



ABI in the Streets (ABIS): An Innovative, Integrated and Low Barrier Approach to Services (Region of Waterloo and County of Wellington)

PRESENTED BY:

TOBY HARRIS (SHE/HER)

AARON WILLMOTT (HE/HIM)

Welcome and Introductions



Learning Outcomes

What are general perceptions about the ABI sector?

How you can support integration

What is a low barrier program ?

How to implement the HELPS screener

How to collaborate

How we have evolved

What is prevalence/data/findings of ABIS?

Perceptions

Brain injury is a stand-alone disability

You can't combine service models

Mental health and/or addictions must be stable for ABI supports to be successful

People who are homeless, marginally housed or living rough can't qualify for brain injury services

Integration

The mainstream ABI Outreach model does not work for those who are homeless.

ABI Outreach staff are fully embedded in MH/A outreach teams and systems including primary care teams

- Attend morning rounds, go out on health vans, stationed at the shelters, visit encampments, and primary care teams.

Trusted partner with other outreach teams

Current Partners

25 partner agencies have fully integrated our workers into their programs and services. Some examples are:

- The Sanguen Health Centre, mobile vans, harm reduction site, safer drug supply program
- The Region of Waterloo – region wide declaration that brain injury is to be considered as part of their strategic plan
- Family Health Teams and Community Health Centres
- Guelph General Hospital/Homewood Treatment Centre

Low Barrier

ABI workers walk along side the MH/A teams

Trusting relationships are formed with clients

The HELPS screener is completed if agreed.

If a person triggers the screener as potentially having an ABI, they become a “client”. Service starts immediately – no wait

- Referral is the HELPS tool and information on where to find person

Screening blitzes are performed at the local shelters, safe drug supply settings, encampments, etc

Staff are stationed for predictable hours as key locations

HELPS BRAIN INJURY SCREENING TOOL

Consumer Information: _____

Agency/Screener's Information: _____

H Have you ever Hit your Head or been Hit on the Head? Yes No

Note: Prompt client to think about all incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse, and also for service related injuries. A TBI can also occur from violent shaking of the head, such as being shaken as a baby or child.

E Were you ever seen in the Emergency room, hospital, or by a doctor because of an injury to your head? Yes No

Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.

L Did you ever Lose consciousness or experience a period of being dazed and confused because of an injury to your head? Yes No

Note: People with TBI may not lose consciousness but experience an "alteration of consciousness." This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.

P Do you experience any of these Problems in your daily life since you hit your head? Yes No

Note: Ask your client if s/he experiences any of the following problems, and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

- | | |
|---|--|
| <input type="checkbox"/> headaches | <input type="checkbox"/> difficulty reading, writing, calculating |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> poor problem solving |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> difficulty performing your job/school work |
| <input type="checkbox"/> depression | <input type="checkbox"/> change in relationships with others |
| <input type="checkbox"/> difficulty concentrating | <input type="checkbox"/> poor judgment (being fired from job, arrests, fights) |
| <input type="checkbox"/> difficulty remembering | |

S Any significant Sicknesses? Yes No

Note: Traumatic brain injury implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, West Nile virus, stroke, seizures. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, or near suffocation.

Helps
Screening
Tool

Collaboration

Case consultation,
education and ABI
specialization to
teams

Boots on the
ground- warm
hand off

Access to ABI
specialized
regulated
professionals

Assistance to get
a clear diagnosis
if needed

Caregiver
support
programs

Evolution

A positive HELPS screener will trigger access to all outreach services (ABIS and Mainstream) and the drop in centre/day program

- Enhanced drop in supports at day program
- Use existing systems and services like ID clinics, justice services, harm reduction sites, etc

Staff will make sure they get clear verbal permission to support client

Intake will work on getting an ABI diagnosis with client if needed (Housing Programs, Referral to other ABI providers)

Definition of Homelessness has been solidified.
(next slide)

Review of mainstream outreach to look at creative ways to equalize wait times

What is Homelessness?

Unsheltered – living 100% on the streets, in encampments, living rough

Emergency Sheltered – using the shelter system

Provisionally Accommodated – in temporary residence such as a detox centre, treatment centre where housing is lost

At Risk of Homelessness – chronic mental health, addictions, sporadic income or housing is unsafe

<https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf>

Evolution (con't)

Direct link on web site

Simple Referral form including screener

No Waitlist for Supports. www.traverseindependence.ca



ABI in the Streets

Home / Brain Injury Services / Services Funded by Ministry of Health / ABI in the Streets

Prevalence

Research shows that over 235,000 people experience homelessness across Canada each year (Hwang et al., 2008).

Approximately 50% of people experiencing homelessness have a brain injury (Hwang et al., 2008).

53% of homeless adults with a history of mental illness have a reported history of brain injury.

This population is more likely to:

- Report unmet health care needs
- Have contact with the criminal justice system
- Be suicidal or have previously attempted suicide
- Use emergency departments
- Finding housing for people with mental illness and head injuries is essential to helping these people move forward with their recovery.
- (Hwang et al., 2008)

Local Experience

In Waterloo/Wellington, we have completed 238 HELPS screening tools.

174 or 73% screened positive for a brain injury

Wide publicity including CTV news, local publications

Guelph General Hospital and Homewood Health/Addictions Centre have inserted HELPS into their intake process

HELPS is being widely adopted across the area

Local Experience

Developing a Homelessness Master Plan

- Incorporating lived and living expertise, evidence-based practices, and sector experts into a longer-term plan that focuses on priorities and investments that prevent and end homelessness.
- Considering service enhancements along the Housing Continuum in response to community engagement, including:
 - Abstinence-Based Programs (e.g., Emergency Shelter).
 - Evaluating existing staffing models to incorporate appropriate staffing ratios to ensure services are trauma-informed and person-centered (e.g., given high rates of Acquired Brain Injury among those experiencing homelessness).
 - Enhancing the importance of lived experience in hiring practices and staffing models.
 - Promoting flow through programs and services to ensure available spaces for those who need them the most.

NOTICE TO READERS: Register now to support your local journalism!



Side Bar

TRAVERSE INDEPENDENCE
1382 Weber St. E., Unit 1
Kitchener, Ont.
Intake Co-ordinator
226-444-3935
www.traverseindependence.ca

NEWS

The 'X-factor': Diagnosis helps save former Cambridge resident from cycle of addiction and homelessness

Traverse Independence has found a link between acquired brain injury, addiction and homelessness

How?

Soapbox

- Soapbox Talk – lots of it!

OHT

- Sit at all Ontario Health sub tables for Mental Health and Addictions

Publicity

- Get the press involved – tweets, IG, FB

Inspire

- Inspire staff team, or hire new workers who fit the model (100 resumes in 10 days)

Grass Roots

- Present the support to the front-line staff at other organizations

Story Telling

- Tell success stories

Case Example

Client previously referred 2 years ago- and it was not successful

With a change in approach, he is now connected with a worker through ABI in the Streets

Worker assisted with stability, and access to housing

Now residing in the Transitional Living Program, and is being supporting with his skills for independent living

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Traverse Independence
1-1382 Weber St. E.
Kitchener, ON N2A 1C4
Tel. 519 – 741-5845
Fax 519-741-8731

WWW.TRAVERSEINDEPENDENCE.CA

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