

Reducing Structural Harm to Empower Youth.

Authors: Emily Giguere, MA clinical psychology,
Tiffany Sosnowski, MSW, Vancouver Coastal Health



Amidst one of the most significant public health emergencies,

Vancouver Coastal Health (VCH) recognized the need to address the growing and changing needs of youth accessing services within Vancouver. The Opioid Crisis, followed by a Provincial inquiry into the death of a youth aging out of Government Care highlighted the fact that although youth were connected to the appropriate services, they continued to fall through the cracks of the system, potentially leading to dire outcomes. The response from VCH was threefold: 1) to redefine harm reduction services for youth, 2) to bridge gaps in service which would create continuity of care, and 3) to collaborate across services to create the best outcomes for youth.

VCH Youth Intensive Case Management Team

Services of team:

- Comprehensive
- Client centered
- Trauma informed
- Wrap around (from referral to discharge)
- For youth with little connection to ongoing care but regularly accessing community services/resources

Objective/goals:

- Comprehensive assessment
- Access to care and discharge planning
- Case management
- System navigation towards better health outcomes
- Coordinated care from referral to bed placement to discharge
- Professional and non-professional supports with wide expertise meeting the youth where they are at

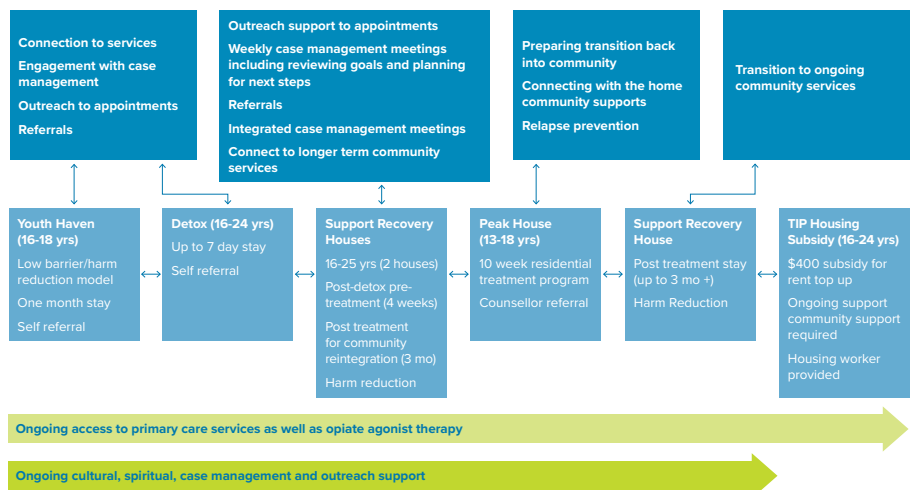
The team consists of:

- Clinicians
- Youth Outreach worker
- Elder
- Cultural worker
- Nurse practitioners
- Intake clinicians
- Team Leader



Preliminary outcomes

- Increased access and participation of youth on opiate agonist therapy
- Youth are connected to one most responsible provider for primary care which stays with them across resources
- Stronger connections to one case manager throughout the continuum of care
- Decrease of youth lost to contact
- Increase sense of belonging to a community
- Exposure to cultural and traditional ways of healing
- Increase collaboration various non-government and government agencies
- Greater support during transitions between services
- Increase access to safe and supportive housing options
- Connection to key people across the continuum of services



Steve, 18, was homeless and accessing services in the Downtown Eastside of Vancouver. Steve was not interested in stopping his use, but was in danger of further harm without having a place to stay. He began his service journey by accessing the low barrier youth shelter (Youth Haven). There his primary care needs were taken care of and he was connected with a case manager as well as an outreach worker on the Youth Integrated Case Management Team (YICMT). Steve continued using during his stay at Youth Haven, but through engagement, at the end of his stay he decided he was ready to try something different. Steve accessed the Youth Detox and was waitlisted for Peak House. To accommodate a smooth transition, Steve accessed one of the Support Recovery Houses which provided him support and light programming during his wait for treatment. Steve was successful in completing the Peak House program, then re-accessed the Support Recovery Houses to ease the transition to living independently in the community. Despite a short relapse after treatment, Steve was supported and was able to connect with the Housing worker in the TIP program where a housing subsidy was provided to top up his current income. Steve was able to secure shared accommodation in a safe environment and is now looking for employment. The whole process lasted 9 months.