Mobile and Outreach Service Mapping:

A Current State Analysis
The Haldimand Story

Completed May 2024 by
Starling Strategic Consulting on behalf of the
Greater Hamilton Health Network

Greater Hamilton Health Network

Building community health together.

3.1 Haldimand's Story

Summary: Service Provision in Haldimand

This report provides a current state analysis of the healthcare and social service landscape in Haldimand as part of a broader initiative by the GHHN to improve service integration for marginalized populations.

Key Findings:

Service Gaps: There are notable deficiencies in essential services such as general health, wound care, chronic disease management, and gender-affirming care. These gaps indicate potential areas where services are either non-existent or not delivered through accessible mobile or outreach methods.

Operational Strengths: Despite the identified gaps, there is a strong foundation in addressing mental health, substance use, and communicable diseases. These strengths demonstrate a commitment to addressing some of the most pressing health issues in the community.

Staffing and Resource Allocation: Challenges in staffing, particularly in filling all budgeted positions, suggest issues with recruitment or resource allocation that could impact service delivery.

Partnerships and Collaboration: Effective collaborations are in place to enhance the delivery of comprehensive and holistic care, although a lack of detailed data on partnerships for some providers limits a full understanding of the collaborative network.

Strategic Recommendations:

1. **Broaden Service Coordination:** Address the significant service gaps by exploring opportunities to coordinate, integrate, or expand services in underrepresented areas such as general healthcare and preventive care.

2. **Strengthen Staffing Strategies:** Explore robust recruitment strategies to ensure that service capacity meets community needs.

3. **Expand Collaborative Networks:** Build on existing collaborations to further connect services and ensure a seamless care pathway.

Conclusion: The analysis of healthcare and social service provision in Haldimand, while limited by the number of providers (3) and the depth of validated information, highlights the challenges and strengths within the region. Moving forward, focusing on strategic enhancements in service coordination, staffing, and collaboration will improve the accessibility and effectiveness of mobile and outreach services. These efforts are essential for developing a responsive and equitable service environment that meets the diverse needs of all community members in Haldimand.

3.1.1 Who's Doing What?

An analysis of the types of healthcare and social services offered by the providers in Haldimand is outlined in the tables and summary below. Note: **Only one of three** service providers (AMOT) validated their information, so the data on services are based on what was publicly available.

Provider Name	General Health Services	Contraception Family Planning	Wound Care	First Aid	Chronic Disease Management	Mental Health and Counseling	Substance Use Treatment	Preventive Care and Screenings	Maternal and Reproductive Health	Immunizations	Gender-Affirming Care	STI /HIV testing	STI/HIV treatment	Harm Reduction Supply Distribution	Linking/Bridging to Clinical Services
Community Addiction and Mental Health Services of Haldimand and Norfolk - AMOT						X									X
Brant Haldimand Norfolk RAAM Clinic						X	X							X	X
The AIDS Network - Hamilton & Haldimand		X									X	X	X	X	X

Table 1: Healthcare services offered by providers. Note: One provider (AMOT) added that they also offer problem gambling and concurrent disorder support services.

Provider Name	Wraparound Mental Health Service Referral	Food Provision and Nutritional Support	Housing and Shelter Assistance	Employment and Education Support	Social Welfare Services	Linking/Bridging to Social Services
Community Addiction and Mental Health Services of Haldimand and Norfolk - AMOT	X		X			X
Brant Haldimand Norfolk RAAM Clinic	X					X
The AIDS Network - Hamilton & Haldimand						X

Table 2: Social services offered by providers.

Haldimand : % Providers Offering Each Service

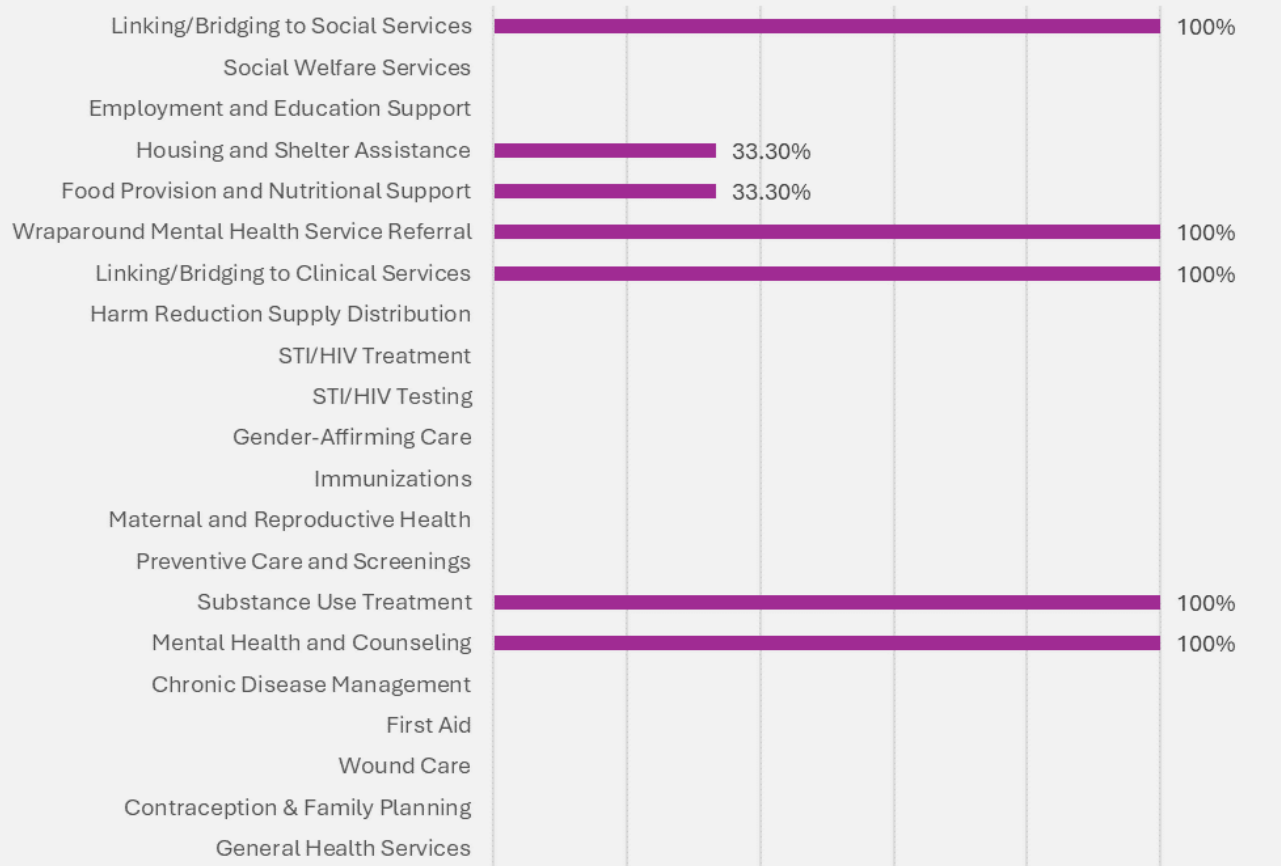| Service	Percent
Linking/Bridging to Social Services	100%
Social Welfare Services	
Employment and Education Support	
Housing and Shelter Assistance	33.30%
Food Provision and Nutritional Support	33.30%
Wraparound Mental Health Service Referral	100%
Linking/Bridging to Clinical Services	100%
Harm Reduction Supply Distribution	
STI/HIV Treatment	
STI/HIV Testing	
Gender-Affirming Care	
Immunizations	
Maternal and Reproductive Health	
Preventive Care and Screenings	
Substance Use Treatment	100%
Mental Health and Counseling	100%
Chronic Disease Management	
First Aid	
Wound Care	
Contraception & Family Planning	
General Health Services	

Chart 1: Percent of Haldimand providers offering each service.

Service Offerings Data Interpretation:

Gap Analysis - The service provision assessment in the Haldimand region, focusing on the three providers that met the inclusion criteria, reveals a limited range of available services. Notably missing are:
- General Health Services

- Wound Care

- First Aid

- Chronic Disease Management

- Preventive Care and Screenings

- Immunizations

- Maternal and Reproductive Health

- Gender-Affirming Care

The absence of these services may indicate a gap in service provision overall, or it may suggest that these services are available elsewhere in the region but not delivered through mobile or outreach providers, which are essential for reaching underserved populations.

Current Strengths - The three providers showcase significant strengths, addressing critical community health needs:

- Mental Health and Counseling: Reflective of a community-centric approach to prevalent mental health and addiction issues.
- Substance Use Treatment: Demonstrating a focus on urgent needs in mental health and substance use.
- STI/HIV Management and Harm Reduction: Highlighting proactive measures in communicable disease control and safe practices.
- Linking/Bridging to Clinical and Social Services: Indicating an integrative model that ensures access to a wider spectrum of necessary medical and social care.

> **Strategic Implications and Additional Considerations –** The findings suggest a strategic need for integrated service models and community-based health initiatives, particularly in areas lacking direct service provision. Enhanced collaboration is crucial for filling service gaps and improving access, especially through outreach and mobile services aimed at underserved populations in Haldimand.

3.1.2 Who's being served?

An analysis of the priority populations eligible to access the mobile and outreach-based services in Haldimand is outlined in the table and summary below.

Provider Name	Encampment Residents	People who use substances or experiencing addiction	Women and Gender-Diverse Populations	Individuals with Limited Access to Healthcare	Youth and Young Adults (up to 24 years old)	Men in the shelter system
Community Addiction and Mental Health Services of Haldimand and Norfolk - AMOT	X	X	X	X	X	X
Brant Haldimand Norfolk RAAM Clinic	X	X		X		
The AIDS Network - Hamilton & Haldimand	X	X	X	X	X	X

Table 3: Priority Populations Served in Haldimand. Note: One provider (AMOT) noted that they also offer services to people experiencing problem gambling but that all services, for all population groups require self-determination and readiness for change.

Service Users	Percent of Hamilton Providers Serving Each Population
Encampment Residents	100%
People who use substances or experiencing addiction	100%

Women and Gender-Diverse Populations	66.7%
Individuals with Limited Access to Healthcare	100%
Youth and Young Adults (up to 24 years old)	33.3%
Men in the shelter system	66.7%

Chart 2: *Percent of Haldimand providers who serve each priority population group.*

Data Interpretation of Populations Served:

In the Haldimand region, service providers cater to a wide spectrum of target populations, each with distinct health and social needs that mirror the diverse challenges faced by these groups. Providers such as AMOT and The AIDS Network are committed to offering holistic and inclusive models of care. This ensures that everyone, regardless of their specific circumstances, has access to the health services they need. This inclusivity is particularly crucial in Haldimand's rural settings, where service availability and accessibility can often be limited.

Conversely, the RAAM Clinic has adopted a more focused strategy, concentrating on addressing substance use. This targeted approach prioritizes resources towards high-need populations, which is essential for effective community health management. Across all services, there's a strong emphasis on empowerment through self-determination. This philosophy respects individual autonomy and recognizes that successful health outcomes are often closely linked to a person's readiness and willingness to engage in their health journey.

These observations **underscore the necessity for broad-based service models** that can adapt to and effectively address the diverse range of health and social needs in Haldimand. Continuous assessment and adaptation are also highlighted as crucial components. As the community's needs evolve and new health challenges arise, it's vital that service models remain flexible and responsive.

In summary, the healthcare and social service landscape in Haldimand showcases both the challenges and opportunities inherent in delivering care to a diverse and often underserved population. The overarching focus on empowerment and readiness for change underscores a progressive approach to healthcare, one that highly values patient engagement and aims for holistic well-being.

Cross-Tabulation Summary of Healthcare and Social Services in Haldimand:

Community Addiction and Mental Health Services of Haldimand and Norfolk - AMOT	Offers a broad array of services including mental health counseling, substance use treatment, STI/HIV testing, harm reduction, and linking/bridging to clinical services, catering to diverse populations such as encampment residents,

	individuals with substance use issues, and youth. Additionally, it provides housing assistance and comprehensive social services referrals.
Brant Haldimand Norfolk RAAM Clinic	Focuses on mental health and substance use treatment, STI/HIV testing, and harm reduction, primarily serving encampment residents and individuals with substance use issues. It also offers mental health service referrals and links to social services, but its service range is more limited compared to other providers.
The AIDS Network - Hamilton & Haldimand	Offers the most extensive service range, including general health services, family planning, mental health counseling, substance use treatment, preventive care, gender-affirming care, and STI/HIV treatment. It serves all targeted populations and provides social service linkage similar to other organizations.

Key Observations:
- **AMOT** and **The AIDS Network** stand out for their comprehensive healthcare and social care services available to all listed populations.
- **The AIDS Network** is notable for its inclusive health services like general health and family planning, which other providers do not offer.
- **RAAM Clinic** displays a more focused service range and lacks specific services for women, gender-diverse populations, and individuals with limited healthcare access.

Strategic Recommendations:

This analysis highlights the need for enhanced service coordination and integration across providers to effectively address gaps without requiring unrealistic expansions of individual services.

- **Enhanced Coordination**: Develop a coordinated service model that leverages the strengths of existing providers. This model might involve clear protocols for referrals and shared care plans, ensuring that patients can seamlessly access a comprehensive array of services across different organizations.

- **Collaborative Networks**: Continue to strengthen networks among providers to facilitate a system of wrap-around services. By enhancing collaboration, each provider can focus on their specialty while still ensuring that collectively, all patient needs are met efficiently. This could include regular communication forums, shared training sessions, and joint funding applications to increase overall service capacity.
- **Policy Advocacy**: Advocate for policy changes that support not just the funding of individual services, but also the development of integrated service models. Policies should incentivize collaboration, data sharing, and joint planning among providers to foster a more cohesive health service network.
- **Service Mapping and Gap Analysis**: Regularly update service mappings and gap analyses to identify changing needs and adapt services dynamically. This can help ensure that all populations have adequate coverage and that services evolve as community needs change.

3.1.3 Service Scheduling and Accessibility

The data collected on service delivery scheduling and how to access services in Haldimand is outlined in the tables and summary below.

Provider Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Community Addiction and Mental Health Services of Haldimand and Norfolk - AMOT	8:30am – 8:30pm	8:30am – 8:30pm	8:30am – 8:30pm	8:30am – 8:30pm	8:30am – 8:30pm	8:30am – 8:30pm

Provider Name	Monday	Tuesday	Wednesday	Thursday	Friday	
Brant Haldimand Norfolk RAAM Clinic	EVERY OTHER MONDAY 9:00am - 3:00pm (Dunnville location) 9:00am - 3:00pm (Simcoe location) VIRTUAL RAAM CLINIC available 9:00am-4:00pm	VIRTUAL RAAM CLINIC available 9:00am-3:00pm	VIRTUAL RAAM CLINIC available 9:00am-3:00pm	EVERY OTHER THURSDAY 9:00am - 3:00pm (Simcoe location) VIRTUAL RAAM CLINIC available 9:00am-3:00pm	VIRTUAL RAAM CLINIC available 9:00am-3:00pm	
The AIDS Network - Hamilton & Haldimand	Missing Data					

Table 4: Service Delivery Schedules for Haldimand Providers

Provider Name	Direct Access	Referral Access	Self-Referral Accepted
Community Addiction and Mental Health Services of Haldimand and Norfolk - AMOT	X	X	X
Brant Haldimand Norfolk RAAM Clinic		X	X
The AIDS Network - Hamilton & Haldimand	X		

Table 5: Service Access Models for Haldimand Providers

Data Interpretation of Service Delivery Models and Operational Hours in Haldimand:

Community Addiction and Mental Health Services of Haldimand and Norfolk - AMOT: Operates with extended hours from 8:30 AM to 8:30 PM, Monday through Saturday. This schedule enhances accessibility for various populations including encampment residents, individuals with substance use issues, and those with limited access to healthcare, who may face challenges attending appointments during typical work hours.

Brant Haldimand Norfolk RAAM Clinic: Utilizes a hybrid service model with alternating physical presence in Dunnville and Simcoe, and a virtual clinic accessible throughout the week. This flexible approach is crucial for reaching dispersed populations such as youth and individuals with substance use issues, overcoming geographical barriers in rural areas.

The AIDS Network - Hamilton & Haldimand: While specific operational hours in Haldimand are unclear, the flexibility observed in other areas—potentially extending into evenings and weekends—suggests that services could be similarly adaptable in Haldimand, providing broad accessibility to all target populations, including women, gender-diverse groups, and the youth.

Geographic Considerations and Accessibility: Providers focus on servicing rural or remote areas, crucial for reaching dispersed populations in Haldimand. Simcoe serves as an urban hub, likely offering a different range of services or operational hours, enhancing access for a broader demographic.

Service Access Methods: Two providers support both self-referral and direct access methods, which minimizes barriers and promotes engagement based on personal initiative and need, crucial for populations like those in shelters or facing stigma. One provider primarily offers direct access, streamlining the process for users and potentially increasing engagement and continuity of care.

Strategic Implications:

- **AMOT's Extended Hours**: Serve as a best practice model for rural healthcare provision, accommodating the varied schedules of a diverse population.
- **RAAM Clinic's Virtual Services**: This innovative approach addresses geographical challenges effectively and could be expanded to enhance service reach further.
- **Operational Data Gaps for The AIDS Network**: Point to a need for better service documentation and transparency, essential for effective planning and community engagement.

The service delivery landscape in Haldimand reflects thoughtful adaptations to meet the unique needs of its rural populace. Innovations such as virtual care and extended operational hours play pivotal roles in enhancing healthcare access. Moving forward, expanding service model flexibility and improving data documentation will be key to effectively meeting the diverse health needs of this geographically dispersed community.

3.1.4 Funding Sources

Two of the Haldimand providers are funded through diversified funding, one (AMOT) is publicly funded. The funding structure of the healthcare providers indicates variability in resource allocation and potential flexibility in service offerings. Providers with diversified funding sources might have more leeway in expanding or tailoring services based on changing community needs compared to

AMOT, which is publicly funded and may face stricter regulatory and budgetary constraints. This could impact the scope and adaptability of their services. An assessment of funding and mandates would be beneficial to see where there is potential to coordinate and expand services.

3.1.5 Partnerships, Staffing Models, and Evaluation Metrics

The data collected on partnerships, staffing models and evaluation metrics in Haldimand is outlined in the figures, table, and summary below.
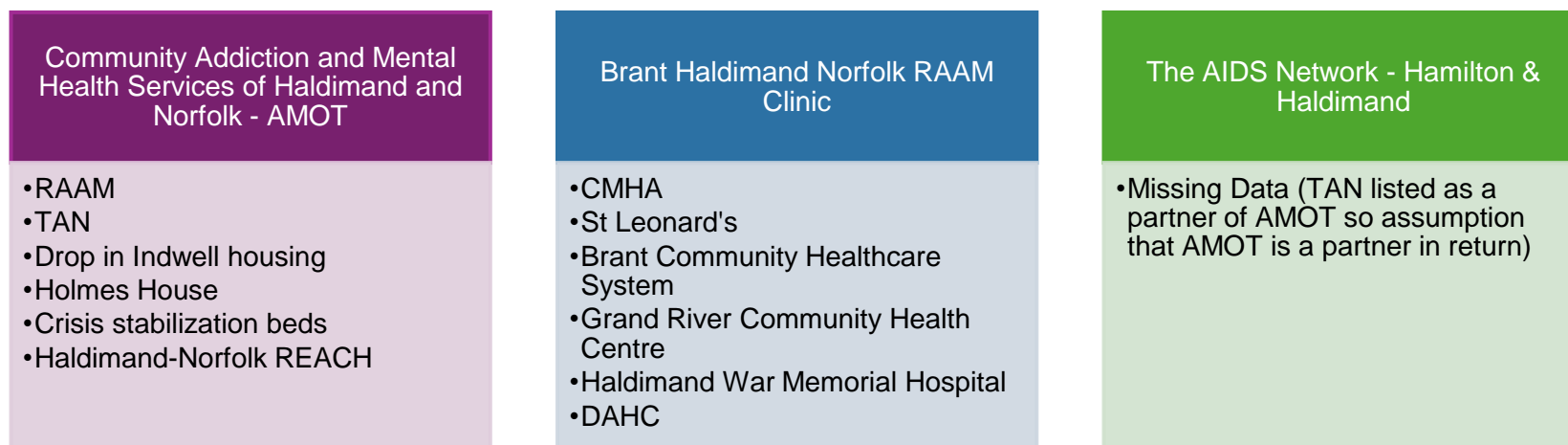
Community Addiction and Mental Health Services of Haldimand and Norfolk - AMOT	Brant Haldimand Norfolk RAAM Clinic	The AIDS Network - Hamilton & Haldimand
•RAAM •TAN •Drop in Indwell housing •Holmes House •Crisis stabilization beds •Haldimand-Norfolk REACH	•CMHA •St Leonard's •Brant Community Healthcare System •Grand River Community Health Centre •Haldimand War Memorial Hospital •DAHC	•Missing Data (TAN listed as a partner of AMOT so assumption that AMOT is a partner in return)

Figure 1: Partnerships in mobile and outreach service delivery in Haldimand. Note: Two of the three providers identified 5 or more partners who support their service delivery via cross-collaboration. One provider (The AIDS Network) was not able to validate or provide their partnership information for this current state analysis.
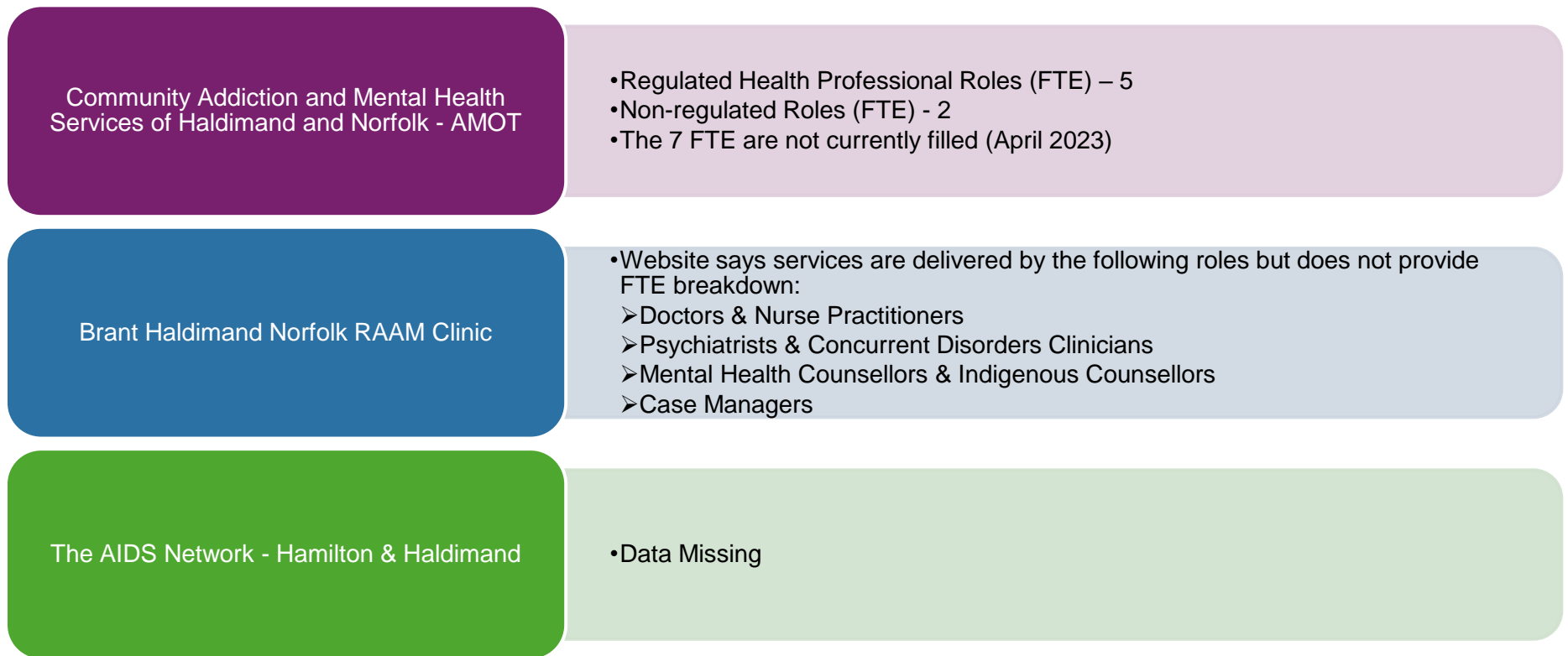
Community Addiction and Mental Health Services of Haldimand and Norfolk - AMOT

- Regulated Health Professional Roles (FTE) – 5
- Non-regulated Roles (FTE) - 2
- The 7 FTE are not currently filled (April 2023)

Brant Haldimand Norfolk RAAM Clinic

- Website says services are delivered by the following roles but does not provide FTE breakdown:
  - Doctors & Nurse Practitioners
  - Psychiatrists & Concurrent Disorders Clinicians
  - Mental Health Counsellors & Indigenous Counsellors
  - Case Managers

The AIDS Network - Hamilton & Haldimand

- Data Missing

Figure 2: Staffing Models for Haldimand Providers

Provider Name	Feedback from diverse populations	Service utilization and reach metrics	Impact on community health and well-being	Notes
Community Addiction and Mental Health Services of Haldimand and Norfolk - AMOT	X	X	X	
Brant Haldimand Norfolk RAAM Clinic	Missing Data	X	Missing Data	Despite missing data, assumption has been made that some level of service utilization is collected by the provider organization.
The AIDS Network - Hamilton & Haldimand	Missing Data	X	Missing Data	

Table 6: Evaluation Metrics Used by Haldimand Providers

Data Interpretation Summary:

Partnerships - The partnerships listed for Community Addiction and Mental Health Services of Haldimand and Norfolk - AMOT and Brant Haldimand Norfolk RAAM Clinic highlight a strong network of support, integrating various health and social services. Such partnerships are crucial for comprehensive care, indicating a multi-disciplinary approach that spans multiple sectors including housing, crisis support, and hospital care. This broad-based collaboration likely enhances service continuity, referral efficiency, and holistic care delivery. The absence of detailed partnership data for The AIDS Network is a limitation but the likely assumption is that The AIDS Network is working with partners in the area too.

Staffing Models - AMOT's staffing details reveal that not all budgeted positions (FTEs) are filled, which could indicate challenges in recruitment or funding utilization, potentially leading to service delivery gaps or increased workload for existing staff. This could impact the quality of care and the organization's ability to meet community demands. The lack of detailed staffing data for the Brant Haldimand Norfolk RAAM Clinic and The AIDS Network makes it difficult to assess whether these organizations have adequate human resources to cover the health needs of their target populations, which is critical for planning and management.

Success Metrics - Community Addiction and Mental Health Services of Haldimand and Norfolk - AMOT uses a comprehensive set of metrics, which suggests a robust framework for evaluating effectiveness across different dimensions of service delivery. The missing

data on certain success metrics for Brant Haldimand Norfolk RAAM Clinic and The AIDS Network may hinder a complete understanding of their impact and could affect their ability to make data-driven improvements.

Strategic Implications

- **Integrated Service Delivery Models:** Given the reliance on partnerships and the broad scope of service delivery models, there is an opportunity to further integrate services across providers. Enhanced evaluation metrics should be built in as part of the design of these integrated service models.

- **Community and Stakeholder Engagement:** Increasing engagement with service users and partners could help in filling the existing data gaps and improving service models based on direct feedback and identified needs.

This analysis underscores the importance of a well-coordinated, adequately staffed, and effectively evaluated healthcare ecosystem, particularly in regions like Haldimand where geographical and resource challenges require innovative and integrated solutions to meet health service demands comprehensively.