

Supported Recovery Room- Final Evaluation Report (Jan 8 - May 6, 2018)



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Table of Contents

Background:.....	2
Research Question	2
Methods and Materials:.....	2
Data Analysis.....	3
Initial Assessment/Phone Log Report Update.....	4
Client Intake Form.....	7
Highlights	7
Client Discharge Details.....	12
Enrollment AND Discharge Date/Time PER VISIT.....	13
Number of 911 Calls Made by Clients that Used the SRR Program.....	17
Qualitative Analysis:	19
Conclusion.....	20
Appendix 1: A Clients Story.....	21

Background:

Supported Recovery Room (SRR) was developed in response to a need identified by community stakeholders working in the social and health services sector. Following an extensive consultation with stakeholders and research into other models, the SRR model was developed by a project team made up of service providers and peers. This pilot program is a low barrier intervention where clients can have a safe place to sleep and/or recover from substance use and mental health issues. Substance use and mental health issues are often compounded by lack of sleep. Sleep deprivation or disrupted sleeping patterns can contribute to the onset of psychosis. With this, the program also provided clients with an opportunity to take steps to improve their health in a respectful and supportive environment.

The program was funded through a one time, short term (3 month) pilot from the Waterloo Wellington-Local Health Integrated Network (WW-LHIN). This report provides information about the program's operation and the support provided to clients in response to the following research question:

***Research Question:** Does the Supported Recovery Room (SRR) offer clients with a mental health and addictions crisis a safe place to sleep, rest, recover and come down from substance use, reducing the inappropriate use of other services*?*

(*repeat ED visits for substance use, inappropriate shelter placements, people recovering in unsafe places, people recovering in inappropriate places)

This report provides an overview of the program use, general observations made from the Paramedics, SOS Clinician, other Services Providers in the Community and comments provided by some of the clients. Further, 911 calls made by clients that used the SRR program were also examined. This report will provide a snapshot of **the data collected starting from Jan 8, 2018 to May 6, 2018 for a total of 119 days.**

Methods and Materials:

Two data sheets were developed in Microsoft Excel to capture primary research. Both the Emergency Medical Services (i.e., Paramedics) and the SOS Clinician, were key in collecting and inputting data into the data collection sheets. The first data collection tool, called the "*Initial Eligibility Assessment or Phone Log*" captures any incoming calls to or inquiries about the program from referral sources in the community. Information collected was based on pre-determined criteria and is not subject to the Paramedics' perceptions. For example, there were clear admission criteria that were developed, included that client was: 16 years or older, ready to rest and sleep, was not an immediate risk to self or others, presenting issue is related to substance use and needs a safe place to recover, does not need hospitalization, medically stable and not appropriate for shelter stay.

The second Excel data collection tool contained multiple sheets, called the "*Client Intake Form*". This form was completed when a client had been referred from a referral source and was physically

present onsite. Paramedics were primarily responsible for filling in these forms. The sheets consisted of the following:

Sheet 1: Client information including demographics, brief medical history, consent and assigning Client IDs.

Sheet 2: Client vitals including blood pressure, oxygen, level of awareness, client activity and other

Sheet 3: Medications or Treatments provided to client during stay

Sheet 4: Discharge

Each sheet had dropdown driven options to select from in order to remove any ambiguity of information. However sheet 1, particularly demographics, could be subjective to the data collector. This was based on the Paramedic or SOS Clinicians discussions with the client during their stay. These discussions were short and took place between individuals who did not have any history or an established relationship. Data trends showed that repeat clients who had accessed the program provided more information at each visit compared to their first visit to SRR (i.e., mental health issues, low income etc.). Evaluations and data was analyzed to be all encompassing of all the visits to provide a full representation of the clients status including their demographics, medical history as well as substance uses.

Data Analysis

This section is divided into three parts: first, an analysis of the *"Initial Assessment" form* and second, *an analysis of each sheet of the "Client Intake Form"*. The final portion of the report will provide an overview of both the service providers as well as comments gathered from participants who consented to be interviewed.

Initial Assessment/Phone Log Report Update

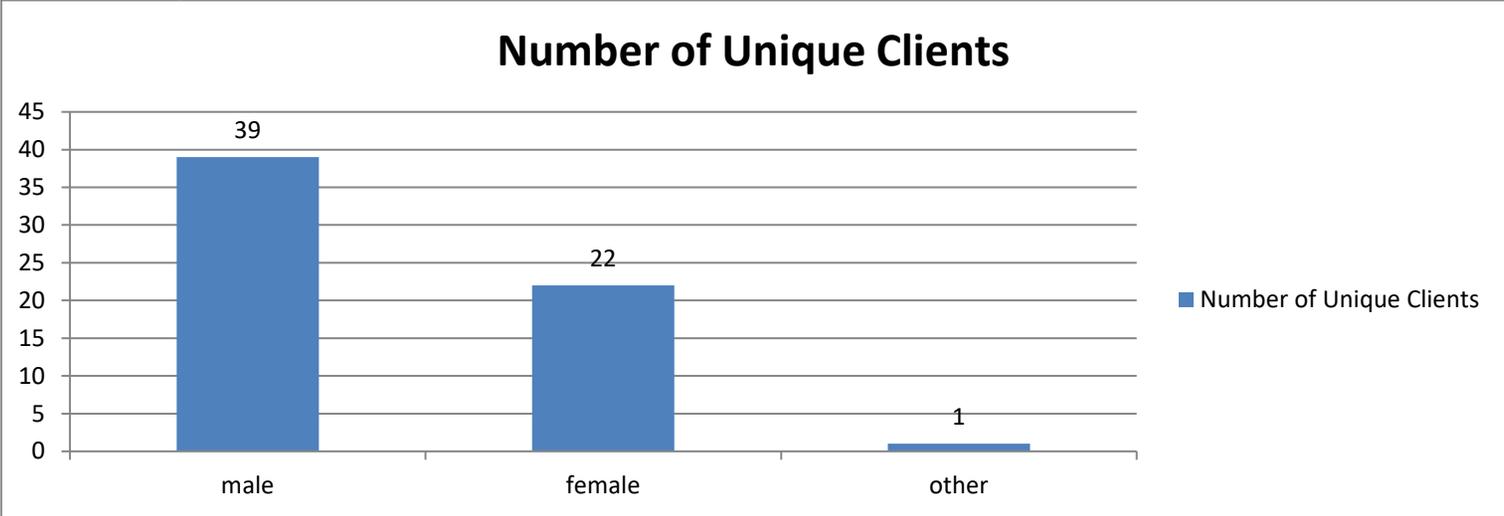
Total Days	Jan (24 days)	Feb (28 days)	March (31 days)	April (30 days)	May (6 days)	Evaluation Period 119 days
Number of contacts Made to Program	50	71	70	60	4	255 contacts made
Time of Contacts	00:00 – 07:59 = 1 08:00 – 17:59 = 40 18:00 – 24:00 = 9	00:00 – 07:59 = 11 08:00 – 17:59 = 49 18:00 – 24:00 = 11	00:00 – 07:59 = 5 08:00 – 17:59 = 40 18:00 – 24:00 = 25	00:00 – 07:59 = 10 08:00 – 17:59 = 37 18:00 – 24:00 = 13	00:00 – 07:59 = 1 08:00 – 17:59 = 2 18:00 – 24:00 = 1	 <p>65% of the contacts were made between the hours of 8am-5:59pm</p>
Referral Type	Showed up – 6 Phone Call - 44	All 71 contacts were via phone calls	All 70 contacts were via phone calls	All 60 contacts were via phone calls	Showed up – 1 Phone Call - 3	 <p>97% Of referrals were made through phone calls.</p>

Referral Sources	Wyndham House – 27 Specialized Outreach Services (SOS) – 8 DropIn Centre – 5 GCHC – 4 GGH – 2 Impact Team – 2 Other – 2 Blank – 4	Wyndham House – 38 GGH – 15 DropIn Centre – 5 Other – 5 Impact Team – 3 SOS – 2 GCHC - 1 Hope House - 1	Wyndham House – 21 GGH – 12 Other – 9 SOS – 9 GCHC – 3 Impact Team – 3 DropIn Centre – 2 Hope House – 2	Other – 19 GGH – 16 Wyndham House – 10 Impact Team – 4 DropIn Centre – 4 SOS – 3 GCHC – 2 Hope House – 1	GGH – 1 Impact Team – 1 Other (Guelph Police, not Impact) -1 DropIn Centre – 1	<p style="text-align: center;">38% referrals coming from</p>  <p style="text-align: center;">Second to Wyndham House, Guelph General Hospital made 18% of the referrals</p>
Calls made to SRR Turning into Eligible Referrals	36 referrals made were eligible for service (N=50)	68 referrals made were eligible for service (N=71)	43 referrals made were eligible for service (N=70)	31 referrals made were eligible for service (N=60)	3 referrals made were eligible for service (N=4)	<p style="text-align: center;">71% of calls made to program were Eligible for Service</p>
Ineligible/comment for the following reasons	N=16 <ul style="list-style-type: none"> • Did not consent X4 • Agitated Behaviour X2 • MH but no Substance issues X1 • Under 16 X1 • *No comment X8 	N=7 <ul style="list-style-type: none"> • *Citizen inquiry X1 • Not medically cleared X3 • *No comment X3 	N=28 <ul style="list-style-type: none"> • Under 16 X1 • Not ready to for service X5 • *Unknown X9 • Not substance related X1 • *Inquiring if bed available X4 	N= 24 <ul style="list-style-type: none"> • *No comment X9 • No referral X7 • Suicidal thoughts X3 • Other X5 • Not assessed X5 	N= 1 <ul style="list-style-type: none"> • Client had no substance issues 	<p style="text-align: center;">16% Of possible clients were not eligible for the program</p> <p>(*above percentage does not include no comments/unknowns or inquiries about the program)</p>

			<ul style="list-style-type: none"> • No referral X5 • *Inquiring if a treatment program X3 			
# of Clients Eligible for Service AND Bed Available	28	44	35	30	3	Of the eligible referrals 77% of the time, a BED was AVAILABLE .
# of Clients Eligible for Service AND No Bed Available	8 (wait time ranged between: <30 minutes to 7 hrs)	24 (wait time ranged between: <30 minutes to 2 days)	8 (wait time ranged between: 1 hour to 2 days)	1	0	Of the eligible referrals 23% of the time, a BED was NOT AVAILABLE
# of Clients Not Eligible AND Bed Available	10	4	16	17	1	19% of calls made, client NOT ELIGIBLE but BED AVAILABLE
# Not Eligible and No Bed	4	3	11	7	N/A	10% of calls made, client NOT ELIGIBLE and NO BED AVAILABLE
Total # of Days With No Occupancy in Either Bed	3	1	3	3	1	91% of the days, at least one bed was occupied

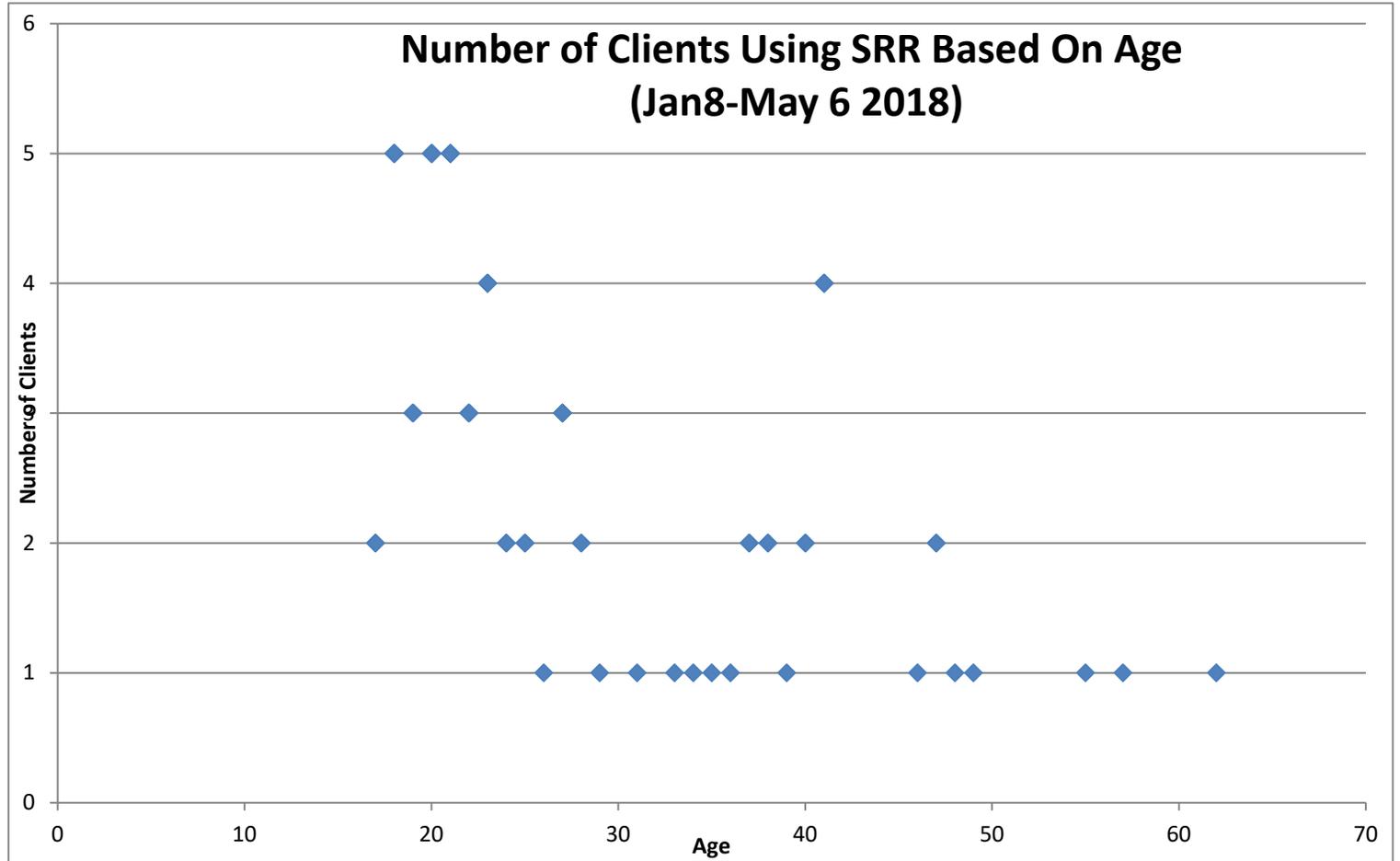
Client Intake Form

Below are Quantitative highlights to note from the Client Intake Form

Highlights									
Total # of Encounters	107 Clients Encounters with Program 								
Total # of Unique Encounters	62 Unique Clients Served  <div style="float: right; border-left: 1px solid black; padding-left: 10px; margin-left: 10px;"> <p>Of the 62:</p> <ul style="list-style-type: none"> • 43 Clients used service ONCE • 11 Clients used SRR TWICE • 1 Client used SRR THREE times • 4 Clients used SRR FOUR times • 2 Clients used SRR SIX times • 1 Client used SRR ELEVEN times </div>								
Gender 	<p>Greater Proportion of Males</p> <div style="text-align: center;"> <h3>Number of Unique Clients</h3>  <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th>Gender</th> <th>Number of Unique Clients</th> </tr> </thead> <tbody> <tr> <td>male</td> <td>39</td> </tr> <tr> <td>female</td> <td>22</td> </tr> <tr> <td>other</td> <td>1</td> </tr> </tbody> </table> </div> <p>Graph 1</p>	Gender	Number of Unique Clients	male	39	female	22	other	1
Gender	Number of Unique Clients								
male	39								
female	22								
other	1								

Age Range

Age Range: 17-62 Years
Average Age: 30 Years
Median Age: 25 Years
Greater concentration of participants using the service falls within the age range of 17-27 years.

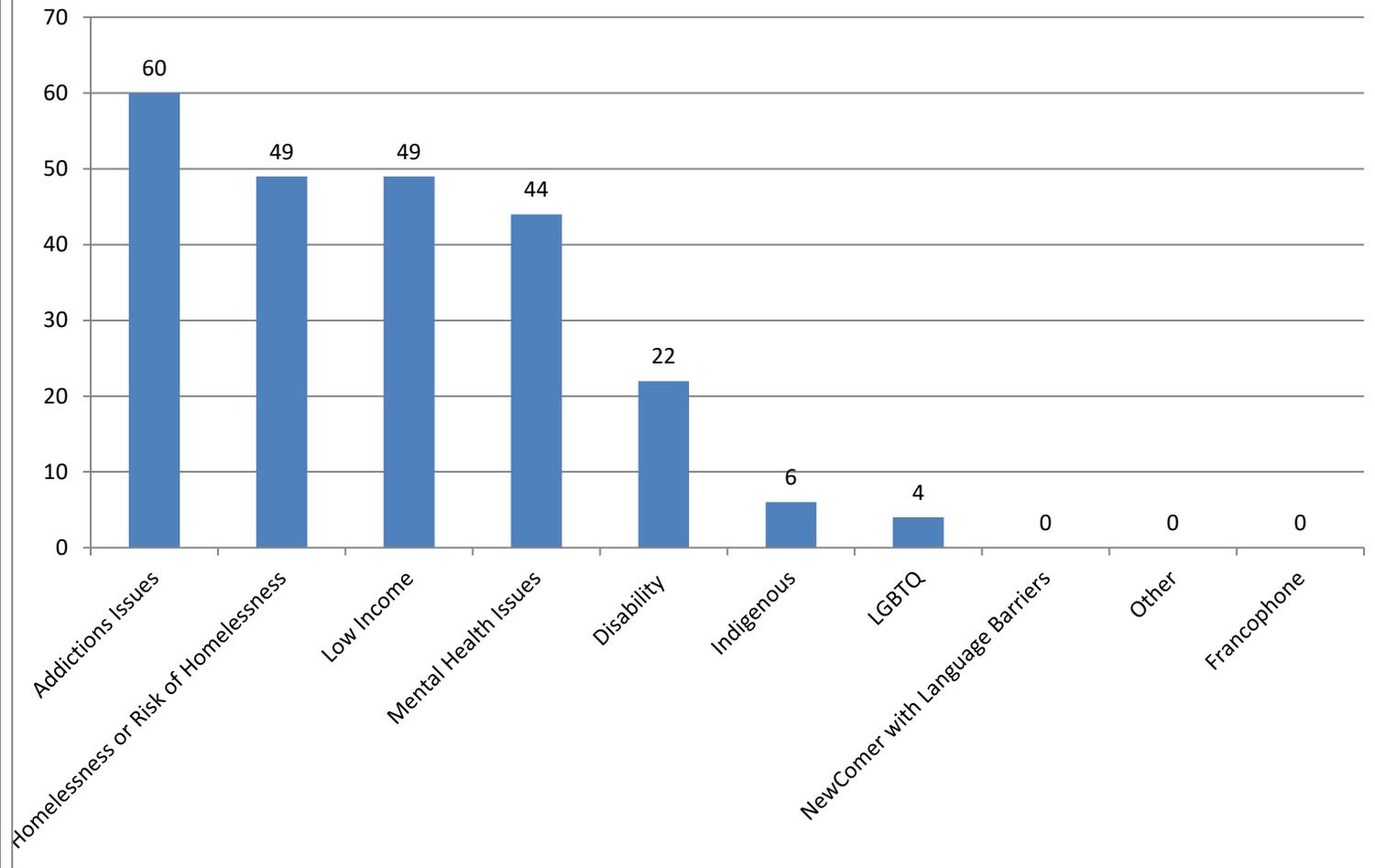


Dot Plot 1

**Priority Population
(defined by the
Guelph CHC)**

- Homeless or At Risk Homeless
- Low Income
- New Canadian with Language Barriers
- Moderate to Severe Mental Health and Addictions
- Moderate to Severe Disability
- Aboriginal
- LGBTQ++
- Vulnerable Children and Families

Number of Unique Clients Who Identify as Part of a Priority Population

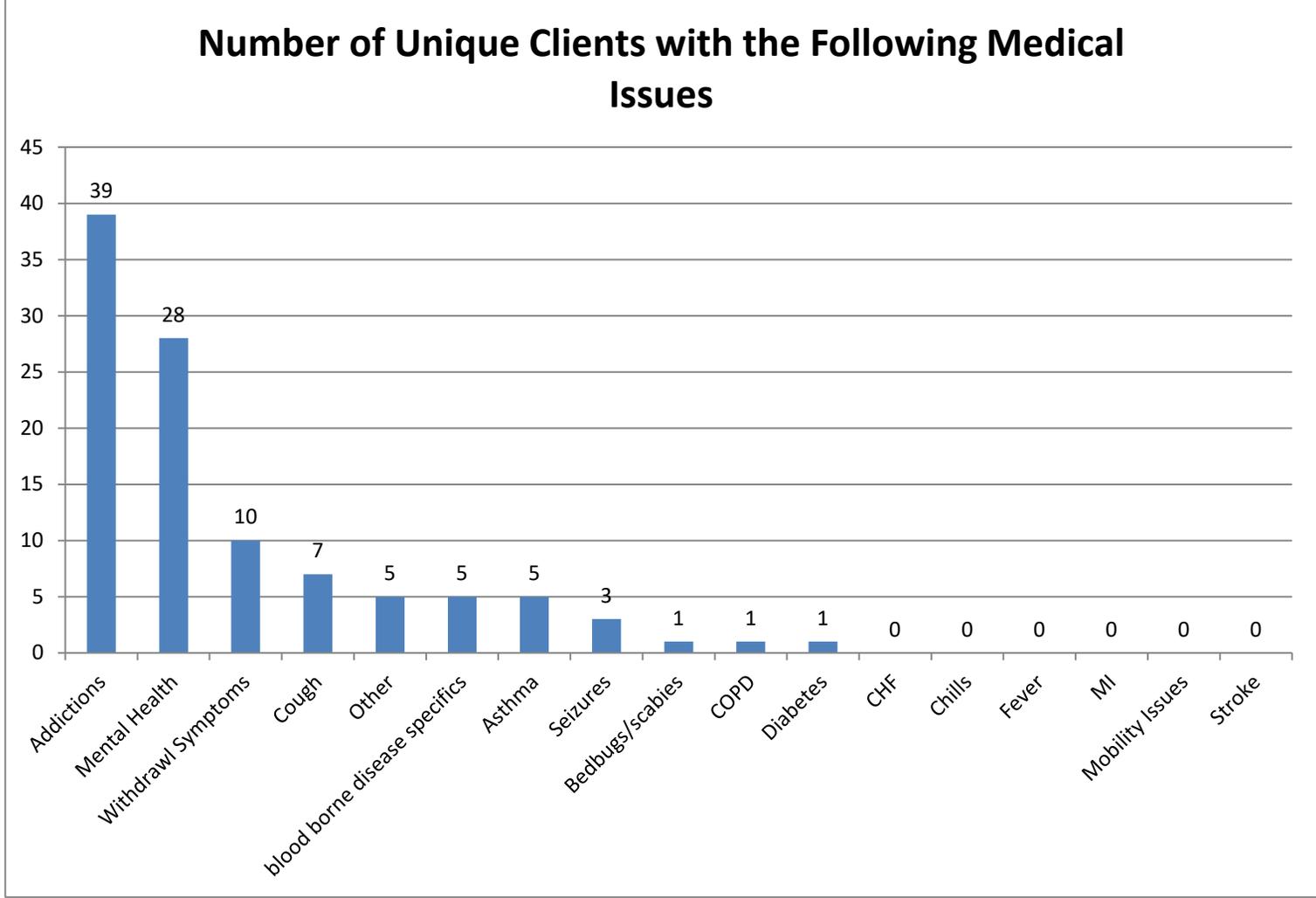


Graph 2

priority populations each client identified with

Each unique client identified with an average 4 different priority populations
(i.e, Addictions Issues + Homeless + Low Income + Mental Health Issue etc)
(All clients identified as being part of at least 2 and at most 7 priority populations)

of clients coming into program with a medical history of the following items.

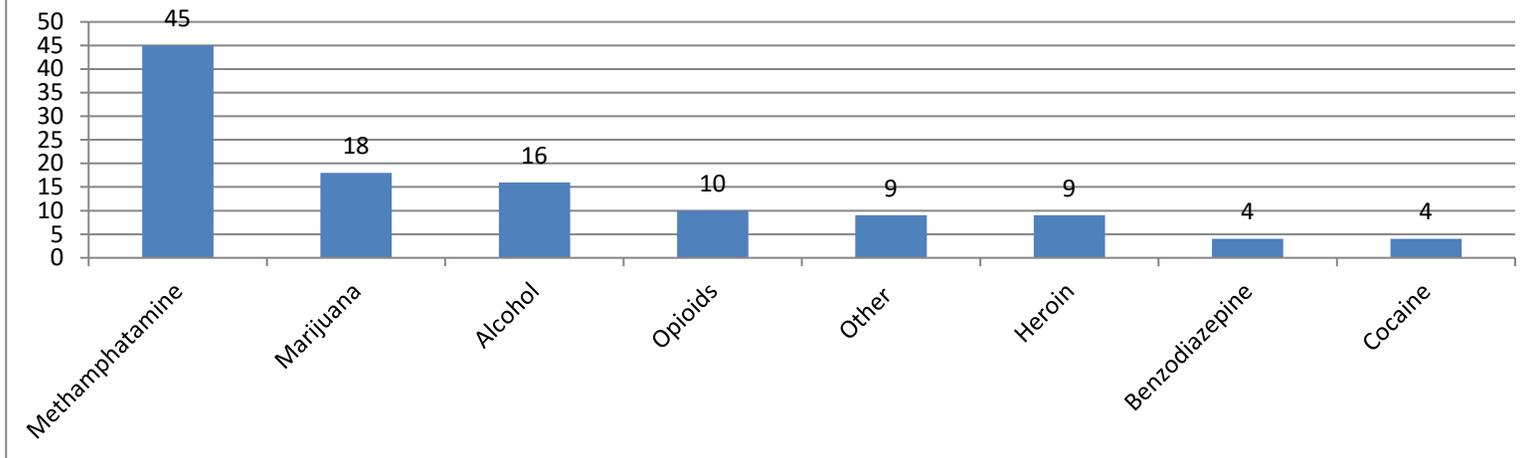


Graph 3

As noted above, majority (92%) of the clients had at least one medical issue, the following is a breakdown by number of medical issues to number of clients:

Number of Medical Issue(s)	Number of Clients
0	3
1	11
2	29
3	12
4	5
5	1
6	1

Number of Unique Client Who have Used the Following Substances



Graph 4

24 Clients had one substance used in on arrival to the program, 25 clients with two substances used, 10 clients with three substances used, 1 Clients had used 4 different substances, and another client had used at most five substances on arrival to the program.

Prescription Medication

15 unique clients required Paramedics to dispense either polysporin tylenol and/or advil.
 36 unique clients did not require any medications during their stay
 19 unique clients brought in their own medications

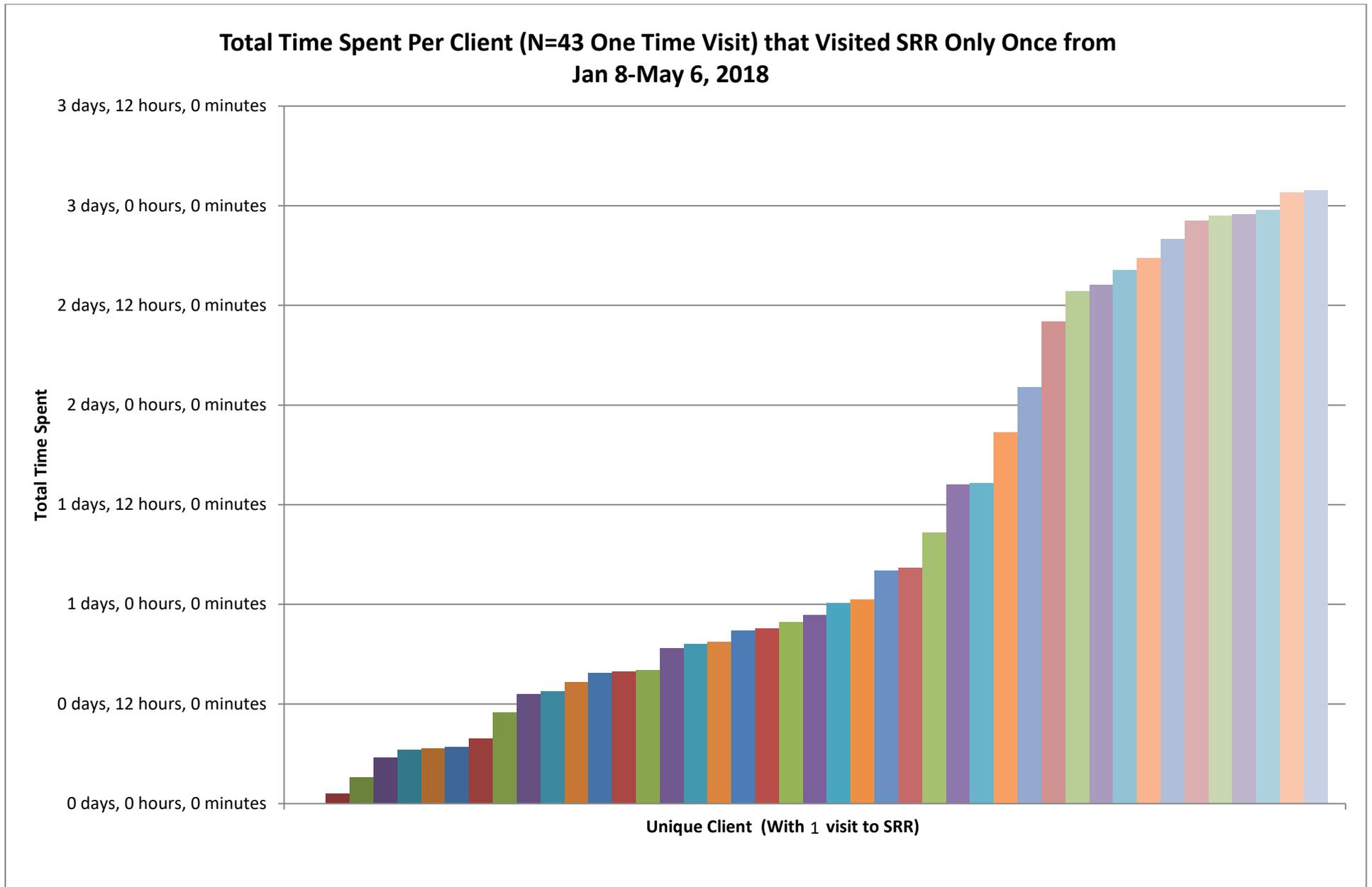
dispensed by EMS		
Meals Provided by Wyndham House	71% of the Unique clients (N=44) received a hot meal from Wyndham House	
Client Discharge Details		
Reason for Discharge For Unique Client	<p>54 Unique Clients voluntarily left SRR 38 Clients left SRR at discharge feeling Better 10 Clients left SRR at discharge with No Change 4 Clients left SRR, data not collected for reason why but left voluntarily 2 Clients left SRR feeling worse</p> <p>8 Unique Clients stayed for 72 hours 5 Clients left SRR at Discharge Feeling Better 2 Clients left SRR at discharge either feeling anxious or not well 1 Client left feeling worse</p>	<p>87% of First Time User/Clients Voluntarily left SRR</p> <p>69% of First Time User/ Clients felt Better at Discharge</p>
Reason for Discharge for All Visits	<p>Of all encounters (N=107), Clients voluntarily left SRR 88 times 67 Clients left SRR at Discharge Feeling Better 11 Clients left SRR at discharge with No Change 4 Clients left SRR with no data collected 4 Clients left SRR for other reasons (i.,e calm but feeling ill, unsure) 2 Clients left SRR at discharge feeling worse</p> <p>8 Clients reached 72 hours 5 Clients left SRR at discharge feeling Better 2 Clients left SRR at discharge either feeling anxious or not well 1 Client left feeling worse</p>	<p>82% of all encounters/clients left SRR Voluntarily</p> <p>67% of all encounters/clients left SRR feeling Better at Discharge</p>
At Discharge - community	71% of the time, EMS contacted a community partner (N=44) for each of the first time users. For the other	71%

<p>partners contacted</p>	<p>clients, (N=28) data was not collected Or EMS did not contact a community partner.</p> <p>76% of the time, EMS informed the clients of other community services available to the client (N=47) different instances for each of the first time users. For the other clients, (N=15) data was not collected Or Paramedics were not to provide client of other community resources. Please note that most of this communication was completed by the SOS Clinician when onsite – which would have been 100% of the time for the clients they connected with.</p>	<p>of the time, EMS contacted a community partner at discharge</p> <p style="text-align: center;">76%</p> <p>of the time, EMS informed clients of Community Services available to Client</p>
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Enrollment AND Discharge Date/Time PER VISIT

<p>Average time spent per client</p>	<p>~28 hours (went up by 4 hours from the last reporting period since March)</p>
<p>% of Clients staying less than 24 hours</p>	<p>55% or 59 clients</p>
<p>% of Clients staying between 25hrs to 72 hrs</p>	<p>39% or 42 clients</p>
<p>Minimum time spent per visit</p>	<p>0 minutes per visits (due to client leaving voluntarily during intake)</p>
<p>Maximum time spent per visit</p>	<p>3 days, 1 hour, and 50 minutes per visit</p>
<p>TOTAL SUM of Occupancy time for BOTH Beds (since program beginning)</p>	<p> = 128 days, and 20 minutes</p>

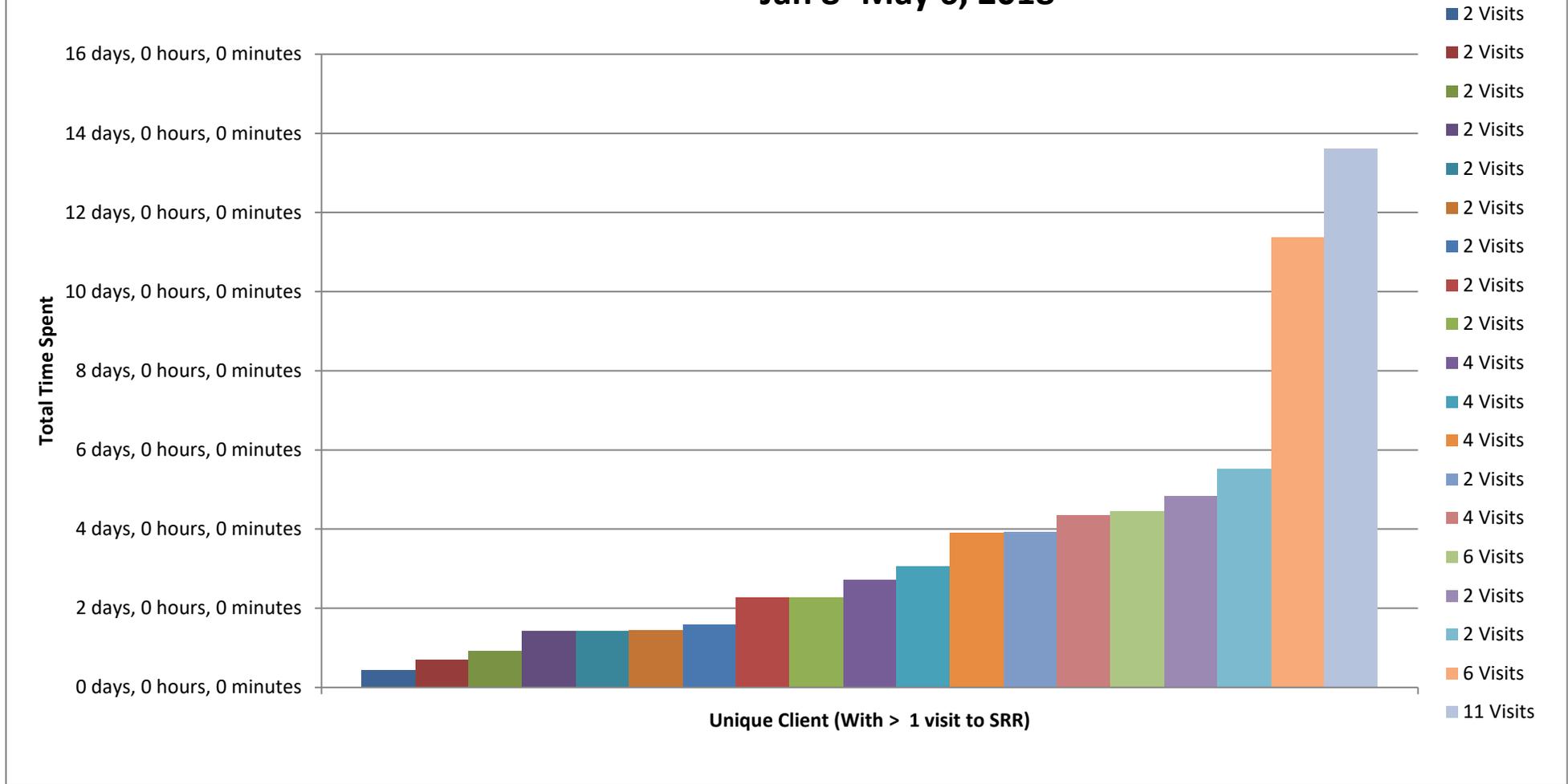
Total SUM of Sleeping time for EACH BED (since program beginning)	 = 64 days, and 10 minutes
% of each bed occupancy per bed (since program beginning)	54% Occupancy since program beginning (6% increase since first report in Feb, 3% decrease in this last reporting period)



Graph 5: Total Time Spent Per Client that used the SRR program Only Once

This graph depicts the length of time spent by clients that used the program once within the 119 days offered.

Total Time Spent Per Client (N=19 Repeat Clients) that Visited SRR >1 from Jan 8 -May 6, 2018



Graph 6: Total Time Spent Per Client that Visited SRR More than Once

This graph depicts total time spent by clients that used the program more than once while the program was offered. Some clients benefited from the program for a total stay of ~10 hour up to a total stay of ~13 and half days.

Number of 911 Calls Made by Clients that Used the SRR Program

This section of the report will look into identifying the number of calls made by clients that used the SRR program: prior to SRR operation, during SRR operation and soon after program end. The data for this section was gathered from the 911 data portal. Although the data provided in the data pull started from July 2011, data for this report was only examined starting January 2017 onward.

The data pull only coordinated clients that used SRR during the 4 months of program and data trends of 911 calls made were examined. The below table looks a different timeframes to identify the number of 911 calls made, both during, before and after SRRs operation.

The following table show the **total number** of 911calls made per client as well as **total number of unique client** calls made:

	Timeframe		Number of total 911 calls	Number of Unique Client Calls	Percentage of Unique Clients that used SRR called 911 (unique clients 62)
During SRR	(4 months of data)	Jan 2018 – May 2018	51 (one client made a maximum of 9 calls)	23	37%
<u>Includes</u> the timeframe when SRR was operational	(1.5 years of data)	Jan 2017 – June 2018	137 (Two clients calling at a maximum of 18 calls each)	30	48%
<u>Excludes</u> the timeframe when SRR operational	Prior to SRR (6 months of data)	July 2017 – Dec 2017	36	14	22%
	Prior to SRR (1 month of data)	Dec 2017	19 (One client made a maximum of 6 calls)	8	12%
	Right after SRR closed (1 month of data)	May 2018- June 2018	7 (One client made a maximum of 2 calls)	6	1%

Below are two data intervals that examine the number of 911 calls made by SRR clients.

Looking at One Month of Data Prior and After Program Operations

One particular data point to look at is the 911 calls made one month prior and after SRR operations. Although this is a short timeframe with a small population to generalize data (N=8), it does show some interesting information. There was an 11% percent change reduction of calls made to 911 after the program end. Specifically looking at the number of calls made by each of the unique clients also decreased, as an example, prior, to program beginning one client called a maximum of 6 times, but after participating in SRR, this client only called once after program end. Also of the clients that called prior to the program, 6 of the eight clients did not call 911 after program end (a 75% reduction).

Looking at 4 Months of Data Prior and During Program Operations

The total number of calls made 4 months prior to program beginning was a total of 20 calls, with 12 of those calls coming from unique SRR clients. Interestingly, the total number of calls during the program increased to 51 total calls. Of the 51 total calls, 23 were from unique SRR clients. It is interesting to see that the number of calls to 911 increased during the programs operations. More specifically, 8 of the unique clients from 4 months prior increased their total call numbers during the program. For example, client might have called 2 times prior but, during program called 2 or more times. Although this information maybe discouraging, examining the client referral sources should be considered. Guelph General Hospital was consistently one of the top referral sources to the SRR program. Based on this information, an assumption can be that clients might have felt that in order to get into the SRR program, they might have felt that calling 911 would support them to get into the SRR program quicker.

Qualitative Analysis:

To better understand the implementation and initial outcomes of the SRR program, the above quantitative information provided an overview client demographics and needs, as well as referral, use and discharge trends. Three clients participated in a key informant interview, 11 paramedics responded to a survey, and the Specialized Outreach Services (SOS) Clinician also provided their personal experiences with the program and its current reach to clients. Lastly, 4 community service providers from the community also provided their comments and shared their experiences with the program.

For clients, after each visit during discharge, they were asked if they would be willing to participate in a key informant interview or focus group; the majority of the clients agreed to participate. However, after program completion, with a short timeframe to collect qualitative data we were only able to connect with 3 clients. These clients consented to participate in a key informant interview. Of the three clients, two clients used SRR greater than 5 times, rating the program as 10 out of 10. Between the both of them, they suggested changing the maximum length of stay per visit (increasing it beyond 72 hours), having a larger space with more beds (10-15 beds), and to add the option of self-referrals to the program. All three of the clients said that they felt safe and well supported during their stay. One of the clients stated ... "the Paramedics were helpful, I got to sleep". Clients also stated that without the SRR program, they would have gone either outside somewhere, or to the library, shelter or to a friend's house. All three stated they would use the program again if offered in the near future. Read a client's journey in Appendix 1.

Paramedics were asked if they liked being part of the Supported Recovery Room program and 82% felt, between 'a great deal', and, 'a lot', while 10% agreed they either felt 'a moderate amount' or 'a little'. No one stated they 'didn't at all' like being part of the SRR program. Majority, 90%, of the Paramedics that provided services agreed they would continue to support this program. 9 of the 11 Paramedics also stated that they would be willing to monitor more patients if the program were to expand with an average of 5 clients per paramedic. Lastly, 72% of the Paramedics felt that their participation in the project was 'extremely valuable' to 'very valuable.'

The Specialized Outreach Services (SOS) Clinicians were pinnacle in providing services to the clients. In particular they provided clients with counselling services, referrals out to the community, support with systems navigation, and post discharge-support. Not only were they able to provide supports to clients they were also an excellent resource to the Paramedic staff by working as an on-call addictions support during and even after hours to help them too with systems navigations through the addictions treatment system, and finding appropriate local supports. One of the SOS Clinicians commented that some of the clients that accessed SRR still maintain contact with their clients even after the pilot phase. Due to the rapport and relationship built between the clients and the Clinicians, some of the clients felt so well supported and were connected to accessing detox centres and even residential treatment centres.

Lastly, community service providers all commented that they were extremely grateful for this very valued program. Of the service providers, one was an Emergency Doctor, while the other three were Outreach Workers/Case Workers directly working with clients. Beyond praising the program, all of the service providers commented that the referral process was extremely easy; starting from connecting

with someone right away, to going through the screening process and working with the Paramedics to onboard the clients. Those that had their initial contact with the paramedics all agreed that they felt the Paramedics provided a very non-judgemental, empathetic experience for incoming clients in turn, creating an impactful experience for both the clients and themselves. They agreed it helped build a good starting point in building a relationship between the youth and Paramedics.

All of the service providers were asked to rate their general satisfaction of the program out of 5 stars, and they all scored the program a 4.5 star. Where the program lacked and was communicated at large was the size and space being too small, as well as being in a un-ideal location. They felt that a larger space in a more accessible location and more secluded space would be better. One person commented that clients that were on Crystal Meth, for example, were still in active state and not ready to rest. For these folks, a chill room would have been beneficial to allow them to calm down and be ready to rest.

Overall, the program offered a low barrier, 24/7 access, with a client-centred approach. There was an overwhelming appreciation for the program from all levels including the clients themselves and the various service providers invested in the program.

Conclusion

The Supported Recovery Room was in place since January 2018, to the first week of May 2018. In this short timeframe, much information was gathered. The purpose of this evaluation was to identify if this program response to an unmet need in the community and to identify any process and implementation improvements. With the total number of unique clients served (N=62) and the total of 107 client encounters in the first 4 months show there was a population in need of this program. By supporting 107 client encounters, this in itself can be seen as a success. The SRR provided a safe haven for clients that may have otherwise accessed emergency services and hospital care. As noted above, 87% of the clients left the program voluntarily with 69% of the clients feeling better at discharge. Conducting key informant interviews and surveys for clients and Paramedics, both providers and clients commented on how grateful they were to use and be part of this program. The findings outlined in this report indicate that the Supported Recovery Room addressed an unmet need in our community by providing people with a mental health and addiction crisis with a safe place to rest and recover.

Appendix 1: A Clients Story

"The supported recovery was the first step in my recovery.

I came from the hospital after my second overdose in two days... The first time I came to the Supported Recovery Room I was hungry, tired, dirty, and strung out. The paramedics were caring and did a great job making sure I was comfortable. That was the first time I met [the SOS Clinician]. She took me to get my methadone. And made sure I was comfortable while I was there, and asked me if I wanted to seek treatment.

But as it goes I went back out until I literally had both feet in the grave. Upon my release from the hospital after my next overdose, I went straight back to the SRR. Again from there I was cared for and decided I was ready for treatment.

[My] SOS Outreach worker helped me to arrange transportation and intake to detox program in Owen Sound. And the next step was to the treatment centre I'm at in Ottawa. Where I currently reside and am still sober three months later".

-SRR Client