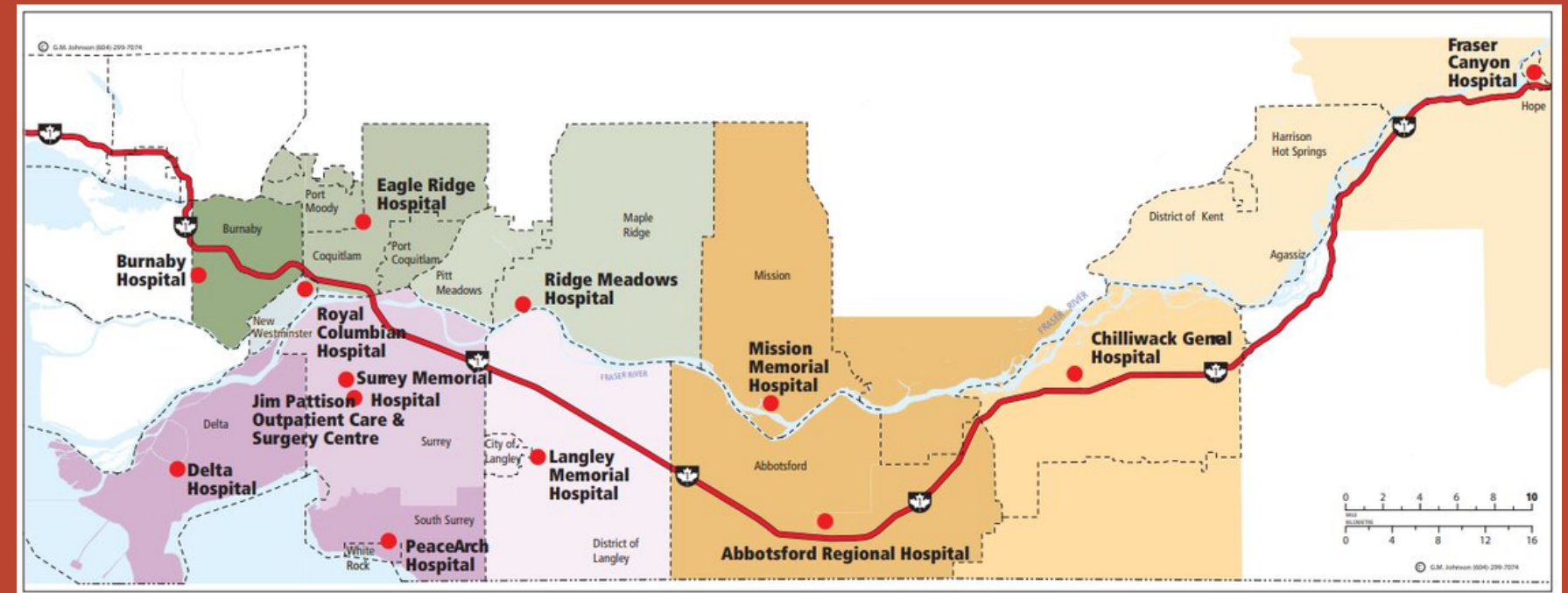
- What is IHART?
- Program Overview
  - History of IHART
  - Program objectives
  - IHART teams
  - Service delivery model
  - Referral pathway
- Health Advocacy
- Partnerships and Collaboration
- Outcomes and Stories



# What is IHART?

## Fraser Health

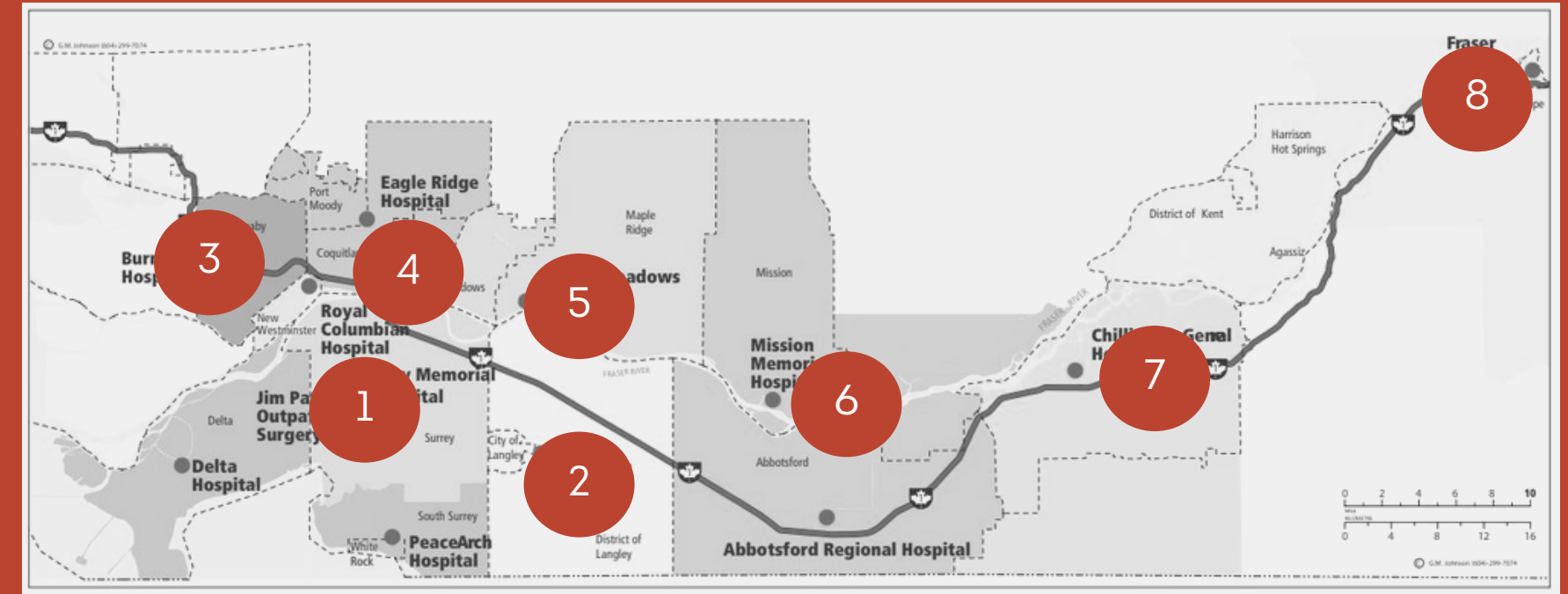
- 1 of 7 health authorities in BC
- 1.8 million people in service area
- Coast Salish and Nlaka'pumux territory
- Diverse, multicultural population



# What is IHART?

## IHART

- Multidisciplinary care providers to support needs of people with no fixed address
- Provides trauma-informed, recovery-oriented approach to make connections with community
- Brings services to people directly, with health goals initiated and led by clients



### IHART Regions

- |                                    |                           |
|------------------------------------|---------------------------|
| 1. Surrey                          | 5. Maple Ridge            |
| 2. Langley                         | 6. Abbotsford and Mission |
| 3. Burnaby                         | 7. Chilliwack             |
| 4. Tri-Cities and New Westminister | 8. Hope                   |

# History of IHART

**Began as an expansion of Integrated Response Teams, created to serve Emergency Response and Isolation centres during the COVID-19 pandemic.**



# IHART's Objectives



- Stabilize and treat chronic health conditions, including mental health and substance use disorders
- Support transitions to shelter or housing in collaboration with BC Housing and other partners
- Support people's stability in their new housing through continuity of care and quick response to escalating or destabilizing health concerns
- Reduce risk of overdose and other life-threatening incidents
- Address people's health care concerns directly in their communities to prevent unnecessary visits to emergency departments

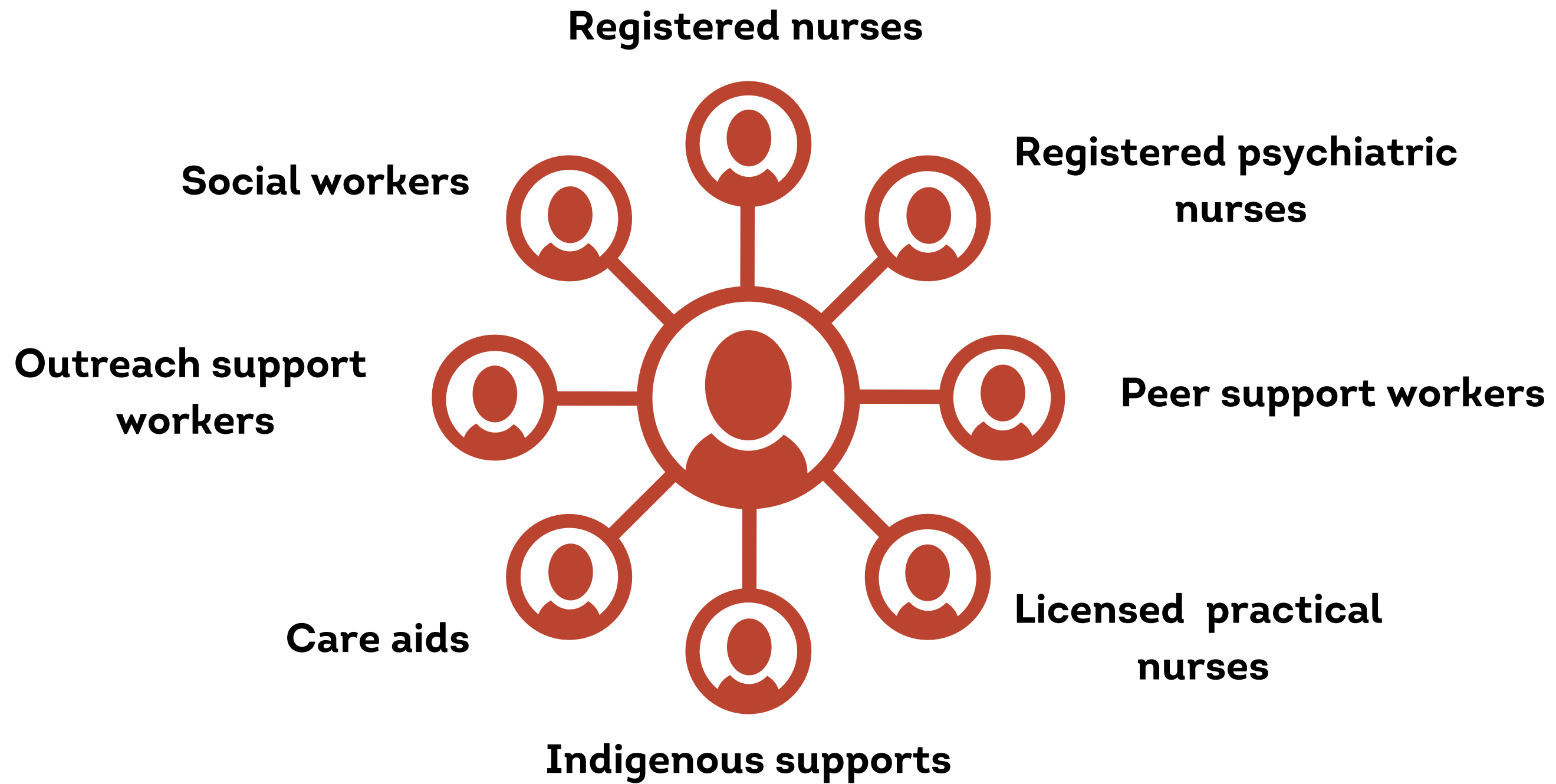
# IHART's Objectives



And overall...

- Provide comprehensive health prevention, promotion, and education
- Culturally safe, trauma-informed harm reduction

# IHART Teams





# Quick Stats & Facts

January - August 2021

## Acute



626 referrals



70% male, 29% female, 1% unknown



Majority of clients are 30-59 years old

## Community



289 referrals



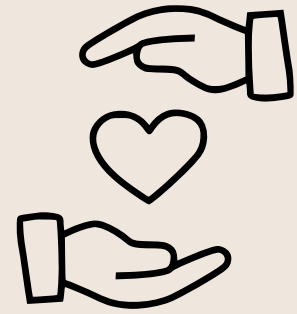
73% male, 27% female



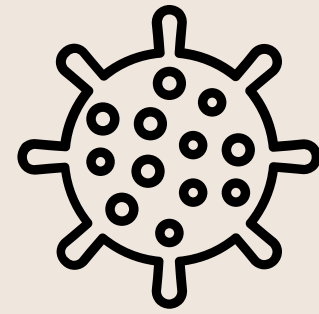
60% of referrals from shelters

\*Data retrieved from: Fraser Health Emergency Response Centers Base Line Report 2021

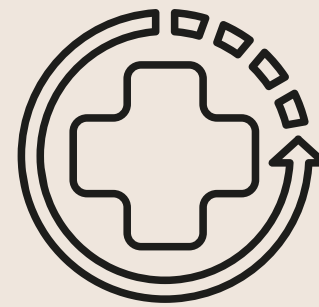
# IHART Services



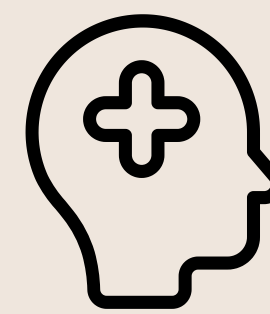
Primary Care



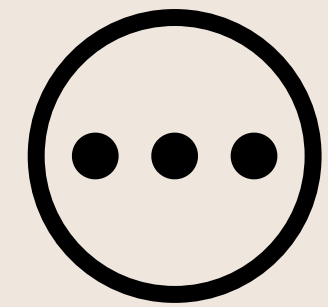
Infectious Diseases



Substance Use



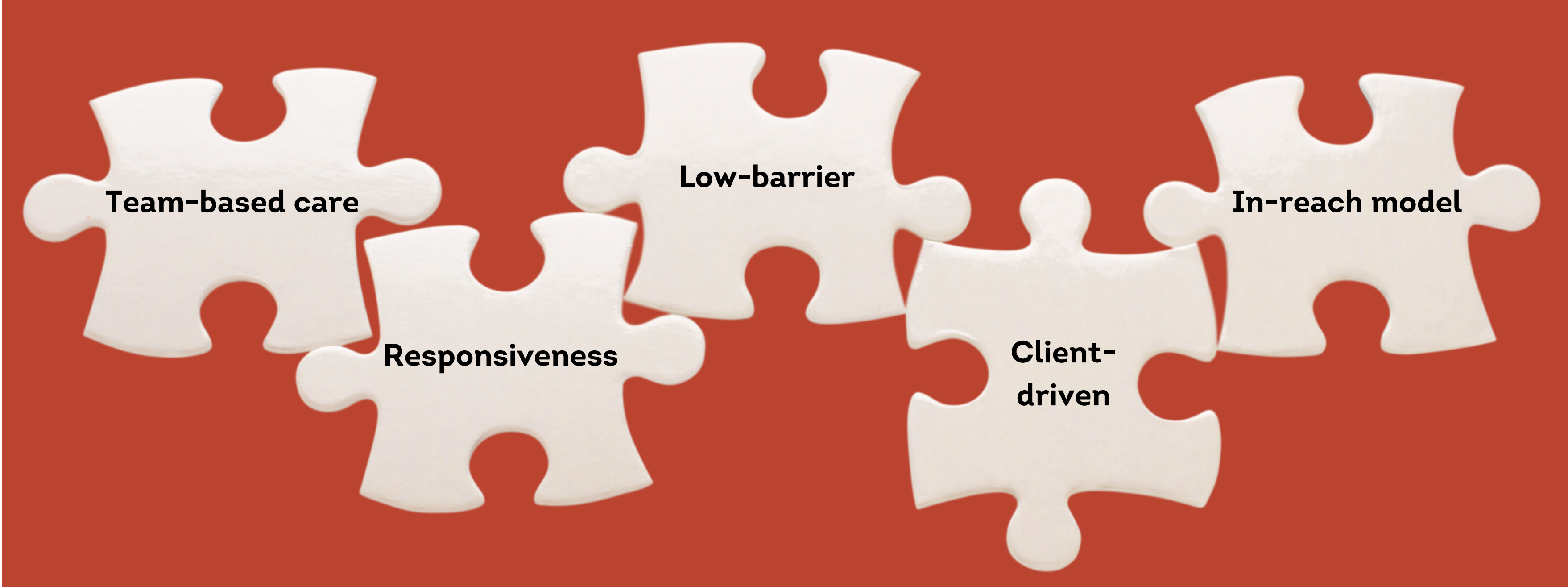
Mental Health



Other



# Innovative Service Delivery Model





## Team-Based Care

- **Clients are attached to a team, rather than one clinician**
- **Team expands to community-based services and organizations**
- **Maximize the scope of each role**



# Responsiveness

- **7 day/week access to a healthcare team**
- **Urgent response approach**
- **Clinical operations design to support expedited care**
  - Multiple daily huddles
  - High turnover
  - Periods of intensity
- **Preventative outreach**



## Low-Barrier

- **Bringing healthcare services to the client**
- **Creative planning**
- **Client advocacy**



# Client-Driven

- **Clients lead their health journey and define their goals**
- **Building relationships and rapport is priority**
- **Culturally-safe and trauma-informed**

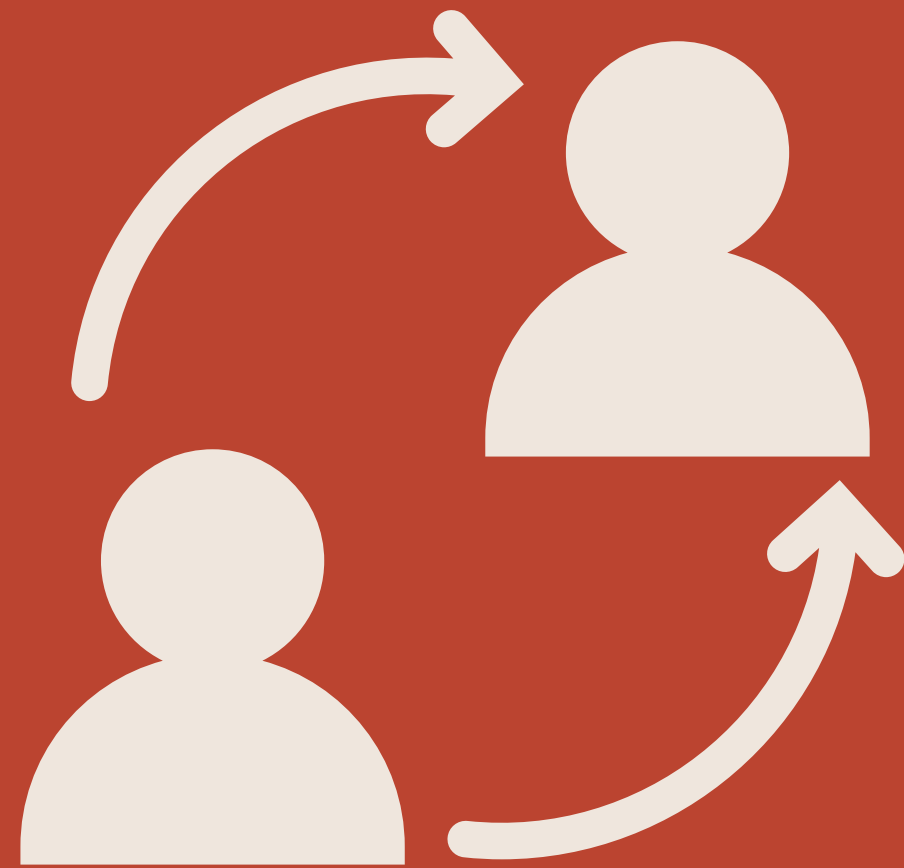


## **In-Reach Model**

- **Virtual care**
- **Comprehensive healthcare**
- **Accessible and available in a variety of settings**



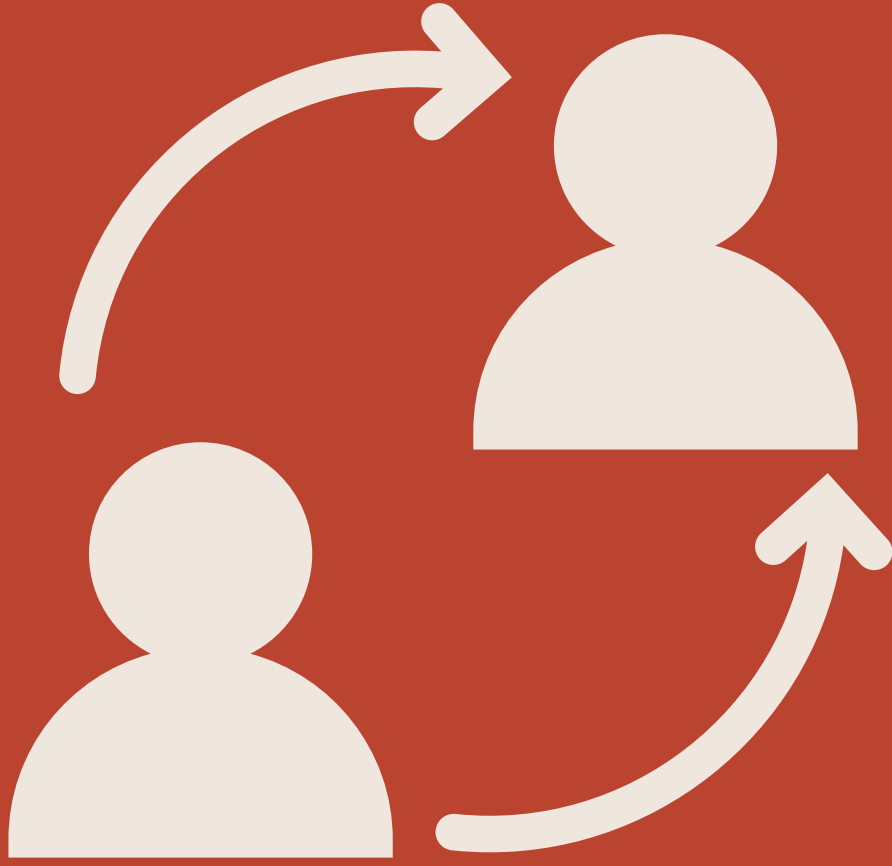
# Referral Pathway



Strengthening connections to non-profit service providers, including:

- Organizations providing shelter services
- Emergency services
  - Police
  - Fire
  - EHS
  - By-law
- BC Housing

# Referral Pathway



- Regular consistent presence in areas where clients are unhoused
- **Self-referrals**

# Health Advocacy

How did we get to where we are now?

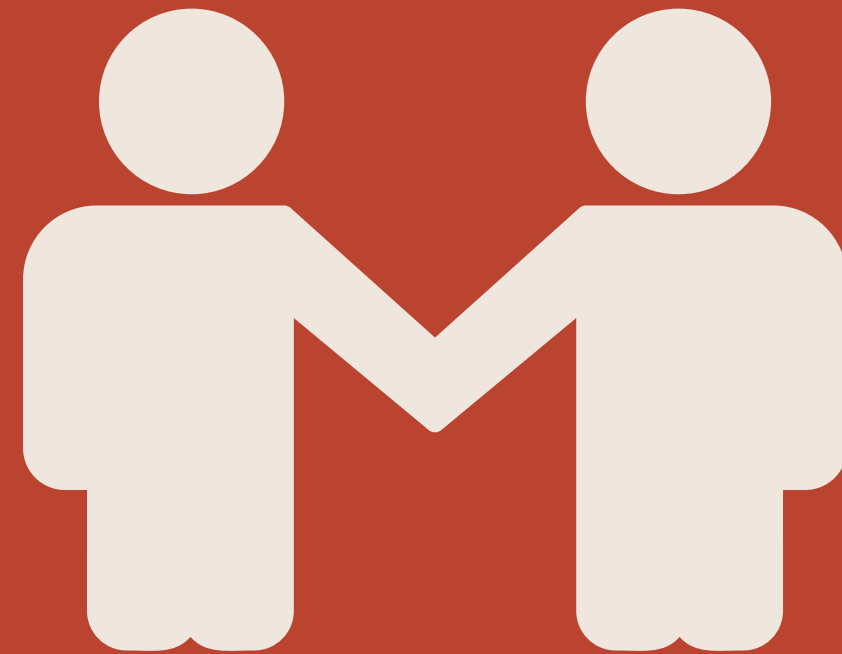
- Pandemic
- Co-locating low-barrier health care with housing
- Successful partnerships with clients in their journey



# Partnerships and Collaborations

## Who helps us in this work?

- Partnerships make this model successful
- Collective approach to client goals and their journey



# Outcomes (This Far)



*"They took time to listen to me - we have proper conversations, an ongoing relationship not just 12 minutes. Sometimes I am at their door 5 times a day and that is okay."*



*"They are here every day during the week. I can talk with them when I need to. I can't believe it is such a good system."*



*"Like it! it is easier and I am more apt to get myself taken care of. I don't have to go the extra distance."*

*-Surrey ERC Clients*

**\*Data retrieved from: Fraser Health Emergency Response Centers Base Line Report 2021**

# Outcomes (This Far)



Individuals who would have typically "fallen through the cracks" have been well served through [IHART]



Relationship-based; benefits those who have been stigmatized and underserved by the healthcare system



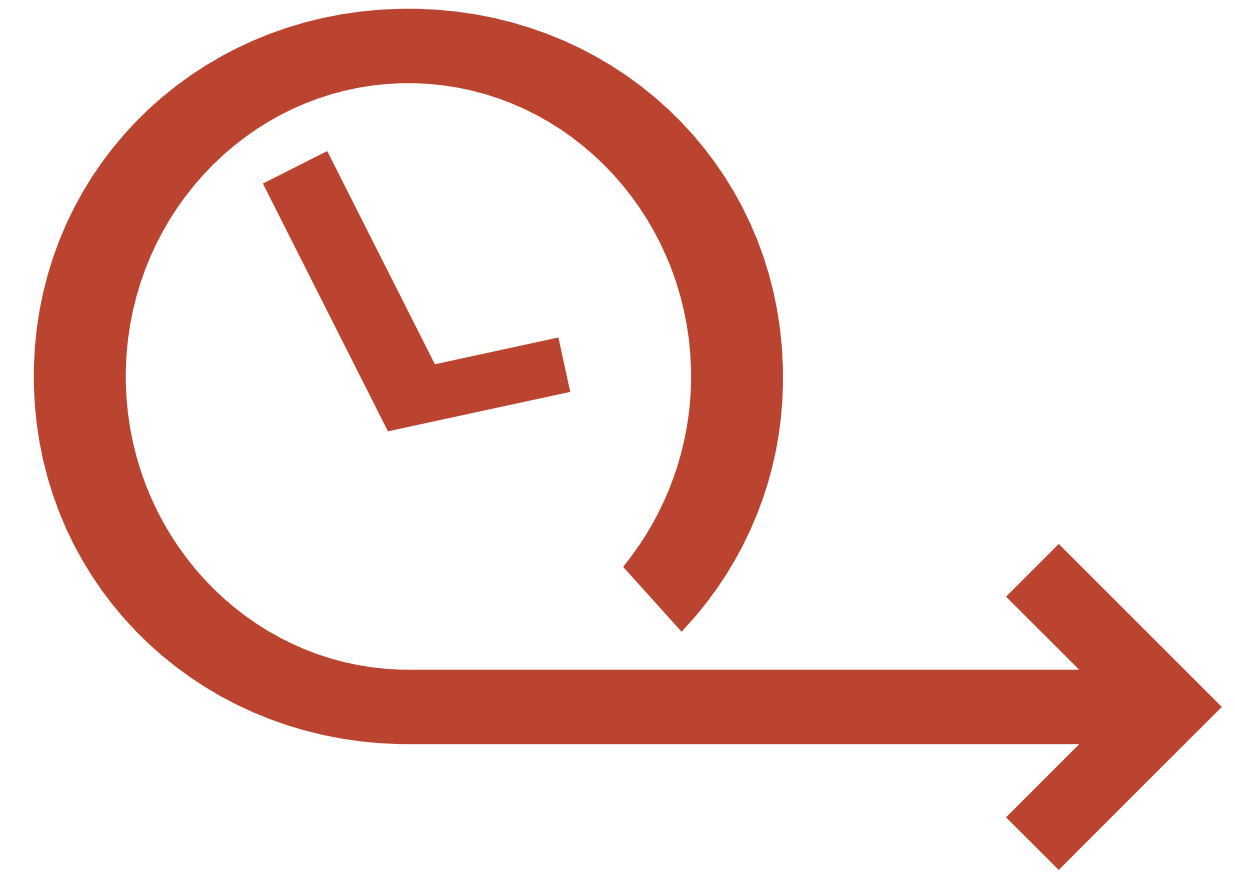
Clients more eager to work with healthcare staff who come to them, which reduces barriers to healthcare

-ERC/IHART Staff

\*Data retrieved from: Fraser Health Emergency Response Centers Base Line Report 2021

# Goals for the Future

- Demographics and data to storytell
- Understand clients and needs better
- Track patient outcomes
- Time in Motion Survey tailored for IHART



# Thank you!

**We look forward to further discussion during the question and answer session.**

