

**JANUARY 2022**

**PRE-BUDGET CONSULTATION**

**MINISTRY OF FINANCE AND ECONOMIC AFFAIRS**

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**CANADIAN MENTAL HEALTH ASSOCIATION, THAMES VALLEY ADDICTION & MENTAL HEALTH SERVICES**

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**Canadian Mental  
Health Association**  
Thames Valley  
Addiction and Mental Health Services

**Association canadienne  
pour la santé mentale**  
Thames Valley  
Services de santé mentale et de traitement des dépendances

On behalf of the Canadian Mental Health Association Thames Valley Addiction and Mental Health Services (CMHATVAMHS) and the people we serve, thank you for the opportunity to share our experience and recommendations related to the mental health and addiction needs of our community – specifically, the need for increased base funding, as well as targeted funds for developing programs and services to meet these needs. CMHATVAMHS is the primary mental health and addiction agency in the Thames Valley (Elgin, Oxford, and Middlesex) region. With approximately 700 employees, we serve individuals aged 12 and over through a range of programs including community education, crisis services, counseling and treatment, housing, case management, addiction medicine clinics, and peer support (an overview of CMHATVAMHS is included in **Appendix A**).

For many years, mental health and addiction work was outside the norm of health care – a specialty, and a hidden one at that. Health care predominantly focused on physical health; and whether in hospitals or in the community system, funding flowed primarily to physical health care. We regularly had to explain our needs in comparison to cardiac programs, cancer treatment, pediatric services, home and community care, to name a few, and to advocate continually for funding within the health budget. We half-jokingly called ourselves the poor cousins and as a regular part of our job, constantly had to fight to ensure that those we served had their needs met in a respectful and appropriate way. Even today, mental health and addiction services receive only about 6-7% of the total health care budget, much less than the 10-11% of other countries such as the UK and New Zealand and the 9% recommended by the Mental Health Commission of Canada.

The work we do and the people we serve have also been considered to be out of mainstream health care for many years. Those with mental health issues were segregated and few spoke about the experience with openness or understanding; likewise, with addictions – one would rarely openly acknowledge personal experience for fear of being shunned or shamed. As times have changed and more and more brave people have spoken about their addiction and mental health needs, we have begun to understand their origin in social determinants, brain-behavior relationships, trauma, situational stress, etc., and to recognize how common these problems are in terms of prevalence and how cross-cutting they are in terms of lifespan and our society. While still present, stigma has been reduced and people are encouraged to come forward and seek help. There is no doubt now that physical health and psychological well-being are inextricably linked – there is indeed no health without mental health.

Partners providing mental health and addiction services, whether in the hospital or in the community, strive to reduce the frequency of unnecessary hospital visits and to create a seamless continuum of care and system of support to individuals, not just during an emergency room visit or acute admission, but also as they transition back into their normal activities of life. Again, the need for constant advocacy is ever-present – finding stable and suitable housing, providing help during crises, integrating physical and mental health/addictions care, and ensuring that supports and treatment are available and accessible – all while honoring the stated intentions and wishes of the client and addressing needs in a responsive way.

Community mental health and addiction agencies are key players in the client's journey, and those who work in the field are typically a professional, committed, and passionate workforce, who overcome obstacles and risks to make sure that those they serve are supported and provided with appropriate services. At CMHATVAMHS, our teams – much like first responders – often go into situations that are unpredictable, challenging to manage, and sometimes heartbreaking, with people who have very complex needs and may have been ignored, mistreated, or abandoned by our formal health care system. For the staff, seeing these individuals take small steps and achieve progress in creating a healthier life is rewarding and motivating to continue this work, because they believe that change is possible for anyone. Our staff engagement survey results are high, as staff identify with our values and purpose and have chosen a career to make a difference in others' lives. It is an important role – one recognized repeatedly not only by the clients we serve, but by the community as a whole.

However, the agency budget, the salaries we pay to our staff, and the small amount of money available for infrastructure, supplies, or education and training do not reflect that same value and respect. Our organization – the largest and busiest of the mental health and addiction agencies in our region – has only received a 2% annualized increase in base funding **once** in approximately 10 years, despite ongoing growth in demand and ever-intensifying complexity of work, as well as increasing infrastructure costs. We were essentially running a mental health and addiction organization in 2022 on 2012 dollars! As with many of our peers, every efficiency, every creative redesign of programs, every partnership has been explored and implemented to meet needs and stretch funds.

Our organization is grateful to have had many exciting opportunities to develop innovative and highly effective programs – a few of which are highlighted as follows:

- a. A Mental Health and Addictions Crisis Centre – the first of its kind in Ontario – offers walk-in services, police and ambulance drop-off, and crisis stabilization beds 24/7. Paired with mobile

crisis teams, partnerships with police, and Crisis and Supportive Listening Lines, we have been able to divert hundreds of people from the Emergency Department and provide continuity of care in the community.

- b. The new virtual program Breaking Free offers virtual services and supports for addiction and mental health concerns. We are the Regional Implementation Hub for Ontario Health West.
- c. On-campus crisis satellite services support post-secondary students at Western University and Fanshawe College by providing services during specific stressful time periods and responding to on-campus crisis events.
- d. Case management programs, in collaboration with the hospitals, place staff on inpatient units and in the ED, to transition patients to the community mental health and addiction programs without long wait times or other barriers to care.
- e. Addiction medicine clinics offer opioid replacement therapy and support. At our Rapid Access to Addiction Medicine Clinic (RAAM) in London, new methods of administration such as sub-cutaneous injection is showing great promise in the treatment of opiate addiction, while reducing the number of contacts with staff and clients.
- f. A Behavioural Addiction program which is a new program created just as the pandemic took hold that addresses hypersexuality and other behaviours and has a growing demand for service.
- g. Partnerships with municipalities in our region help to secure housing units in municipal properties and develop supports within housing.
- h. A Virtual Youth Hub was funded to provide prevention, support and treatment for concerns related to substance use for youth and parents/caregivers. This program was funded at the outset of the pandemic and a Virtual Youth Counsellor was hired to provide substance use treatment and support to youth and parents/caregivers. The Virtual Counsellor also will work in the future, with Children's Mental Health organizations to facilitate pathways and referrals to education and treatment provided by our organization and by Choices for Change with whom we partner on this initiative. An interactive website platform will be developed to facilitate virtual learning and engagement in the education and treatment programs.

Perhaps the most notable recent accomplishment has been the integration of four organizations – CMHA Elgin, CMHA Middlesex, CMHA Oxford and Addiction Services of Thames Valley – to become CMHA Thames Valley Addiction and Mental Health Services. This integration, which was entirely voluntary, was based on the belief that our new agency can provide regional consistency of services, while maintaining local presence. In addition, integrating mental health and addiction services means that clients receive more well-coordinated care without multiple referrals and lengthy wait times. Although the goals of integration were not driven by efficiencies, we do know that we will likely be able to find some savings that we can reinvest in programs and services.

Needless to say, we are extremely proud of the work we have done and would happily share more details about the positive outcomes. There is no question that these new developments have improved services in our community, and many were accomplished without significant new funds from the government. However, the money that has been received has typically been quite focused on specific

areas like crisis or housing and has done little to address the eroding base funding for most of our services. Indeed, funding has often been provided as one-time and even when the programs had demonstrated effectiveness, they were not renewed.

Thus, once again, in addition to connecting with those we serve and developing much-needed services, our job continues to be advocacy – trying to convince government, other health care partners, and the general public that mental health and freedom from addiction are critical components in our overall well-being and thus worthy of significant investments. In fact, we face additional challenges because of the ongoing reduction in stigma and encouragement of people to talk about their mental health and addiction needs and seek help. How could we possibly serve all of those who truly needed our help – and have been promised that seeking it was the right thing to do?!

And then came COVID-19. The world was initially in a state of panic; fearing a plague that could wipe out our population, we shut down all businesses, isolated in our homes, washed our groceries, and felt suspicious and resentful of anyone who appeared non-compliant with the restrictions. As time went by, we realized what a rollercoaster the pandemic would be – experiencing freedom and hope, only to have it dashed by a new variant and another wave of limitations in our lives. Very quickly, we recognized that the impact of the pandemic wasn't just a physical one, but maybe even more importantly, it had devastating psychological effects. Countless surveys showed that people were experiencing significant stress, anxiety, depression – even if they had never experienced significant mental health concerns previously. In Ontario, only 35% of people feel their mental health is good. Opioid deaths have increased by 60% in Ontario. Both alcohol and cannabis sales have remained consistently higher than pre-pandemic levels. These increases in visible and frequent consumption of alcohol and cannabis in the home as opposed to in bars and restaurants are affecting not only adults, but also have an impact on children, who are already faced with their own mental health concerns as a result of COVID-19. With casinos closed, the isolation caused by COVID has resulted in more online gambling to deal with financial loss and gaming and technological dependencies, which help the escape from anxiety and depression, are impacting connections to others. The stress and financial worries brought on by the pandemic have even pushed some otherwise non-violent people into abusive behavior; intimate partner violence has increased significantly, with a lasting impact on families.

Suddenly it seemed that the spotlight was shining on mental health and addictions; the concerns about their impact were escalating; and the demands for services were skyrocketing. Exacerbated by the growing recognition of systemic oppression and its impact on many lives, the needs for wide-ranging

and accessible services have never been greater. Calls to crisis and counseling services are escalating, and some areas that have never had waiting lists are finding they are creating them regularly. Despite these trends, and in the middle of a pandemic, as always, our resourceful and committed community mental health and addiction services throughout the province have risen to the occasion to find ways to continue and enhance services (please see **Appendix B** for a summary of services developed during COVID at CMHA Elgin Middlesex, a legacy organization prior to integration). At CMHA Thames Valley AMHS, we quickly and successfully implemented virtual services for those who could use them, to ensure ongoing treatment and support, and even arranged for phones and laptops for those clients who required them. We redesigned low barrier drop-in programs to enable people to receive meals and have continued contact with workers who could support them. Through staff redeployment and a cohort of dedicated volunteers, we increased our capacity for managing crisis and support line calls at Reach Out (a program of CMHATVAMHS), which had risen 30-50%; and we kept all of our supportive housing programs fully running, while partnering with other agencies to offer resting spaces with on-site supports. Case managers found innovative ways to work with clients through physically distanced meetings in a park, while community education programs on Zoom or YouTube had increased attendance and enabled ongoing connections for those who were isolated and distressed. Some of our staff even drove around rural areas, connecting with people on isolated farms, dropping off program materials because they had no internet, and ensuring their mental wellness.

Through generous donations and grants made available by government and community partners, we were able to meet the demands for services, but perhaps at a cost to our staff. They are exhausted; they are stretched; but they are still committed to those we serve. Recent research shows that among those groups experiencing workplace stress related to the pandemic, **providers of mental health services report some of the highest levels of burnout at 61%**. The helpers need help themselves and yet they keep going to provide the services they know our community needs.

This situation cannot be sustained – a substantial investment in mental health and addiction services is required immediately. We need to recognize their efforts with an overdue investment in appropriate infrastructure, staffing levels, and salaries. We need base budget adjustments of at least 8% to address the miniscule funding increase of 2% provided once in the last 10 years. We need legislative changes to Bill 124 that would allow us to pay our staff competitive salaries and successfully recruit and retain new staff to replace those who have left their professions in what is being called “the great resignation.” We need annualized funding to continue to provide service and create new programs that we know can be effective, rather than simply putting out fires and waiting for the next crisis. Examples of programs that

have been proposed or piloted are attached in **Appendix C** – a brief overview of what is possible with appropriate and sustained funding, including innovative partnerships with police, non-conventional housing strategies, low-barrier programs for women at risk, crisis stabilization beds in the community, and treatment programs accessible across the region.

We know intuitively that people spend most of their lives in their communities, where they live and work and have connections with other people. Helping them live there in physically and psychologically healthy ways benefits our society as a whole. We know through evidence that community-based mental health and addiction services enable and empower people to return to and maintain their lives there. And yet we have done little to create a system that facilitates what we know to be the right approach. We ask those who are committed to doing the work to do more, to stretch further, to become just a little more creative, and to spend much of their time advocating instead of providing service. The government must act now to invest in addiction and mental health services in a meaningful way so that our important work, equal to hospitals and primary care, can continue to help the community through the most significant health crisis of our times. Families will suffer for many years to come from the impact of loss, grief, financial hardship, mental health needs, and stress related to their increased consumption of alcohol and drugs, gambling and technological dependencies; and the time for action to prevent or mitigate the impact is now.

As we enter into the post-COVID era, when the importance of mental health and freedom from addiction is more salient than ever, we can hope that change is truly on the horizon, that we recognize and respond to those with mental health and addiction needs with respect and empathy, and that we finally find a way to sustain the system they deserve.

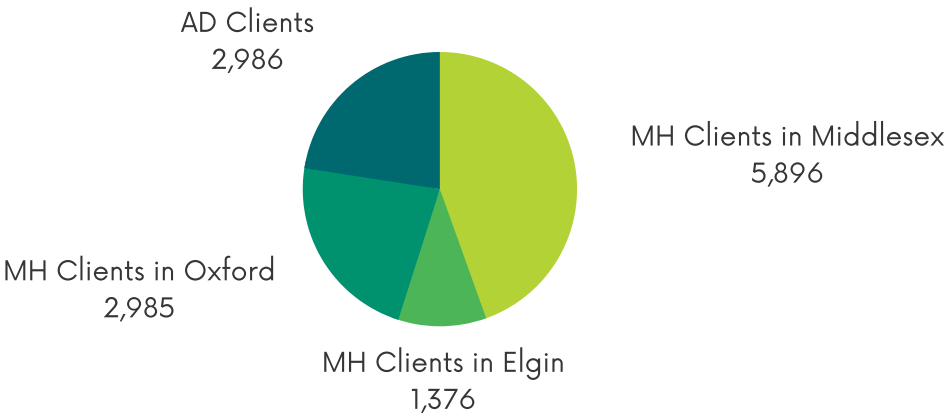
Thank you for your consideration of our feedback.

# CMHA THAMES VALLEY ADDICTION & MENTAL HEALTH SERVICES

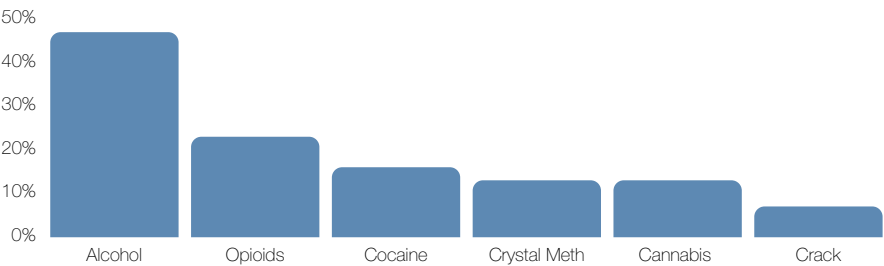
## 2020-2021 OVERVIEW

### CLIENTS

13,234 Clients Served:



Breakdown: Top Substances Reported as Problematic by Addiction Clients



### FAST FACT

54% of addiction clients reported having a mental health concern in 2020-2021

### PHONE SERVICES

59,076 calls received by the Support Line, Reach Out and Friendly Callers



Friendly Callers

### CRISIS

11,922 individuals contacted through crisis assessment and response

### RAAM CLINIC

149% increase in clients accessing the RAAM Clinic services from 2019-2020 to 2020-2021

- 153% increase in use by those for alcohol use support
- 146% increase in use by those for opiates use support

## PROGRAMS AT A GLANCE:

### CRISIS CENTRE

The Mental Health and Addiction Crisis Centre provides 24/7 walk-in support to anyone experiencing a mental health and/or addictions crisis. In 2021, major renovations began on the Centre, which was temporarily relocated to 534 Queens Ave in London. The Centre is expected to return to 648 Huron St in early 2022.

### CASE MANAGEMENT

Transitional Case Managers (TCMs) work with individuals 16+ who are experiencing mental health concerns and help them navigate community supports, connect to resources and services and meet short-term goals. In 2020-2021, our TCMs supported over 2,000 individuals across the Thames Valley region.

### SUPPORT FOR OPIOID USE

The Rapid Access Addiction Medicine (RAAM) Clinic offers community-based, low-barrier services to those looking for treatment for substance use. In 2021, the clinic served 406 clients in 2,919 visits for Opioid-related services. In addition to RAAM, the Community Opioid Addiction Program served 359 clients.

### HOUSING

We provide a variety of housing supports, including congregate and independent for both youth and adults who may have mental health or addiction issues. We also offer services to those who may be experiencing homelessness through programs like My Sisters' Place, Holly's House and London Coffee House. In 2020-2021, nearly 60,000 meals were served at MSP.

### COMMUNITY & PEER SUPPORT

We offer many social, recreational and skill-building programs across our sites, including groups led by our Peer Support workers. These groups allow individuals in our communities to connect with others and participate in meaningful activities, which fosters positive well-being. In Oxford County, we connected with 4,053 participants in 357 groups in 2020-2021.

### PARTNERSHIPS

Since 2020, we've partnered with several police services in the region through outreach and mobile response teams as well as the Crisis Call Diversion program. Since launching, teams have connect with over 700 individuals, which has provided the opportunity for more effective collaboration between healthcare and police, and better support for those in need.



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## **CMHA Elgin Middlesex pandemic response:**

New programs and  
services during COVID-19



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Health Association  
Elgin - Middlesex  
*Mental health for all*

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CMHA Elgin-Middlesex (CMHA EM) offers programs and services designed to promote good mental health, prevent further illness, offer treatment, support recovery and provide mental health education. The following lists resources available to individuals experiencing mental health issues and their families. Services are offered in the communities of St. Thomas, London, Middlesex, Exeter, Elgin and Goderich.



## **COVID-19 specific services**

Funding was provided to support critical mental health and addiction needs due to COVID-19 to convert an existing CMHA property into a congregate isolation space with the capacity to serve four individuals that need to isolate in order to reenter or maintain residence in a congregate setting.

## **COVID-19: Reachout 4 Help – Resource Page**

The London Community Foundation provided a grant to CMHA Elgin-Middlesex to create a resource page called COVID-19: Helping ourselves. Helping each other. Recognizing the stress of the pandemic for health care workers, we have created a one-stop webpage with resources, information and supports for people working in the health care field. We are also developing similar resources for individuals working in the education sector. More than ever, staying healthy now means protecting our mental health. Despite anxiety and uncertainty, work still needs to get done, children need structure, and daily meals need to be prepared. Taking care of our mental health, and discovering our own resilience is even more important now than ever, so that we are able to cope with stress, and care for others who depend on us. On this webpage, you will find resources, information, and guidance to help navigate this 'new and temporary' normal. Here 4 Help - Elgin Middlesex

## **Elgin County - Mental Health Justice – Mobile Crisis Teams**

Expansion of the 24/7 co-response team which supports Elgin County through the implementation of the Mobile Crisis Rapid Response Team where police-partnered teams respond to people in mental health and addictions crises, and support persons to minimize their interaction with the criminal justice system.

## Henry's House

Henry's House was created for men experiencing or at risk of homelessness and who may have low to moderate mental health and/or addictions concerns. Henry's House is based on the successful Holly's House. The model is not an emergency shelter, but a supported safe, hotel suite space for men who are willing and able to engage with program requirements and actively work with a primary worker to reach goals and secure permanent housing.

## Housing Always Program Expansion to Dundas Street

Housing Always Program supports the wellbeing of the community that participants call home. Focusing on the concept of recovery for persons who live with mental illness and addictions. We support the needs presented by the community on an individual level and as a whole. We offer opportunities for permanent independent living in bachelor or one bedroom units with supports that match the presenting needs of individuals through Coordinated Access.

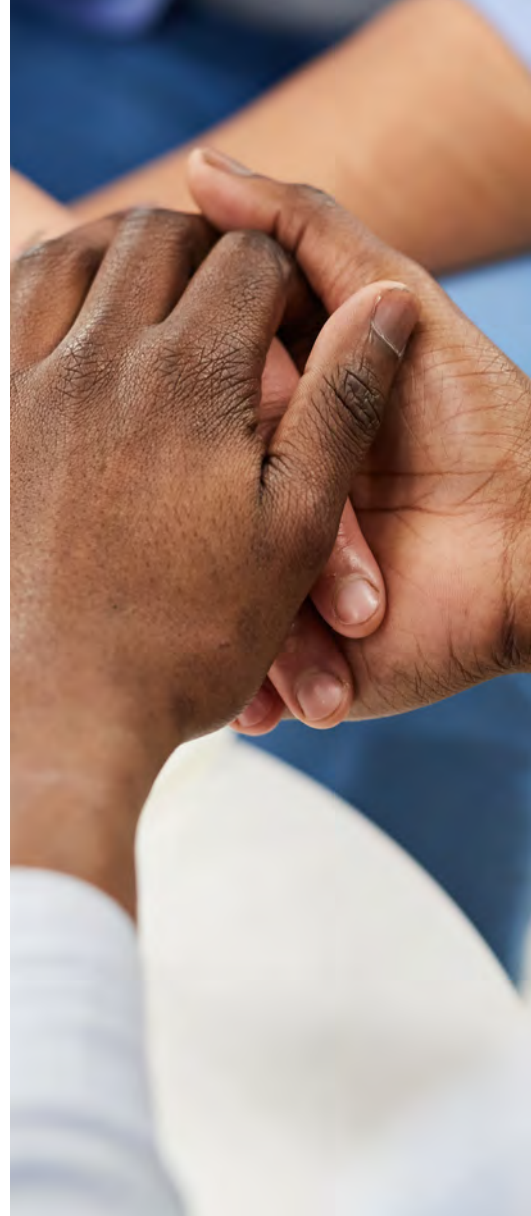
## Housing Stability Table

The Housing Stability Table serves as a partnership-based, case management venue for community sectors and agencies to collaborate to save high-risk tenancies within the social housing community in London-Middlesex. (63 other community providers). The table combines agency strengths and resources to better serve the social housing community, minimize harm and disruption, and prevent evictions by providing support to landlords and tenants to stabilize tenancies that already exist.

## Community Outreach and Support Team

Community Outreach and Support Team (COAST) is a partnership between St. Joseph's Health Care, London, Middlesex London Paramedic Services, London Police Service and CMHA Middlesex. COAST is an enhancement to the London Police Service (LPS) collaborative community response strategy, with a focus on outreach and prevention. The team includes four police officers, one paramedic, one mental health professional from the assertive community treatment team, and one mental health professional specializing in mental health crisis response.

The mandate of COAST is to engage in regular and routine interaction with individuals in the community living with serious mental health issues, individuals in frequent crisis and individuals who are at risk of crisis (living with







addictions, poverty and or homelessness). The team will be health care led, driven by the needs of the individual to reduce system wide impacts (lower police and paramedic calls) and reduce volume of mental health patients at the ED. COAST will launch in January 2021.

## **Crisis & Intake Team at Crisis Centre**

A pilot project has been initiated with the crisis and intake partners (Madame Vanier Children's Services, WAYS, Craigwood) and crisis services at the Mental Health and Addiction Crisis Centre. The Crisis & Intake Team (CIT) offers crisis and brief services and completes some intake requirement for the partner agencies. CIT provides services to infants, children and youth up to age 17, and their caregivers through in-person and telephone support.

The pilot is expanding its hours for in-person intervention, increasing services offered to families and youth, increasing brief counselling services, implementing a flexible mobile crisis response for various settings, integrating with adult mental health crisis services and developing pathways to a psychiatric consultation service.

This collaboration will enrich the delivery of an Enhanced Crisis Community Response services.

## **Out of the Cold**

Out of the Cold – Heart to Home is funded by the Community Homelessness Prevention Initiative Huron County. The program assists individuals and families experiencing homelessness, transitioning from institutions and service systems.

Staff offers direct shelter supervision during the shelter season, assisting participants with housing stability and social inclusion. CMHA EM provides staff resources and works in conjunction with community partners. Starting November 2020, and running for one year, the shelter will be located in Goderich and run out of a space at Lakeshore United Church.

## Reach Out

### Reach Out adds Text-based service to increase capacity

Reach Out is a bilingual 24/7 crisis and system navigation line for mental health and addiction in Middlesex, Oxford and Elgin county. Reach Out provides support using phone calls and web chats to individuals experiencing mental health crisis and/or needing access to mental health and addiction services.

In response to COVID-19, Reach Out added its text-based services capacity thanks to funding from United Way. Texting enables direct, discrete and more private support to youth, people sharing their living space with other individuals, and individuals experiencing domestic/intimate partner violence.

<https://reachout247.ca/about-us/contact-us/>

Call us at [519.433.2023](tel:519.433.2023) or toll free at [1.866.933.2023](tel:1.866.933.2023)

## Family Support and Bereavement

CMHA EM is the only free specialized bereavement support for participants who have lost a loved one to suicide. Services are available in London, Middlesex, Elgin and now online.

The program supports de-stigmatizing of death by suicide. Bereavement counselling services are offered one-to-one and in group formats. During the COVID-19 crisis, CMHA EM offered an online youth suicide postvention education and support intervention in partnership with Vanier Children's Services and the London Family Court Clinic. This intervention supported youth and families in Thorndale impacted by the loss of one of their community members.

Online counselling is now offered for the 3-part foundational workshop called Empowered Careers as well as several follow-up skill-based sessions meant to augment the foundation course. A monthly peer support group is also available for family caregivers. This online workshop addresses the high demand for families and caregivers to receive up to 20 hours of support a month if they sign up for all sessions.

### Bereavement Support

[grief@cmhamiddlesex.ca](mailto:grief@cmhamiddlesex.ca)

### Family Support

[familysupport.info@cmhamiddlesex.ca](mailto:familysupport.info@cmhamiddlesex.ca)

[519-518-2436](tel:519-518-2436)





## Friendly Callers – Senior Support Program

Local seniors affected by the COVID-19 crisis will get a much-needed boost from the new seniors' response fund. Thanks to the generosity of United Way Elgin Middlesex and with assistance from the Government of Canada's New Horizons for Seniors Program, CMHA EM has launched the Friendly Callers – Senior Support Program.

This new initiative supports older adults across London, Strathroy, Middlesex County and Elgin County. A volunteer is matched with a senior offering weekly wellness check-ins, supportive listening and connections to community services and social supports as required.

The Friendly Callers – Senior Support Program accepts referrals from health care and social service providers as well as self-referrals.

### Contact the Information and Brief Support Team

Monday – Friday | 8:30 am – 7:30 pm

[519-434-9191](tel:519-434-9191) x2223|

[iabs.intake@cmhamiddlesex.ca](mailto:iabs.intake@cmhamiddlesex.ca)

## Crisis Call Diversion Program

The Crisis Call Diversion (CCD) program is a 5-month pilot which launched November 2, 2020. CCD is a partnership between CMHAs EM and Oxford, and the Ontario Provincial Police Provincial Communications Centre (OPP PCC) for call taking and dispatching police calls for service. CMHA crisis intervention workers work with call takers at the OPP PCC and dispatch to divert non-imminent risk mental health calls away from a police response and toward a more appropriate mental health response.

Crisis intervention workers help reduce officer time spent on scene and/or divert mental health related calls by de-escalating callers, assessing for risk, providing crisis intervention and referral to crisis, outpatient, and community services as appropriate. The worker completes and follows up to ensure collaborative action plans are effective, de-escalation and safety continues, and linkage to agency and community referrals are successful and in place.

[info@cmhamiddlesex.ca](mailto:info@cmhamiddlesex.ca) and [519-434-9191](tel:519-434-9191) x2223



## Holly's House

Holly's House was created for women experiencing homelessness and/or at risk of domestic violence and who may have low to moderate mental health and/or addictions concerns. Holly's House is not an emergency shelter but a supported safe, hotel suite space for women actively working with a primary worker on permanent housing options. Women staying at Holly's House need to be willing and able to sign a service agreement with the program to respect the requirements of living in a third-party space (hotel) where staff are not physically present 24/7.

[info@cmhamiddlesex.ca](mailto:info@cmhamiddlesex.ca) and 519-434-9191 x2223

## OPP Strathroy and CMHA EM Pilot

On November 2, 2020, the Strathroy Ontario Provincial Police (OPP) pilot will be pairing a mental health professional from CMHA EM with specially trained, uniformed officers of the Middlesex Ontario Provincial Police and Strathroy Caradoc Police to respond to mental health calls. The mental health worker and police work together to collaboratively de-escalate crisis situations and connect individuals to appropriate supports and services at the time of their crisis. Additionally, the CMHA EM mental health worker will have office space at both detachments and provide brief support to county participants in the county at select hub locations.

[info@cmhamiddlesex.ca](mailto:info@cmhamiddlesex.ca) and 519-434-9191 x2223

## Isolation Space, Partnership with City of London

CMHA EM provided 200 hours of relief support to staff at the Isolation Space from April to June 2020. The Isolation Space is a partnership comprised of community service providers under the London Homeless Prevention Network that supports individuals with a probable or positive case of COVID-19 by providing them a safe space with 24/7 staff support, meals, and harm reduction support onsite.





## **Housing Always Program at Simcoe Gardens**

The CMHA EM Housing Always team officially opened its doors at Simcoe Gardens on May 1, 2020. To date, 13 participants have been housed for an average of 95 days. The team works with service providers to secure furniture packages, household items and basic needs for their home. In the past, over 20 tenants have successfully connected with staff for 1:1 support, logging over 2,000 minutes of clinical support for mental health, addictions and system navigation.

Programming for this recent group began on September 1, 2020. Feedback from tenants indicate an overall feeling of safety in the building, and of special note, the ability to connect in real time for support to work through distress in the moment.

## **Virtual supports available at CMHA EM**

Since COVID-19 education has changed dramatically with e-learning on the rise, teaching is now undertaken remotely and on digital platforms. Here are a few of the virtual trainings now available:

- Various training on virtual care for staff
- Dialectical Behaviour Therapy (DBT) training
- Family support offers DBT for families/caregivers
- Cognitive Behavioral Therapy
- Anxiety group
- Connectivity Table, comprised of several community service providers who meet virtually to offer community supports to high-risk individuals

## **Nurse Practitioner at My Sisters Place**

Starting in November for 2-half days per month, a nurse practitioner will be available to provide primary care to individuals from My Sisters' Place and eventually, London Coffee House. Among other skills and qualifications, the nurse has extensive experience with vulnerable populations, addiction treatment training, providing non-mood altering prescriptions as needed, and doing her own blood work.





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## Canadian Mental Health Association, Elgin-Middlesex

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### Elgin Branch

110 Centre Street, St. Thomas ON  
5NR 2Z9

### London:

#### **Queens Ave. Site (incl. Administrative offices)**

534 Queens Avenue  
London ON N6B 1Y6

#### **Huron St. Site (incl. 24/7 Mental Health and Addictions Crisis Centre)**

648 Huron Street  
London, ON N5Y 4J8

### My Sisters' Place

566 Dundas Street  
London, ON N6B 1W8

### London Coffee House

371 Hamilton Road  
London, ON N5Z 1R7

### Impact Junk Solutions- Social Enterprise

38 Adelaide Street N., Unit 6B  
London ON N6B 3N5

### Rural:

#### **Strathroy** (serving West Middlesex County)

21 Richmond Street  
Strathroy, ON N7G 2Z1

#### **Exeter**

149B Thames Road W.  
Exeter, ON N0M 1S3

#### **Goderich**

274 Huron Road  
Goderich, ON N7A 3A2

## APPENDIX C

The following sections describe programs which have been piloted or proposed as innovative and effective approaches in addressing the mental health and addiction needs in our region. Additional details about these programs, including business models, defined deliverables, and evaluation criteria are available on request.

### ***London Community Outreach and Support Team (COAST):***

In 2020 the London Police Services received 3,084 mental health and addiction calls for service. Unlike other communities across the province, London has not received funding for a Mobile Crisis Rapid Response Team, a model that partners a police officer with mental health professional. Recognizing this gap and the need to better support individuals in crisis in addition to better equipping officers who are tasked with responding under the Mental Health Act, the London and Middlesex Enhanced Crisis table endorsed the development of an innovative one year pilot that partners the London Police Service (LPS), the Middlesex-London Paramedic Service (MLPS), St. Joseph's Health Care London and the Canadian Mental Health Association Thames Valley Addiction and Mental Health Services, (CMHA TVAMHS) in a model that provides collaborative, proactive outreach and support for individuals experiencing serious/acute mental health and addiction needs. In April 2021, with the support of reallocated funding in the police budget and the utilization of temporary internal health funding, this co-led police and mental health worker outreach and follow-up pilot was launched.

Preliminary results from the Carleton University Police Lab evaluation indicate that in the first 8 months the COAST team has demonstrated a positive impact for individuals and the community including:

1. **Improved Access to Care:** Working in collaboration with other points in the crisis continuum, COAST is able to fill gaps and support individuals in crisis through system navigation and connection to appropriate services
  - a. 713 unique individuals served
  - b. 41% of respondents indicated they would have called 911 if they had not interacted with COAST and 35% said they would have done nothing and tried to cope with things themselves
2. **Improved Quality of Care:** When an apprehension is required, the model decreases the potential trauma for the individual and supports the transition to appropriate care through hospital triage
3. **Improved Experience for Individual Served:** Police recognize that mental health and addictions is not a criminal matter and desire to work collaboratively with health partners to reduce stigma and provide optimum community safety and well-being for all.
  - a. 88% of individuals who used COAST services would use the service again
4. **Improved Cost Savings:** The team has demonstrated diversion from costly ED visits, reduction of repeat crisis calls to 911, supporting the more efficient use of emergency responder services.
5. **Improved Provider Experience:** Based on initial qualitative responses of front-line providers, enhanced confidence, capability in managing clients with complex needs, approach has translated to other contexts among colleagues; enhanced safety, sense of team and worthwhile work.
  - a. Recognizing the need for a collaborative healthcare/police response - 273 referrals made from front-line officers
  - b. Diversion from a police-only response – In late September the team began picking up calls directly from the 911 queue responding to 164 occurrences.

- c. LPS - COAST officers use of force since implementation was zero

LPS has committed to continued funding for three full-time COAST Constables and a Sergeant. Without sustainable healthcare funding in the amount of \$549,706, the COAST program will cease and the benefits to the London community will be lost. We are respectfully requesting provincial support to continue this important service.

### ***Housing Strategy:***

At CMHATVAMHS, we are looking beyond conventional approaches to housing, recognizing that demand has consistently exceeded supply and that new models are required to create accessible and stable housing. Investment in housing strategy needs to shift into affordable supportive housing development and away from the private market incentives. Not-for-profit housing builds create the same number of jobs as private builds, can do it at lower price point, and contribute to over-all housing market stability.

Furthermore, we need to work upstream in our strategies with respect to homelessness and housing retention. Ongoing base funding is required to continue our innovative partnerships like Housing Always, in which the municipality provides housing stock and CMHATVAMHS staffs the building. We need continued staff resources to support tenancies within existing social/community Housing. Beyond funding, we need changes in regulations and restrictions so that we have the ability to go beyond Rent-Geared-to-Income rules within affordable housing. Supplement/subsidy dollars are better invested in community housing as those housing providers use the profits to sustain their own supports, maintain their buildings, and build more affordable Housing.

### ***Holly's House:***

In response to the pandemic, a transitional housing program, *Holly's House*, was established in response to an urgent need to provide temporary shelter for people who identify as women who are experiencing homelessness and/or at risk of domestic violence and who have low to moderate mental health and/or addictions concerns. Created by a collaborative of five organizations, *Holly's House* is funded and supported by the City of London Housing Stability Department. *Holly's House* is not an emergency shelter, but rather, a supported safe, hotel suite space for women who are actively working with a primary worker on permanent housing options.

Data analysis shows that to date 135 participants have received service, with 58% moving on to independent community housing and another 10% transitioning to other forms of supportive housing. A number of participants have been linked to ongoing mental health and addiction supports and services. Feedback from the community and participants has been very positive; as one individual shared, *"I know what it is like to live on the street, in a tent and worse. Had it not been for Holly's House that is exactly what I faced. I am a person here. I have made friends, healthy ones that also care and let me care about them."*

### ***Community Stabilization/Crisis Beds Program:***

CMHA TVAMHS has a demonstrated history of operating high quality, fiscally responsible Community Stabilization/Crisis Beds programs that adhere to a community model of service provision. In Oxford, we are proposing Community Stabilization/Crisis Beds program, which would provide for a short-term stay

while supporting individuals with non-emergent medical/psychiatric needs to stabilize. This program can be achieved through the provision of crisis support and counselling, access to addictions support, linkages to other services and supports as required, assistance with developing a discharge plan and linkage to transitional or urgent needs case management to provide ongoing time limited support upon discharge from the program. In addition to supporting with a discharge plan, the focus will be on assessment, monitoring, care and treatment, symptom stabilization and symptom management. The Community Stabilization/Crisis Beds will provide short-term stabilization with stays of 1 to 3 days, during which time they will be connected to transitional case management as required for up to 9 weeks and/or other services within CMHA or the community as appropriate. CMHA TVAMHS enjoys many partnerships within our community and would work closely with our community partners in the start up and operation of this program.

### **Dialectical Behaviour Therapy Program:**

Dialectical Behaviour Therapy (DBT) is an evidence-based treatment for people who have a diagnosis of Post Traumatic Stress or Borderline Personality Disorders and/or people who experience suicidal or self-harm feelings, excessive emotional highs or lows and/or relationship difficulties. It is designed to teach people to accept their thoughts, feelings and behaviours, and the techniques to change them. Not only are personal skills taught in DBT, but skills for interpersonal relationships are also emphasized. With dedicated funding, we could improve access to offer an adherent DBT Model equitably to all in the Thames Valley Region with a suite of programming that best meets the need of each individual.

This program would ideally consist of the following:

- a. Pre-DBT: delivered to establish core foundation of mindfulness and light intro to DBT
- b. DBT Full Program with 1:1 coaching and groups
- c. Life worth Living: regular groups for those who do not meet threshold for intensive DBT
- d. DBT 4 Life: monthly staff support and education sessions teaching DBT one skill/topic at a time (builds capacity and wellness of staff)
- e. DBT Booster: Brief Case Management Intervention to reinforce prior skills teaching
- f. DBT Alumni: Group (historically peer led) for those who have graduated a prior DBT program and want to mutually support each other to reinforce skill usage.
- g. 24 hour phone coaching (similar to Halton model): Crisis team receives training and is able to provide 1:1 after hours. Coaching for callers who are DBT program participants. These will be streamed as DBT coaching calls and not crisis calls-intervention would be short-5-10 minute call to assist the person in selecting and practicing a skill to deal with their current situation and then ending the call. These callers would still have access to crisis service as needed.
- h. Consulting Psychologist with DBT area of interest: provides DBT focused consultation and ongoing education for DBT facilitators.

Ontario system wide priorities to improve access and equity in Mental Health and Addictions services. OHT Collaborative QIPs are being established province wide with metrics such as reducing ER usage for MH reasons. We can show with proper data collection that DBT programming fulfills system priorities and can help achieve the goals set out in these CQIPs.