South West LHIN

Appendix A to Report No. 030-18

Briefing Note to the Board of Directors

Indigenous Opioid Overdose Crisis Response

Meeting Date:	May 17th, 2018
Submitted By:	Vanessa Ambtman-Smith, Indigenous Health Lead, South West LHIN
Submitted To:	☒ Board of Directors ☐ Board Committee
Purpose:	☒ Information Only ☐ Decision

Purpose

To provide an overview of an emergent issue related to a high rate of opioid overdoses within the First Nation communities in Middlesex. The goal is to mobilize a service level response to this crisis, and develop a sustainable plan to address addictions within the First Nations communities moving forward.

The Issue

Middlesex County's three First Nations are currently in the grip of an opioid crisis, as evidenced by a confirmed 9 overdoses just in the month of March, 2018. In addition to the overdose crisis, Indigenous people are experiencing an HIV/AIDS epidemic connected to injection drug use, with 58% of new HIV infections in Indigenous people coming from IV drug use, compared to only a 14% infection rate in all Canadians (PHAC, 2012).

New data from Our Health Counts London paints a frightening picture regionally, where an astonishing 17% of Indigenous adults used prescription opiates without a prescription, with over a third (36%) of them using every day (Our Health Counts London, 2016). Perhaps even more concerning is that 13% of Indigenous adults have used a needle to inject drugs, with 4% percent of Indigenous adults having shared needles while using drugs (OHC, 2016). To address this need, the opportunity presents itself to combine and utilize two well-researched knowledge bases, that of Indigenous-led health care and opiate replacement therapy, specifically suboxone in a primary care setting with wholistic supports in place.

The opportunity

To generate a collaborative service level response, the LHIN's Indigenous Lead is working directly with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) to engage other organizations to mobilize resources for two purposes: to build on an **Indigenous focused drug strategy** and to create access to **opioid replacement therapy by integrating a rapid access addiction medicine** clinic into SOAHAC's primary care team at the Chippewa of the Thames location.

The proposed suboxone clinic will be Indigenous-led, and embedded in SOAHAC's primary care clinic, which is grounded in an integrated, comprehensive and culturally safe model of care. Both proposed ideas

will be done collaboratively, and are fully embraced by local First Nations (letters of support are forthcoming from Oneida and Munsee-Delaware at this time). Additionally, SOAHAC has the added capacity of Dr. Steinberg, a physician contract working out of the Chippewa site. Dr. Steinberg has over 20 years' experience in Addictions Medicine and will lead the start-up of a Suboxone clinic and support training for clinical staff and N.P.'s. These services will be available to all members of the Chippewa, Oneida and Munsee First Nations.

The implications of enhancing supports via a suboxone clinic will not only save lives and reduce the burden of disease on a community level; research bears that it may also be a significant cost saving measure to the provincial healthcare system. The opportunity to leverage SOAHAC's existing infrastructure and primary care model is an important foundation in being able to work quickly to address this crisis. The unique health and social crisis faced by Aboriginal people in the South West LHIN requires a unique response grounded in both Indigenous and western evidence bases, and one that is Indigenous-led. SOAHAC has succeeded where other provincial efforts have not due to the need for Indigenous Cultural Safety and barrier free programming.

Fast Facts:

- 1 in 5 (17%) of all Aboriginal people in London have used a prescription opiate in the past year without a prescription, with over a third (36%) using every day (Our Health Counts London, 2017)
- Almost 1 in 5 (19%) injection drug users self-identify as Aboriginal in London, with 4% noting that they have shared a needle (PHAC, 2012)
- 58% of all new HIV infections among Aboriginal people are attributable to injection drug use, versus only 14% for all Canadians (PHAC, 2012)

Next Steps

- To develop a robust plan to address to emerging overdose crisis (May 2018)
- To continue to engage and formalize supports form the three First nations communities (May 2018); seeking formal letters of support
- To mobilize resources to support RAAM integrated model of care and initiate training/ mentorship (May - June 2018)
- To work as part of the Indigenous drug strategy to create a sustainable model of care based on data collected through the clinic, and to build capacity across the region to enhance knowledge base on opioid replacement therapy

APPENDIX A: Indigenous Mitigation and Amplification Matrix (South West LHIN) - UPDATED

APPENDIX B: **Indigenous Inclusion and Reconcili-ACTION Mitigation and Amplification Matrix**
Corporate/ Governance Level
The Board of Directors is informed of and endorses its obligations on Indigenous engagement and inclusion under LHSIA
By-laws/ Board policy include a detailed statement on Indigenous engagement and inclusion process, including a strategic plan on how to implement policies, including mandatory Indigenous Cultural Safety (ICS) for the board
The LHIN/CCAC has Indigenous representation on its board of directors and its committees (at least 1 for board of less than 10 members; 2 for board of 10 members or more)
A statement describing the responsibilities of the board of directors and the senior management team with respect to Indigenous inclusion and engagement; service provision and process is developed and adopted
An Indigenous/ First Nations Advisory to the board is developed at the governance level; Board members develop sub-committee to establish direct relationships with First Nations; Indigenous stakeholder boards
An Indigenous policy statement is developed and adopted detailing how LHIN is meeting obligations around Indigenous inclusion and engagement including the Indigenous annual report to the board, human resources structure - recruitment, hiring, staffing, communications, ICS training plan, development of system performance indictors
Address issues of Indigenous cultural safety across the system – e.g. hospital board level
Indigenous Inclusion and Engagement Accountability
A report on all Indigenous inclusions and engagement activities/ progress is submitted annually to the board of directors, LHIN CEOs and Ministry of Health and Long-term Care Indigenous Health Policy Secretariat (Provincial Annual Indigenous Health Report)
Indigenous Health Lead, LHIN level - to report quarterly on Indigenous engagement and inclusion activities to LHIN Board and Senior management team
Development of Indigenous Cultural Safety (ICS) training and sustainability plan to support training and tracking all staff across enhanced LHIN
A senior director has been designated to assume responsibility for Indigenous engagement and inclusion in the enhanced LHIN
LHIN CEO is accountable for Indigenous engagement and inclusion, and a member of the Provincial Aboriginal LHIN Network (PALN)
A mechanism is developed and in place to manage complaints re: Indigenous service delivery; process of inclusion
The LHIN/CCAC is able to track and identify how the needs of the Indigenous population are integrated into all planning activities/ priorities
Reporting is done through the IHSP, the ABP, the quarterly reports, and the annual report
Ensure that there is a process in place for First Nations to connect with LTC; seek access to supports in community
Community Engagement
The LHIN/Home Care updates and follows the Indigenous Inclusion and Reconcili-action Roadmap, demonstrating how and when the system purposefully and actively engages the Indigenous communities and partners through various methods, such as representation on committees/groups, consultations, surveys, etc.
The Indigenous Health structures, including the Indigenous Health Committee, are engaged and active as per their mandate/ membership
Create strategy to support residence hospice support capacity engagement
Planning/ Advancing Indigenous Cultural Safety
The LHIN/CCAC integrates an Indigenous population health and equity lens in its planning cycle and activities
The LHIN develops and supports annual Indigenous Cultural Safety forums/ strategic planning with a focus on sub-regions
The LHIN includes local conditions/ obligations re: Indigenous Cultural Safety (ICS) in SAAs
The LHIN monitors HSPs' progress re: ICS
The LHIN supports equity and quality improvement processes to enhance the cultural safety of LHIN-led, supported priorities/ systems of care (e.g. Health Links, coordinated care planning, hospice palliative care, mental health and addictions, etc.)

Communications
The website features updated progress of Indigenous Roadmap and upcoming activities/ events; information on all LHIN -led Indigenous structures and membership; information and updates on advancing Indigenous Cultural Safety (ICS); information on Provincial Aboriginal LHIN Network planning and activities; local and sub-regional Indigenous priorities and action plans: **http://www.southwestlhin.on.ca/communityengagement/Indigenous%20Engagement.aspx**
Communications and publications intended for the public contain updates on Indigenous engagement and inclusion activities, along with appropriate visuals and images (e.g., pamphlets, brochures, public notices, press releases, etc.)
Information about available Indigenous services are made accessible to the public (e.g. via Thehealthline.ca and other Indigenous publications)
Direct Services to Clients – Home Care
Systematic review of all policies with Indigenous cultural safety lens to ensure services are inclusive, accessible and culturally safe for Indigenous peoples
A mechanism is in place to enable clients to self-identify as Indigenous
Capacity is being developed to ensure availability of professionals/ nursing services that practice culturally competent care
Contracts signed with third parties to ensure that there are processes in place to address the needs of Indigenous clients
Design new Indigenous specific patients complain process; **A mechanism, such as a survey or complaint process, is available and is clearly communicated to clients to evaluate the quality of services they receive**
Create guidelines/ education on how to input the Aboriginal identifier in CHRIS
Human Resources
Indigenous staff/ allies trained in Indigenous Cultural Safety are identified, and an inventory is maintained
Staffing of personnel with expertise and experience in Indigenous health is ensured in order to support development and implementation of Indigenous health priorities at LHIN level
The number of employees required to adequately support addressing inequities in Indigenous health is identified, and positions are designated
A human resources plan is in place (to support all staff with ongoing participation in Indigenous Cultural Safety training)
Enhance Indigenous leadership in Home Care; care coordination
Indigenous Health Planning and Inclusion Structure
Re-design and strengthen the Indigenous Health Committee to expand into a structure of committees that can align and support the Patients First implementation in the South West, including ongoing Indigenous community engagement at the patient and family level (this will be synthesized into a report that can be brought forward to the PFAC (there is no Indigenous voice at this table); and to inform the work across the system in key areas of focus, including, but not limited to: sub-regional levels; across the IHSP priorities; across the sectors. The re-design will also include interim measures to ensure that the Indigenous voice is amplified as the transition process is
The health needs and priorities of Indigenous communities identified and prioritized; Investments and resources required to build capacity and address service gaps/ improvements to improve Indigenous health outcomes and equitable access to care
• The health services available to the Indigenous peoples in the region • Strategies to improve access to, accessibility of and integration of culturally safe practices and training in the local health system • The planning for and innovation/ improvement of health services in the area
The LHIN and the IHC have created a Liaison/ Leads that represent the voice of the communities through the AHC at the sub-regional planning levels; creating a sub-committee whose members meet at least twice a year
The LHIN and the Indigenous Health Committee (IHC) develops a Joint Annual Action Plan
The LHIN considers the advice, and where appropriate, acts in a fashion consistent with the IHC's advice and recommendations
The Indigenous LHIN Lead ensures that alignment of key priorities and representatives are connected and accountable back to the IHC and LHIN