UPHNS HUB Video Call Minutes December 16, 2021

Topic:

Grief Circles: Adapting to COVID-19 with Dixon Hall

Attendance: 28

Presenters:

- Haydar Shouly, Senior Manager of Shelters & Shelter Programs-Housing Services at Dixon Hall
- Pedram Mozaffari, Hotels' Harm Reduction Supervisor at Dixon Hall
- Chris Snodgrass, Manager of Shelters at Dixon Hall

Introduction:

- Land acknowledgement facilitated by Clem

Presentation:

Haydar, Pedram, and Chris provided an overview of Dixon Hall Neighbourhood Services, particularly their housing services and how it has changed with COVID-19.

Dixon Hall started in the 1920s and started as a soup kitchen and eventually expanded to provide more programs and services until today. They now serve more than 10,000 people annually. Before March of 2020 (COVID-19), they were already at maximum capacity, but would try to add their capacity on a regular basis due to the pressure on shelter systems.

When COVID-19 hit, it was even more packed. It reduced their capacity but also was an opportunity to include new facilities within the shelters, isolation centers, IPAC measures and PPE usage (which were challenging to get). The city created new facilities in response to COVID-19 to reduce the capacity issue at shelters. Dixon Hall was able to move some of their clients from their programs to these new buildings—around 50% of their population were moved to these new programs, and a few got into secure housing programs.

Harm Reduction at Dixon Hall—Programs and Discoveries During the Pandemic

Isolation due to social distancing and other COVID-19 guidelines led to poor mental health for both clients and staff, there was an increase in drug use, the need for even more peer support, and wellness checks. They promoted buddy systems as a response to challenges due to COVID-19. It affected the quality of substances coming in as well—supplies and suppliers became even more unreliable. They tried to minimize this as much as possible by asking folks to get their drugs tested, especially the suppliers. The impact of the opioid crisis—the number of overdoses and fatal overdoses, led to burnout and low morale for staff and service providers, trauma, and re-traumatization. The number of fatal overdoses so significant compared to COVID-19 fatal cases.

They increased the education and training component for staff, increased access to naloxone (gave out 120 naloxone kits—nasal and injectable weekly), developed priority lists to better respond to overdoses, added on-site harm reduction services, increased access to safe supplies. Developing priority checks has really helped in the way we respond to overdoses, etc. They utilized The Works, Toronto Public Health – Ten-point plan for harm reduction in shelter programs.

Some of their on-site services include: The Works—SCS/CTS, Inner City Health Associate (ICHA), Multi-disciplinary and Outreach Team (MDOT), HepCure, SHOPP. They also highlighted the importance of peer work—doctoring, peer education, peer witness, kit making. Their education, meetings, and discussion around harm reduction include oxygen training, oximeter, staff witnessing, drug trends, data collection. Being innovative around the ways in which they respond to overdose and harm reduction in general. Still learning and still have so many areas to improve upon.

Panel discussion – dealing with death, trauma, and grief

- Grief & loss circles, trainings and workshops, employee assistance programs, additional support services, memorials, opportunity to do debriefing
- Started to work with their HR of Inner City Health. Helped them to plant seeds around the grief and intervention circles on a regular basis. Sessions for their staff and sessions for their clients. Has been a great addition to their program.
- Train staff on trauma-informed care. Part of the manager trainings, etc. They also reached out to service providers around this.
- Reach out to those close to the ones who passed and offer one-to-one support, can give referrals if needed
- Promotion of self-care, making sure staff and clients take care of themselves and take time. Make sure to provide training and opportunities who work in this environment and the clients who use the services
- Guilt comes up a lot with their staff—something that really harms their wellbeing.
- Debriefing with staff and clients. Memorial is done every time we have a loss.
- Memorials—put up fake candles (for safety), people come down and tell anecdotes about the person, write messages to them, and they give it to their next of kin, so they know that they were loved and had a community while they were here. Hope to provide some sense of relief for that next of kin.

Question & Answer

- How different does it look when providing trauma services for staff and for clients?
    - It does get a bit complicated in how we support staff vs. how we support clients
    - Support clients—part of the challenge is them accessing the grief/intervention circle. We don't have a system where we can connect with everyone—technology limited, so physical circle is best but because of COVID-19, we cannot have many physical circles. Managing that has been a challenge
    - Support staff—emotional sessions with staff who have known clients for years. Also challenging to bring the team together for these circles
- Do you have people declining or leaving your services? If so, what are typical reasons?
    - Minimal. Every day, we get calls from everywhere to see if we have space for them. We have the problem of not having enough space instead, considering the demand
- Are there moments where you would have to 'discipline' clients? Because they have created an unsafe situation, etc. while still managing to treat them with compassion?
    - We have a relaxed and low barrier environment. We make sure we stick to that practice policy. We deal with these instances on a case-by-case basis and support them in any way possible. If it is a safety concern, we have no option but to refer that person elsewhere. Doesn't mean that client will be discharged or left out on the street with nothing on them. We have an obligation to make sure the clients have access to a referral, to transportation, they should not leave without these options. Still committed to supporting folks and treating them with empathy.
- How smooth or tricky is it to access drug suppliers (who are usually suspicious of authority) and working with them to provide drug testing?

  - We have dealers in our program, that's the reality. If they cross the health and safety line and we learn that they have unsafe supplies given to clients, etc. then we obviously don't want to put people in danger. These dealers are also just trying to cover their costs, their own necessities.
  - We made it easy for them to get their drugs tested, we have the facilities to check. In a lot of the programs we have, the people who are often most interested in our harm reduction programs are the suppliers. It's a good thing to have dealers on our team as they also want to check on the clients that they serve. There could be dealers who are not interested, but generally they are open to it.
  - If you can have suppliers who are open to get their drugs tested, it can provide more consumer protection for the suppliers. These are people just trying to get by as well.
  - The drug strategy community? Bunch of scientists who test the drugs with very detailed information, details what exactly is in each sample. They send it to all the harm reduction workers in the network.
- Comment: Getting staff trained in witnessing is so key. Train staff to be comfortable watching people use and respond with Narcan, etc. especially when you don't have the bandwidth to apply for things like exemptions, etc.
- What would it take to double your capacity/size?
  - Harm reduction is our core. We do everything around that. This is our philosophy.
  - The SCS/CTS model does come from Toronto Public Health, The Works. They manage that and support the program; we provide them with the resources, but they are the ones that get the exemption.
  - Not sure if the shelter system has capacity to increase the sites part of this. We as service providers welcome the idea and support it but the risk is that it must come from other players
  - When you increase your capacity, people will always come. What we need is more affordable housing. Adding more capacity in our shelters will not address homelessness. The need is always there but that is not where things need to be addressed, proper and secure housing is what needs to happen.