Community Mental Health and Addiction Strategy

Current State Report

1. Executive Summary
2. Project Overview
   a. Mission & Success
   b. Methodology & Approach
3. Current State Review
   a. Summary
   b. Engagement
   c. Landscape
4. Jurisdictional Scan
5. Next Steps
6. Appendix
   a. References
Executive Summary

Current State Report
Executive Summary
Project Mission & Partners

Building from increasing demands for more coordinated access to local mental health and addictions, and related services, the development of a community mental health and addiction strategy is underway. A Community Mental Health and Addictions Advisory Council has been established and has set out to achieve the following mission:

Mission

- Improve the outcomes and experiences of people living with mental health and/or addictions (MH&A) in the city of London by collaboratively developing an actionable strategy.

Community Mental Health and Addictions Advisory Council partners include:

- Addiction Services of Thames Valley
- City of London
- Canadian Mental Health Association Middlesex
- Middlesex-London Health Unit
- South West Local Health Integration Network
- Vanier Children’s Services, Lead Agency

Project Methodology:

- Data points from a range of formats and sources were considered to inform the current state assessment, including health service provider and community engagement, a scan of the local environment and a scan of other jurisdictions.

- This draft report is a consolidation of findings to date. Additional findings will be added as engagement continues ahead of the Facilitated Visioning, Priorities and Action Planning Session. During this session, participants will review the findings and identify future MH&A strategies for London.
Executive Summary
Project Methodology

Data points from a range of formats and sources were considered to inform the current state assessment, which will provide the foundation for collaborative strategic planning for MH&A in London:

1. Stakeholder Engagement
   - Providers of MH&A Services, Funders, Community and Cultural Groups:
     - Interviews
     - Focus Group Participation
   - Residents, Patients, Clients, Families, Service Users:
     - Focus Group Participation
     - Survey
   - Public
     - Survey

2. Assessment of environment
   - Overview of service availability and access
   - Local, Provincial, National literature
   - City of London and partner documents

3. Other Models
   - Review Mental Health and Addiction Models in other locations (National)

Current State Assessment
Executive Summary

Stakeholder engagement activities are still underway, however a number of common themes have emerged for further exploration. The following slides provide reported/perceived strengths and opportunities for improvement for various components of London’s MH&A system. The following chart summarizes these, and more detail on each point and suggestions for improvements are provided throughout the section.

<table>
<thead>
<tr>
<th>MH&amp;A System Component</th>
<th>Strength</th>
<th>Opportunity to Improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Services</td>
<td>A wide variety of services are accessible in London to serve the diverse needs of the population</td>
<td>Access to some services is limited by a mismatch in supply and demand of services, as well as the barriers that some of the population faces related to social determinants of health, and the structure of service operations</td>
</tr>
<tr>
<td>Quality and Experience of Services</td>
<td>The experiences that people have while using services across the local system are reported to be positive and of high quality</td>
<td>Critiques related to quality and experience are generally linked to challenges of transitioning between levels of care and limits in communication between providers as well as with service users</td>
</tr>
<tr>
<td>Access to Specialty Services</td>
<td>London is a hub for health sciences in Southwestern Ontario, providing opportunity for people to access and use specialized services, as well as exciting employment opportunities for talented people.</td>
<td>Waits for specialized services that address the unique needs of people with lived experience are perceived by many to be too long</td>
</tr>
<tr>
<td>Access to Information</td>
<td>Excellent relationships and hubs of information sharing exist among London providers, particularly among those funded by the same entity</td>
<td>Great information about MH&amp;A resources exists, however it can be hard to find and use because of its fragmented distribution</td>
</tr>
<tr>
<td>Availability of Safe Housing</td>
<td>The housing programs that exist are a valuable community asset that people need</td>
<td>Additional housing and related supports are needed to meet the needs of local residents, organized in a way that promotes increased access and safety</td>
</tr>
<tr>
<td>Community Partnerships</td>
<td>A collaborative culture is developing amongst providers in London</td>
<td>Community partnerships and collaborations across London are many, but are not yet coordinated or organized with clear roles and accountabilities.</td>
</tr>
</tbody>
</table>
### Executive Summary

**Environmental Scan Summary**

In addition to the stakeholder engagement findings, it is important for strategic planning to recognize the MH&A strategies and initiatives being implemented in and around the province and London.

- Governments and health care providers are working to address many MH&A challenges. Recently there has been a specific focus in the media on the opioid crisis being experienced across Canada, among other “hot topics”. Some of the major strategies across federal, provincial and municipal/local that need to be considered through strategic planning include:

<table>
<thead>
<tr>
<th>Federal</th>
<th>Provincial</th>
<th>Municipal/Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Canadian Drugs and Substances Strategy</td>
<td>• Ontario’s Comprehensive Mental Health and Addictions Strategy (2011-2021); “Open Minds, Healthy Minds” (Ministry of Health and Long-Term Care)</td>
<td>• City of London strategies related to homelessness, housing, employment, justice, and others</td>
</tr>
<tr>
<td>• National Housing Strategy</td>
<td>• Ontario’s Moving on Mental Health strategy (Ministry of Children and Youth Services)</td>
<td>• LHIN IHSP, mandate letter and other strategic initiatives</td>
</tr>
<tr>
<td>• Homelessness Partnering Strategy</td>
<td>• Ontario’s Mental Health and Addictions Leadership Advisory Council</td>
<td>• Provider-level strategies</td>
</tr>
<tr>
<td>• Mental Health Commission of Canada</td>
<td>• Ontario's Strategy to Prevent Opioid Addiction and Overdose (Ministry of Health and Long-Term Care)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Patients First - Action Plan for Health Care (Ministry of Health and Long-Term Care)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Patients First – Report back on proposal to strengthen patient-centred health care in Ontario (Ministry of Health and Long-Term Care)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ontario’s Long-Term Affordable Housing Strategy (Ministry of Housing)</td>
<td></td>
</tr>
</tbody>
</table>

There are many players trying to make a difference; however, with so many initiatives there is likely overlap and opportunity for coordinating approaches to develop seamless services for residents.
Executive Summary
Jurisdictional Review

A jurisdictional scan was conducted to identify tools and models that can be leveraged in the city of London to better collaborate and coordinate Mental Health and Addictions services throughout the community.

Common themes identified across tools and models reviewed include:

- Enabling a system where clinicians and institutions actively collaborate and communicate to ensure an appropriate exchange of information and coordination of care.
- Maintaining an ultimate focus on people living with MH&A through standardized care delivery by interprofessional teams.
- Leveraging innovative tools in the MH&A space, including centralized intake; collaborative planning and treatment; colocation and clinical integration; shared patient records; case management; and, formal agreements with external providers.

The overall goal of identified models and tools is to provide access to the right combination of services, treatments and supports, when and where people need them. A full range of services, treatments and supports includes primary health care, community based and specialized mental health services, peer support, supported housing, education as well as employment.
Project Overview

Current State Report
Project Overview
Project Mission & Partners

The Community Mental Health and Addictions Advisory Council has been established and has set out to achieve the following mission through this project:

Mission

- Improve the outcomes and experiences of people living with mental health and/or addictions (MH&A) in the city of London by collaboratively developing an actionable strategy.

Advisory Council Partners include:
- Addiction Services of Thames Valley
- City of London
- Canadian Mental Health Association Middlesex
- Middlesex-London Health Unit
- South West Local Health Integration Network
- Vanier Children’s Services, Lead Agency

A competitive procurement process managed through the City of London was conducted, resulting in OPTIMUS | SBR being engaged to support the development of the strategy.
Project Overview

Project Success

Through a series of project activities, the Advisory Council intends to achieve the following successes:

- A Community Mental Health and Addictions Strategy for the city of London that is:
  - Comprehensive
  - Informed by evidence
  - Action-oriented

- In addition, the Advisory Council will gain a deeper understanding of:
  1. How people who live in London use services for mental health and addictions
  2. How people who live in London get information about services for mental health and addictions
  3. Where improvements can be made to make mental health and addictions services better for people who live in London
### Project Overview

#### Project Activities

| 1 | Project Launch and Discovery |
| 2 | Stakeholder Consultations |
| 3 | Environmental Scan |
| 4 | Interim Report Development |
| 5 | Facilitated Guiding Principles Visioning Session |
| 6 | Development of the Community MH&A Strategy |
| 7 | Project Closeout and Knowledge Transfer |

- **1. Project Launch and Discovery**
  - Set-up and Planning
  - Kick-Off Meeting
  - Discovery

- **2. Stakeholder Consultations**
  - Stakeholder Engagement Planning
  - Stakeholder Interviews and Focus Groups
  - Analysis of Stakeholder Consultations

- **3. Environmental Scan**
  - Research Framework Development
  - Research Activities

- **4. Interim Report Development**
  - Analysis of Findings
  - Interim Report Development
  - Revisions and Finalization of Interim Report

- **5. Facilitated Guiding Principles Visioning Session**
  - Designing the Visioning, Priorities and Action Planning Session
  - Conducting the Visioning, Priorities and Action Planning Session

- **6. Development of the Community MH&A Strategy**
  - Draft Final Report
  - Revisions and Finalization of Final Report
  - Council Presentation Development

- **7. Project Closeout and Knowledge Transfer**
  - Report Handoff
  - Project Closeout and Knowledge Transfer

---

### DELIVERABLES/OUTPUTS

| 1 | Project Plan |
| 2 | Stakeholder Engagement Plan & Analysis |
| 3 | Environmental Scan |
| 4 | Interim Report |
| 5 | Facilitated Session |
| 6 | Presentation to Council |
| 7 | Final Report |
Project Overview

Project Timelines

- **July**: Planning
  - Project Launch
  - Project Plan
- **August**: Project Management, Monitoring, and Control
  - Stakeholder Consultations & Session 1
  - Environmental Scan
  - Interim Report Development
- **September**: Session 2
  - Development of Strategy
  - Interim Report
  - We are here
- **October**: Closeout
  - Final Report
- **November**: Closeout
- **December**: Closeout
  - Presentation to Council
Current State Review
Current State Review

Engagement Activities
1. Section Summary
2. Methodology
3. Detailed Findings

MH&A Landscape
1. Document Review
2. Provincial and Federal Landscape
3. Local London Landscape
Current State Review

Engagement Activities
# Findings Engagement Summary

Stakeholder engagement activities are still underway, however a number of common themes have emerged for further exploration. The following slides provide reported/perceived strengths and opportunities for improvement for various components of London’s MH&A system. The following chart summarizes these, and more detail on each point and suggestions for improvements are provided throughout the section.

<table>
<thead>
<tr>
<th>MH&amp;A System Component</th>
<th>Strength</th>
<th>Opportunity to Improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Services</td>
<td>A wide variety of services are accessible in London to serve the diverse needs of the population</td>
<td>Access to some services is limited by a mismatch in supply and demand of services, as well as the barriers that some of the population faces related to social determinants of health, and the structure of service operations</td>
</tr>
<tr>
<td>Quality and Experience of Services</td>
<td>The experiences that people have while using services across the local system are reported to be positive and of high quality</td>
<td>Critiques related to quality and experience are generally linked to challenges of transitioning between levels of care and limits in communication between providers as well as with service users</td>
</tr>
<tr>
<td>Access to Specialty Services</td>
<td>London is a hub for health sciences in Southwestern Ontario, providing opportunity for people to access and use specialized services, as well as exciting employment opportunities for talented people.</td>
<td>Waits for specialized services that address the unique needs of people with lived experience are perceived by many to be too long</td>
</tr>
<tr>
<td>Access to Information</td>
<td>Excellent relationships and hubs of information sharing exist among London providers, particularly among those funded by the same entity</td>
<td>Great information about MH&amp;A resources exists, however it can be hard to find and use because of its fragmented distribution</td>
</tr>
<tr>
<td>Availability of Safe Housing</td>
<td>The housing programs that exist are a valuable community asset that people need</td>
<td>Additional housing and related supports are needed to meet the needs of local residents, organized in a way that promotes increased access and safety</td>
</tr>
<tr>
<td>Community Partnerships</td>
<td>A collaborative culture is developing amongst providers in London</td>
<td>Community partnerships and collaborations across London are many, but are not yet coordinated or organized with clear roles and accountabilities.</td>
</tr>
</tbody>
</table>
Engagement Activities Methodology

The following stakeholder engagement activities were conducted with persons with lived experience, service providers and experts in the field. The information obtained from these activities was used to inform the Engagement Summary section of the current state assessment. Other inputs are expected over the next few weeks through consultations being held by Advisory Council partners:

- **8 individual and group interviews** were conducted with service providers and experts on the Advisory Council.

- **2 focus groups** with persons with lived experience and **1 focus group** with providers in London.

- **6 interviews** with key providers and experts completed, 12 more scheduled.

- **The survey has been posted**, feedback will be included in the final report.

Engagement Summary – Themes from all Activities completed to date
Findings
Access to Services: Strengths

A wide variety of services are accessible in London to serve the diverse needs of the population

- Across local providers in hospital and community sectors, many services are being delivered that are designed to meet the needs of people in crisis as well as those needing different levels of care
  - Walk-in and Talk-in clinics, crisis centres, mobile crisis teams & transitional case managers have been identified as some key local resources that are accessible and useful
  - A universal crisis line is available to support urgent needs, and has been positively regarded by many
  - Transitional Case Management services are supporting people who are moving between hospital and community sectors, and there are some programs that use peer support models to augment other care, providing a warm connection while waiting for formal services to begin

- London is home to some diverse populations with unique needs for mental health and addictions service, however there are resources in place for many groups that are working well
  - Refugee health has been maintained by the efforts of the CCLC and LIHC, through the set up of refugee-focused clinics that help to address some of the complex MH&A needs of refugees as they adapt to their new home; staff and clinicians work within a trauma-informed model of care which supports this group
  - Many language- and culturally-based community groups exist across the city that help people get to services; people suggest that most providers are very good to work with them in a culturally-sensitive way
  - Street Level Women at Risk (SLWAR) is a successful collaboration that involves 25 programs under one model across funders and sectors, to provide rapid response and evaluation for high risk women working in sex trades
Access to Services: Opportunities

Access to some services is limited by a mismatch in supply and demand of services, as well as the barriers that some of the population faces related to social determinants of health, and the structure of service operations.

- **Wait times for some services are long, preventing people from getting help in the moment that they need it**
  - Some people stated that when the waits are so long to see their providers, any of the personal momentum that has been built up through therapy can be lost, causing “old problems” to resurface along with newer challenges.
  - Wait times have been mentioned as a significant concern by the majority of stakeholder groups consulted for all types of services in London, including hospital inpatient and outpatient, community-based services, crisis supports, and supportive housing (e.g. 7 year wait for some populations).

- **Availability of services across London is often limited to “business hours” of Monday to Friday, 9 am to 5 pm, which does not always accommodate for when people need support**
  - Some programs operate after hours service, however, many participants identified the need to have more access to service beyond normal hours so that they can get to them easier and with less impact on other parts of life (e.g. some won’t leave work for an appointment during the day because of stigma, child-minding needs, etc.).

- **Transportation to/from centrally located services is an obstacle for people living outside the city core**
  - The time and cost required to take transit or other transportation services is sometimes prohibitive to people who are looking to access services.
Access to some services is limited by a mismatch in supply and demand of services, as well as the barriers that some of the population faces related to social determinants of health, and the structure of service operations.

- **Stigma of MH&A continues to be strong in some communities, which impacts peoples’ willingness to seek help**
  - Diverse language and cultural sensitivities further discourage people from seeking help
  - Long-term chronic intravenous drug use is a significant issue that some feel is not given sufficient attention, which is connected to complications related to infections from injections, such as endocarditis and other sever medical conditions; people who are long-term intravenous drug users are often estranged from family and friends, and some feel they are discriminated against by some service providers, thus they may not seek help until they are at high risk of death

- **Some populations do not have access to services**
  - Indigenous specific services are not geographically accessible for all or known about
  - Individuals who are seen as potentially violent often can’t access services as there are few service providers able to provide service while addressing the risk of violence to staff
Findings
Access to Services: Potential Solutions

Through the various consultative activities completed to date, a number of potential solutions to challenges have been suggested for consideration (note that these are not formal recommendations of the Advisory Council or OPTIMUS | SBR, rather are raw suggestions collated from research activities for consideration and further exploration):

- **Specific Population Services:**
  - Some adult programs can benefit from the structure of children's programs, in particular programs that cater to crisis situations; people acknowledge the benefits of the responsive crisis services delivered by Merrymount to children and youth

- **Shorten Waitlists Through Adjusting Models of Care**
  - Providing mobile or accessible community healthcare can reduce hospital admissions/visits to the ED, thus also reducing wait times
  - An early triage practice can help with the long wait, or provision of counseling or peer support services (while waiting) can help in maintaining personal momentum
  - Adjust models of care to effectively use a range of health professionals (e.g. Prevention and Early Intervention Program for Psychosis at LHSC has increased access to Psychiatry by involving other health professionals to how care is delivered)
Findings
Access to Services: Potential Solutions

Through the various consultative activities completed to date, a number of potential solutions to challenges have been suggested for consideration (note that these are not formal recommendations of the Advisory Council or OPTIMUS | SBR, rather are raw suggestions collated from research activities for consideration and further exploration):

- **MH&A Service Accessibility**
  - Increasing the availability of services (extended hours and weekends)
  - Increasing the volume of safe areas
  - Providing transport to/from services to ensure continuity of care
  - Decrease the requirements for acceptance into supportive housing that may act as a barrier (e.g. must attend other programming in order to be approved for housing)
  - Increase availability of detox centres and residential treatment centres

- **Administer building permits in a manner that empowers people with loved experience**
  - Work with city planners and permitting bodies to support building applications for supportive housing

- **Work with Police Services when there is a risk of violence to staff when administering services**
  - Continue building relationships that involve Police services, to build on great successes in diversion and crisis response
Findings
Quality and Experience of Services: Strengths

Quality and Experience of Services: Strengths

The experiences that people have while using services across the local system are reported to be positive and of high quality

- **MH&A care professionals are generally perceived as caring and compassionate**
  - While many providers are constrained with time and resources, their willingness to help and their ‘want’ to meet the variety of needs is positively noted and acknowledged by both people who use services and partner providers
  - Providers advocate strongly for those that receive their service; people feel that their providers “have their back” and are passionate about helping improve their lives

- **Once registered with service, people report to be personally satisfied with the quality of professional care that is received and the outcomes that they achieve**
  - People generally acknowledge care professionals with a positive lens and recognize their ‘caring’ nature
  - In most cases, professionals are quick to recognize the needs of the people they interact with and act accordingly, within the boundaries that they are able to act within

- **Good examples of service excellence are celebrated across all parts of the care continuum in London, and for people of all ages**
  - Providers and people with lived experience are excited about the innovative and high quality programs and services that are available locally, and that they are on the “leading edge” of MH&A delivery through collaboration with academic health centres and the university, among other partners involved in research
  - Other innovations in process and transition are making a difference for some groups, and lessons from these situations can be applied in other parts of the local system; for example, to support children’s outpatient services access, intake workers from an association physically bring kids to their outpatient appointments to support the transition from one type of care to another, creating a positive experience and ultimately, outcome
Findings
Quality and Experience of Services: Opportunities

Critiques related to quality and experience are generally linked to challenges of transitioning between levels of care and limits in communication between providers as well as with service users.

- Sharing information and managing transition hand-offs between providers is not always done openly or effectively
  - Reports from some providers indicate that it can sometimes be very challenging to collect information on a new individual because of varied interpretations of the “circle of care,” where some believe that all involved parties are included in the circle, others have different views; the result often requires an increased administrative burden and/or the involvement of the individual who is trying to receive service, taking their focus away from treatment
  - Referral and discharge documents are not always completed with the most critical details, creating situations in which people must retell their stories at each transition point, negatively impacting their experience with the system; this scenario has been described as an issue between hospital, primary care and community-based services, and more so across health and social programs with different funders

- Wait times are a significant contributor to a person’s experience and few services are available to support people while they wait
  - Some organizations leverage peer support models to support people during the wait; providers and people who have been on long wait lists agree that more of these services should be available because of their great benefits
  - Waits have been highlighted as unacceptably long for access to psychology, psychiatry, general counseling and treatment, specialized services, and many inpatient services, given the high demands for specialized service from the broader region
  - Some reported that upon presenting at a local ED and becoming admitted, some people spend days and weeks in hallways because no beds are available for them, significantly and negatively impacting experience
Findings
Quality and Experience of Services: Potential Solutions

Through the various consultative activities completed to date, a number of potential solutions to challenges have been suggested for consideration (note that these are not formal recommendations of the Advisory Council or OPTIMUS | SBR, rather are raw suggestions collated from research activities for consideration and further exploration):

- **Post-ED Wait times for Service**
  - Peer support models can be leveraged to ensure warm contact during the wait for admission (inpatient setting) or appointment (outpatient and community setting)

- **Engagement and Active Involvement of People with Lived Experience**
  - Create a culture across London where people who use the services co-design them, evaluate them, and support ongoing delivery and continuous improvement
Findings
Access to Specialty Care: Strengths

London is a hub for health sciences in Southwestern Ontario, providing opportunity for people to access and use specialized services, as well as exciting employment opportunities for talented people.

- Through area hospitals, London is fortunate to have access to specialized care services and approaches delivered by top experts in their respective fields.
  - Local hospitals serve the specialized mental health and addictions needs of many residents of London, Southwestern Ontario and beyond
  - Hospitals have had success in recruiting and retaining top talent to deliver these services

- Local community providers that receive and refer people with specialized needs are building capacity to manage more complex populations
  - Strong partnerships have been formed between hospital and community in a number of areas (although this reportedly also remains an opportunity for continuous improvement) to be able to support transitions across various levels of care and continue implementing care plans beyond hospital programs

- Many people have strong regard for specialized services (psychiatry, psychology, care provided to address serious, complex or rare disorders that cannot be met in first line of intensive service levels) provided locally
  - People have cited the high quality of these services, the connections that they build with their providers, as well as the overall outcomes that they achieve when accessed
Findings

Access to Specialty Care: Opportunities

Waits for specialized services that address the unique needs of people with lived experience are perceived by many to be too long

- Wait lists for specialized services like psychiatry and psychology generally, and more so for those professionals who serve more specialized needs, are too long, creating outcomes and experience issues for people who need them
  - A problem common across Ontario, there are not enough specialized resources to meet the evolving and growing needs of the local population
  - People often report they are waiting weeks and months to see providers, the timing of which does not match when it is needed most (i.e. while in crisis); although some may access other crisis supports, some report that they would not
  - These delays can also lead to scheduling challenges for psychiatrists, with many no-shows and missed appointments because of lost momentum

- Providers and those who use the system describe a need for flexible and more local programs that cater to specific identities, populations and diagnoses
  - Some specialized services are not readily available in the specific language or cultural milieu that people in the community are seeking
  - There has been an identified need for more services that more directly support people in the LGBTQ+ communities, women, people who have undergone trauma, people with dual diagnosis and concurrent disorders, among others
  - People and providers are also looking for specialized services to happen closer to home and outside of typical “business hours” in collaboration with community partners
Findings
Access to Specialty Care: Potential Solutions

Through the various consultative activities completed to date, a number of potential solutions to challenges have been suggested for consideration (note that these are not formal recommendations of the Advisory Council or OPTIMUS | SBR, rather are raw suggestions collated from research activities for consideration and further exploration):

- **Increase Access to Psychiatric Care**
  - Review the process for accessing psychiatrists and determine where the bottlenecks exist
  - Offer care at different times of the day
  - Increase of care by psychologists
  - Provide additional access to programs that do not require referrals such as FEMAP (First Episode Mood and Anxiety Program at LHSC)
  - Ensure all professionals are working at their maximum scope of practice

- **Gaps in Particular Population-based services**
  - Conduct future work with existing groups to determine needs of specific populations, including but not limited to LGBTQ+, women, seniors, children, dual and concurrent and dual diagnosis individuals
    - Example: The House of Sophrosyne in Windsor was identified as a good model for women recovering from substance abuse

- **Additional locations and provider types needed**
  - In the hospitals, provision of additional crisis centres in the ED (Emergency Department) and more staffing or beds are suggested to alleviate access deficiencies
    - Examples: Additional providers needed include Interdisciplinary teams, social workers, occupational therapists, DBT and CBT practitioners; additional locations needed include recovery centres, vocational rehab, residential treatment, additional walk-in clinics (in the right locations)
Findings
Access to Information: Strengths

Through existing partnerships and collaborations, and among providers that are funded by the same funder, there is generally good sharing of information
- If funded by the same entity (i.e., The LHIN, City or MCYS), providers often have a good understanding of what other programs and services are available by partners and how to access them
- Significant infrastructure exists within each of these funding entities and their providers, which is used in different ways to share information
- Because of the existence of the infrastructure there is an opportunity to consolidate information sources to have one common resource

Some online and phone resources exist to help support information sharing across the region for providers and people looking for service
- Southwesthealthline.com, 211, LHIN website, City and provider websites, and other sources are used by some to find out what services exist and how to refer or access them
- People seeking services for themselves or for loved ones will often use the online resources but will also talk to the people and providers they trust to see where to go next
- A homelessness prevention information system is currently being implemented in London to use data to help identify high risk individuals and those in need across multiple providers
Findings

Access to Information: Strengths

Excellent relationships and hubs of information sharing exist among London providers, particularly among those funded by the same entity.

- Sharing of patient-level information is reported to be good within partnerships that are well established
  - Many examples exist of service collaborations that cross the continuum of care, where protocols have been placed to support open sharing of information, that falls within an agreed upon interpretation of the “circle of care”
A “one stop shop” for information related to mental health, addictions, and other related social services is missing from the city

- Although each of the funding entities holds their own resource and infrastructure for sharing information, they are not connected together so it is generally unknown if providers and community members are receiving duplicate communications, or none at all
- People, both providers and those accessing the system, are looking for one door that they can use to find out about local resources; the current system is reported to be hard to navigate and to find critical information
  - Some indicated that social workers and those tasked with discharge planning are often calling 10+ health and social services to “see what sticks,” when there is a preference for a centrally coordinated intake and referral system
- Information on available MH&A services is not well advertised in public locations frequented by those who need assistance (e.g. transit stations, libraries).
Findings

Access to Information: Opportunities

- **Educational information to build the capacity of providers and members of the community are not always easy to find**
  - Inexpensive or free training and education programs and tools are operated and provided by a number of provider groups to various audiences, however are reported to be tricky to find out about unless one knows where to look or what questions to ask
  - An example showcased in the focus groups includes a booklet called “Help Yourself Through Hard Times” that was seen as useful by persons with lived experience but many participants were not aware it
  - Stigma remains towards MH&A across the community, which can be shifted with more public education and awareness

- **Education and support related to addictions and use of “crystal meth” are lacking**
  - People who deliver services as well as those who represent various community groups acknowledge the different challenges related to an increased use of crystal meth in the city of London, in that people who use crystal meth are often disruptive, aggressive and unpredictable
  - Some stakeholders who work in health and social services but who do not specialize in this space would welcome additional training and education on managing crises for this population; others who represent community groups are looking for more access to rapid response to help in crisis situations
  - Initiatives like the Community Drug and Alcohol Strategy are looking at this issue
Findings
Access to Information: Potential Solutions

Through the various consultative activities completed to date, a number of potential solutions to challenges have been suggested for consideration (note that these are not formal recommendations of the Advisory Council or OPTIMUS | SBR, rather are raw suggestions collated from research activities for consideration and further exploration):

- **Rich sources of information**
  - The initial efforts for consolidating information have already been created through groups like the Community Health Collaborative at the London Health Science Centre (LHSC) and Healthline
    - The Collaborative brings together groups from various services such as health units, YMCA, school boards and EMS, to address system wide issues
  - A map of all the MH&A services has been created into a tool used by the Emergency Department (ED) of LHSC to provide readily available information to their MH&A patients
    - Healthline is another informative database with a list of all services in MH&A
    - Information and data already collected by these groups can be leveraged into a more detailed, advertised, and widely-spread information ‘hub’

- **Single location for information**
  - A virtual electronic, mobile friendly application that contains information and a care map (leveraged from aforementioned groups) can help people navigate the care they need; however, the existing product has not been validated by partners in the community
  - Desired features of the application:
    - Display information on what services are available and where/how to get them
    - It should draw on existing databases
    - Accessible in French and other languages, in addition to English
    - Extend usability to people with visual impairments
  - In addition to a virtual hub, a physical hub has been envisioned to address the needs of people who are undergoing a crisis, people who may experience a crisis, and to provide MH&A background and service information for the general public (including families & caregivers)
Findings
Access to Information: Potential Solutions

- **Public Awareness Campaigns**
  - Posted information can guide residents on what to do and where to go if they need help
  - The LHIN and a number of providers have information on what services are offered and how to help someone who is undergoing a crisis in a public location
    - The city very well positioned to mobilize this information
    - The majority of the publicly accessed locations belong to the City
  - Synergies can be found between service providers and the City
    - To extend services and education at public locations
    - To inform the general public of MH&A needs and public service providers themselves (e.g. public library)
  - Widely accessible information can sensitize the population and further contribute to eliminating the stigma of MH&A
Findings
Availability of Safe Housing: Strengths

- The housing programs that are in place fill a great community need for people with needs related to mental health and/or addictions
  - Housing options are generally perceived to be safe and supported by people who truly care about the work that they do
  - The city takes a Housing First approach to planning, which helps to divert people from homelessness into homes with support
Findings
Availability of Safe Housing: Opportunities

Additional housing and related supports are needed to meet the needs of local residents, organized in a way that promotes increased access and safety.

- While good options exist (e.g., SLWAR, London CARES, Project Home), more safe housing is needed
  - Available housing is often short-term and people living with MH&A may require additional time to stabilize; if they do not stabilize they risk returning to the streets and/or their condition worsening
  - A shortage of Housing Finders is a challenge (participants indicated 7 positions exist)
  - The housing stock and programs to provide transitional support are not indicated to be enough to meet the needs of the local community; cross-funder partnerships will be needed to build capacity

- Housing options are not centralized and housing finders are reported to be working independently
  - Lack of accessible transportation services makes it more difficult for people experiencing a crisis to get from their setting to a safe home or care provider
  - Housing locations are not perceived to be distributed across neighbourhoods in a way that matches where people need them

- Housing requests are on a first come, first serve basis, which creates and/or stems from a variety of issues:
  - Different housing services use different assessment tools
  - People are registered on multiple placement lists
  - Those who need housing most may not get access to it when they need it
Findings
Availability of Safe Housing: Potential Solutions

Through the various consultative activities completed to date, a number of potential solutions to challenges have been suggested for consideration (note that these are not formal recommendations of the Advisory Council or OPTIMUS | SBR, rather are raw suggestions collated from research activities for consideration and further exploration):

- **Lack of universal housing assessment**
  - Centralized housing intake can be worked through partnerships among existing housing providers
  - The use of common assessment tools can help to prioritize people appropriately

- **Expand Housing First initiatives**
  - Many stakeholders and partners would support increased funding and resourcing for additional housing that follows a Housing First ethos, which would provide the foundation for many to successfully access other health and social services needed for well-being
  - People believe that more supportive housing units would be well used and would benefit the population that needs them and the community as a whole
Findings

Community Partnerships: Strengths

- The city is a host to many partnerships that aim to improve or are major contributors to the health and wellness of people with lived experience
  - Some select examples of these that were highlighted through consultations include: Connectivity Table, the Centre of Research on Health Equity and Social Isolation, the Community Health Collaborative, the Children and Youth Mental Health System “Core Services Leadership Council” and collaborations between health and justice, and health and education sectors

- First responders have taken an important step with health and social service providers in developing forums to address immediate community needs.
  - Police are partnering in a strong effort to support the mobile crisis team, which is now well-established (3-4 years)
  - A Connectivity Table have been created amongst first responders who contribute to the circle of care - police, fire, ambulance, hospitals community housing – to help flag and support people at risk; this has been acknowledged as an important step in coordinating first responders’ efforts with those of the larger health and social services system

- Both publicly-funded and privately-supported tables spring up as needed by the residents of the city
  - Examples include: Community partnership between the Central Library and CMHA, RBC Transcultural Services, and Muslim Resource Centre, amongst many others
  - People who represent other parts of the community, such as the BIAs and neighbourhood groups, cultural groups, etc. are strong advocates and participants in these forums
Findings
Community Partnerships: Opportunities

- There are strong partnerships within groups of providers that are funded by the same entity, yet partnerships across these groups are young, in many cases
  - Providers who operate in the same immediate sectors or have well established pathways across care levels are reported to have stronger relationships than those who are not operating in the same immediate space; however, many cited room for improvement in terms of coordination, communication and information sharing within these pathways
  - With increased understanding of the importance of the social determinants of health on the wellbeing of the population, more partnerships between health and social service providers are forming, but are still developing into mature relationships
  - Relationships are growing between funders, and there remains opportunity for funders to continue aligning their priorities, requirements, and funding allocation to enable service provider collaboration and avoid duplication

- The spirit of collaboration is highly welcomed however a coordinated effort to organize the various tables and initiatives has not been undertaken
  - The large volume of partnerships and collaborations run the risk of creating more silos and leading to consultation fatigue without proper coordination and alignment
  - Many providers and people with lived experience are asked to contribute to parallel processes that ask the same questions, and that create action plans and strategies that sometimes are perceived to duplicate efforts and have high costs, resulting in cynicism and fatigue

- Role clarity and understanding who is accountable for components of the local MH&A system remains ambiguous for many
  - Some providers and people with lived experience expressed a frustration with a perceived lack of accountability for coordination and planning of MH&A and related services as a whole, i.e. the coordination of the various funders and the programs they fund
Findings
Community Partnerships: Potential Solutions

Through the various consultative activities completed to date, a number of potential solutions to challenges have been suggested for consideration (note that these are not formal recommendations of the Advisory Council or OPTIMUS | SBR, rather are raw suggestions collated from research activities for consideration and further exploration):

- **Existing Partnerships**
  - When coordinating efforts, one of the largest hurdles is unifying the goals and attitudes of the major players – a focused effort to confirm shared goals will be the foundation to build a system that is accountable and working cohesively towards a common vision

- **Coordination of Partnerships**
  - Existing institutional experiences of partners in developing groups can be leveraged and can speed up the setup of subsequent groups

- **Collaborations for Funding**
  - Coordinating efforts and services in the spirit of presenting a systematic synergy forms a more attractive model for funding bodies

- **Consolidation of Meetings**
  - Opportunities to consolidate some of the planning meetings that are currently happening within London’s Community MH&A landscape may allow for a decrease in the resource requirements and better coordination
Current State Review

MH&A Landscape
Document Review
Methodology and Context

Current State Report
Methodology for the Documentation Review

There are many strategies and initiatives related to MH&A across the federal, provincial, and local levels. This documentation review was developed to assist in developing a high-level understanding of what strategies and initiatives are active in the landscape and that may intersect with the development of the community MH&A strategy for London.

- This Documentation Review gathers strategies and initiatives identified by the Community MH&A Strategy Advisory Council and other key informants.

- Documentation Review process:
  1. In August 2017, the Community MH&A Strategy Advisory Council was asked to gather and send documents that may be relevant to developing the strategy to OPTIMUS | SBR.
  2. OPTIMUS | SBR gathered and inventoried these documents.
  3. These documents were reviewed, with information relevant to the development of a community MH&A strategy retrieved and included in this document.
  4. Additional documents were reviewed to support an understanding of the local MH&A landscape.

- This documentation review describes a broad range of strategies and initiatives, but is not meant to be fully comprehensive. There may be other strategies and initiatives that could be relevant to a community MH&A strategy in London.

- Verbatim or modified quotes are often taken from the documentation. See the Bibliography for a list of sources.
Numerous Groups Involved in MH&A Service Planning

Numerous government and non-government groups attempt to address MH&A issues at the federal, provincial, and local/municipal levels.

- Within government the following groups/ministries are directly or indirectly involved:
  - Health and Long-term Care
  - Children and Youth
  - Education
  - Justice and legal
  - Community and Social Services
  - Employment
  - Other related health services

- Outside of government there are many local players involved, as illustrated in the diagram, from people with lived experience, to their caregivers/families, to service providers and planners.

With the diversity of causes and stakeholders, it's important that governments and service providers understand the relevant landscape and their role in it, so that coordination of care and other efforts are focused, effective, and avoid overlap.
Provincial and Federal Landscapes

Current State Report
Provincial and Federal Summary

- Governments and health care providers are working to address many MH&A challenges. Recently there has been a specific focus in the media on the opioid crisis being experienced across Canada. There are many players trying to make a difference; however, with so many initiatives there is likely overlap and opportunity for coordinating approaches to develop seamless services for clients.

- Ontario government ministries with work directly or indirectly related to MH&A include:
  - Ministry of Health and Long-Term Care
  - Ministry of Children and Youth Services
  - Ministry of Municipal Affairs and Housing

- Federal and provincial themes related to mental health and addictions include:

**Mental Health Themes**
- Promote well-being
- Early identification and intervention
- Address gaps in youth addiction, psychotherapy, and supportive housing
- Social Determinants of Health: housing/supportive housing, employments, diversion/transition from justice system
  - Increase supply of affordable housing
  - Portable housing assistance; simplified access
  - Better data
- Right service/time/place
- Funding based on need and quality
- Youth: transitions of youth to adult MH&A services; gaps in service, youth service hubs (walk-in, one-stop)
- Focus on Indigenous MH&A needs

**Addictions Themes**
- Data, surveillance, reporting
- Prevention - prescribing practices; NP prescribing of Suboxone; Education
- Treatment
  - Options for pain management - training for health care professionals
  - Access to Suboxone and Naloxone
  - Share knowledge on treatments
  - Expand treatment in primary care
- Harm reduction
  - SIS, needle exchange
  - Increase in harm reduction workers
- Enforcement
  - Enforcement on importation of illegal opioids
  - Training and education in law enforcement
  - Prevention, harm reduction, treatment in corrections system
- Common planning/action plan across government
- Address SDOH; Poverty reduction strategy
Provincial and Federal Landscapes: Summary

There are numerous strategies and initiatives underway at the federal and provincial levels to improve mental health and addictions systems and outcomes, both directly and indirectly (i.e. through social determinants of health).

- Some of the more significant strategies and initiatives include:
  - Federal Government
    - Canadian Drugs and Substances Strategy
    - National Housing Strategy
    - Homelessness Partnering Strategy
  - Provincial Government
    - Ontario’s Comprehensive Mental Health and Addictions Strategy (2011-2021); “Open Minds, Healthy Minds” (Ministry of Health and Long-Term Care)
    - Ontario’s Moving on Mental Health strategy (Ministry of Children and Youth Services)
    - Ontario’s Mental Health and Addictions Leadership Advisory Council
    - Ontario's Strategy to Prevent Opioid Addiction and Overdose (Ministry of Health and Long-Term Care)
    - Patients First - Action Plan for Health Care (Ministry of Health and Long-Term Care)
    - Patients First – Report back on proposal to strengthen patient-centred health care in Ontario (Ministry of Health and Long-Term Care)
    - Ontario’s Long-Term Affordable Housing Strategy (Ministry of Housing)
  - Other
    - Federation of Canadian Municipalities’ Mayors’ Task Force on the Opioid Crisis
    - Housing Collaborative Initiative

- More information on these strategies and initiatives can be found on the following slides.
Provincial and Federal Landscapes: Canada

**Strategy:** Canadian drugs and substances strategy

- In 2017, the Canadian government outlined actions it is taking to address Canada’s Opioid Crisis

**TAKING ACTION ON CANADA’S OPIOID CRISIS**

**PUBLIC HEALTH EMERGENCY RESPONSE**

*CANADA IS FACING A NATIONAL OPIOID CRISIS.* The growing number of overdoses and deaths caused by opioids, including fentanyl, is a public health emergency. This is a complex health and social issue that needs a response that is comprehensive, collaborative, compassionate and evidence-based.

Data, surveillance and research | Public communications | P/T and stakeholder engagement | Surge capacity, mobilization and support

Health Ministers and key stakeholders have publicly committed to working within their respective areas of responsibility in a coordinated and comprehensive response to address problematic opioid use. The commitments fall within the pillars of prevention, treatment, harm reduction and enforcement, supported by strong evidence.

**PREVENTION**

- Preventing problematic drug use
  - Implement the Health Portfolio’s Problematic Prescription Drug Use Strategy
  - Improve prescribing practices
  - Better inform Canadians about the risks of opioids

**TREATMENT**

- Supporting innovative approaches to treatment
  - Better access for rural and remote First Nations communities
  - Improve access to medication-assisted treatments for opioid use disorder
  - Improve treatment options for pain management
  - Share knowledge on treatments for opioid use disorders

**HARM REDUCTION**

- Supporting a range of tools and measures for individuals and communities
  - Support the establishment of supervised consumption sites
  - Facilitate access to naloxone
  - Ensure timely laboratory drug analysis information is shared between partners
  - Support legislation to protect individuals who seek emergency assistance for overdose
  - Reduce public health consequences of problematic drug use

**ENFORCEMENT**

- Addressing illegal drug production, supply and distribution
  - Continue enforcement on the importation and trafficking of illegal opioids
  - Pursue legislative, regulatory, policy and programmatic changes to better control substances and equipment
  - Collect, assess and share information with law enforcement agencies domestically and internationally
  - Support education and training for law enforcement

The federal government is supporting harm reduction approaches and prevention to address the opioid crisis. London may want to consider how its strategies align.
Provincial and Federal Landscapes: Canada

**Working Group:** The Federation of Canadian Municipalities created a Mayors’ Task Force on the Opioid Crisis.

- The Task Force developed a set of recommendations directed towards the federal government and released May 2017, including (condensed):
  - Reports on comprehensive **timelines, measures and definitive evidence-based targets** for specific outcomes related to each of the four pillars of the Canadian Drugs and Substances Strategy.
  - The adoption of a comprehensive and coordinated **pan-Canadian action plan** which addresses the root causes of the opioid crisis. Align federal, provincial/territorial (P/T) and local strategies, and include concrete actions to meaningfully and urgently address all four pillars of the Canadian Drugs and Substances Strategy, including: Harm Reduction, Treatment, Prevention, Enforcement.
  - See [https://fcf.ca/Documents/issues/Opioid_Crisis_EN.pdf](https://fcf.ca/Documents/issues/Opioid_Crisis_EN.pdf) for the full list of sub-recommendations
  - Improved **surveillance, data collection and reporting.**
  - Working with cities to address the urgent need to develop more **social and affordable housing,** including supportive housing and housing employing a harm reduction approach.
  - Working with P/Ts, municipalities, indigenous organizations and stakeholders to develop, implement and monitor the **Canadian Poverty Reduction Strategy,** which should address both the root causes of addiction, as well as supports to alleviate the immediate consequences of addiction.
  - Establishing an **intergovernmental dialogue about access to substance use prevention, harm reduction and treatment options for individuals in Canada’s correctional system,** and the role of the criminal justice system in addressing the root causes of the opioid crisis.

Mayors of large Canadian cities, including London, are calling for greater federal government assistance with addictions challenges. London may want to consider how its strategies will link with federal actions.
The First Nations and Inuit Health Branch (FNIHB), the Assembly of First Nations (AFN), and Indigenous mental health leaders from various First Nations non-government organizations jointly developed the First Nations Mental Wellness Continuum Framework.

Mental wellness is a broader term that can be defined as a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, and is able to make a contribution to her or his own community.

Mental wellness is a balance of the mental, physical, spiritual, and emotional. This balance is enriched as individuals have:
- Purpose;
- Hope;
- Belonging; and
- Meaning.
Provincial and Federal Landscapes: Ontario

**Strategy:** There is also a MH&A strategy at the provincial level: Ontario’s Mental Health and Addictions Strategy (2011-2021); “Open Minds, Healthy Minds”

---

**Open Minds, Health Minds Vision:**
Every Ontarian enjoys good mental health and well-being throughout their lifetime, and all Ontarians with mental illness or addictions can recover and participate in welcoming, supportive communities

**By 2020, the strategy will support the following outcomes:**
- Better service experiences for people and their families
- Improved access to services
- More people stably housed
- Fewer avoidable hospital admissions or readmissions
- More people identified and served through integrated primary care and community services
- Reduced reliance on emergency departments
- Improved transitions of youth to adult system
- More people receiving evidence-based programs
- More students graduating high school
- Reduced absenteeism at work
- More people feel safe, engaged and supported at work

**Phase 2: Strategic Pillars**

**Pillar 1:** Promote resiliency & well-being in Ontarians

**Pillar 2:** Ensure early identification and intervention

**Pillar 3:** Expand housing, employment supports & diversion and transitions from the justice system

**Pillar 4:** Right service, right time, right place

**Pillar 5:** Fund based on need and quality

---

Integrated system planning and system accountability:
Establish and strengthen the critical functions of provincial quality, oversight and accountability of mental health and addictions services

Prevention, early intervention, and tailoring to client need are focuses for addressing MH&A challenges.
Provincial and Federal Landscapes: Ontario

In 2012, the Ministry of Children and Youth Services developed a mental health strategy specific to children and youth.

- The action plan includes:
  - **Creating and supporting pathways to care** – Clear and streamlined pathways to care between primary care, schools and community-based supports and services; requires greater clarity about the roles of all those who help support children and youth: education, primary care, child welfare and others.
  - **Defining core services** – There are core mental health services that will be available in communities across Ontario, with other specialized services available regionally or provincially. Defining core services will make our system more transparent to parents and young people, as well as those who help families find the services they need.
  - **Establishing community lead agencies** – Lead agencies across Ontario will be responsible for providing core services and collaborating effectively with other services that play a role in young peoples’ lives, such as schools, hospitals, those working in primary care and child welfare authorities. Parents will only tell their story once.
  - **Creating a new funding model** – The new funding model will recognize individual community population and need, so agencies can respond effectively to local demands.
  - **Building a legislative and regulatory framework** – A framework will enshrine the accountability of lead community-based mental health agencies so that all are held to the same standard of care, regardless of where they are located in the province.

MCYS’ children and youth strategy is well aligned with other MH&A strategies and is driving transformative change across children and youth mental health sectors in the province.
Provincial and Federal Landscapes: Ontario

**Strategy:** In 2016, the Ontario Government started implementing its first opioid strategy to prevent opioid addiction and overdose: Ontario’s Strategy to Prevent Opioid Addiction and Overdose

- By enhancing data collection, modernizing prescribing and dispensing practices, and connecting patients with high quality addiction treatment services, the strategy is focused on:
  - **Modernizing opioid prescribing and monitoring**
    - Improving prescribing practices: Nurse Practitioner prescribing of Suboxone
    - Developing better data monitoring and surveillance systems: narcotics and overdoses
    - Education
  - **Improving the Treatment of Pain**
    - Investing in the Chronic Pain Network: Invest $17 million annually in multi-disciplinary care teams, including 17 Chronic Pain Clinics across Ontario, to ensure that patients receive timely and appropriate care to help them manage chronic pain
    - Chronic Pain Training for Health Care Providers: Expand training and support to primary care providers, including in rural and remote communities, to enable them to safely and effectively treat chronic pain
  - **Enhancing addiction supports and harm reduction**
    - Increase access to Naloxone
    - Increase access to opioid substitution therapy: Suboxone
    - Harm Reduction: Work with experts and municipal leaders to develop an evidence-based harm reduction framework, which could include expanding needle exchange programs and supervised injection services

The Ontario government is supporting a harm reduction approach in addition to focusing on prevention. Significant funding and political attention is being focused on this issue across the country,
Provincial and Federal Landscapes: Ontario

**Strategy Update:** In August 2017, the Ontario Government announced that it is investing more than $222 million over three years to enhance Ontario's Strategy to Prevent Opioid Addiction and Overdose.

- To help address the opioid crisis, the government is adding more front-line harm-reduction workers, expanding the supply of naloxone, creating new rapid access addiction clinics, and expanding harm-reduction services (e.g. needle exchange programs and supervised injection sites):
  - More than $15 million to support health-care providers on appropriate pain management and opioid prescribing;
  - More than $7.6 million to increase addictions treatment in primary care;
  - $70 million in long-term support for people who have addiction disorders;
  - $9 million to add more front-line harm-reduction outreach workers in communities across the province; and,
  - Beginning in 2018-19, $20 million over two years for specialized support for Indigenous communities and developmentally appropriate care for youth.

Investment is following previously identified Ontario priorities. There may be opportunity to secure some of this funding if strategies/initiatives are aligned.
Provincial and Federal Landscapes: Ontario

Working Group: Ontario’s Mental Health and Addictions Leadership Advisory Council

- To continue providing the Ontario Government with advice on mental health and addictions, the Mental Health and Addictions Leadership Advisory Council was created in 2014. This is a three-year advisory body to advise the Minister of Health and Long-Term Care on the implementation of Ontario’s Comprehensive Mental Health and Addictions Strategy.

<table>
<thead>
<tr>
<th>2015 Recommendations</th>
<th>2016 Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Make it easier for young people to transition from youth to adult mental health and addictions services and supports</td>
<td>• That the Ministry of Health and Long-Term Care work with other ministries and stakeholders to promote, prevent and intervene early across the lifespan</td>
</tr>
<tr>
<td>• Expect the same focus on quality from Ontario’s mental health and addictions system as you do from other parts of the health care system</td>
<td>• That the Ministry of Health and Long-Term Care address the chronic gaps in youth addiction, psychotherapy and supportive housing</td>
</tr>
<tr>
<td>• Move on key First Nation, Métis, Inuit and urban Aboriginal mental health and addictions needs</td>
<td>• That the Ministry of Health and Long-Term Care undertake three critical first steps toward large-scale transformation, leveraging the work of the Ministry of Children and Youth Services in these areas</td>
</tr>
<tr>
<td>• Prioritize investments in supportive housing focused on meeting the needs of individuals with mental illness and addictions</td>
<td></td>
</tr>
<tr>
<td>• Clarify which provincial ministry should lead the development and implementation of youth addictions policy and programming</td>
<td></td>
</tr>
</tbody>
</table>

There is a desire for more integrated strategies at the provincial level. Expect a desire for multiple levels of government to work together in developing aligned and joint strategies.
Provincial and Federal Landscapes: Ontario

In 2015, the Ontario Ministry of Health and Long-Term Care developed a strategy and passed legislation to improve health care:

*Patients First: Action Plan for Health Care*

April 2017 results of this action plan include the following related to MH&A:

- Providing faster access to mental health and addictions services by investing in:
  - 1,150 additional supportive housing units to reduce the risk of homelessness.
  - Structured psychotherapy that will help thousands of people learn strategies to improve their mental health and be more successful in their daily lives.
  - Up to nine youth service hubs where young people aged 12 to 25 can receive walk-in, one-stop access to services.

- Implementing a comprehensive opioid strategy to prevent opioid addiction and overdose including the appointment of Ontario’s first-ever Provincial Overdose Co-ordinator and expanding access to naloxone overdose medication free of charge for eligible Ontarians.

- Helping people quit smoking through a $5 million investment from tobacco tax revenues for:
  - Free Nicotine Replacement Therapy for patients being discharged from hospitals.
  - 15 Indigenous communities to develop new cessation programs and enhance existing services.
  - Extra support in communities with higher smoking rates and in hospitals that serve priority populations.

The Ontario government is investing in supportive housing and psychotherapy as specific ways to assist those with MH&A challenges.
**Strategic Directions: Patients First Act**

- **Effective integration of services and greater equity through sub-regions**
  - Expand LHIN oversight to other health service providers
  - Establish sub-regions in local health systems to plan performance improvement and service integration at a community level

- **Timely access to, and better integration of, primary care**
  - Require each LHIN to have at least one Patient and Family Advisory Committee
  - Establish new integrated and primary care leads who would be responsible for:
    - Improving access to primary care
    - Establishing sub-regional priorities and areas for improvement
    - Facilitating local discussions to improve the patient experience
    - Supporting the implementation of clinical care standards

- **More consistent and accessible home & community care**
  - Ensure that care provided at home and in the community, through sub-regions, is better integrated, including services provided by community support services and mental health and addictions

- **Stronger links to population & public health**
  - Ensure that public health expertise better informs health system planning and decision making
  - Integrating population and public health into the health system, details to be determined

---

**The Ministry of Health and Long-Term Care is empowering the LHINs to take a greater health system planning and accountability role and will be investing in transformative initiatives that directly align with the four strategic directions of Patients First.**
Provincial and Federal Landscapes: Ontario

The Ontario Ministry of Municipal Affairs and Housing has a strategy for affordable housing, a social determinant of health related to outcomes for people living with MH&A.

- The Long-Term Affordable Housing Strategy’s vision is: every person has an affordable, suitable and adequate home to provide the foundation to secure employment, raise a family and build strong communities.

- Desired outcomes include: decreasing the number of people who are homeless, and increasing the number of families and individuals achieving housing stability.

- From April to July 2015, the government consulted with major housing, health and human services stakeholders, and the general public as part of the strategy update. Major themes emerged from the consultation process:
  - the supply of affordable housing needs to be increased (affordable rental and affordable home ownership)
  - the current Rent-Geared-to-Income system needs to be overhauled
  - housing assistance should be portable, not tied to a specific housing unit
  - access to housing and support services is too complicated for individuals and families – it needs to be streamlined
  - access to support services needs to be expanded to make it more easily available to tenants receiving housing assistance
  - Ontario needs a dedicated Indigenous Housing Strategy
  - Service Managers and housing providers need better data to make the best decisions

The Ministry of Municipal Affairs and Housing also has strategies and findings that London may want to learn from as it develops its community MH&A strategy.
The LHIN is a key planner and funder of local MH&A services, which must be connected to services provided through organizations funded elsewhere to provide a comprehensive local system for residents of London.
Local London Landscape

Current State Report
Local Needs

There are a variety of MH&A services provided in London, and need for more service remains. The following needs were gathered from various locally developed reports to provide more specific context.

<table>
<thead>
<tr>
<th>Category</th>
<th>Finding</th>
<th>Source</th>
</tr>
</thead>
</table>
| MH&A                       | • A 1.5 times higher rate of opioid-related ED visits and hospitalizations compared to the rest of the province  
• A 59% increase in total police-involved mental health occurrences from 2012-2015  
• Higher rates of self-injury hospitalization, mental illness patient days in general hospital than Ontario average | Igniting the MINDS of London-Middlesex; MaRS Solutions Lab                                   |
| Addictions                 | • Strengths: diversity of staff experience, separate programs for women and indigenous populations, diversity of treatment modalities and support services, high quality of community treatment  
• Challenges: addictions in Emergency Departments, communication/sharing data across providers, wait times, stigma of some service locations, lack of residential beds  
• Gaps: More/coordinated services for Managed Alcohol, drug induced psychosis; housing solutions; linkages between harm reduction and treatment; hours of operation; responding to street level addicts; mobile on-demand services; transportation to services for individuals residing on a First Nation reserve; culturally sensitive care | Addictions Services Continuum; City of London 2016; South West LHIN February 1, 2016 presentation |
| Homelessness / Shelter Use | Between 2011-2016 18% decrease in use of London’s Emergency Shelters; number of emergency shelter visits per person increasing; number of young people increasing; young adult females disproportionately represented | London’s Emergency Shelters; Progress Report: 2011-2016                                   |
| Homelessness               | • 22% are new to London  
• 33% reported drinking or drug use resulted in housing loss; 43% have chronic health issues  
• 58% experience chronic homelessness; 56% reported emergency shelters as place they slept most frequently  
• 50% reported homelessness caused by abuse or trauma; 60% by relationships breakdown/abuse  
• Individuals reported needing: increased income and/or financial support; more available and affordable housing; support from community programs (including, case management, system navigation, and access to housing listings); to secure employment; to address addiction challenges and achieve sobriety. | London’s 2015-2017 Enumeration Results                                                    |
| Child and Youth Mental Health | • London children currently waiting up to 8 months for counselling, psychotherapy – 2-year waits can occur  
• Demand for child and youth mental health services increasing every year in London  
• In last 25 years, only two base funding increase for CYMH in London - in 3% in 2003 and 5% in 2006 | CMHO: Key Facts on Child and Youth Mental Health in Canada and Ontario                     |

While housing is a social determinant of health that impacts addictions, addictions results in homelessness for 1/3 of people of those experiencing homelessness in London. Barriers to access (stigma, culturally sensitive care, wait times, transportation, hours), communication across providers, and gaps in care (i.e. drug induced psychosis; managed alcohol) remain as challenges.
Local London Environment – Collaborations

There are many working groups, committees, and tables in London related to MH&A that have been making a positive impact on the system. Through the documentation review, 21 such collaborations were identified.

- Information is presented as was available in the documentation received.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Participants</th>
<th>Description of Focus and/or Activities</th>
</tr>
</thead>
</table>
| **Homelessness**                  |                                                                             | **Community Health Collaborative**  
|                                   | Partners across the continuum of health, education and social services. Dr. Chris Mackie (MLHU), Andrew Lockie (United Way), LHSC | Project taking population health approach to describe the disparity in the determinants of health across London and Middlesex. Looks to better utilize system resources to create positive change for healthier communities, by leveraging collective strengths.  
|                                   |                                                                             | **Housing & Homelessness Working Group**: Understanding the current housing stock in London/Middlesex; assist multiple providers to help their clients gain access to housing that fits their needs and preferences; help to inform research on the relationship between housing and health. Looking to: Develop a business case for development and ongoing data collection; develop a strategy for data collection with regional housing experts. Projects: Development of a Middlesex-London Community Indicators website; City of London Affordable Housing Database.  
|                                   |                                                                             | **Mental Health and Addictions Working Group**: Projects: Advisory to the development of MINDS (Mental Health system Incubator for Disruptive Solutions) of London & Middlesex; People Who Inject Drugs (PWID) Residential Treatment of Infectious Complications.  
<p>| <strong>Housing Collaborative Initiative (HCI)</strong> | Provincial Service Managers                                                 | Provincial cooperation and initiative of Service Managers to develop an Information System for Social Housing in Ontario.                                                                 |
| <strong>Housing First and Supportive Housing Initiatives</strong> | London CARES, SLWAR, CMHA-M, ANOVA, Atlohsa, SLSC, AHS (Addiction Supportive Housing) | Housing and other determinants of health.                                                                                                                             |</p>
<table>
<thead>
<tr>
<th>Initiative</th>
<th>Participants</th>
<th>Description of Focus and/or Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opioid Crisis Working Group</strong></td>
<td>Mayor, other community stakeholders under leadership of Medical Officer of Health</td>
<td>Expanding Naloxone program; Opioid overdose preparedness and response plan; Supervised consumption sites</td>
</tr>
<tr>
<td><strong>Middlesex London Community Drug &amp; Alcohol Strategy (CDAS)</strong></td>
<td>A range of local community provider and stakeholders</td>
<td>Community collaborative (~30 individuals and agencies participate) to address underlying issues leading to opioid use: social determinants of health; prescribing practices, etc. Four working groups: Prevention and Enforcement; Harm Reduction; Treatment; Prevention. CDAS is gathering data and information, engaging stakeholders in the community, and developing a prioritized 3-year drug and alcohol plan for Middlesex London.</td>
</tr>
<tr>
<td><strong>Opioid Overdose Surveillance Working Group</strong></td>
<td>EMS, Base Hospital, LHSC, City-wide ED chief, police, regional coroner</td>
<td>Focus is on early warning system to detect opioid overdose increases in the community and alert key agencies.</td>
</tr>
<tr>
<td><strong>Naloxone Community Steering Committee</strong></td>
<td>LIHC, RHAC and MLHU</td>
<td>(none identified)</td>
</tr>
<tr>
<td><strong>Physician leadership group on opioids</strong></td>
<td>physicians, pharmacists, dentists, regulatory and professional colleges</td>
<td>Developing a workshop for physicians, pharmacists, dentists, on safe prescribing of opioids and pain management. Collaboration with regulatory and professional Colleges.</td>
</tr>
<tr>
<td><strong>Supervised consumption site local leadership group and advisory group</strong></td>
<td>(none identified)</td>
<td>Focus on supervised consumption site public consultations.</td>
</tr>
<tr>
<td><strong>Variety of discharge planning groups</strong></td>
<td>(none identified)</td>
<td>Provider groups coordinating and providing intensive case management. Affiliated with correctional services. Specific groups for Acquired Brain Injury, release of sexual offenders in treatment. Substance use problems and/or mental health issues are high.</td>
</tr>
</tbody>
</table>

Local London Environment – Collaborations

(continued)
## Local London Environment – Collaborations

(continued)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Participants</th>
<th>Description of Focus and/or Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health (may also include addictions or other health related components)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variety of discharge planning groups</td>
<td>(none identified)</td>
<td>Provider groups coordinating and providing intensive case management. Affiliated with correctional services. Specific groups for Acquired Brain Injury, release of sexual offenders in treatment. Substance use problems and/or mental health issues are high.</td>
</tr>
<tr>
<td><strong>MINDS</strong></td>
<td>MaRS Solution Lab</td>
<td>Objectives: Establish a social innovation lab that develops and scales disruptive solutions for 2 complex mental health system challenges; Build local sustained capacity; Show impact on all beneficiaries; Demonstrate proof of concept of MINDS model and facilitate its growth (including its products) into other settings across Ontario and beyond.</td>
</tr>
<tr>
<td><strong>Health Links</strong></td>
<td>(none identified)</td>
<td>LHIN level creating comprehensive Care Coordination plans for people who have high demand on healthcare system. Beginning to look at addiction and mental health issues.</td>
</tr>
<tr>
<td>Connectivity/Situation table</td>
<td>(none identified)</td>
<td>Group of service provider decision-makers meeting weekly to discuss cases of acute elevated risk.</td>
</tr>
<tr>
<td>Enhanced Crisis Table</td>
<td>Convened by the LHIN</td>
<td>Identifies pressures on Emergency Departments and police services. Helped to develop Walk-in MH&amp;A Crisis Centre.</td>
</tr>
<tr>
<td>HSJCC (Human Justice and Services Coordinating Committee)</td>
<td>(none identified)</td>
<td>Justice related group addressing MH&amp;A issues.</td>
</tr>
</tbody>
</table>
Local London Environment – Collaborations

(continued)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Participants</th>
<th>Description of Focus and/or Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children and Youth</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core Services Leadership Council</td>
<td>This group is made up of the E.D. or designate of the 11 agencies to are funded to provide CYMH services by MCYS.</td>
<td>Key collaboration in children and youth mental health in the MCYS funded CYMH system</td>
</tr>
<tr>
<td><strong>Other Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Leadership Table</td>
<td>Convened by Public Health</td>
<td>To address the recent spike in HIV, primarily amongst PWID, has demanded a significant time commitment from agency decision makers</td>
</tr>
<tr>
<td>SRIT (Sub-Region Integration Tables)</td>
<td>(none identified)</td>
<td>New groups for local planning at the LHIN sub-region levels with MH&amp;A representative</td>
</tr>
<tr>
<td>Coordinated Access Groups</td>
<td>(none identified)</td>
<td>The LHIN funds one FTE to do this work across the Thames Region</td>
</tr>
<tr>
<td>Youth Wellness Hub Action Coalition</td>
<td>Multisectoral representatives</td>
<td>Advisory/planning group for Transitional Age youth</td>
</tr>
<tr>
<td>The Collaborative (formerly Code Red)</td>
<td>(none identified)</td>
<td>(none identified)</td>
</tr>
</tbody>
</table>

How these groups can work together, and where energy can best be directed, may be of consideration in developing the London Community MH&A strategy.
Local London Environment – Service Delivery

The following are service delivery initiatives, either temporary or permanent, identified in the documentation review.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Groups Involved</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>London CAReS</td>
<td>City of London</td>
<td>A highly collaborative community-based Housing First service aimed at improving the health and housing outcomes of individuals experiencing homelessness. Includes Street Outreach, Mobile Unit, Housing Stability Program, Housing Selection, and Syringe Recovery.</td>
</tr>
<tr>
<td>Street Level Women at Risk (SLWAR)</td>
<td>Addiction Services of Thames Valley, funded by the City of London, and guided by the Women’s Advisory Group, Collaboration Advisory Group, Governance Group, and Evaluation Working Group.</td>
<td>The Street Level Women At Risk (SLWAR) Collaborative assists women who are experiencing homelessness and involved in survival sex work to secure permanent housing with supports. Using a housing stability approach, SLWAR provides rapid response, housing finding services and housing allowances, intensive in-home support, and coordinated referrals and intentional connections focused on sustainable exit strategies, long-term health and well-being, and community integration and belonging. SLWAR operates as a service collaboration of 25 programs.</td>
</tr>
<tr>
<td>General Mental Health and Addictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Units</td>
<td>MLHU</td>
<td>Public Health Units to support efforts to address: Opioid abuse and prevent overdoses; Increase Health Units’ capacity to address and combat the opioid crisis; and Enhance the Naloxone Program.</td>
</tr>
<tr>
<td>Zero suicide initiative</td>
<td>(none identified)</td>
<td>(none identified)</td>
</tr>
<tr>
<td>Transitional Age Youth Hub</td>
<td>(none identified)</td>
<td>(none identified)</td>
</tr>
</tbody>
</table>
Local London Environment – Service Delivery (continued)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Groups Involved</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Justice Related</td>
<td>Variety of Service Partners. Street Level Women At Risk; Connectivity London; Pre-Charge Diversion Program; The Direct Accountability Program; Adult Therapeutic Court; Gladue Court; Adult Drug Treatment Court (under review); Court Order to Reside Pilot Project</td>
<td>CJC's are community facilities with integrated justice, social, and health services under one roof. Operates out of existing community spaces (e.g. community center, school, church, library) and situated directly in at-risk community – brings justice system to vulnerable groups. In custody offenders can have holistic care plan developed within hours of arrest. Holistic approach to all of offender’s needs (e.g. life skills, general health care, job training, housing, education).</td>
</tr>
<tr>
<td>Court Order to Reside Pilot Program</td>
<td>St. Leonard’s Community Services, The Salvation Army Centre of Hope, The Salvation Army Correctional and Justice Services, Mission Services of London – Men’s Mission, Unity Project for Relief of Homelessness in London, and the City of London</td>
<td>Arrange emergency shelter for individuals placed on a Judicial Interim Release Order with a condition to reside at The Salvation Army Centre of Hope until their criminal matter was resolved. Placing individuals on a Judicial Interim Release Order to reside at The Salvation Army Centre of Hope was a response to the reluctance by Justices of the Peace to release an individual to no fixed address. O2R Pilot Project Evaluation Findings: placing individuals on a Judicial Interim Release Order with a condition to reside was not an effective practice. As of October 1, 2016, the O2R Pilot Project no longer accepts new participants. Individuals involved in the O2R Pilot Project who secured housing experienced reduced recidivism.</td>
</tr>
</tbody>
</table>

How these service delivery initiatives fit with the broader service delivery landscape may be taken into consideration when developing the Community MH&A strategy.
Local London Environment – Recent Reports

The following table lists recent reports related to the local MH&A landscape and is provided to show the scale of information and information-gathering work that is taking place in London.

<table>
<thead>
<tr>
<th>Strategy/Report</th>
<th>Timeframe</th>
<th>Groups Involved</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness Enumeration Events</td>
<td>October 2015 – April 2017</td>
<td>City of London, the Province of Ontario, the Government of Canada's Homelessness Partnering Strategy (HPS), and the Canadian Alliance to End Homelessness</td>
<td>Survey of individuals and families experiencing homelessness at emergency shelters, drop-in services, and outreach routes throughout the city.</td>
</tr>
<tr>
<td>Street Level Women at Risk Report</td>
<td>April 2016- March 2017</td>
<td>Addiction Services of Thames Valley, funded by the City of London, and guided by the Women’s Advisory Group, Collaboration Advisory Group, Governance Group, and Evaluation Working Group.</td>
<td>The Street Level Women At Risk (SLWAR) Collaborative assists women who are experiencing homelessness and involved in survival sex work to secure permanent housing with supports. SLWAR operates as a service collaboration of 25 programs.</td>
</tr>
<tr>
<td>A Canadian Model for Housing and Support of Veterans Experiencing Homelessness</td>
<td>May 2012 – June 2014</td>
<td>Local community organizations across four Canadian sites (Toronto, London, Calgary, and Victoria), Veterans Affairs Canada, the Homelessness Partnering Strategy</td>
<td>The issue of homelessness among Canadian Armed Forces (CAF) veterans is an area of increasing concern. This multi-site Evaluation Project was established to develop a tested Canadian model for addressing, reducing and preventing veteran homelessness.</td>
</tr>
</tbody>
</table>
## Local London Environment – Recent Reports

(continued)

<table>
<thead>
<tr>
<th>Strategy/ Report</th>
<th>Timeframe</th>
<th>Groups Involved</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Addictions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervised Injection Services Feasibility Study</td>
<td>January 2017</td>
<td>(not identified)</td>
<td><em>Ontario Integrated Supervised Injection Services Feasibility Study for London, ON.</em> Feasibility study on implementing Supervised Injection Services Feasibility Study for London, ON. SISs are not necessarily being implemented in London.</td>
</tr>
<tr>
<td>CDAS Environmental Scan</td>
<td>2016-2017</td>
<td>Agencies in London; Middlesex-London Health Unit.</td>
<td>Service Provider Questionnaire that was distributed to 53 agencies and organizations in October and November 2016. Analysis of the responses was completed by Tamara Thompson, Program Evaluator, Middlesex-London Health Unit.</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core Services Delivery Plan</td>
<td>June 2017</td>
<td>CYMH Core Services Leadership Council</td>
<td>CYMH Core Services Leadership Council (11 funded agencies) priorities in both the Core Services Delivery Plan and Community Mental Health plans.</td>
</tr>
<tr>
<td><strong>Poverty</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>London for All – A Roadmap to End Poverty</td>
<td>2016</td>
<td>United Way; City of London</td>
<td>United Way – the selected body for advancing recommendations. The goal of these recommendations is for London to reach its full potential by ending poverty in one generation.</td>
</tr>
</tbody>
</table>
Jurisdictional Scan

Current State Report
The Mental Health Commission of Canada states that if Canada is to be successful at improving mental health outcomes for all, it has to be a joint effort by all levels of political leadership.

The Mental Health Commission of Canada (MHCC) leads the development of innovative programs to support mental health and wellness of Canadians. The MHCC supports federal, provincial, and territorial governments in the implementation of sound public policy.

The MHCC identified Municipalities as a key partner in the improvement of mental health outcomes for all. Municipalities, as well as first-line responders, are key stakeholders in confronting mental health issues, and challenges to support recovery.

Municipalities play an important role in preventing mental health issues, promoting mental health and well-being and improving the quality of lives of people living with mental health issues, especially in:

- Equipping first responders and frontline service providers with the tools and training to respond appropriately to people in crisis.
- Collaborating with health, social service and education providers to improve the integration and continuity of services across the spectrum of prevention, social support, crisis response, treatment and follow up.
- Actively supporting activities to tackle the persistence of stigma that surrounds mental health problems and illnesses.
- Contributing to mental health promotion and well-being by assessing municipal services and policies for impact on mental health across the life span.

A jurisdictional scan was conducted to identify tools and models that can be leveraged in the city of London to better collaborate and coordinate Mental Health and Addictions services throughout the Community.
Jurisdictional Scan
Section Summary: Overview cont’d

A jurisdictional scan was conducted to identify tools and models that can be leveraged in the city of London to better collaborate and coordinate Mental Health and Addictions services throughout the Community.

- Improving the quality of Mental Health and Addictions health care—and general health care—depends upon the effective collaboration of all mental, addictions, general health care, and other human service providers in coordinating the care of patients.

- Effective coordination is often challenged by:

  - Separation of mental health and addictions from general health
  - Further segregation of mental health and addictions
  - Peoples’ access to other systems such as welfare, housing, education, justice, etc.
  - Location of services

Much of the above can be mitigated via collaboration and coordination at the policy making level (local, provincial and federal).
A jurisdictional scan was conducted to identify tools and models that can be leveraged in the city of London to better collaborate and coordinate Mental Health and Addictions services throughout the community.

Common themes identified across tools and models reviewed include:

- Enabling a system where clinicians and institutions actively collaborate and communicate to ensure an appropriate exchange of information and coordination of care.
- Maintaining an ultimate focus on people living with MH&A through standardized care delivery by interprofessional teams.
- Leveraging innovative tools in the MH&A space, including centralized intake; collaborative planning and treatment; colocation and clinical integration; shared patient records; case management; and, formal agreements with external providers.

The overall goal of identified models and tools is to provide access to the right combination of services, treatments and supports, when and where people need them. A full range of services, treatments and supports includes primary health care, community based and specialized mental health services, peer support, supported housing, education as well as employment.
Jurisdictional Scan Methodology

Best Practices research was conducted across Canadian and international jurisdictions to identify tools and models that can be used to improve the efficient and effective delivery of community based mental health and addictions services in the city of London.

- Priorities of the various tables and working groups from the communities in the city of London and objectives of the review were considered to set the context of research and target specific research efforts.

- The jurisdictional scan was designed to align with the current state review, including environmental scan, stakeholder interviews and focus groups with providers and people with lived experience for the purpose of informing recommendations that will address gaps and opportunities.

- The jurisdictional scan was informed by government/health system publications, and web scans of service provider information. The jurisdictional scan was national and international in scope.
SUMMARY

CONSIDERATIONS FOR LONDON

Health Links

• Funded by the Ministry of Health and Long-Term Care (MOHLTC), Health Links are an innovative program that brings together health care providers within a geographically-defined area to better and more quickly coordinate care for high needs patients.

• The primary goal of Health Links is to improve the delivery and coordination of care for a defined patient population while reducing costs. Health Links places family care providers at the centre of the health care system.

• By bringing local health care providers together as a team, Health Links help family doctors connect patients more quickly with specialists, home care services and other community supports, including mental health services.

Mississauga Halton LHIN one-link

• One-Link provides a central intake, screening and triage, information and referral, wait list support and peer facilitation, connecting residents 16 years and older to addiction and mental health services.

• One-Link is the front door for referrals for all 10 MH LHIN funded Community Addiction and Mental Health Service Providers. Individuals or health care providers who walk in, call or refer directly to One-Link partners first have their referral processed by one-Link. Agency referral forms were also replaced by a one-Link common referral form.

• With improved coordination and information sharing, people living with MH&A in the city of London will receive faster care, spend less time waiting for services and be supported by a team of health care providers at all levels of the health care system.

• The city of London can leverage centralized intake tools to coordinate access to MH&A services in the community as well as related support services. This will enable a streamlined intake process, enhanced client experience, and improved collaboration across providers.
SUMMARY

CONSIDERATIONS FOR LONDON

Central LHIN

- In partnership with the Mental Health and Addictions Service Coordination Council for York Region, the Central LHIN funded the One Stop Shop Directory for mental health and addictions services in York Region. The directory launched in November 2016 and is an umbrella listing of the mental health, addictions, housing and related support services available in York Region, and is an easy way for individuals to find the services available in an individuals community.

- Peer Navigators work in the emergency departments of North York General and Southlake hospitals. Drawing from lived experience with mental health and/or addiction challenges, the Peer Navigator assist individuals who present at the hospital emergency department. The goal of the Peer Navigator is to enhance recovery and improve the quality of the patient experience both in the emergency department and with system navigation after the visit.
  - Parents Lifelines of Eastern Ontario (PLEO) utilizes peer navigators to provide support and navigation services to parents across the LHIN who have children with mental health and addictions issues.

- Limited knowledge of services available across the City of London leads to challenges for patients accessing the right care in the most appropriate location.

- To overcome these challenges, the City of London can leverage tools such as a centralized database for service offerings across the continuum of care including MH&A services, housing supports, as well as financial, employment and community supports listings.

- Stakeholders in London noted that the ED is a main point of entry for many people living with MH&A resulting in overcrowding and increased wait times. Strong community programs would allow the city of London to divert patients from the ED and allow them to receive more appropriate treatment in an alternative location that better suits their healthcare needs.
## SUMMARY

### Centre for Addictions and Mental Health

- Access CAMH is a phone service that provides centralized information on mental health and addictions supports including referral eligibility requirements, and self-referral information for addictions supports. It also provides centralized intake and scheduling for most hospital services to patients and families, as well as clinicians, community health providers and other stakeholders.

- The program has an inter-professional team that includes social workers, nurses, clinicians and administrative support. The centralized intake structure has one referral form and one access line.

## CONSIDERATIONS FOR LONDON

- City of London stakeholders indicated that it was difficult for residents to navigate where to enter the MH&A system. Many individuals in the community as well as at the service provider level lack a clear understanding of what services are available to people living with MH&A.

- Developing a Centralized Intake System in the city of London will require closer collaboration among providers (both at the hospital, community, and social support level), agreement on included services, standardized processes and procedures (i.e. standard referral forms), and sustainable funding mechanisms.

- Allows for access to coordinated services along the continuum of care and the care patients need, where and when they need it.
ConnexOntario

- ConnexOntario provides free and confidential health services information for people experiencing problems with alcohol and drugs, mental illness or gambling. It is funded by the Government of Ontario.
- ConnexOntario maintains the most comprehensive health services database in Ontario. It connects daily with service providers and other professionals to gather current and accurate data about treatment beds, support groups, crisis lines and other health services.
- It operates three helplines:
  - Drug and Alcohol Helpline
  - Mental Health Helpline
  - Ontario Problem Gambling Helpline
- Actual services it provides are described as:
  - Providing contact information for services and supports in the caller’s community
  - Listening, offering support, and providing strategies to help people meet their goals
  - Providing basic education about gambling, drug or alcohol and mental health problems

CONSIDERATIONS FOR LONDON

- ConnexOntario may be a basis on which to build or simply access a centralized database for the City of London, and ensure that it remains up to date
- Determine where other services ConnexOntario provides (contact info, listening, support, basic education) fit into the services available in the city, and when ConnexOntario should be drawn upon
SUMMARY

Beacon UK

- Beacon UK was developed based off of Beacon Health Options, a mental health care company based in Boston, Massachusetts. As a managed mental health care company working in partnership with NHS, Beacon UK is a specialist in coordinating mental health services to deliver better integrated, and more effective care.
- Beacon UK works in local communities to bring together social, mental, and physical health services.
- Beacon UK clinical teams co-locate with NHS teams to work collaboratively.
- When compared to the existing NHS system, Beacon UK is able to improve the timeliness of care as well as quality. The tools Beacon has implemented ensure patients access care in the most appropriate location, ensures family members have the support they require, and leverages utilisation management to measure patient progress and proactively begin to plan for a patients transition through the MH&A system.
- Continued on next slide

CONSIDERATIONS FOR LONDON

- Integrated models of care allow for the bringing together of all levels of care including general and mental health as well as related social supports.
- Co-location allows for the formation of interdisciplinary teams resulting in patients receiving the most appropriate level of care in the most appropriate location.
- City of London can utilize similar tools for centralized intake as well as service directories to ensure patients know where to enter the system and what services are available to them.
### SUMMARY

**Beacon UK Cont.**

- Beacon UK uses multiple tools to ensure the right care is delivered at the right time.
  - **Access Centre** – Beacon UK’s single point of access manned by skilled system navigators and clinicians provides the front door for referrers, service users, and care providers.
  - **Utilisation Management** – Coupling evidence-based clinical tools and service criteria with a systematic evaluation of individual and population care needs. The result is reduced costs, shorter lengths of stay, and better treatment outcomes.
  - **Intensive Case Management** – With personalised care coordination and clinical management for individuals with complex needs and high-risk clinical and social factors. Provide a transition back into the community.
  - **Service Directories** – Customized directories of local services provide a searchable, publically available database of verified mental health service providers, helping improve service utilisation, capacity planning, and access.
  - **Business Intelligence Platform** – Beacon’s interoperable business intelligence platform captures clinical, financial, and user experience data from multiple sources and services, providing predictive analytics and key insights to improve care and ensure a smooth patient flow across the system.

### CONSIDERATIONS FOR LONDON

- Centralized intake for accessing services enables a streamlined intake process, enhanced client experience, and improved collaboration across providers.
- Limited knowledge of services available across the city of London leads to challenges for patients accessing the right care in the most appropriate location.
- To overcome these challenges, the city of London can leverage tools such as a centralized database for service offerings across the continuum of care including MH&A services, housing supports, as well as financial, employment and community supports listings.
SUMMARY

**Intermountain Healthcare**

- Often times, patients come to primary care providers (PCP) with multiple comorbidities that are intensified by mental health issues. A PCP would commonly refer patients to a mental health specialist, however wait times are long leading to no linkage between transitions of care.

- At Intermountain Healthcare, 80% of mental health services are provided by primary care physicians. In this case, a Registered Nurse could be assessing a patient with diabetes, but also initiating mental health referrals if necessary. Implementation required a shift in the underlying view of mental health care, addition of new roles and expertise, as well as re-education of primary care physicians and all their staff.

- The ultimate goal of an inter-professional team based model is to integrate the mental health providers into the primary care team where patients can have medical and mental health needs addressed in the same location. Mental Health professionals assess the patient and coordinates with the PCP to develop a treatment plan. The Mental Health provider, in coordination with the care manager, can effectively bridge the gap to keep patients stabilized while the referrals to long-term mental healthcare are in progress.

- Continued on next slide

CONSIDERATIONS FOR LONDON

- City of London stakeholders indicated that the ED is an “open door” for people living with MH&A. Having access to MH&A services within primary care can be beneficial in decreasing ER visits and increasing care transitions for patients within the continuum of care. Integrated teams can ensure that patients are accessing care in the right location and at the right level.

- Interdisciplinary teams allow patients to have their medical and mental health needs addressed in the same location, when appropriate.

- Allows for increased communication and collaboration across all service providers, both in the community and hospitals and allows for better understanding of what services are available and to which patients.
Intermountain Healthcare Cont.

- The Intermountain Healthcare model is based on adding mental health professions to locations where they can do the best. Mental health professions support existing populations that PCPs serve and are assigned in blocks of time based on complexity of the population.
- PCP and mental health specialist (psychiatrists, psychologists and psychiatric advanced practice registered nurses for screening and coordination, RN care managers, social workers, peer mentors) work together and in-turn communicate with patients and family members.
- This revised approach has been shown to be effective in rural areas where mental health specialists are limited.
- A report from McMaster University examining the impact of and approaches to addressing the needs of people living with mental health issues indicates that there is a need to transform primary care to include a variety of mental health professionals working as part of interdisciplinary teams. Teams would be able to provide mental health promotion and prevention activities, as well as provide support for substance use through what is known as “SBIRT” (screening, brief intervention, and referral to treatment). These teams would also be able to support collaborative chronic care for individuals with mental health conditions.

CONSIDERATIONS FOR LONDON

- When determining location of services, a key consideration should be availability and appropriateness of resources. If the resources required for the service are community versus hospital based, this should influence the decision surrounding the service location in the city of London.
- Team based primary care settings have been reported to result in better clinical outcomes for patients, lower rates of healthcare utilization, and lower costs.
SUMMARY

- As a municipality, Vancouver is known for working in partnership with the province and the private sector to address homelessness among people with mental illness. Vancouver was one of five cities, along with Winnipeg, Toronto, Montreal and Moncton, that hosted a federally-funded research project that tested the model of Housing First, which aims to end chronic homelessness by combining immediate access to housing with recovery oriented intervention.

- In the Region of Peel, a large municipality west of Toronto, 4800 municipal employees are receiving training to break down the stigma experienced in the workplace that prevents people from seeking help when experiencing mental health problems.

- In Calgary, the police service is piloting a program developed by the Department of National Defence to reduce stigma and improve mental health outcomes.

- Mobile Crisis Intervention Teams (MCIT) are collaborative partnerships between participating hospitals and the Toronto Police Service. The program partners a mental-health nurse and a specially trained police officer to respond to 9-1-1 emergency and police dispatch calls involving individuals experiencing a mental health crisis. The team will assess needs and connect the person in crisis with the most appropriate services.

CONSIDERATIONS FOR LONDON

- Bridging the gap between general and mental health as well as social supports required by many patients (housing support, education, justice, etc.) is key to ensuring patients receive care at all levels.

- Social determinant of health in the city of London should be incorporated into planning and care decisions to ensure people living with MH&A have the necessary supports to recover.

- Other jurisdictions have found that police and EMS are often best positioned to provide crisis support (i.e. at the frontline). When properly supported and equipped to provide crisis services, they can be an effective resource. Police are often involved with people living with MH&A in the London community, it is therefore key that they have appropriate training as well as the necessary supports to get people the care they need.
SUMMARY

City of Vancouver

• To reduce the harm caused by drug use, Vancouver provides supervised injection sites (Insite) and needle exchange programs.
  • The benefits to offering supervised injection sites include:
    • Reduces number of overdose deaths
    • Provide a safe, clean, and secure place for users to inject while reducing the visibility of drug consumption on the street
    • Provides an opportunity for multiple contacts with health care staff, social workers, and other individuals who can help users move toward healthier choices, such as drug treatment programs, primary health care, and other social services
    • Reduces HIV and hepatitis C transmission, and ensures that injecting equipment remains inside and is not discarded in the community
    • Reduces risks to the community as the open consumption of drugs can be more easily discouraged

City of Toronto

• In the summer of 2017, Health Canada approved three supervised injection sites in Toronto. This was a “necessary exemption from the Controlled Drugs and Substances Act” reported Health Minister Jane Philpott.
  ▪ SIS link people with addictions to health care supports including substance use treatment, counselling, and primary care.
  ▪ It is critical that all levels of government work together to address the ongoing drug crises, including opioids.

CONSIDERATIONS FOR LONDON

• The city of London struggles with high crystal meth and opioid consumption and stakeholders indicated issues with drugs on the streets of London and the community feeling unsafe. SIS and NEP offers a solution to negative health effects and public disorder caused by persons with addictions issues as well as related mental health issues.

• It is important for the city of London to consider the location of potential SIS and NEP programs in order to ensure alignment with where patients need to access services. Consideration must also be given to businesses and services offered in the areas surrounding SIS and NEP.

• The city of London can leverage learnings from implementation of SIS in Vancouver, Toronto, as well as Montreal.
Next Steps

Current State Report
## Next Steps

<table>
<thead>
<tr>
<th>Next Steps</th>
<th>Completion Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Current State Report Feedback</td>
<td>October 3rd</td>
</tr>
<tr>
<td>2 Stakeholder Interviews completed</td>
<td>October 13th</td>
</tr>
<tr>
<td>3 Working Session 2: Visioning and Action Planning</td>
<td>October 13th</td>
</tr>
<tr>
<td>4 Final Report</td>
<td>December</td>
</tr>
</tbody>
</table>
Appendix
Document Review Information Sources


- Dr. Gayane Hovhannisyan, Associate Medical Officer of Health Middlesex-, and London Health Unit. “Opioid Crisis in London.” August 1, 2017.


Document Review Information Sources


Document Review Information Sources


Jurisdictional Scan Information Sources


Jurisdictional Scan Information Sources

