

Document 1

Interim OPH SIS Evaluation Results

Background to the evaluation

The purpose of the evaluation was to assess the early implementation of OPH's interim SIS. Four evaluation questions guided the evaluation:

1. Are the SIS services being provided, as intended, at the interim site?
2. How well was the interim SIS used?
3. What was the experience of those involved with and impacted by the SIS?
4. Are SIS services adapting to client and community needs?

The experiences of clients, employees, neighbours (residents and business) and partners were considered. Information was collected through a variety of methods, including nurse-administered clinical forms, client comment cards, focus groups with partners and employees, surveys with neighbours, which was collected by going door-to-door, and clients and secondary data sources, such as police data and calls/contacts to 311 and OPH's contact centre.

How well was the interim SIS used?

A total of 174 clients were served, with over 2700 encounters and over 1800 health services provided and over 70 referrals for 36 (or 24%) clients (between September 26, 2017 and January 22, 2018).

A total of 97% of surveyed clients reported that because they have been accessing OPH's SIS, they find that they inject in public or inject alone less often. Over a quarter of clients visited the SIS clinic ten or more times between September 26, 2017 and January 22, 2018. Clients reported receiving non-judgmental and compassionate care. Both SIS employees and clients that reported that longer client interactions provide greater opportunity to build therapeutic rapport, trust for counseling and assistance with accessing community support.

A small number of encounters required medical intervention following injection. Enhanced monitoring was required during 19 (0.7%) encounters involving an injection. Among these 19 encounters, four required oxygen to be administered and one required oxygen and naloxone. 9-1-1 was called for a drug overdose during two of these encounters.

Many clients received health services or referrals during their SIS visit. A total of 1,897 health services were provided for 148 (or, 85% of) clients. During November 9, 2017 to

January 22, 2018, health services provided included supportive counselling (62%), harm reduction education (47%); and health teaching (17%). An additional 2% of health services were clinical, and these included wound care and assessment, and HIV, hepatitis C, and syphilis testing. A total of 71 referrals were provided for 36 (or, 24% of) clients. During November 9, 2017 to January 22, 2018, most referrals were for health care (83%), mental health (28%), housing (21%), and opioid substitution therapy (14%). (More than one referral may be made during a single encounter.) Client action taken on referrals is currently being collected and will be analyzed once available.

Client flow through the SIS clinic was efficient. The average time from arriving to accessing the injection room was 6 minutes; from accessing the injection room to injecting, 12 minutes; and from injecting to leaving the room, 14 minutes. Client volume (2.0 clients per hour) was highest during the first hour of operation and between noon and 7 pm. Relatively fewer clients (1.5 per hour) visited between 10 am and noon and after 7 pm.

Are services being provided as intended

OPH's Interim SIS was intended as an emergency response to enhance harm reduction services and prevent overdoses. While the evaluation found that it was implemented as planned, and there are factors which positively affected implementation (e.g., a committed team, supportive leadership, access to advice and knowledge), some changes are required to reduce the risks to safety of employees and clients, to improve employee training and to establish a sustainable staffing model. The 'current state' interim model would need to be modified in order to meet recommended best practices¹. The SIS team adjusted how they implemented and delivered the service to better meet client and employee needs. Service improvements have been made to: intake procedures to create low-barrier access; the layout of the facility; safety and security; and policies and procedures.

Impact of interim SIS on stakeholder groups

Based on participants of the evaluation, the overall experience of clients, employees and partners, (those involved with or impacted by OPH's SIS), has been positive. All clients are satisfied with services received. When asked how the SIS has impacted them personally, four themes emerged for clients - safety, non-judgmental compassionate care, health teaching for safer drug use, and supportive counseling.

Other client feedback included:

- feeling safer when they use drugs at the SIS (93%);

¹ See the [Supervised Consumption Services Operational Guidance](#), British Columbia Centre on Substance Use, August 2017

- injecting in public less often (87%);
- thinking more about reducing or stopping using drugs (60%);
- injecting alone (by themselves) less often (77%);
- that their drug use is more stable/less chaotic (77%);
- strong likelihood of recommending the service to other people who inject drugs (97%);
- that staff provide good support (97%); and, that staff have talked/helped them access other services (70%).

The majority of partners who participated in the focus group and survey believe that OPH's interim SIS has had no impact or on their organizations. Those who indicated that there was a negative impact perceived an increased presence of people who use drugs and public use. As partners talked about public injecting, there were mixed perspectives on whether public injecting has increased or decreased as a result of SISs. There is agreement that many contextual factors outside of OPH's SIS make it difficult to attribute causality between the OPH's interim SIS and any impact on the community and partner agencies' operations.

Employees are passionate about SIS and providing services to clients through a therapeutic relationship. Team collaboration is strong and overall they are satisfied with their additional roles and responsibilities at the SIS. Now that employees have experience working in the SIS, they would like to see the development of a sustainable and more comprehensive model that incorporates best practices. They have recommendations for how to improve training and address employee wellness.

OPH employees went door-to-door within the surrounding area of 179 Clarence to collect the opinions of neighboring residents. Residents have diverse opinions regarding the impact of OPH opening an interim SIS in the neighborhood. Forty-four percent who participated (44%) indicate the impact has been "negative" or "very negative", thirty-nine percent (39%) report the impact has been "positive" or "very positive" and seventeen percent (17%) were "neutral". Concerns expressed by residents include: threats to personal safety, damage to public and personal property, dissatisfaction with officials when responding to their issues and concerns, and an increase in disruptive/nuisance behaviors in the neighborhood.

There have been requests by residents and some partners to increase needle retrieval. In a December 2017 communication to the Board of Health, OPH determined that a review of the data did not reveal a need to significantly alter the hours of operations of

the Needle Hunters program. Needles collected by the Needle Hunters represent a relatively small fraction of the total number of needles collected by the comprehensive needle recovery program (4% for the time period August-October 2017). When compared to the same time period in 2016 the number of discarded needles collected by Needle Hunters was down slightly (from 6%). When looking at needle retrieval at a broader level, 96% of recovered needles were retrieved from harm reduction partners and needle drop boxes, which continue to be the main venues for residents to properly discard needles. Of note, the total number of needles recovered through drop boxes alone has increased by approximately 18% compared to 2016. This is consistent with evidence that demonstrates that harm reduction programs, such as supervised injections services, help reduce the number of discarded needles in the community. The Needle Hunters program, including street level sweeps in Lowertown, Centretown, Vanier and Carlington, is monitored and adjusted continuously, based on reviews of the data and reports from the community, and any incremental costs have been absorbed within the program.

Recommendations

There are 9 recommendations resulting from the evaluation, which address the needs of each of the 4 stakeholder groups.

RECOMMENDATIONS – OPH Interim SIS	
Relevant Stakeholder	Recommendation
Clients & Employees	<ol style="list-style-type: none"> 1. Change the SIS layout, client flow and service model to address potential risks to employee and client safety 2. Modify the 'current state' interim SIS in order to meet recommended best practices SIS/SCS. This would require additional space, funding and Health Canada exemption for permanent comprehensive SCS
Employees	<ol style="list-style-type: none"> 3. Address potential risks to employee wellness, as follows: <ol style="list-style-type: none"> a. Implement a workplace employee peer support program (employees supporting each other) b. schedule weekly debriefs with flexed scheduling to allow all full-time employees to attend c. commit to more frequent communication for casual employees through email updates

	<ul style="list-style-type: none"> d. ensure that employees do their verbal between-shift reports e. ensure ongoing monitoring of staff schedules and discuss with employees during 1:1s (to ensure balance of shift distribution and avoid burnout) <p>4. Improve SIS training:</p> <ul style="list-style-type: none"> a. Develop a formal training plan, for ongoing training based on assessment of learning needs b. Implement training on the following topics: non-violent crisis intervention, mental health 101, self-care <p>5. Increase consultation with frontline SIS employees and involve them in making decisions regarding future changes to the SIS</p> <p>6. Build a sustainable staffing model that includes administrative support (data entry and analysis, scheduling, supervision, etc.)</p>
Neighbours (residents, businesses)	<p>7. Continue to monitor needle retrieval in the community, including the Needle Hunters Program, particularly in the Byward Market/Lowertown areas</p> <p>8. Proactively engage the community in conversations about SIS. Revisit the purpose of the Needle Distribution and Retrieval Consultative Working Group and consider broadening its focus</p>
Partners	<p>9. Work with partners to expand access to SIS or Overdose Prevention Services across the City of Ottawa as one element of a comprehensive approach to substance use</p>

A summary of results will be posted on OPH's website. Clients will see a 1-page bulletin posted in the SIS. Employees working in the SIS will receive a summary report and a detailed response from the management team with an action plan to address each of the recommendations.