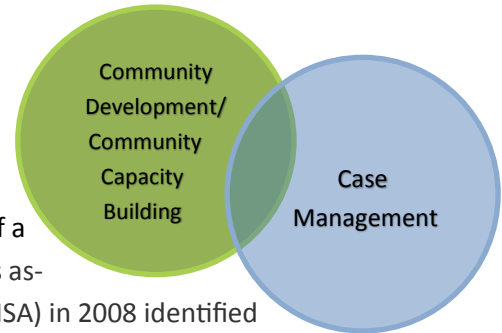


REPORT SUMMARY

Environmental Scan of Case Management and Community Development and Community Capacity Building Models Supporting People Living With HIV, HCV, Ill Mental Health, and/or Problematic Substance Use

Background

This environmental scan was prepared to inform the Mental Health, Substance Use, HIV and Hepatitis C Virus (HCV) Research Team (MHSU Research Team) and the Pacific AIDS Network and their development of a research plan and grant proposal. *Trap Doors: Revolving Doors*, a needs assessment commissioned by the Provincial Health Services Authority (PHSA) in 2008 identified

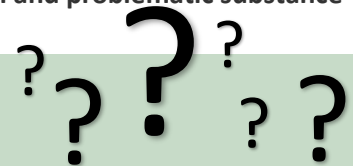


multiple barriers and gaps in effective services across the continuum of mental health support systems in BC for people living with HIV and/or HCV. PAN and the MHSU Research Team, in line with their strategic direction to address these barriers, identified a priority research direction to examine whether an integrated case management and community development/community capacity building service would better serve these populations. **The environmental scan report identifies and describes case management models and strategies for community development/community capacity building, as well as examples and opportunities for overlap across the fields of HIV, HCV, ill mental health and problematic substance use.**

To view the full report please visit:

<http://pacificaidnetwork.org/news/environmental-scan/>

What is...



Case Management? A client-centered support program that helps clients navigate complex systems of care, and links them with health care, psychosocial, and other services required to meet their health and psychosocial needs.

Community Development & Community Capacity Building? Strategies designed to build strong social networks and support, creating social capital and cohesion, and mobilizing resources within the community to support individuals, groups and organizations in self-help and advocacy.

Why integration...

Community-based organizations play multiple roles in supporting people living with HIV, HCV, ill mental health and/or problematic substance use. Such roles include implementing best-practice models of integrated care and acting as community developers, assisting clients to build skills and develop social networks to support their wellbeing once after graduating from formal services. The MHSU Research Team would like to explore these roles further, and describe the potential advantage of overlapping these, what are currently, often quite separate areas of service.

Information Sources

The program and project examples covered in this environmental scan were identified by members of the research team, through internet searching, or through consultation with other key informants across BC.

Results

A total of ten community development/community capacity building models and ten examples of case management programs are described in the environmental scan. The results presented are not meant to form a comprehensive list, but rather provide of a variety of examples of programs and models that represent a diverse picture of strategies and best practices.

Common Themes and Strategies

Among the community development/community capacity building models identified

Focus on community assets

- Asset-based community development focuses on the strengths of communities, and how these resources can be used and expanded productively to benefit the community.¹ The goal is to enable community members and recipients of services to actively participate in their communities as agents of the community's development.²

Involvement of peers/allies

- The involvement of peers and non-professionals in programming can be beneficial in a number of ways: peers can offer a unique set of skills and experiential knowledge that many healthcare professionals do not; people may find it easier to trust and relate to people who come from similar backgrounds, or share similar experiences; and non-professionals may be able to share some responsibilities to relieve strain on overburdened/under-resourced systems.

Skills training/capacity building

- Skills training intends to develop participants' capacities to support their own wellbeing and that of their peers. Examples include leadership courses, workshops on stigma and discrimination, and resiliency training.

Culturally competent/flexible

- Different communities have different priorities, capacities and systems of development. Understanding the cultural climate, and including community members in the entire process, results in more effective programming.

1. Kretzmann, J.P., & McKnight, J.L. (1993). Building communities from the inside out: A path toward finding and mobilizing a community's assets. Chicago, IL: ACTA Publications.
2. Jung, M., & Choi, M. (2013). Impact of community capacity on the health status of residents: Understanding with the contextual multilevel model. *The Health Care Manager*, 32(1), 77-86.

Models of Community Development/Capacity Building

- Task Shifting
- SMART Recovery Model
- Asset-Based Community Development
 - The Legacy Project
 - Street Angel
- Community Resiliency Model
 - Street College
 - Positive Leadership Development Institute
- Remote Outreach Project
 - Transcultural Rural and Remote Outreach Project

Models of Case Management

- Maximally Assisted Therapy
 - STOP Outreach Team
 - John Ruedy Immunodeficiency Clinic
 - Peer Navigation
 - AIDS Vancouver Case Management
- Towards Aboriginal Health and Healing
 - Aboriginal Patient Navigators
 - Intensive Case Management 713 Outreach Team
- Assertive Treatment Teams
 - Victoria Integrated Community Outreach Team

Common Themes and Strategies

Among the case management models identified

Accessibility

- Case management programs use a variety of strategies to increase accessibility including: outreach services, drop-in services, 24 hour phone support, and/or streamlining services to decrease the number of appointments clients need to attend.

Involvement of peers/allies

- Peers can offer a unique set of skills and experiential knowledge that many healthcare professionals do not; people may find it easier to trust and relate to people who come from similar backgrounds, or share similar experiences; and non-professionals may be able to share some responsibilities to relieve strain on overburdened/under-resourced systems.

Client-centered and flexible

- Determining a care plan based on a client's needs, priorities and goals is an important part of engaging people with their own health and wellness.¹

Holistic, psychosocial focus

- One of the principle functions of case management programs is addressing the social determinants of health that affect a person's vulnerability to contracting HIV or HCV, and their health and wellness while living with these diseases including housing, food security, social assistance, and mental health and substance use support.

1. Ministry of Health Services. (2008). British Columbia program standards for Assertive Community treatment teams. Victoria: Ministry of Health Services.

Community Development/ Community Capacity Building Models

Task shifting

- Addressing limited resources by delegating tasks to non-professionals
- Benefiting from the skills and assets of peers and non-professionals

SMART recovery model

- Supportive world-wide community through in person meetings, online chat rooms, meetings, forums, and message boards
- Provides leader training to host meetings in new communities

Asset-based community development

- Focusing energy on strengths not deficiencies
- Empowering people within community to be producers instead of consumers

The Legacy Project

- Mentorship networks offering mutual support in reaching goals
- Intergenerational community development
- Opportunities for employment/volunteering/practicum placements

Street Angel

- Drop in space with resources and support services
- Education and skills training

Community Resiliency Model

- Sustainable teachings giving people the capacity to support themselves and others in their community

Street College

- Courses relating to stigma, leadership, resilience etc.
- Opportunities for peers to lead courses

Positive Leadership Development Institute

- Personal and employment peer-led skills training and capacity building

Remote Outreach Project

- A series of workshops facilitated by a project coordinator that focus on transmission, education, community resources and community specific issues

Transcultural Rural and Remote Outreach Project

- Community focused events engaging spiritual leaders aimed at reducing stigma and creating community cohesiveness

Environmental Scan of Case Management and Community Development/Capacity Building Models for People Living with HIV, HCV, Ill Mental Health and/or Problematic Substance Use.

Summary of Results

Main themes and strategies

Focus on
community assets

Accessibility

Involvement of
peers/allies

Involvement of
peers/allies

Skills
training/capacity
building

Holistic,
psychosocial focus

Culturally
competent/flexible

Client centered
and flexible

Case Management Models

Maximally Assisted Therapy

- Medication adherence program
- Clinic and outreach components
- Client centered/developed care plans
- Holistic, psychosocial focus

STOP Outreach Team

- Intensive case management by outreach
- Client centered/developed care plans

John Ruedy Immunodeficiency Clinic (IDC)

- Streamline HIV and primary care, mental health support, addictions counselling, and case management
- By drop-in or appointment
- Holistic, psychosocial focus

Peer Navigation

- Peers share lived experience with HIV/HCV and services to help clients navigate systems
- Work out of IDC and in the community

AIDS Vancouver Case Management

- By drop-in or appointment
- Two-tier model of support based on client needs
- Outreach component
- Focus on social determinants of health

Towards Aboriginal Health and Healing

- Clinic and outreach
- Assistance with treatment and other psychosocial needs
- Peer health advocates available

Aboriginal Patient Navigators

- Advocacy and liaison services for Aboriginal people accessing health and psychosocial services

Intensive Case Management 713 Outreach Team

- Links people living in the community with primary care services, harm reduction and addictions services, and housing support
- Peer support component

Assertive Community Treatment Teams

- Mobile interdisciplinary teams offering case management tailored to individual client needs

Victoria Integrated Community Outreach Team

- Intensive case management on an outreach basis for people living with mental illness, problematic substance use and who are homeless



Thank you to all who contributed to this work!

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This work was prepared by Joanna Mendell as her final project for the University of Victoria's Masters of Public Health Program. To hear Joanna's presentation of this work please visit <https://prezi.com/kgnlm0kaata/>

April 2014

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