

## **Downtown Community Health Centre**

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## • Provide a summary statement:

Primary Care Clinics to support the community of the DTES with clinical outreach comprised of nurses, doctors, nurse practitioners, counselors and peers.

#### • Describe the idea in more detail and include why it will be effective.

A team of health care professionals and outreach workers (including peers) could be deployed to provide care off site and engage disengaged persons to clinic based care. Providing outreach care is an opportunity for disconnected individuals to access care, gain trust in a health care team over time, and eventually establish connection to local clinics.

Nurses, doctors, and NPs could provide low barrier individual primary care in buildings not yet served by outreach teams. Counselors would have an opportunity to provide emergency outreach, but could also establish introductory therapeutic groups in residences to build client capacity, provide stabilization and self management skill building for resident groups, and provide a crucial conduit to 2<sup>nd</sup> stage mental health and wellness programs.

Peers outreach workers provide essential bridging to health care professionals and clinical care and can act as interpreters both for the professional team and the service recipient as needed.

# • Explain how the idea will improve the status quo.

Residents of the DTES often find even our low barrier clinics too high barrier to access – in part because their struggle with poverty, stigma, mental health issues and severe, entrenched addiction take up the majority of their energy and day to day focus.

Outreach teams can provide a vital link to care for people who otherwise would not be able to access it. The population of the DTES includes the most marginalized, stigmatized, addicted and disconnected people in the province. Although there are a variety of outreach teams on the DTES, they are specifically focused on narrow target groups, or specific residences. A more generalized outreach team



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could provide specific buildings a clinic time on specific days, or could be flexibly deployed depending on need.

Outreach service brings care to the individual, rather than requiring the individual to come to a clinic or facility. Engagement and rapport building through outreach will ensure lost to care patients become reconnected.