MANITOBA ASSOCIATION OF COMMUNITY HEALTH

HARM REDUCTION PROJECT

AGENCY SELF-ASSESSMENT TOOLKIT

Developed by: The Manitoba Association of Community Health Peer Advisory Council. In partnership with Substance Consulting.

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ACTION PLAN OVERVIEW:

MACH Members have each committed to develop a harm reduction action plan as a component of the Public Health Agency of Canada's Harm Reduction funding. These plans will include the following two key components:

1. Increasing client access to harm reduction supplies, including Naloxone
2. Development of staff capacity to create spaces that feel safe enough for People who use drugs (PWUD) to access supplies (this may also include the creation of a pathway to primary care for PWUD who are currently accessing supplies only).

Action plans will be informed by people who use drugs, preferably participants currently accessing agency services, OR by the MACH Peer Advisory Council.

Action Plans will also reflect the 5 year plan that is being developed by MACH.

To begin this work, the following Agency Self-Assessment tool was developed by the MACH Peer Advisory Council(PAC) to support agency conversations around where harm reduction practice is at currently, and how to move a healing centered harm reduction practice forward.

SELF- ASSESSMENT TOOL:

This tool is based on seven themes that were identified by the PAC as key components in creating safe access to supplies, services, and primary care, for people who use drugs. This tool is meant to inform conversations about where agencies are at, their readiness to increase HR practice, AND begin to identify key areas that can be addressed in their action plans. The PAC describes the themes in detail and provides examples of how we feel it would look to us when it happens in practice. This list is not exclusive, but meant as a guide to what care might look like that honoured the expertise and experience of People Who Use Drugs. Agencies should use this tool in a way that allows them to look honestly at current practice while remaining excited and hopeful about what else might be possible in the work that is done to serve People Who Use Drugs.

This tool provides agencies with a type of quality improvement (QI) cycle that allows them to be continuously improving the harm reduction work that is done within the agency.

QI CYCLE:

1. Current agency practices: Agencies should identify what each component currently looks like in practice within the agency.
2. Agency Practice Goals: Agencies should identify what goals they have for each component and state them in this section.
3. Measured Landmark for success: Agencies should identify measurable targets that allow them to assess any knowledge, practice or policy changes they are working on.

KEY THEMES/COMPONTENTS OF HARM REDUCTION PRACTICE IN COMMUNITY HEALTH AS IDENTIFIED BY THE PEER ADVISORY COUNCIL:

Accessiblilty

Respect

Clinical Expertise informed by practical and peer informed knowledge.

Cultural Grounded / Anti-racist practice

Meaningful Peer engagement

Leading with kindness

KEY COMPONENT:

ACCESSIBILITY

BREAKING DOWN WHAT WE MEAN BY ACCESSIBILITY:

Harm Reduction Supply Distribution is easily accessible

WHAT THIS LOOKS LIKE TO US:

1. Supplies are in spaces that provide some privacy (like bathrooms) and are also out and visible to people coming into the agency and available for pick-up by PWUD.

2. Staff are around that are friendly and knowledgeable about harm reduction supply distribution/substance use and are able to talk to folks about increasing their capacity for safer use. (Peer workers if possible).

3. PWUD are not required to see a clinician or make an appointment to access Harm Reduction Supplies.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

ACCESSIBILITY

BREAKING DOWN WHAT WE MEAN BY ACCESSIBILITY:

PWUD feel respected and cared for when visiting your agency

WHAT THIS LOOKS LIKE TO US:

1. PWUD are explicitly welcomed into the space by staff and front desk reception every time they come in.
2. Staff introduce themselves to people every time and explicitly describe their harm reduction approach before providing care.
3. PWUD have access to coffee/tea/water when they enter the agency.
4. PWUD have a place to sit and rest.
5. PWUD have access to a snack before appointments or as they get supplies.
6. PWUD have access to Traditional/Indigenous medicines along with harm reduction supplies.
7. PWUD have access to tinker boxes or fidget items or colouring etc.
8. PWUD have access to the washrooms.
9. PWUD have a safe place to use on site.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

ACCESSIBILITY

BREAKING DOWN WHAT WE MEAN BY ACCESSIBILITY:

Agencies have a simple pathway into primary care for clients who access harm reduction supplies **and** are not current clients

WHAT THIS LOOKS LIKE TO US:

1. PWUD have a knowledgeable, Harm Reduction oriented provider providing regular primary care.

2. PWUD presenting with acute illness or injury are able to access primary care within 15 minutes of requesting it.

3. Agencies ensure that PWUD who access harm reduction supplies receive regular, ongoing, primary care, AND explore the agency barriers to care for PWUD, and work to remove them (quality Improvement).

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

ACCESSIBILITY

BREAKING DOWN WHAT WE MEAN BY ACCESSIBILITY:

Harm Reduction Supplies can be accessed in many locations, at many times

WHAT THIS LOOKS LIKE TO US:

1. MACH agencies work together to create access to care that is coordinated and maximizes the days and times that supplies are available.

2. Agencies have multiple points of access for harm reduction supplies (outreach, supplies available in different locations, in all programs, etc).

3. Harm Reduction Supplies are available in the evening and on weekends.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

ACCESSIBILITY

BREAKING DOWN WHAT WE MEAN BY ACCESSIBILITY:

Peer to Peer distribution is encouraged by agency

WHAT THIS LOOKS LIKE TO US:

1. Peer Advisory Councils are created/consulted on any work or program designed to serve us.

2. PWUD are encouraged to take supplies for family and friends.

3. PWUD are hired by agency to support supply distribution and Peer-led system Navigation.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

RESPECT

BREAKING DOWN WHAT WE MEAN BY RESPECT:

The goals and plans of people who use drugs are understood and respected

WHAT THIS LOOKS LIKE TO US:

1. Staff do not impose wellness goals onto clients based on their understanding of what wellness looks like. Staff do walk alongside us as we live our lives.

2. Staff work with us to determine wellness goals that are meaningful to us.

3. Staff know how to ask us about our goals in a good way and work with us to achieve them. Staff honour our journey not just our success.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

RESPECT

BREAKING DOWN WHAT WE MEAN BY RESPECT:

PWUD are cared for whether we are continuing to use or working to use less, to use differently, or to be sober

WHAT THIS LOOKS LIKE TO US:

1. Clinicians have the skills and understanding about the presenting issues that we may face related to our substance use/dangerous drug policy, and are able to provide safe and competent health care to us while we continue to use drugs.

2. Agency services are expanded/adapted to meet the evolving needs of PWUD as they relate to their substance use (IV program, enhanced wound care training, HCV and HIV/AIDS expertise, nutritional counselling, Sexual healthcare, chronic disease management, diabetes care etc.)

3. Staff understand the risks and stigma that PWUD face when interacting with the healthcare system as a whole. They ensure that care plans minimize this contact and/or ensure the safety of PWUD as we engage with the healthcare system (community and acute).

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

RESPECT

BREAKING DOWN WHAT WE MEAN BY RESPECT:

Agencies honour and value our unique expertise

WHAT THIS LOOKS LIKE TO US:

1. Peers are compensated fairly for our participation in committees and boards.
2. Peer positions within the agency include permanent and full-time roles.
3. Peers are provided with professional development opportunities.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

CLINICAL EXPERTISE INFORMED BY PRACTICAL AND PEER INFORMED KNOWLEDGE

BREAKING DOWN WHAT WE MEAN BY CLINICAL EXPERTISE:

Clinicians are informed about current local trends related to substance use

WHAT THIS LOOKS LIKE TO US:

1. Staff are comfortable talking about specific drugs and routes of use with clients.

2. Service Providers know what kinds of questions are most appropriate based on what people are using, how they use, and what their relationship is to the drugs they are taking.

3. Clinicians and other Service Providers actively tell us that they reject the media's representation of substance use in our community.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

CLINICAL EXPERTISE INFORMED BY PRACTICAL AND PEER INFORMED KNOWLEDGE

BREAKING DOWN WHAT WE MEAN BY CLINICAL EXPERTISE:

Recovery conversations are based on evidence around effectiveness of treatment, treatment modalities (including people just changing or quitting their use on their own), peer support, client readiness and desire to attend treatment programs, and culturally grounded practices

WHAT THIS LOOKS LIKE TO US:

1. Clinicians and other Service Providers understand the ways in which mainstream treatment models are not designed for people with intersecting identities such as gender identity (women, trans folks, non-binary people), race and ethnicity, sexual orientation, ability etc.
2. Clinicians and other Service Providers understand that PWUD need to understand and prepare appropriately for treatment.
3. Clinicians and other Service Providers are familiar with the models used in the treatment facilities they are referring people to and describe them accurately to clients.
4. Clinicians understand or have colleagues that they can call on to:
   - explain what peer support groups are like,
   - what the evidence tells us about effectiveness of AA models,
   - what to expect when attending,
   - work with the client to prepare for AA, and
   - discuss peer support recovery models that exist locally.
5. Clinicians ensure that peer support approaches are enhanced by their clinical care (for ex: engaging clients in ongoing clinical conversations about recovery.)
6. Clinicians and other Service Providers understand that for many Indigenous people who use drugs a connection to culture and identity are critical to recovery and access to knowledge keepers, ceremony, and other cultural interventions are offered to us alongside or instead of mainstream recovery models.
7. Clinicians and other Service Providers make referrals to Elders, Knowledge Keepers, Medicine People in appropriate and good ways.
8. Clinicians and other Service Providers explore clients' existing connections to culture and support clients in strengthening their connections or building new connections.

OVER

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Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

CLINICAL EXPERTISE INFORMED BY PRACTICAL AND PEER INFORMED KNOWLEDGE

BREAKING DOWN WHAT WE MEAN BY CLINICAL EXPERTISE:

Clinicians' practices are rooted in public health evidence that rejects drug war rhetoric

WHAT THIS LOOKS LIKE TO US:

1. Primary Care appointments include conversations about substance use with every patient that go beyond the standard 'have you ever used drugs in the past/present', and 'come see me when you are ready to quit'. We are asked about our relationships to the drugs we take and how they impact us.
2. Clinicians talk about drug use in a way that is balanced and acknowledges that there are benefits to substance use.
3. Clinicians support the call for safe supply, safe injection sites, overdose prevention, decriminalization of drugs and other evidence based drug policy. And they tell us and are open about these positions.
4. Clinicians don't automatically recommend treatment just because we use drugs sometimes or even regularly.
5. Clinicians have the clinical knowledge required to create harm reduction plans around use. (for example: advice around changing condoms regularly if using crystal meth etc.)

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

CULTURALLY GROUNDED/ANTI-RACIST PRACTICE

BREAKING DOWN WHAT WE MEAN BY CULTURALLY GROUNDED AND ANTI-RACIST:

Clinicians understand how racism, white supremacy, and colonization impact the care IBPOC who use drugs receive

WHAT THIS LOOKS LIKE TO US:

1. We are not kicked out of spaces for behaviour that does not get white people kicked out.
2. Clinicians and other Service Providers do not use the policies and practices of their agency as a way to abandon/ ignore/deny care to IBPOC who use drugs.
3. Clinicians talk about racism in the healthcare system and address this issue with us when making referrals or sending us to another provider.
4. Clinicians understand how to be flexible and show care that ensures that we feel our needs are being met within the constraints of agency hours/ policy etc.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

CULTURALLY GROUNDED/ANTI-RACIST PRACTICE

BREAKING DOWN WHAT WE MEAN BY CULTURALLY GROUNDED AND ANTI-RACIST:

The agencies that we access reflect our identities

WHAT THIS LOOKS LIKE TO US:

1. The reception staff and Clinicians and other Service Providers we see working are IBPOC.
2. White or Settler clinicians are explicitly anti-racist.
3. Peer Workers are IBPOC.
4. Agency space planning reflects the cultures and identities of the people they serve.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

CULTURALLY GROUNDED/ANTI-RACIST PRACTICE

BREAKING DOWN WHAT WE MEAN BY CULTURALLY GROUNDED AND ANTI-RACIST:

Emphasis on agencies building relationships across communities

WHAT THIS LOOKS LIKE TO US:

1. Relationships with providers are reciprocal.
2. Agency has formal and explicit partnerships with community groups that represent the people they serve and are working to build agency capacity for shared leadership and transfer of resources.
3. IBPOC communities are meaningfully consulted and lead projects meant to serve us.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

MEANINGFUL PEER ENGAGEMENT

BREAKING DOWN WHAT WE MEAN BY MEANINGFUL PEER ENGAGEMENT:

Programs planned for us are informed by us

WHAT THIS LOOKS LIKE TO US:

1. Peer Advisory Councils design, plan, and evaluate programs that are meant for us.
2. Our perspectives are honoured and we are credited for our work, ideas, and creation.
3. Our participation is facilitated by the agency. location, food, transportation, childcare, honoraria, safety etc. are all considered before we are invited to the table.
4. We explicitly see our perspectives being put into practice and integrated into agency culture over time.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

MEANINGFUL PEER ENGAGEMENT

BREAKING DOWN WHAT WE MEAN BY MEANINGFUL PEER ENGAGEMENT:

Peer Work is valued by the agency

WHAT THIS LOOKS LIKE TO US:

1. Honoraria is provided and is always provided in cash.
2. PWUD are explicitly recruited for work in programs that serve us.
3. Agencies regularly assess the nature of the work that Peers are offered (F/T vs P/T, permanent vs term positions, project positions vs program positions.) and are working to ensure that PWUD are able to access more than just short term or entry level positions.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

MEANINGFUL PEER ENGAGEMENT

BREAKING DOWN WHAT WE MEAN BY MEANINGFUL PEER ENGAGEMENT:

Agencies are working to create a flexible work environment that allows us (and everyone) to work to our fullest potential.

WHAT THIS LOOKS LIKE TO US:

1. Agencies require all new staff to develop mental health plans with manager/HR.
2. Agencies have clear harm reduction oriented human resources approaches to working with staff whose substance use is impacting work.
3. Agencies ensure paid time off when possible, flexible use of sick time, and wellness days.
4. Agencies have a supportive approach to treatment and healing.
5. Agencies provide regular and consistent access to regular counseling/debriefing/ clinical supervision etc.
6. Our perspectives are honoured and we are credited for our work, ideas, and creation.
7. We explicitly see our perspectives being put into practice and integrated into agency culture over time.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

LEADING WITH KINDNESS

BREAKING DOWN WHAT WE MEAN BY LEADING WITH KINDNESS:

Agencies are known in the community as safe places to go

WHAT THIS LOOKS LIKE TO US:

1. Staff are warm, honouring, and deeply human in how they engage with us.

2. Agencies can manage overamping/overdose events without calling the police.

3. Agencies do not contact the police if they know we are wanted and we have presented to care.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

LEADING WITH KINDNESS

BREAKING DOWN WHAT WE MEAN BY LEADING WITH KINDNESS:

Agencies are known in the community as places that help us regardless of our substance use.

WHAT THIS LOOKS LIKE TO US:

1. Staff are compassionately curious about our lives and goals and what is helping/ getting in the way of accomplishing those goals.

2. Our substance use is a small part of the care that we receive. Our healing (if we want it) is the priority not our sobriety.

3. We have access to programs and are not kicked out just for being high/coming in high.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

LEADING WITH KINDNESS

BREAKING DOWN WHAT WE MEAN BY LEADING WITH KINDNESS:

Agencies are known in the community as places that can meet our immediate needs

WHAT THIS LOOKS LIKE TO US:

1. Agencies understand that meeting basic needs after we have been using is a priority. Water, granola bars, a spot to rest are a part of how the public space is set up.

2. Agencies have very quick pathways into care when urgent issues arise and understand that we experience significant levels of competing needs and can't always wait.

3. Agencies are flexible and creative and try to ensure that we receive all services possible on site since many places are not safe for people who use drugs.

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success:

KEY COMPONENT:

LEADING WITH KINDNESS

BREAKING DOWN WHAT WE MEAN BY LEADING WITH KINDNESS:

Agencies are known in the community as places that honour our humanity

WHAT THIS LOOKS LIKE TO US:

1. Staff know our names and say hello and ask us how we are/what is new.

2. Staff don't get mad when we don't act on their advice. They understand that like most people, other things sometimes take priority over our health.

3. Staff listen to us and are open about when they can't be as present so that we don't assume it is about us (because it often is – drug use stigma is real.)

Current Agency Practices:

Agency Practice Goal(s):

Measured Landmark for Success: