

**One Fell Swoop:  
*Addressing the  
Opioid Crisis and  
Homelessness for  
Older People Through  
Harm Reduction***

**CAEH - Toronto  
November 3, 2022**

**Integrated Harm-Reduction Health Services for  
Older People Experiencing Homelessness in  
3 Canadian Contexts**

Mandi Gray, Susan Moore, Laura Pin, Lara Nixon

**Expanding an Integrated Harm Reduction  
Approach across Canada's Largest Shelter System**

Meredith Kratzmann, Kris Guthrie, Tanya  
Grocholsky

# Land Acknowledgement

Toronto is located on the territory of the Haudenosaunee Confederacy, the Wendat, and the Mississaugas of the Credit First Nation. This land is also part of the Dish with One Spoon territory, a treaty between the Haudenosaunee Confederacy, the Anishinaabek and allied nations, to peaceably share and care for this land. We begin our discussion of homelessness in acknowledging the ongoing role of settler colonialism in the production of homelessness and displacement of Indigenous Peoples from their lands.

# Session Outline

**Introductions** Mandi Gray, Lara Nixon

## **1. Integrated Harm-Reduction Health Services for Older People Experiencing Homelessness in 3 Canadian Contexts**

- Vancouver, BC: Susan-Brightside Community Homes Foundation
- Peel Region, ON: Laura Pin – Short-stay Crisis Housing
- Calgary, AB: Lara Nixon – Supportive Housing

Questions/Discussion

## **2. Expanding an Integrated Harm Reduction Approach across Canada's Largest Shelter System**

- Meredith Kratzmann, Shelter, Support and Housing Administration
- Kris Guthrie, Toronto Public Health - The Works
- Tanya Grocholsky, iPHARE Parkdale Queen West Community Health Centre

Questions/Discussion

Please picture an older adult client who you've worked with recently, whose needs you might consider to be 'complex'.

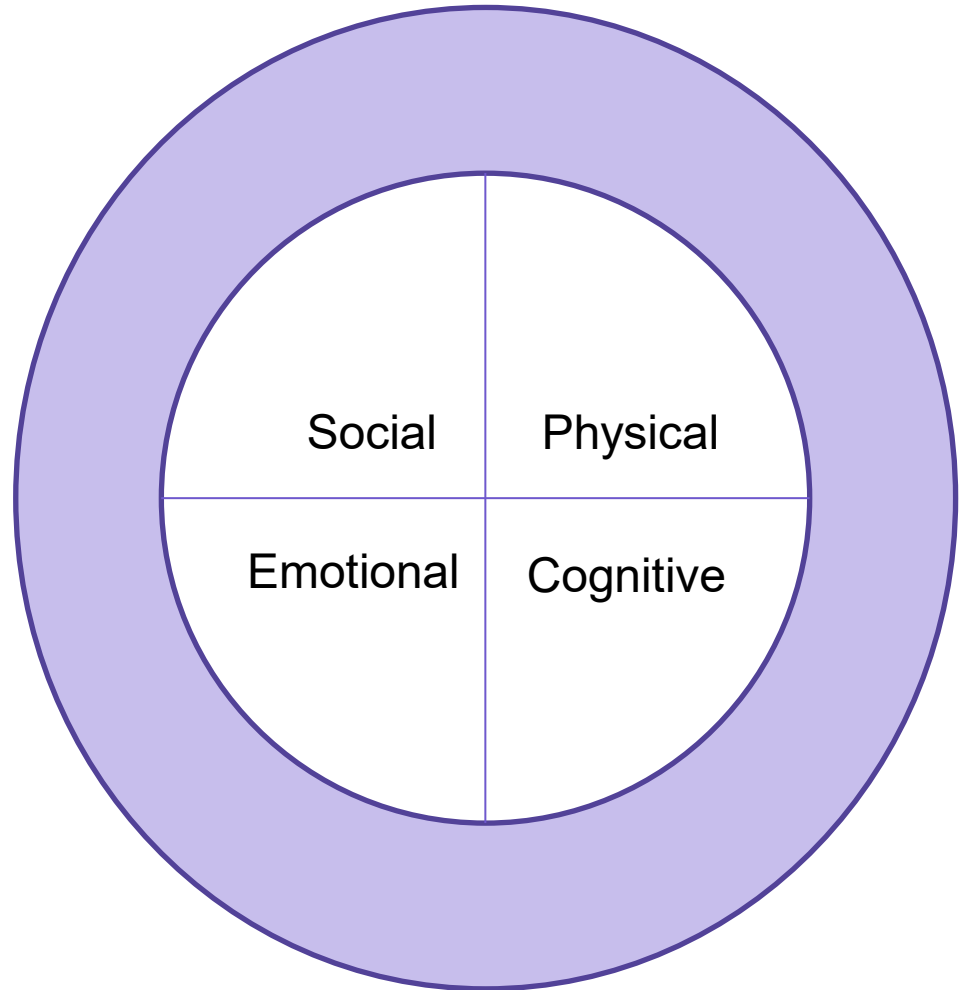
Can you quickly map out these different needs using the inner circle on the diagram provided?

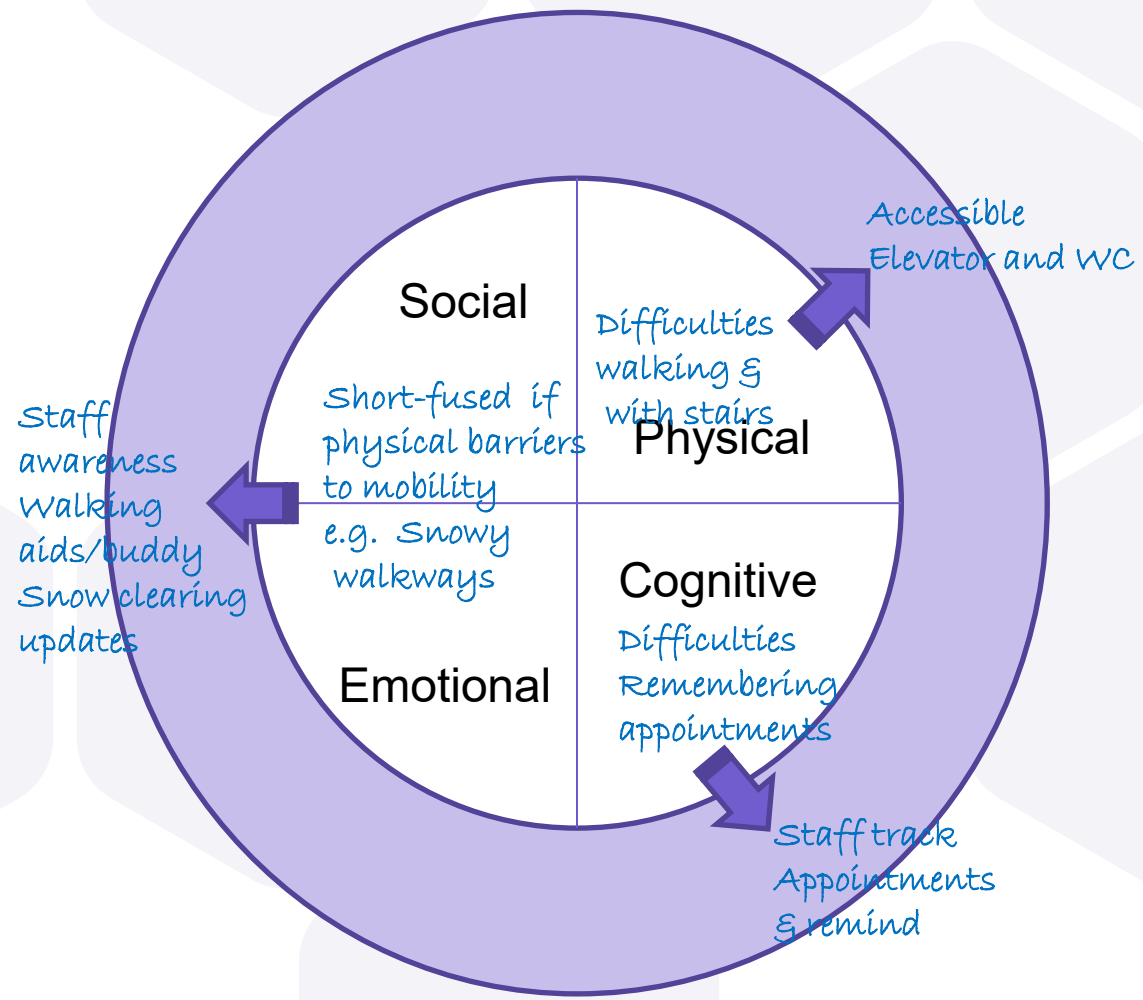


# Older Clients with Complex Needs

Of the mapped “complex needs” which of these lend themselves to ‘action’ by service providers? With the right supports, which of these needs could service providers hope to assist with, in collaboration with the older client?

Use arrows to indicate these by pointing to the outer circle







1

**Integrated Harm-reduction Health  
Services for Older People Experiencing  
Homelessness in 3 Canadian Contexts:  
*common threads and promising next  
steps***

Mandi Gray, Susan Moore, Laura Pin, Lara Nixon

# Unintended Consequences of Healthcare Silos on Vulnerable Populations in Independent Living

*A housing provider's perspective on the  
misalignment of policy and practice*



- Overview of Brightside
- Resident Demographics
- Application of ABCD
- Systemic Barriers
- Impact on Vulnerable Residents

## About Brightside Community Homes Foundation

Founded in 1952, Brightside is a charitable non-profit organization that provides safe and secure affordable homes for those struggling to meet the demands of market housing – specifically, seniors, families, and people with disabilities.

We acknowledge that as a land-based organization we are privileged to provide affordable homes to over one thousand people on the traditional territories of the Musqueam, Squamish, and Tsleil-Waututh Nations.

### Our Vision

A future where people of all income levels have a home within a **vibrant and healthy community**.

### Our Mission

To build **resilient communities** throughout Metro Vancouver with **safe and secure homes** for those struggling to meet the demands of market housing.

## Community Development & Resident Support (CDRS) Mission

To increase resident and staff **resiliency** by enabling access to programs and services provided in the community and creating opportunities for greater community engagement.

**Resilience** is described by the American Psychological Association as,

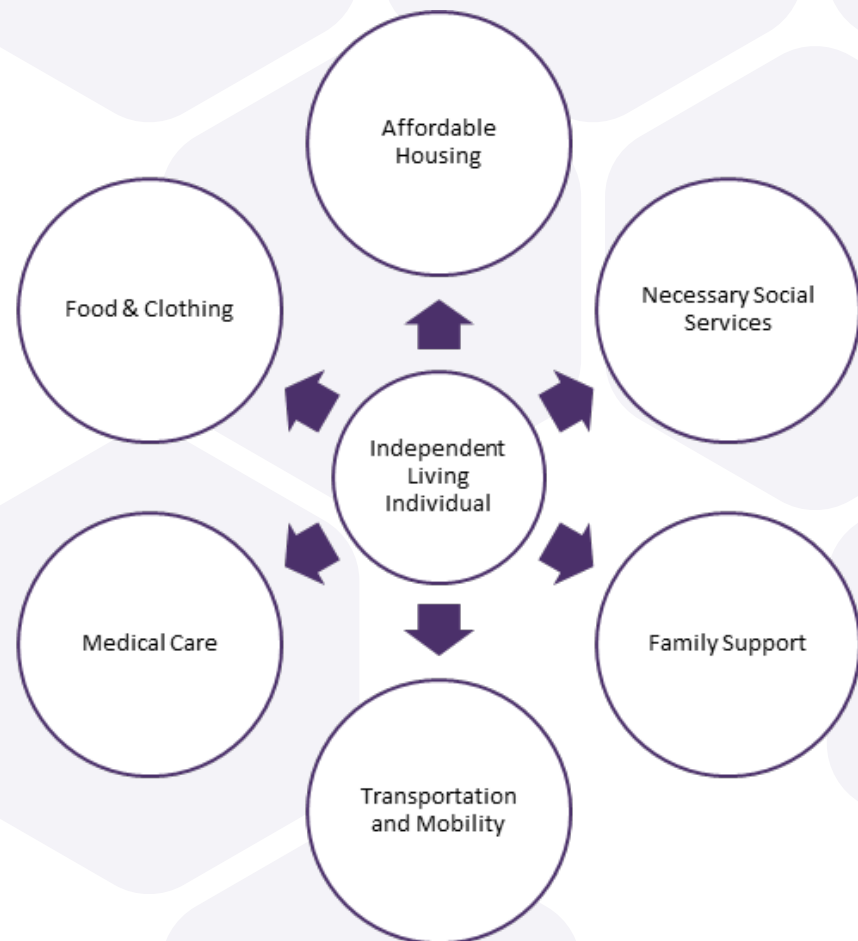
“...the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors. As much as resilience involves “bouncing back” from these difficult experiences, it can also involve profound personal growth”.



**A** sset  
**B** ased  
**C** ommunity  
**D** evelopment

**WHAT  
WE DO**

A 3D rendering of a white humanoid figure holding a large red question mark next to the text 'WHAT WE DO'. The text is in large, bold, red, 3D block letters with a blue shadow effect. The figure is standing on a white surface, and the background is a white square with a light blue geometric pattern of overlapping shapes.



# Housing Continuum





## Case Study

Mary – 65 year old resident, mental health & addiction history, engaging well with other residents, marked change in mood and behaviour

Steve – 72 year old male, believes people are breaking into his apartment and stealing salmon, putting dust in jewellery box and moving stuffed animals

Kay – 74 years old, mental health concerns, active with mental health team and son

**“I couldn't imagine him not being here –  
it would be a big gaping hole”:**

*A case-study of embedded nursing support as part of the  
Short-Stay Crisis Support Program in Peel Region, Ontario*

Dr. Laura Pin, Assistant Professor, Political Science, Wilfrid  
Laurier University

Dr. Tobin LeBlanc Haley, Assistant Professor, Sociology,  
University of New Brunswick, Saint John

# Short Stay Crisis Support Program (SSCSP)

A voluntary program run by Services and Housing in the Province (SHIP) for people who :

1. Are living with complex mental health issues
2. Are in crisis
3. Have come into conflict with the criminal justice system
4. Are 16 years or older



# Short Stay Crisis Support Program (SSCSP)

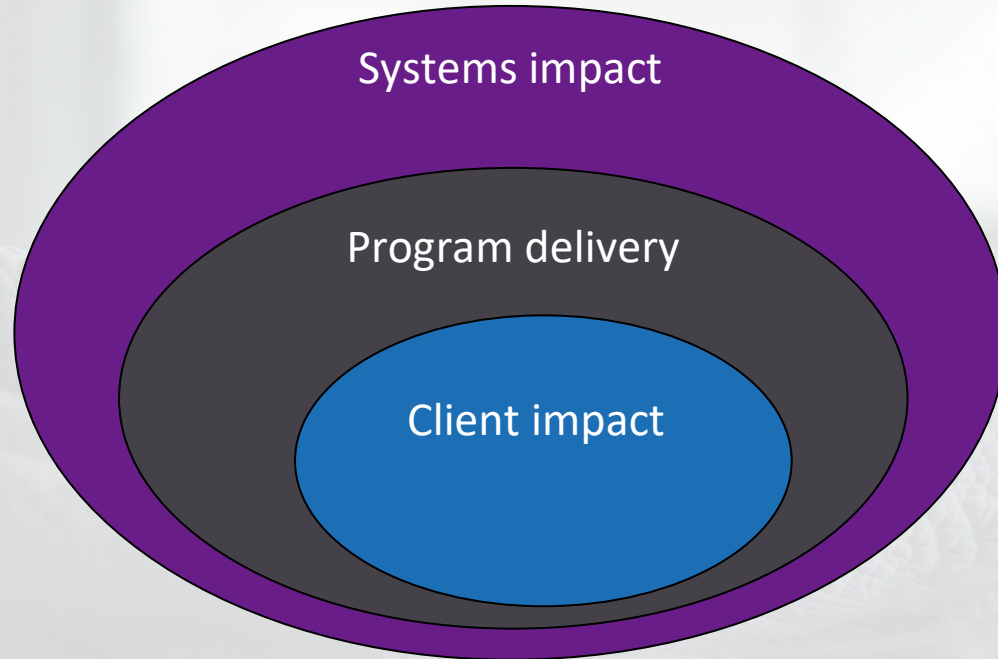
## Challenges:

- Maintaining successful tenancies post-program
- Reducing repeated use of emergency and acute care systems
- Connecting clients to health care services

*[Our clients] are the most complex people in all of our region. These are people who touch every system, every social system that there is... one of the other big barriers for them is inability to access healthcare - Staff interview*

**In 2021 SHIP received temporary funding from Ontario to pilot an embedded nurse position in the SSCSP**

# 2021-2022 Program Evaluation



# Client Impact

## 1. Connection to healthcare services

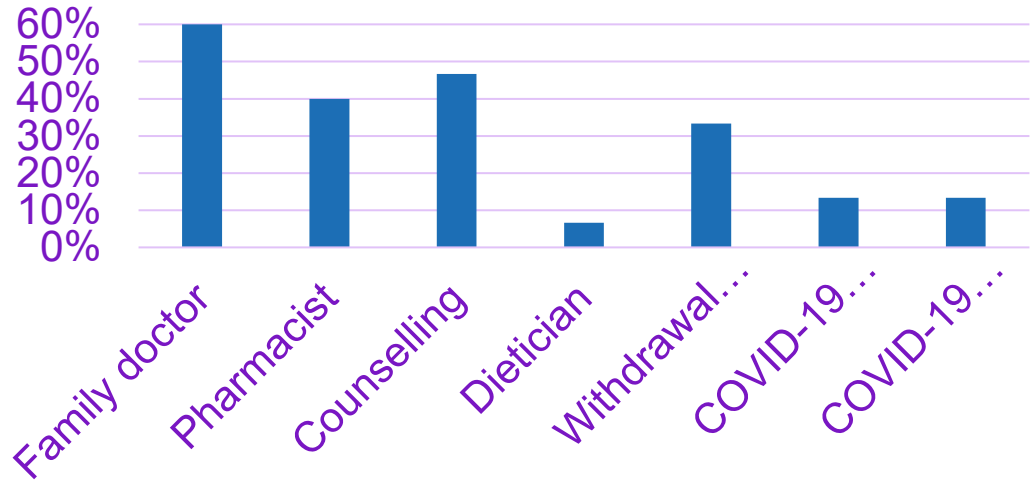
*The nurse is instrumental with clients and their medication and having them secure and comfortable with their medication. Clients build confidence when they're here in taking [their medications] - Staff interview*

*The fact that he is helping me find a family doc that I will have before I leave - that is amazing. He knows firsthand the docs accepting patients in my region. I couldn't imagine him not being here. It would be a big gaping hole – Client survey*

# Client Impact

## 1. Connection to healthcare services

Figure 5: Percentage of Clients Receiving Referrals to Health Services from RN (n=15)

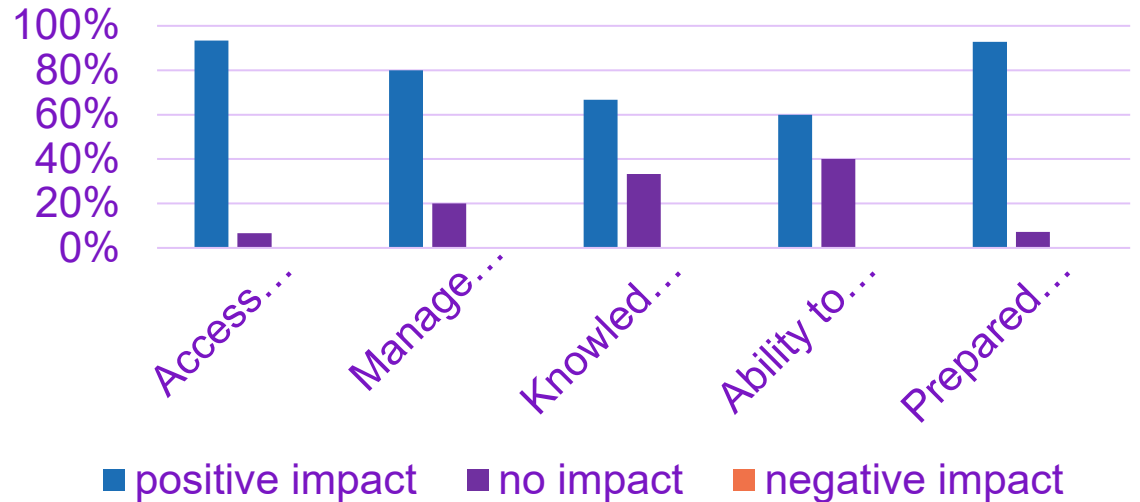




# Client Impact

2. Preparedness to transition from program

Figure 3: Client ratings of the impact of interactions with the RN (n=15)





# Client Impact

## 2. Preparedness to transition from program

*They [the RN] have helped me get my medications ordered up and ensured I can get my addiction management medication when I leave - Client survey*

*They're connected to a pharmacist that is reliable, that will deliver to them, all of those things that [the RN] does to ensure that that's in place when they leave us, I think that helps to make smoother transitions out into the community" - Staff interview*

# Client Impact

## 3. Non-hierarchical relationship of trust

*I see clients interacting with him all the time and I think that that also helps them build trust with the medical system because a lot of our clients have had traumatic experiences in hospitals and those traumas often impact the way that they will pursue healthcare moving forward - Staff interview*

*[Staff] are in a power position so clients are less likely to open up to those people. With a nurse, they are not in that power position, however, that puts us on more level ground - Client survey*

# Implications for Older Adults

- ◆ Older adults experiencing homelessness experience particularly complex health needs related to the debilitating reality of being unhoused
- ◆ Embedding and regularizing healthcare professionals in housing programs high impact practice to facilitate access for populations with multiple barriers

# Harm Reduction in Supportive Housing: Engaging Community in Therapeutic Recreation Co-design

Lara Nixon, MD Associate Professor Family Medicine

Mandi Gray, PhD (Sociology)

Megan Sampson, MA (Anthropology)

Martina Kelly, MD PhD Professor Family Medicine



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FAMILY MEDICINE



## “Harbour House”

- Permanent housing for 55+ (68 beds)
- 24/7 staff, full meal service, housekeeping
- Harm reduction supports (voluntary)
- Managed Alcohol, Managed Tobacco, Indoor smoking
- Social Work, Home Care, Family Physician (multiple partners)

# Resident & Staff Experiences of Harm Reduction Policy at “Harbour House” (2016-18)

Permanency: supports knowing & trusting

Person-centred Care: respect for older adults

Partnerships: to enable comprehensive care

## ORIGINAL RESEARCH

### Exploring Harm Reduction in Supportive Housing for Formerly Homeless Older Adults



Lara L. Nixon, MD<sup>1</sup>, Victoria F. Burns, PhD<sup>2</sup>

<sup>1</sup>Department of Family Medicine, Cumming School of Medicine, University of Calgary; <sup>2</sup>Faculty of Social Work, University of Calgary, Calgary, AB

<https://doi.org/10.5770/cgj.25.551>

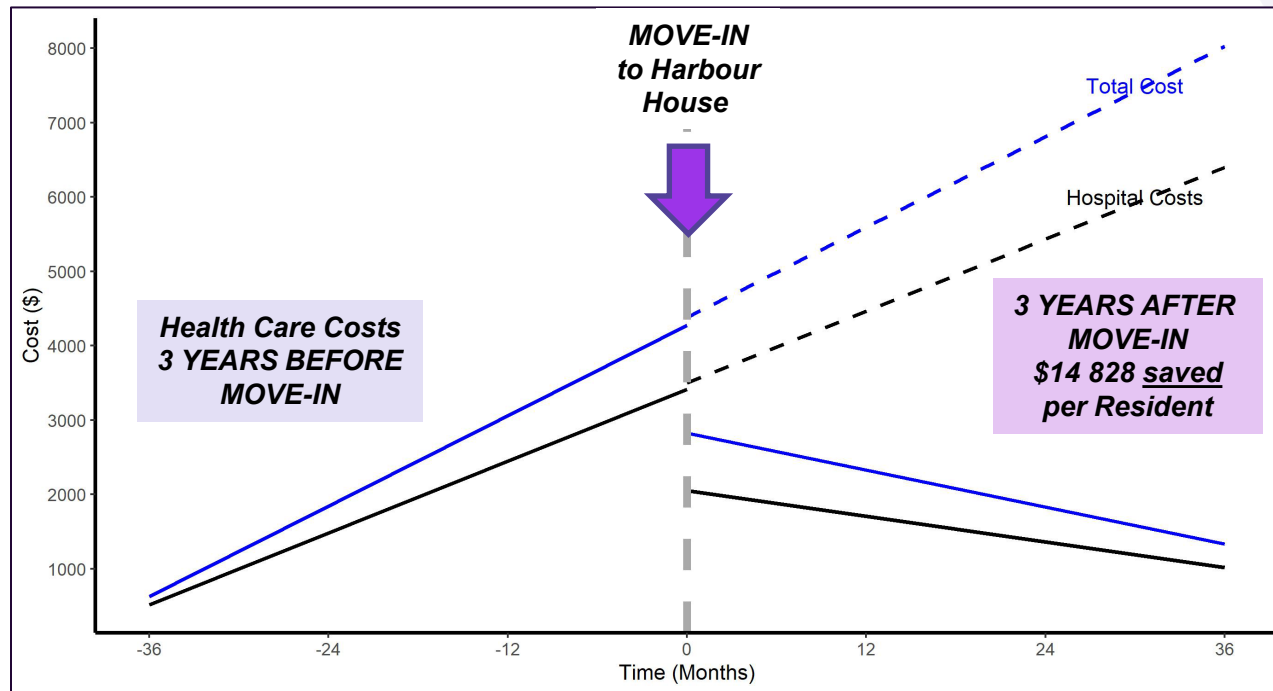
# Health Care Cost Savings

## Harm Reduction Care – “Harbour House”

**2005-2019**

n=158 Residents  
Mean age 61.5y

Female 24%  
Male 76%



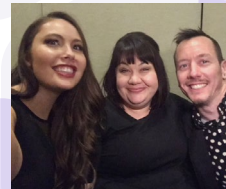


# Harm Reduction Housing for Older People with Experiences of Homelessness

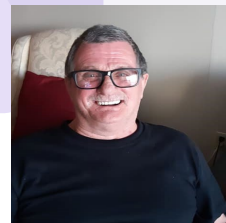
**Intervention  
Co-Design,  
-Implementation  
& -Evaluation**

**Health Canada SUAP  
2019-2022**

Therapeutic Recreation



Peer Support



Health Equity Nurse



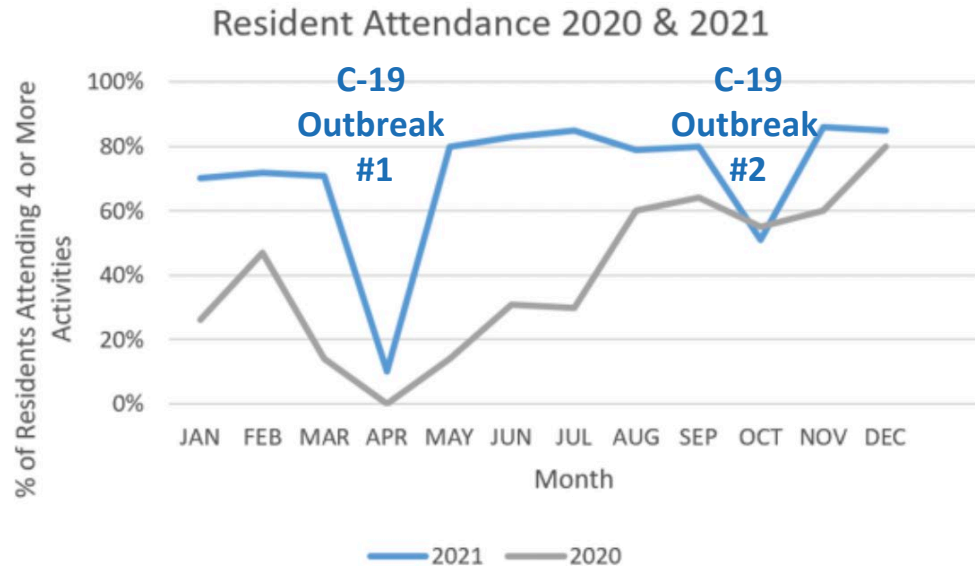


# 'The Exchange'

**Mission:** *to collectively advise on expanding services that promote health and quality of life for older adults in harm reduction housing*



# Harm Reduction through Therapeutic Recreation



Physical	Exercises Walk club Drumming Virtual sports Table bowling
Emotional	Music Story telling Pet visits
Cognitive	Card games Science experiment Trivia
Social	Socials Bonfire Pen pal project
Spiritual	Meditation Smudging

# Confidence

*"It's gotten me out of my shell doing things – including arts and crafts and bingo -- which I never thought I'd do"*



# Peer Mentorship

*“[Resident] is an alcoholic and he stated that since we started playing our Euchre card game -- in the four years [prior], he's never been social with anybody.*

*So that was a huge thing for him to join in in our card game . . . So we always try to get a game going.”*



# The Exchange

## *Citizen Advisors Seeking Solutions*

### Communication Challenges

- Welcome to Harbour House Handbook
- Telus landlines
- Staff name badges
- Advisor recruitment & community dialogue

### Concerns re Food & Dining Experience

- Seeking shared understanding with Management
- Collecting & submitting recipes and feedback

### Countering Stigma

- Bulletin/communication board
- Wallet-sized definition of addiction
- Film – “Home Wasn’t Built in a Day”



# Thank You!

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*Implementation tools  
available at:*  
<https://www.hrhopeh.com>

