



The Kitchener-Waterloo  
**Safer Supply  
Program**

A Collaborative Model of Care

**Report 2 • September 2023**


**Kourteney King (she/her,  
they/them)**

**Safer Supply Program,  
Sanguen Health Centre**

# Territorial Acknowledgment

Land on which the KW SOS Team delivers services are situated on the traditional territory/ancestral lands of the Haudenosaunee, the Neutrals and Anishinaabe people.





# SOS Beginnings in Region of Waterloo “It takes a village”

The model of care for the K-W SOS Program is described as:

- Embedded within the Inner City Health Alliance (ICHA) village of services;
- There is a shared sense of purpose across agencies;
- Staff within the ICHA are knowledgeable about the services available from each organization;
- Staff can easily communicate and leverage services available within the ICHA to better meet client needs;
- The strong presence among partners doing outreach in the community further enables access to a range of services for clients
- THE ICHA village of services is comprised of 6 core agencies with targeted services for precariously/unhoused community members

# SOS Beginnings in Region of Waterloo

“It takes a  
village”



## **Harm Reduction/Hep C Services**

Harm Reduction  
Vans (NSP)

NSP at Drop-In-  
kitchen

Mobile Health  
Care Bus

HEP C Services

**SOS Prescribing**



## **St. John's Kitchen:**

Drop-In Space &  
Medical Supports

## **Specialized Outreach Services**

Community-based  
Mental Health and  
Addictions  
Supports

**Low-barrier,  
flexible models of  
housing**



## **Clinic-based Primary Care**

Provide Primary  
Care Supports at  
St. John's  
Kitchen

**Expanding  
clinics into  
shelter, housing  
and drop-in  
settings \*\***



## Evaluation Team

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## Areas of Focus

1. SOS Collaborative Model of Care
2. SOS Client Outcomes
3. Safe Supply, housing and social services as a gendered phenomenon (Ph.D Dissertation, Melissa Perri)

## The Safer Supply Program and the Collaborative Care Model

The primary focus of this community-led SSP is flexible, low-barrier access to pharmaceutical opioids through a health equity and harm reduction lens. Beyond a prescription, SSP clients are supported by an interdisciplinary team of physicians, nurse practitioners, nurses, social workers, and community navigators who provide wrap-around care to clients using a harm reduction, trauma-informed, and person-centered approach. The value of this approach to service delivery has been well-established given the histories of complex trauma and harm faced by people who use drugs [6].

A variety of different models are currently being used for safer supply delivery across Canada. Models include the delivery of safer supply through community health centres [7,8], within supportive housing settings [9], in existing supervised consumption sites and addiction medicine practices [10], using biometric dispensing machines [11], as well as prescribing that occurred using risk mitigation guidelines to facilitate COVID-related isolation in the pandemic period [12-14]. Evaluations of these models have demonstrated a range of benefits including reductions in use of fentanyl from unregulated sources, reductions in emergency department visits, hospitalizations, and healthcare costs, reduced frequency of injection, and improved physical and mental health and overall stability [7-11,14-16]. This evaluation expands on the existing knowledge base about SSPs in Canada by providing an overview of the Kitchener-Waterloo SSP which is uniquely embedded within the ICHA that includes intensive place-based and mobile primary health care, housing, shelter, and social connections delivered with a caring, person-centred, and evidence-informed approach.

Funding from Health Canada for the SSP is managed by The Working Centre. Individuals living in Kitchener-Waterloo and who are at high risk of overdose from use of unregulated and toxic opioids – mostly fentanyl – are eligible for admission to the program. SSP clients are prescribed pharmaceutical opioids to reduce reliance on unregulated opioids and associated overdose and health risks.

The SSP is being delivered using a collaborative care model. This means that clients of the SSP can access the services available at each of the ICHA partner organizations. The village of services is designed to address the needs of people living in vulnerable conditions, specifically individuals experiencing homelessness and housing insecurity in the Kitchener-Waterloo area of Ontario.

The model of care for the SSP is described as collaborative because:

- It is embedded within the ICHA village of services;
- There is a shared sense of purpose across the agencies;
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Clients and service providers identified a broad range of outcomes from the provision of a safer supply prescription of regulated opioid medications alongside the range of health and social services within the SSP. The major outcomes discussed by both clients and service providers includes:

### Safer Supply Program Influence on Overdose Risk and Unregulated Drug Use

- Access to safer supply reduced overdose risk and has kept clients alive
- Access to safer supply has reduced use of fentanyl from the street supply, as well as use of other unregulated substances (e.g., stimulants)
- Access to safer supply reduced consumption of drugs by injection and increased oral consumption of medications

### Physical and Mental Health, and Access to Health and Social Services Outcomes

- Access to safer supply reduced the experience of withdrawal and pain
- Access to safer supply improved access to healthcare and social services
- Access to safer supply improved clients' physical and mental health
- Access to safer supply improved access to harm reduction (e.g., sterile needles, syringes, and injection equipment; safer smoking equipment) and sexual health (e.g., condoms and lubricant) supplies
- Access to safer supply improved access to screening and treatment for HIV, hepatitis C, and sexually transmitted infections

### Social Determinants of Health Outcomes

- Access to safer supply improved income security
- Access to safer supply improved food security
- Access to safer supply improved clients' ability to find and maintain housing

### Stability Outcomes

- Access to safer supply increased sense of stability
- Access to safer supply allowed clients to engage more fully in their personal projects, daily activities, with their families, and in their communities



The Kitchener-Waterloo:

## K-W Collaborative Model of Care: Evaluation Findings What's working?

Aligned focus on  
person-centered,  
trauma-informed  
care

Integration of  
medical and social  
services to provide  
wrap around care

Supporting clients  
who may be difficult  
to reach

Secure messaging  
system enables  
communication  
across agencies

Providers are able to  
leverage  
relationships to  
deliver collaborative  
care

“It helps clients who may have had a stronger relationship with another agency prior to even meeting us. It can help them to get to our safe supply appointments or other external appointments that they need to get to. I think having other NPs and supports doing primary care is helpful because holy man, like it would be super hard to address every single concern a client had. So that's also a huge benefit.” (Internal Provider)

“But it's those social supports that seemed to be able to really support what I'm doing for this patient, right? Whether I'm making sure the pharmacy is delivering the medication. Or is it a test, or to see a specialist? That social support is huge, and it's really helped a number of patients, not just with the safe supply program. They're able to compliment other, other agencies and what they're doing.” (External Provider)

# K-W Collaborative Model of Care: Evaluation Findings Challenges:

“I think there needs to be some kind of prioritization tool. In terms of ‘This person just had a life-threatening illness or was just in hospital.’ Or this one is having multiple overdoses. You know there needs to be some kind of prioritization tool that goes beyond lining up, first come first serve.” (External Provider)

“I think we could definitely work on the collaborative piece with the MD and NPs. Because what sometimes is happening is you know like a patient of mine will go in and they’ll treat an infection and it’s often we don’t hear about it right. Yeah, and that’s happened actually a number of times. And we can definitely do better with that.” (External Provider)

Clarifying the team of service providers most responsible for Safer Supply clients

Challenges in negotiating coordination of medical care

Differing perspectives among organizations and providers

Referring clients to program and intake process

Confusion navigating SOS for external providers and clients



REAL TALK,

It's a beautiful  
shit show

Adaptations & Pressure Points

