

# BOOST Collaborative

## OAT - Reach

A collaboration between the Foundry at Inner City Youth (ICY) and COAST Mental Health at the St. Helen's Hotel



# O.A.T. - *reach*

- The OAT - Reach team:

Nurse Practitioner: Keren Mitchell, NP (Foundry)

Social Worker: Yvonne Paquette, RSW (Coast M.H.)

Family Engagement and Peer Coordinator: Matt Piercy (Foundry)

Clinical Coordinator: Sylvia Lai, RSW (Foundry)

Coast Mental Health Management: Caitlin Guiry-Shute, RSW

Physician: Dr. Pouya Azar, Psychiatrist (Foundry)

Foundry Case Managers, Doctors, Administrative staff and Coast  
Mental Health Staff



- Foundry at Inner City Youth and COAST co manage 19 rooms at the St Helen's Hotel which are dedicated to youth/young adults aged 19 – 24
- All youth/young adults living at the St. Helen's receive intensive case management through the ICY program and daily mental health support from Coast Mental Health staff
- All of the youth/young adults have experienced severe substance use disorder, mental health concerns, and homelessness
- We now run an O.A.T. clinic twice a week from an office located on the same floor as the youth housed at the St. Helen's Hotel



# 24 Overdoses and 1 Death

- In 2018, there were 24 OD's recorded on the 2nd floor by 11 different youth.
- There was 1 youth death due to overdose
- Our youth accounted for 47 % of the overdoses which occurred at the St. Helen's that year (51 OD's for the whole building, 24 OD's were youth)







# Aim Statement



- Our BOOST Goal:
  - To have 100% of youth with an opioid use disorder diagnosis engaged with O.A.T.
- What aspect of care are we trying to improve?
  - Access and delivery
  - Removing barriers of traditional clinic environments
- Why is this important to do now?
  - 24 overdoses and 1 death in 2018. We can do better!



# Population of Focus



- Youth aged 19-24 years old, living at the Saint Helen's Hotel who are receiving intensive case management through ICY
- Diagnosed with Opioid Use Disorder.
- Of Note: All youth currently engaged with O.A.T. have some form of psychosis, some are diagnosed with Schizophrenia.
- 100 % of these youth also use crystal meth.
- None of the youth are on Suboxone and were not candidates for Sublocade



# Changes Tested → → →



- Baseline = 0% engaged with O.A.T.  
**Start a housing based O.A.T. Clinic!**
- Find out why youth are not engaging with O.A.T.
  1. *Offer candy* during clinic visits;
  2. *Slurpee coupons* slipped under door to try to engage youth to come talk to staff about OAT or their substance use goals;
  3. *Run a Contingency management program*: youth can receive a gift card for taking their O.A.T. min. 5/7 days in a week. Youth can receive an additional gift card if UDT shows only prescribed medication (no illicit substances)
  4. Collaborate with *local pharmacy* to have O.A.T. delivered
  5. Peer workers offer *weekday reminders and accompaniment* to pharmacy (implemented, but not in original form)
  6. Have staff give *daily door knock reminders* to help with poor adherence over weekends



# Want to know more about Opiate Agonist Therapy ?

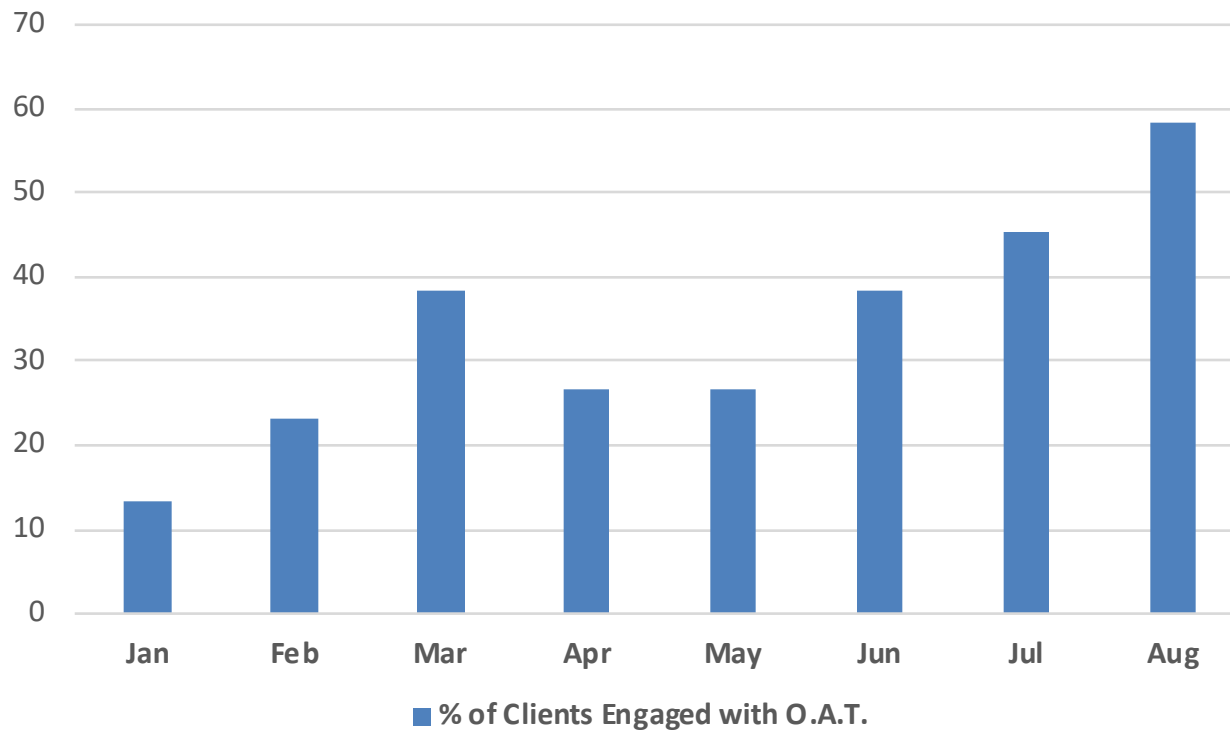


**Bring this paper to Yvonne, your  
Foundry case manager or Peer  
Support Worker for a **free Slurpee**  
and conversation about getting on  
Opiate Assisted Therapy !**



# Progress...

% of Clients Engaged with O.A.T.



WORK IN PROGRESS



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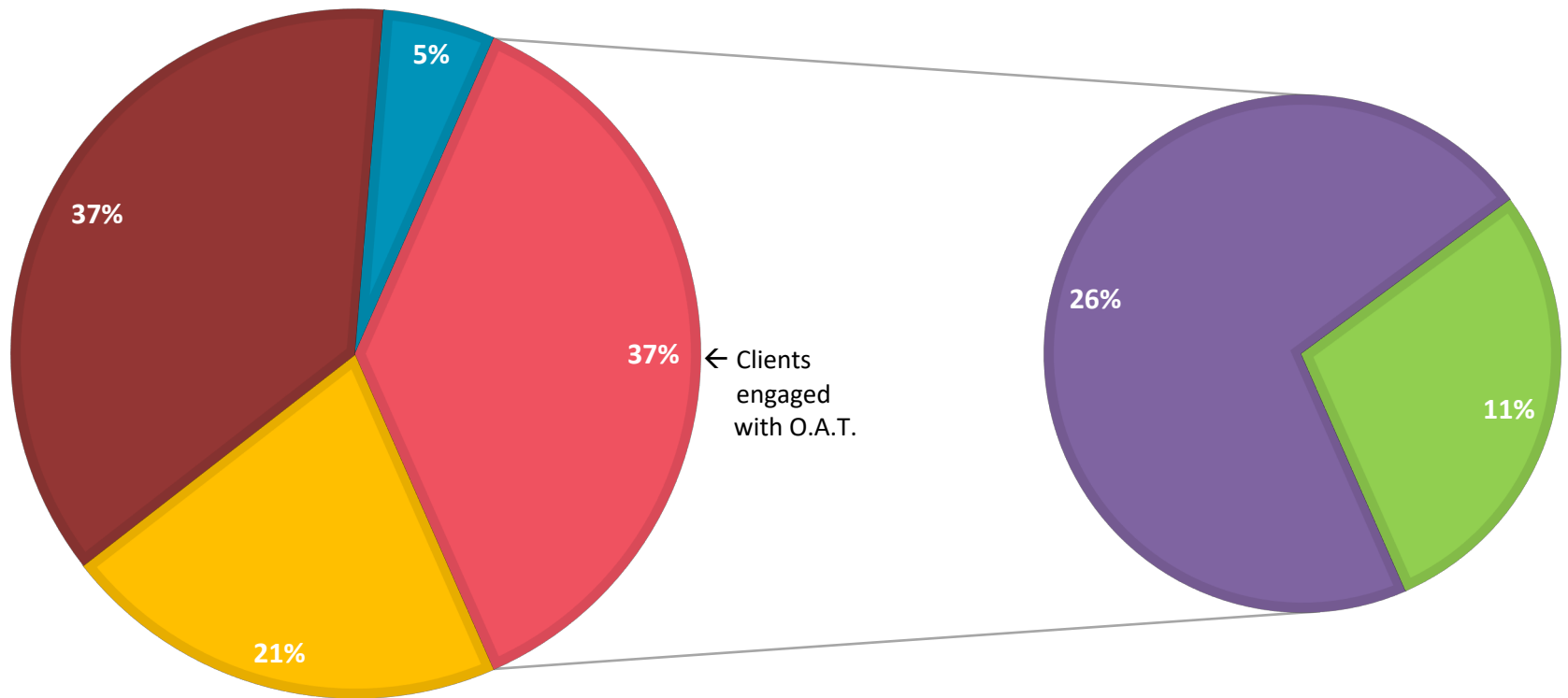
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# Progress...

## CLIENTS

■ Stimulants Only ■ OUD - declining O.A.T. ■ OUD - iOAT ■ Kadian ■ Methadone



# 2018: 24 Overdoses and 1 Death

## 2019: 11 Overdoses and 1 Death

- In 2018, there were 24 OD's recorded on the 2nd floor by 11 different youth.
- There was 1 youth death due to overdose
- Our youth accounted for 47 % of the overdoses which occurred at the St. Helen's that year (51 OD's for the whole building, 24 OD's were youth)
- In 2019 (11 months of data) there were 11 OD's recorded on the 2<sup>nd</sup> floor by 7 different youth
- 1 youth death by overdose. Youth identified as a stimulant user only
- Our youth accounted for 43 % of the overdoses which occurred at St. Helen's but the number of overdoses overall have reduced (16 OD's for the whole building, 7 OD's were youth)



# LESSONS LEARNED

- 100% of Clients use stimulants, in addition to opioids
- Clients want stimulant replacement therapy, but it is unavailable
- Titration takes too long, and we often lose people long before they reach a therapeutic dose of O.A.T.
- Some clients do not want to end their opioid use, nor do they want to end their use of street supply
- Youth Peer Workers are often uncomfortable providing support in an SRO they have a previous connection to, which has limited their ability to participate in the project
- Some clients have expressed they do not know what to do with themselves once engaged with O.A.T. and no longer spending as much time supporting their addiction



WORK IN PROGRESS

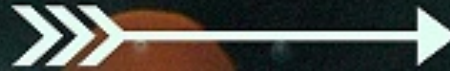


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# Looking Forward



- For some, mental health interferes with pursuing O.A.T.  
For some, addiction interferes with stabilizing mental health
  - We must continue to serve our clients from a client centered, holistic point of view. If a client wants to pursue one issue before the other, we must respect this
- Is it drug induced psychosis? Or is it an emerging psychotic disorder? Continue to work toward clearer diagnoses for clients
- Sometimes when people stabilize on O.A.T., they move out of this SRO. It would be good to capture this in our data
- We would also like clients successfully engaged with iOAT to be reflected in our future data





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