



# The Inner City Youth Program: Evolving Service to Meet Needs CAEH15- National Conference on Homelessness **November 2, 2015**

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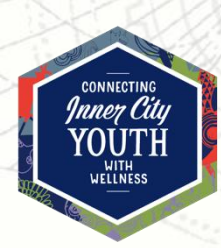
<sup>3</sup> Executive Director, BC Integrated Youth Services Initiative

# Inner City Youth Program

How did ICY evolve?

- Initially established in 2007 as outreach from St Paul's Hospital...





Thanks to our donors...



Silver Wheaton

HSBC

Janssen Ortho

Variety The Children's Charity of BC

St Paul's Hospital Foundation

...Over \$2.5M since 2012





# Inner City Youth Program



- In 2014 adopted Intensive Case Management standards
  - 10 Case managers (nurses and social workers), Intake SW and Clinical Supervisor
  - 16-20:1 ratio
- We call what we do “Attachment informed” therapy
  - Stabilized housing is prioritized
  - Mental health and substance use goals are set by the youth



# ICY and BC Housing Created a Housing Continuum to Support our Youth



- What began as 1 housing unit at the Granville Residences in 2007 grew out of necessity and partnerships
- In 2014, more than 80 housing units assigned to ICY youth in collaboration with various partners
  - Low Barrier- St Helen's Hotels (25), Imuoto House (5)
  - Supported Housing- Margherite Ford (20), Pacific Coast Apartments (15) and Burrard Building (20)
- 30 market rent housing subsidies support flow through continuum
- Nov. 2014- we opened a Group home – 24/7 support, abstinence based period of stabilization outside of DTES



## Who refers to ICY?

- St Paul's Hospital- Emergency Room and Inpatient Units
- Covenant House
- Community organizations
- MCFD/CYMH
- Walk-ins using primary care at the Granville Youth Health Centre
- Other Health Centres



# Our Service Level has grown since 2007



- From 2007-2015:
  - Over 700 youth
  - 3000+ annual psychiatric appointments
  - 1200+ contacts/month
  - 80+ youth in housing
  - Average wait time less than one week for assessment
  - 18+ groups



# Chart review of ICY intake assessments conducted between Mar. 2007 and Dec. 2013 (n=494)

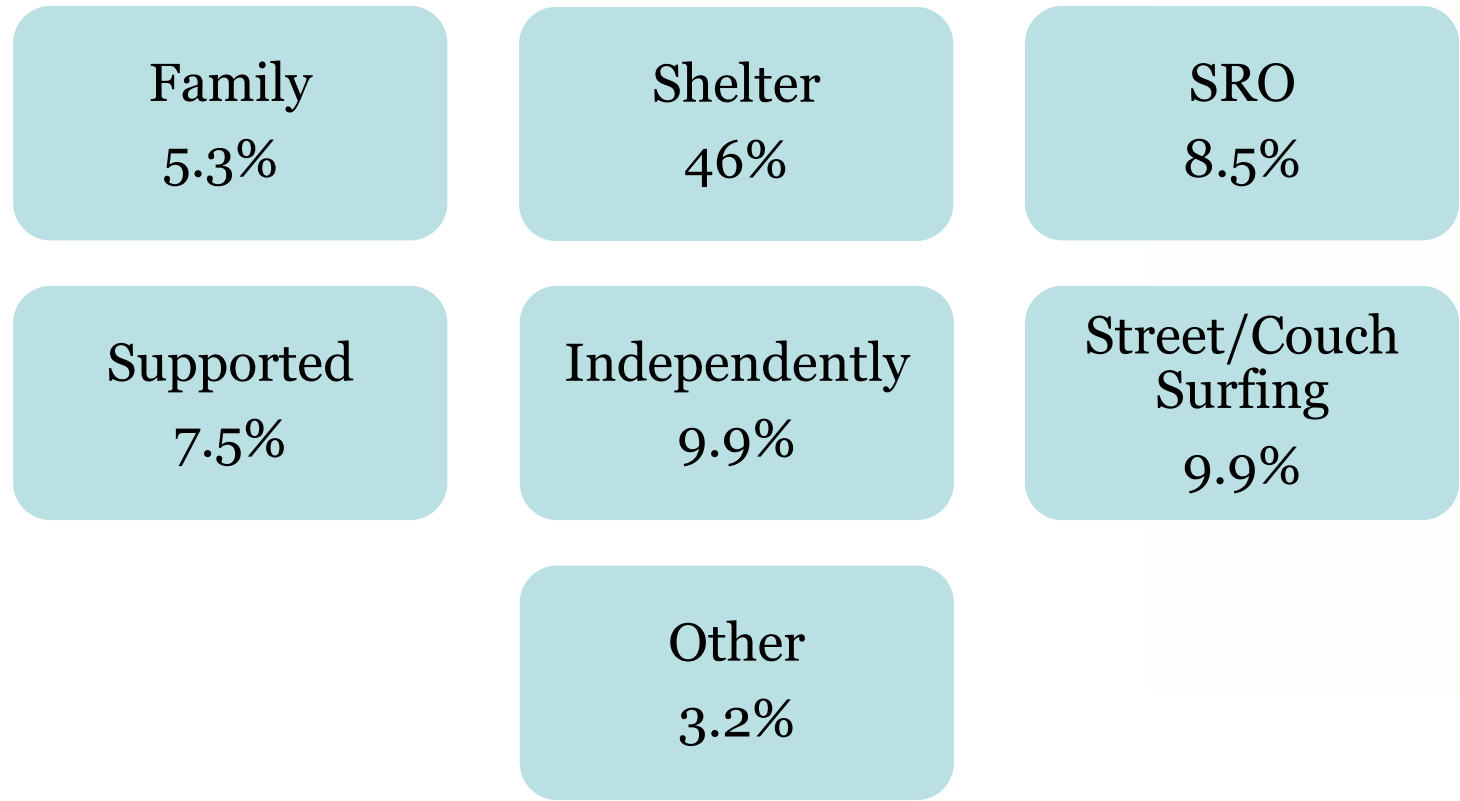
What are the basic health needs of street involved youth?

- Average age of 21
- 64% male, 35% female, 1% transgendered
- Primarily Caucasian (57%) or Aboriginal (21%)
- Education Completed: High school grad (11%), Grade 11/12 (30%), Grade 7-10 (42%)
- 37% reported history of foster care
- Income sources: 46% on IA, 20% working, 9% PWD





# Housing at Intake





## Mental Health Diagnoses at Intake

- 84% were diagnosed with a mental illness
- 56% diagnosed with both mental illness and substance abuse/dependence

# Anxiety Disorders – 34.6%

PTSD –  
10.7%

Generalized  
Anxiety  
Disorder – 3.8%

Panic  
Disorder –  
3.6%

Social Phobia –  
6.1%

OCD – 3.8%

Anxiety  
Disorder NOS –  
11.9%



# Mood Disorders – 48%

Major  
Depressive  
Disorder –  
12.8%

Dysthymic  
Disorder –  
1.8%

Depressive  
Disorder  
NOS –  
5.7%

Bipolar I –  
3.6%

Bipolar II  
– 8.1%

Bipolar  
NOS –  
6.3%

Mood  
Disorder  
NOS –  
11.1%



# Psychotic Disorders – 20.4%

Schizophrenia –  
5.1%

Schizoaffective –  
1.6%

Substance-induced  
psychosis – 1.6%

Psychosis NOS –  
13.8%



# ADHD & FAS

ADHD –  
15.4%

FAS –  
12.1%



# Substance Abuse/Dependence

Alcohol Abuse –  
10.9%

Alcohol Dependence  
– 13.0%

Cannabis Abuse –  
10.9%

Cannabis  
Dependence – 21.7%



# Substance Abuse/Dependence

Amphetamine  
Abuse – 2.0%

Amphetamine  
Dependence – 12.4%

Cocaine Abuse –  
5.7%

Cocaine Dependence  
– 12.3%



# Substance Abuse/Dependence

Opioid Abuse – 1.7%

Opioid Dependence – 8.1%





# Focusing on Those with a History of Foster Care (2007-2013)

- 33.6% reported history of foster care – 30 fold overrepresentation compared to children and youth living in British Columbia.
- Youth with history of foster care were:
  - More likely to be of Aboriginal heritage
  - Less likely to to have graduated from high school
- History of foster care was associated with:
  - History of FASD
  - Cocaine abuse/dependence
  - Concurrent mental illness and cocaine abuse/dependence

# What did we do to integrate health and social services?

- Given the steady stream of youth with significant untreated mental health and substance use concerns...
- Given the prevalence and acuity of mental illness in this population...
- In March 2015 we opened a Centre...





# Inconvenience Stores

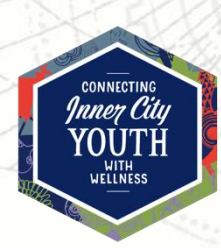


Inconvenience stores



# The Granville Youth Health Centre at 1260 Granville Street



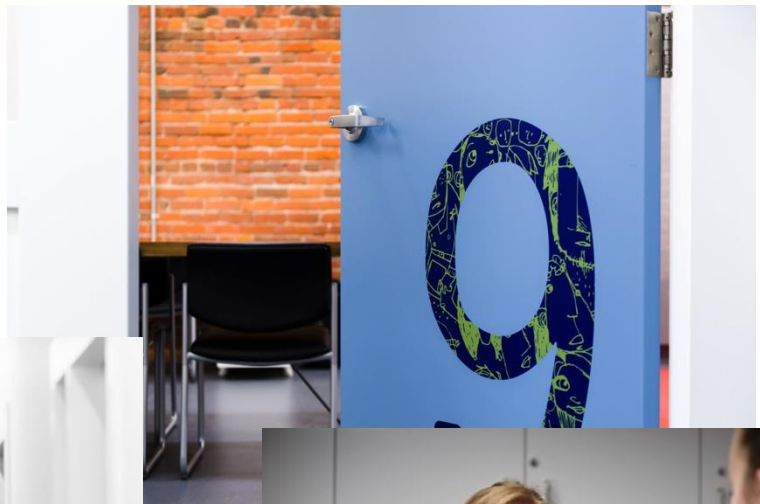
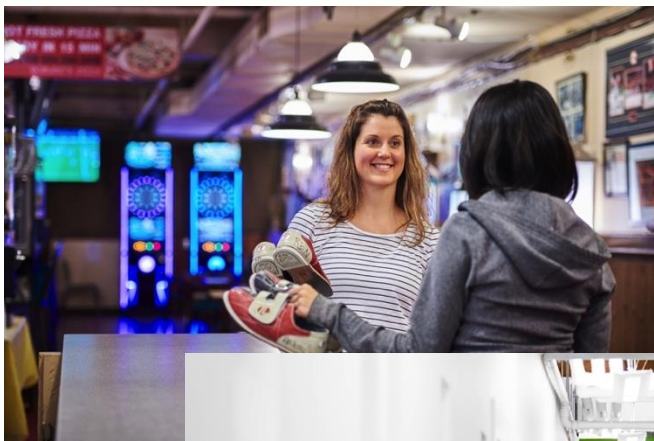


# Youth- friendly hours and location...



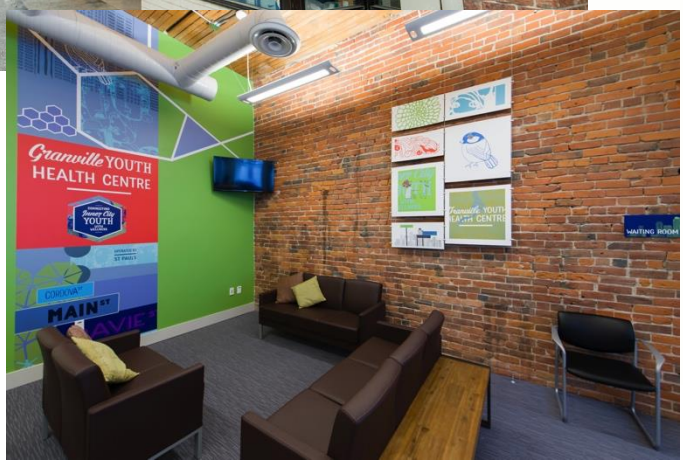
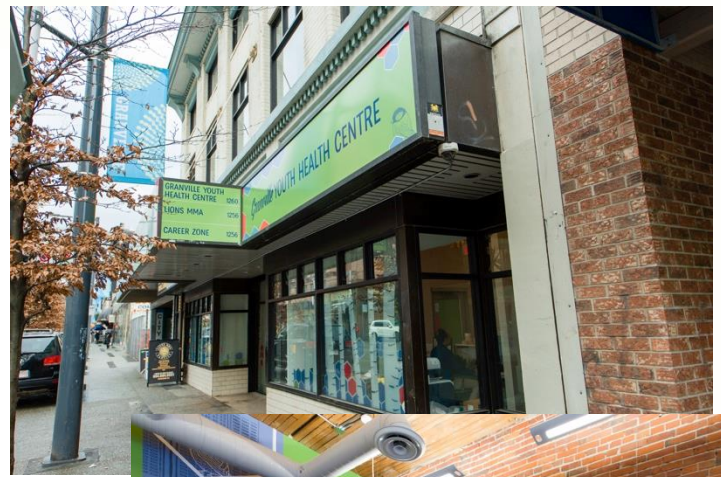


# Youth Experience Health Care Differently...



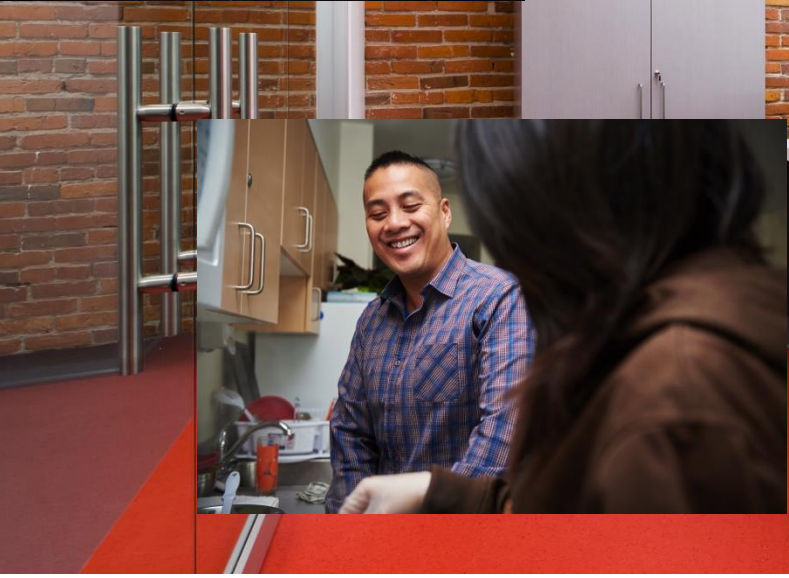
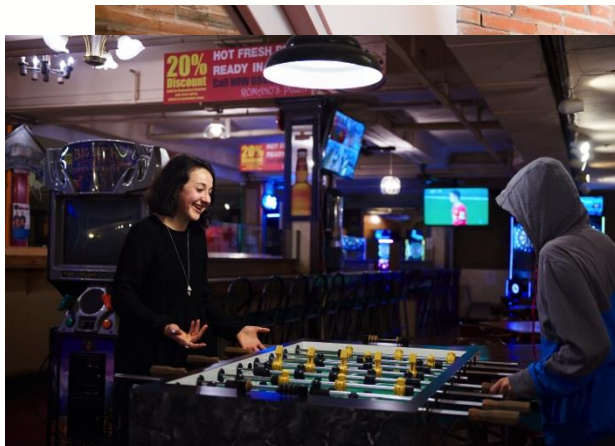


# Income Assistance and Housing are on site with Health Services...

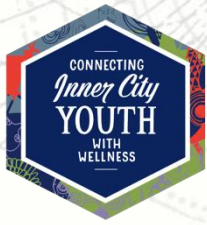




# Our Psychosocial Rehab team's home...

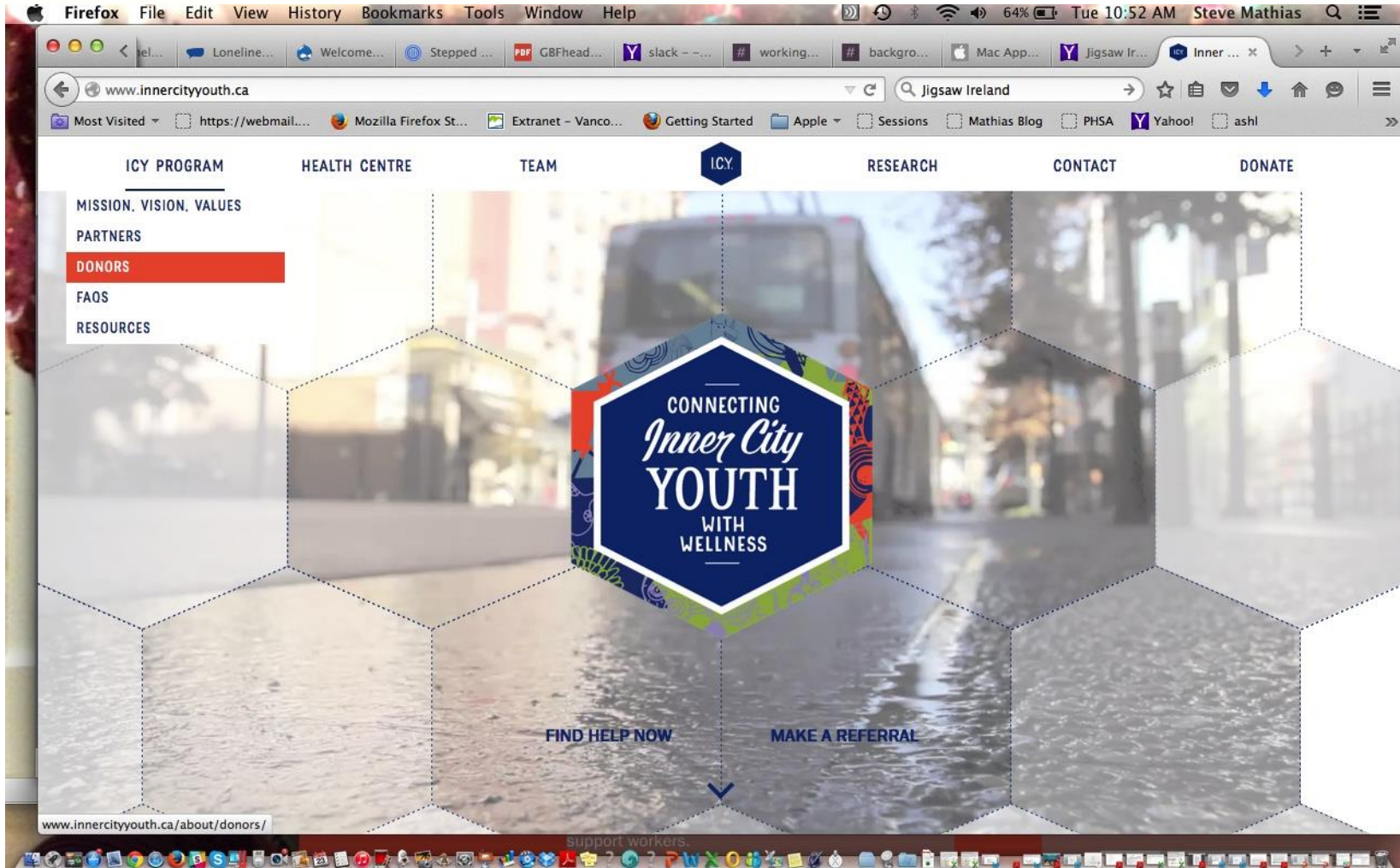






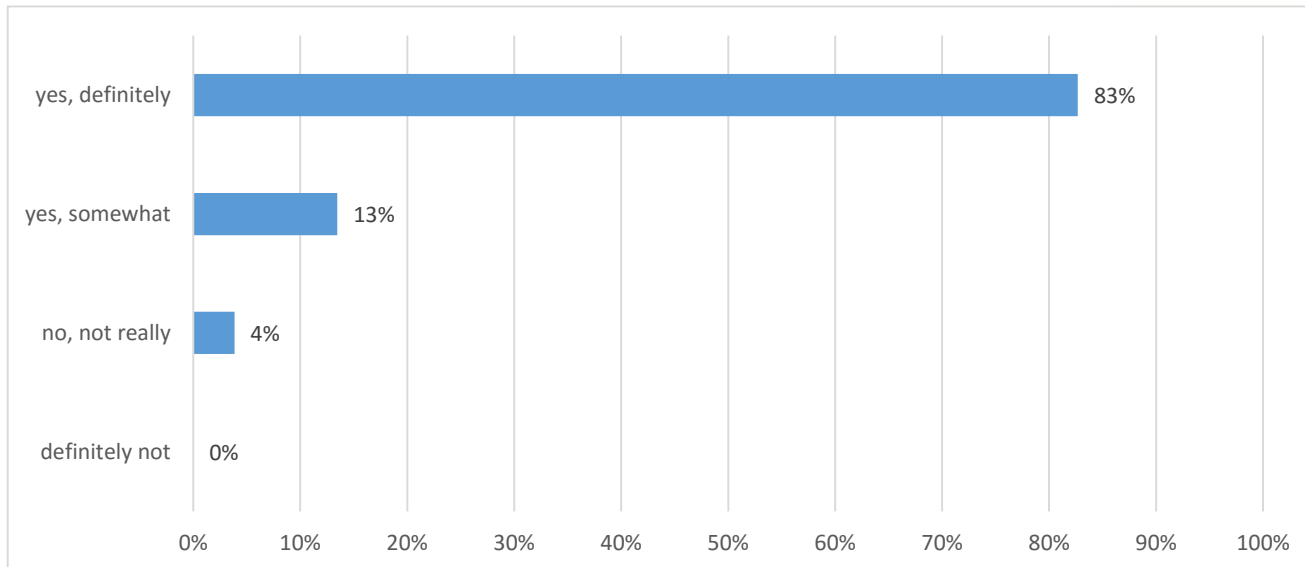
# Our website... innercityyouth.ca

**Providence**  
HEALTH CARE  
How you want to be treated.



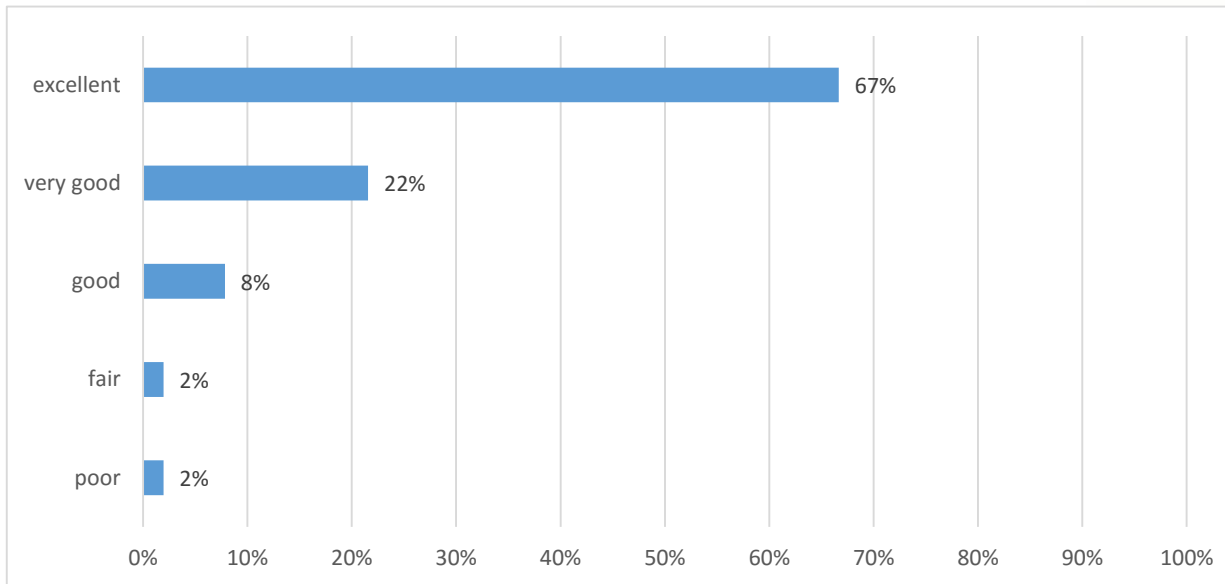


# Would you describe the Granville Youth Health Centre as 'youth friendly'? (N=286)





# Overall I would rate my experience today at the Granville Youth Health Centre as: (N=286)





Thank You

