Questions & answers: Access to Healthcare and Mental Health Services in Waterloo Region

IMMIGRATION PARTNERSHIP
WATERLOO REGION

Question #1. What is the address for The Centre for Family Medicine Tuesday Clinic?

Answer: First the patient will need to go into a walk-in clinic or ER visit (which we prefer not). The on-call provider would typically order U/S bloodwork to confirm pregnancy and in the meantime (once pregnancy is confirmed) a referral will be made to Dr. Jones or Dr. Clarke to our CFFM OB clinic using eOcean referral. This is the only way clients will be able to have access and be seen at the CFFM Community OB clinic. The clinic accepts IFH, OHIP only.
The number to call is: 226 - 660-2111
P.S. March will have little to no intake as the provider will be away next month.

Question #2. Are there any brochures that give a snapshot and overview of services that service providers can offer? Can these be picked up at your downtown offices?

Answer: Camino has paper brochures available for their program, also electronic versions and QR codes that can be scanned that list the updated services. If you are looking for documentation in a variety of languages to pick up, please reach out to the Newcomer Wellbeing Program at Camino.

Question #3. What is being done to remove the reliance on police in responding to mental health and health care needs? (mentioned specifically in rural settings, but question relevant to whole region).

Answer: Waterloo Regional Police Service has a Community Engagement Team, which consists of a handful of officers, who community organizations work closely with. This team identifies disadvantaged individuals in the communities that might need additional supports and can help make those connections. This has been an asset in our communities, as it helps individuals foster a sense of belonging and connect with needed supports. This is the information available so far.

Question #4. One of the families we support was asked by Camino to pay for counseling services - as were attending appointments from outside KW. Can that counseling costs be covered by IFHP, instead? $125/hour can be unaffordable to many.

Answer: IFHP may be an option with one of the IFHP approved counsellors at Camino. Our funded programs are for Waterloo Region residents, unless the service is not provided in a neighbouring region. Our Newcomer Wellbeing Program is the best place to start or Intake and Service Connection team can provide information about funded agencies in other Regions.

Question #5. Is there any chance to make a priority for the refugees who has a disability family member? They have many barriers including the language. Especially, they struggle to get a

medical report or assessment from pediatrician. to get extra funds. How can you support them while the waiting list is 1500?

Answer: Home and Community Care Support Services are closely allied partners, particularly within the Refugee Health ICT model. Karen Bell plays a key role in addressing elevated needs and ensuring timely provision of care based on priority and urgency. For instance, if a new arrival is identified as a child with a disability unable to walk, Home and Community Care coordinates with Kids Ability and arranges for medically assisted devices. However, there are multiple streams of care needs, highlighting the importance of primary care attachment and follow-up conversations with patients. The complexity and acuity of patients presenting with trauma and pre-existing conditions pose challenges in decision-making. Unfortunately, in the absence of primary care attachment, many patients receive immediate attention in emergency departments. Permanent resident status is granted to government-assisted refugees upon their arrival in Canada. If disabilities are known to the Immigration, Refugees, and Citizenship Canada (IRCC), communication regarding support may be facilitated. It is important to note that refugee claimants do not receive funding for assistive devices. WCHC wait list does have different levels of tiers to them and a newcomer without a family doctor is prioritized on the waitlist, so you might be bumped up to the higher levels or tiers.

Question #6. The Pulse was mentioned - is this a newsletter? How can we access this?

Answer: https://mailchi.mp/8b116b522202/the-healthcaring-pulse-subscription

Question #7. Can refugee claimants, without health coverage (IFHP) access health care services in our region?

Answer: To be able to access information about providers that are registered with Interim Federal Health Program Interim Federal Health Program - Providers Search - IFHP (medaviebc.ca)

Question #8. Wondering if we can create a document, region wide, that can be used as a guide to explain newcomers and marginalized clients about counseling: process, expectations...

Answer: Improving communication with referral sources about the service's expectations and benefits is recognized as beneficial. While initial sessions clarify the service's scope, proactive communication with referral sources is suggested for better understanding. Some clients expect assistance beyond stress management, but the service primarily focuses on this and refers clients to other resources. Collaboration to enhance communication in this regard is deemed helpful.

Question #9. Thank you for this very important workshop. I support pregnant international students. They students pay for CIHIP insurance for colleges but if they are more than a month pregnant before their school session starts, they will not be covered by the insurance for any pregnancy-related medical expenses. The students are left without medical care except if they can get a midwife or pay a deposit of $5000 to an OB. Is there any medical service in the Region that I can refer these students to or what suggestions for the students?

Answer: Growing Healthy Two-Gether Program | Carizon Canadian Prenatal Nutrition Program does not have healthcare attached, but a great resource of community support for pregnant individuals new to Canada.

Exceptions are sometimes made for specific cases, particularly when complexities necessitate attention, despite current limitations on open intake. While not all prenatal cases are accepted, prenatal and postnatal care is provided within the scope of practice by the community's midwives. Challenges arise in ensuring ongoing primary care attachment post-delivery and beyond immediate follow-up appointments. Regrettably, many new mothers and babies end up in the emergency room for care that ideally should be provided by a primary care provider post-delivery, reflecting capacity constraints within the system.

Question #10. List of Family Doctors accepting new patients.

Answer: For Cambridge https://www.doctors4cambridge.com/Contact.htm

Community Health Connect is an opportunity for individuals in the community to apply and potentially be matched with a healthcare provider. There are barriers to this process, particularly for newcomers, such as language barriers and navigation challenges. There is a desire for assistance in the application process. However, no one has personally encountered a list of doctors with the capacity to accept new patients through Community Health Connect.

Question #11. Specifically looking for prenatal care for refugees with no primary care?

Answer: Growing Healthy Two-Gether Program | Carizon Canadian Prenatal Nutrition Program does not have healthcare attached, but great resource of community supports for pregnant individuals new to Canada

Question #12. How do people without OHIP coverage get access to end-of-life services (hospice residence)?

Answer: Please advise the person to take advantage of their hospital visit to be assessed by a palliative care physician and get assistance during their visit with completing a hospice residence application. They can do so as a back-up plan (if, understandably, in denial and family is hoping for recovery) but without any medical information/assessment at some point, the hospice residences don't have any basis for assessing eligibility for admission (and trying to get information/records from the hospital after the fact was fraught). Then, if things get worse and it becomes the case that they are hoping for end-of-life care in a hospice residence, there is at least some information for the hospice residence to then review and decide on next steps/whether or not they can take on the care (and cost) of offering a bed to them. There weren't really options for getting someone seen/assessed at home when they were no longer able to go back to hospital (although I did have some wonderful folks at Home & Community Care who work with refugees try to make this happen but it was too late and is not normally very possible). I also had this come up again recently where someone became too unwell to complete their medical check for permanent residency (which I think was their last step to get OHIP so they remain without).

Question #13. What is the best starting point of contact for helping newcomers, including those who might not have status or health insurance, to connect to access health care and mental health care in our region?

Answer: There isn't a single point of entry. The refugees typically start with a predominant settlement agency like Reception House, which then refers them to various other agencies for housing, health, and other essential services. Additionally, Ontario Health Teams OHT website offers resources, including information about the Refugee Health Clinic. Despite efforts to streamline services through Ontario Health Teams (OHTs), there are still multiple entry points, creating complexity for refugees seeking assistance. Funding issues as a significant barrier, particularly for refugees' access to services based on their status. For example, government-assisted refugees have immediate access to services through OHIP, while others may face obstacles, such as lacking insurance. Advocacy will help address these challenges effectively.

Question #14. For mental health services specifically, is there a kind of one point or like one point of access that funnels into everything or what's the best starting point that you would recommend for people?

Answer: Lisa Akey mentioned a centralized intake system through Camino, which covers all counseling services and collaborates with various agencies. She suggested that Camino's centralized intake could serve as the primary entry point for accessing services, as it can triage cases effectively. This means that if additional support from agencies like Canadian Mental Health or other partners is required, Camino can facilitate those connections. Additionally, the speaker notes that other partner agencies also have the capacity to handle inquiries and make appropriate linkages. Overall, Camino's role is a centralized intake hub and it has the ability to direct individuals to the right resources within the community.

Question #15. What do I do if interpretation is not offered for my client, for their health or mental health appointments?

Answer: The challenge is ensuring doctors are aware of available funding for interpretation services and encouraging patients to share this information. Not all doctors utilize this funding, which contributes to communication barriers for patients. The dilemma doctors face when choosing patients, often opting for those with whom they can easily communicate. Propose advocating for interpretation services to be covered by OHIP, emphasizing its importance as a fundamental aspect of healthcare accessibility. However, Camino ensures coverage for interpretation services, both in-person and virtually, for mental health support among newcomers. While interpretation services are readily available, some clients still need assistance or advocacy in organizing interpretation for their medical appointments. Despite efforts to empower clients to advocate for themselves, the speaker acknowledges that this approach is not always effective.

Question #16. What is the cost of services? Are all the health and mental health services that were referenced today free for newcomers? How is a newcomer defined?

Answer: Camino's mental health services for newcomers encompass immigrants, refugees, and refugee claimants as long as they do not have Canadian citizenship, there is no cost associated with accessing these mental health services for this demographic. As for the healthcare sector the interpretation funding received from Ontario Health for primary care and mental health services is not specific to any immigration status and comes from provincial sources. The importance of advocating for continued support from Ontario Health, as these funds are crucial for serving newcomers and refugees. However, there are limitations in interpretation coverage, particularly for government-assisted refugees, who receive funding for only one doctor's visit and a follow-up appointment.

Question #17. How can we make sure that refugee claimants and other vulnerable newcomers get healthcare access especially since many places are not taking new clients right now? Is it possible to refer unattached refugees into the integrated care pilot?

Answer: There is a crisis in primary care attachment across the province, including our community. There is a need for advocacy and providing data to address this issue. Innovation of initiatives like the rapid access primary care clinic, aimed at alleviating pressure on emergency rooms and providing more accessible care are required. Continued advocacy is needed for funding allocation that supports innovative approaches to healthcare delivery, rather than solely focusing on traditional models. The support from Ontario Health Teams (OHTs) in testing innovative ideas, despite limited funding is valuable. However, the limitations of the refugee health ICT attach program in serving unattached patients due to its size is unfortunate, however, the rapid access primary care clinic for those individuals meeting specific criteria is a potential option.

Question #18. How do we know about the health or mental health services like culturally appropriate health or mental health services, language specific health or mental health services?

Answer: About navigation support. Provincially, Health 811 is a 24/7 line that can provide immediate health-related questions: Health811 - Health811 (ontario.ca). The line does offer translation services. Camino is working on integrating their local OHT list of services with this provincial line, as they recognize how helpful a connected front-door will be. Interpretation is available for any of the programs. But yes, if there is a specific group that was and you know, conductors facilitate an Arabic for example, it would be listed on the site as providing in that language.