London
C A N A D A

Community Mental Health and Addiction Strategy for London

Moving Forward Together

November 22, 2017

OPTIMUS | SBR

Community Mental Health and Addiction Strategy for London

Table of Contents

Executive Summary

Community Mental Health and Addiction Strategy for London

Project Mission & Partners

The City of London conducted a competitive procurement that led to the engagement of OPTIMUS | SBR to support the development of the Community Mental Health and Addictions Strategy. To assist in the development of this Strategy, the City of London convened a Community Mental Health and Addictions Advisory Council to achieve the following mission:

Project Mission

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

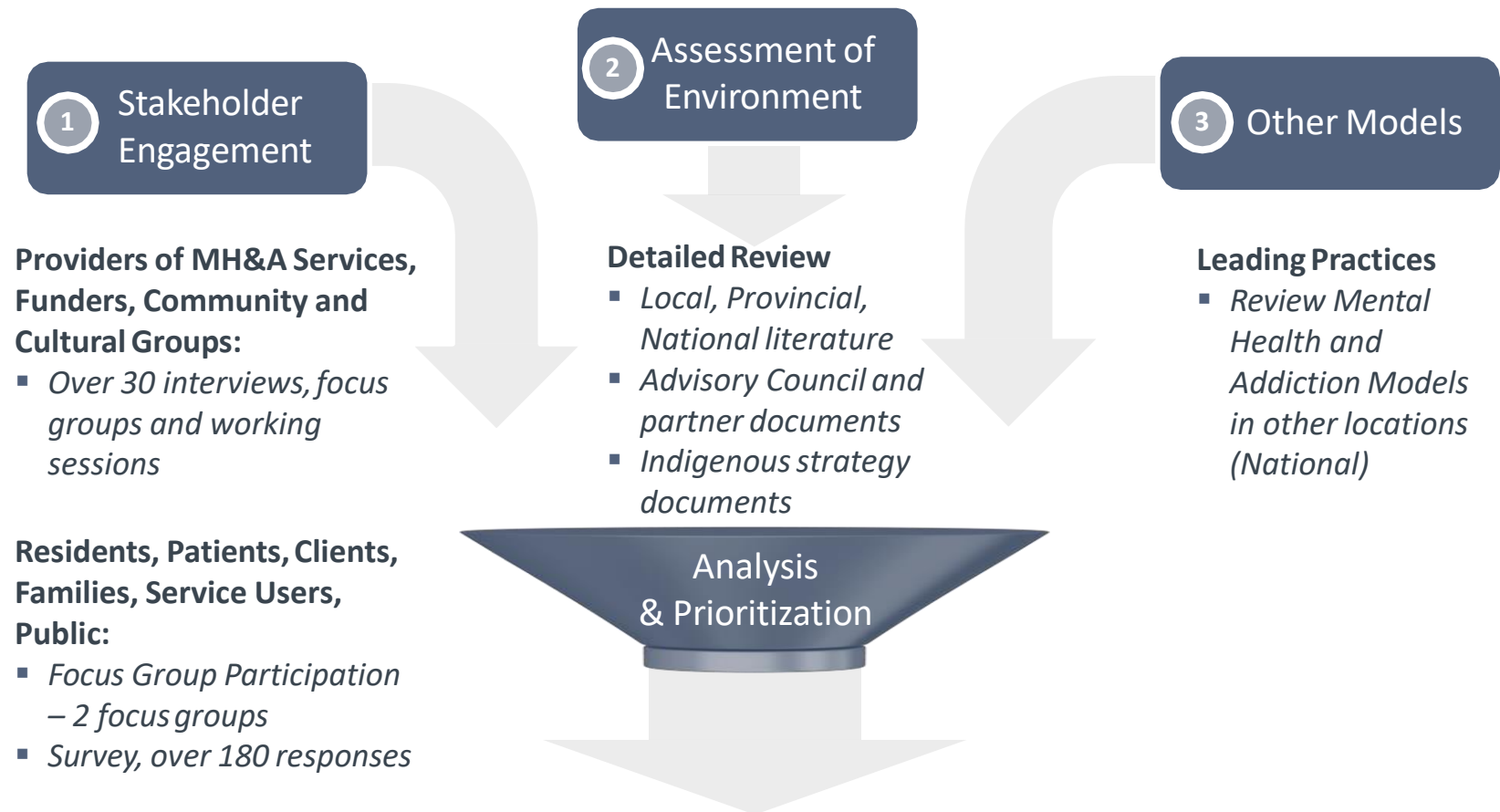**The City of London's Advisory Council Partners* include:**

- Addiction Services of Thames Valley

- Canadian Mental Health Association – Middlesex

- Middlesex-London Health Unit

- South West Local Health Integration Network & Indigenous Lead

- Vanier Children's Services, Lead Agency

* The City of London brought together an Advisory Council as part of this engagement to ensure a broad range of perspectives were considered when developing the Community Mental Health and Addictions Strategy for London. This Strategy ultimately reflects the voice of the London community. Representatives' and organizations' participation in the Advisory Council does not constitute endorsement of the Strategy by those organizations.

Project Methodology

Data points from a range of formats and sources were considered to inform the development of the strategic plan and implementation plan, presented in this document, with appendices to provide more details:

1 Stakeholder Engagement

2 Assessment of Environment

3 Other Models

Providers of MH&A Services, Funders, Community and Cultural Groups:
- *Over 30 interviews, focus groups and working sessions*

Residents, Patients, Clients, Families, Service Users, Public:
- *Focus Group Participation – 2 focus groups*
- *Survey, over 180 responses*

Detailed Review
- *Local, Provincial, National literature*
- *Advisory Council and partner documents*
- *Indigenous strategy documents*

Leading Practices
- *Review Mental Health and Addiction Models in other locations (National)*

Analysis & Prioritization

Community Mental Health & Addictions Strategy for London

Local Collaboration

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 our review, 21 such collaborations were identified.

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

- In London specifically, the following are ongoing initiatives focused on improving MH&A services (this list is not exhaustive; additional details are provided later in the report):
  - Igniting the MINDS of London-Middlesex; MaRS Solutions Lab
  - Middlesex London Community Drug & Alcohol Strategy (CDAS)
  - Community Health Collaborative
  - Variety of discharge planning groups
  - HSJCC (Human Justice and Services Coordinating Committee)

- 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 challenges.

- The City of London and community partners must leverage and build on the current work occurring to improve service delivery and health outcomes for residents with mental health issues and addictions.

There are a variety of MH&A services provided in London. However, the need for additional services remains.

London's Agenda for Change

The following strategic framework provides a proposed agenda to guide change activities, towards achieving the London-wide vision for mental health and addictions, developed through a consultation session held with community partners in October, 2017

Vision

The Community Mental Health & Addiction system will achieve the best population health outcomes, experiences, and value for residents of London

Mission

To continuously enhance our local system through effective relationships and a focus on prevention, treatment, quality and integration

Strategic Directions

1. Expand Communication
2. Enhance Access
3. Foster Collaboration
4. Grow Awareness
5. Build Capacity

Draft Implementation Plan: Overview

The following implementation activities have been developed through consultation with system partners in London; the plan outlines the considerations, interdependencies and steps to take to achieve success

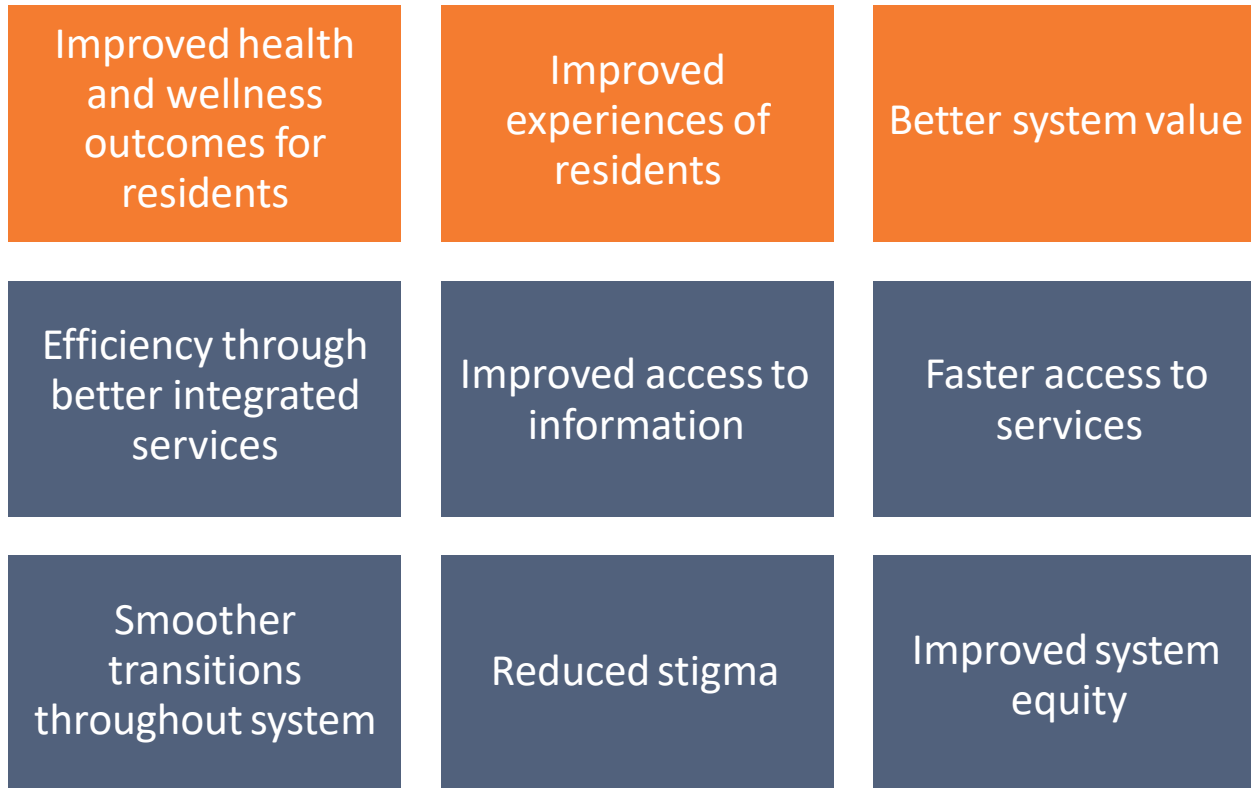| Strategic Directions	Recommended High-level Steps
1 Expand Communication	1. Communicate MH&A services across providers, agencies, and the public 2. Open and build communication channels 3. Develop Indigenous-specific MH&A strategy
2 Enhance Access	1. Increase access to care outside traditional business hours 2. Define Circle of Care 3. Increase access to housing with essential supports to foster recovery 4. Develop inclusivity, diversity and equity framework
3 Foster Collaboration	1. Create governance structure to align MH&A services 2. Focus and align existing collaborative forums, tables and initiatives 3. Identify and address services gaps in MH&A services
4 Grow Awareness	1. Develop London Asset Map of MH&A services across all funders 2. Reinforce and coordinate a central, single door for information about local assets 3. Strengthen MH&A awareness, prevention and health promotion education
5 Build Capacity	1. Complete comprehensive capacity study of all MH&A services 2. Develop standardized guidelines informed by leading practice 3. Develop central intake and referral service for MH&A

Expected Outcomes

Upon implementation of the Community Mental Health and Addictions Strategy for London, the following outcomes are expected

Improved health and wellness outcomes for residents	Improved experiences of residents	Better system value
Efficiency through better integrated services	Improved access to information	Faster access to services
Smoother transitions throughout system	Reduced stigma	Improved system equity

Strategic Directions

Community Mental Health and Addiction Strategy for London

Guiding Principles for Local Change

Successful systems have clarity on where they want to go, how they want to get there, who will do what, and what success looks like

- As a collective, mental health and addiction system partners in London have an understanding of the ideal future system, defined by the voices of those who interact with it in various ways

- The following themes emerged when partners were asked through a live polling exercise, **"what do we want to be recognized for?"**. The font size of the text represents the relative frequency the word was suggested by those present

- These focus words form the guiding principles for the Community Mental Health & Addiction Strategy for London

What do we want to be recognized for?

Top 5 Results:
1. Prevention
2. Compassion
3. Responsive
4. Accessible
5. Informed

Build on Strengths, Focus on Opportunities

No one organization has all of the people, skills, knowledge or capacity to do everything; there is a shared responsibility to work together as a system to improve the outcomes, experiences and overall value for residents in London living with mental illness or addiction.

- When asked **"what do we need to focus on to achieve this?"**, building on the guiding principles of the ideal future system, the following key focus areas were identified by partners

- The focus areas become the basis for the strategic framework that will concentrate the activities and efforts of system partners in a way that aims to build on system strengths and focus on opportunities to achieve common goals

What do we need to focus on to achieve this?

Top 5 Results:
1. Collaboration
2. Communication
3. Access
4. Education
5. Funding

London's Agenda for Change

The following strategic framework provides a proposed agenda to guide change activities, towards achieving the London-wide vision for mental health and addictions, developed through a consultation session held with community partners in October, 2017

Vision

The Community Mental Health & Addiction system will achieve the best population health outcomes, experiences, and value for residents of London

Mission

To continuously enhance our local system through effective relationships and a focus on prevention, treatment, quality and integration

Strategic Directions

1. Expand Communication
2. Enhance Access
3. Foster Collaboration
4. Grow Awareness
5. Build Capacity

Strategic Direction 1
Expand Communication

Focus on expanding the effectiveness of system communication across London

With this focus, **Expected Outcomes** are:

- Better quality of services that are informed by the voices and needs of residents, leading to enhanced experiences and outcomes

- Stronger relationships across silos and with the community

- Ease of access to useful information, increasing capacity of services/programs to focus on delivery

* Source: https://news.ontario.ca/mohltc/en/2016/05/ontario-launches-222-million-first-nations-health-action-plan.html

To **Expand Communication** as a collective system, we will:

- Engage and listen more authentically and actively to the people who interact with, use, and work in the local mental health and addiction and related systems, respecting and celebrating the diversity in how people communicate

- Commit to enhancing respect, transparency and directness in our interactions with each other

- Share information more openly about the great resources available in the community and how to access them

Shared **Strategic Initiatives** to achieve this include:

1. Communicate MH&A and related service/program information easily and seamlessly across providers, agencies and the public through infrastructure and process

2. Open and build communication channels between differently funded but interdependent programs and services

3. Strengthen communication with Indigenous partners through the development of an Indigenous-specific MH&A strategy for London and area. This strategy aligns with current initiatives by the provincial and federal government to ensure that Indigenous people have access to more culturally appropriate care and improved outcomes.*

Strategic Direction 2
Enhance Access

Focus on enhancing access to health by reducing barriers and integrating across the continuum of service

With this focus, **Expected Outcomes** are:

- Timely access to the most appropriate MH&A and related services

- Smooth and effective transitions between different parts of the local system

- Responsive system that meets the unique needs of the population, considering complexities of health equity.

* When receiving MH&A treatment, patients often have multiple service providers. The "circle of care" is a term commonly used to describe health and other professionals involved in a person's care who are permitted to collect, use, disclose or handle personal health information by virtue of their role in that person's care.

To **Enhance Access** as a collective system, we will:

- Respond to the diverse needs of residents of London by understanding them and co-designing the system around them, centred on their strengths, needs, and lived experience

- Strive to reduce barriers related to poverty, housing and homelessness, employment, food security, transportation, and other social determinants of health

- Build networks of residents, families, friends and providers to establish safe environments that can streamline access to the right information and service, no matter the state of readiness

Shared **Strategic Initiatives** to achieve this include:

1. Increase access to service outside of traditional "business hours" and in places where people are

2. Make the transitions between programs/services, organizations, and sectors more smooth for residents through enhanced communication and a well-defined circle of care*

3. Increase access to housing in the city of London with essential supports to foster recovery leading to better and more sustainable outcomes

4. Support better access to culturally-safe service/programs across London by creating an inclusivity, diversity and equity framework

Strategic Direction 3
Foster Collaboration

Focus on building effective and productive relationships to meet the needs of local residents

With this focus, **Expected Outcomes** are:

- Optimal sharing and balancing of resources and information across the local system

- Smooth referrals and transitions between programs and services

- Broader integration of health and related services

- Positive experiences and health outcomes of residents

To **Foster Collaboration** as a collective system, we will:

- Align around shared values and the desire to operate a local system that is centred on the best interests of all residents

- Strategically share resources in new ways and with unlikely partners to ensure that people get the services they need, when and where they need them

- Build trust by being transparent, open to partnership, and by following through on commitments to each other

Shared **Strategic Initiatives** to achieve this include:

1. Establish a governance structure to align MH&A and related service delivery partners in London, and to lead implementation of local system change

2. Focus and align existing collaborative forums, tables and initiatives to ensure role clarity and ownership, reduce duplication of effort, and build on successes

3. Identify and address service gaps in local MH&A and related areas that matter to residents through strong and effective collaborative relationships

Strategic Direction 4
Grow Awareness

Focus on developing awareness of local resources and trends among the public and broad system partners

With this focus, **Expected Outcomes** are:

- Informed residents and system partners, who know how to find out about local resources

- Reduced stigma surrounding mental health and addictions in London

- Easier system navigation for everyone

- Better access to information

To **Grow Awareness** as a collective system, we will:

- Develop informational resources that are relevant, practical, accessible, and available to all

- Educate system partners to build core competencies and to focus on solutions rather than issues

- Focus on prevention and health promotion, equity and population health

Shared **Strategic Initiatives** to achieve this include:

1. Develop a London asset map that includes MH&A and related services and programs across all funders, building on the work that exists

2. Reinforce and coordinate a central, single door for information about local assets that can be accessed online or by phone, providing information about what exists, eligibility, referral process for MH&A and related services and programs

3. Strengthen MH&A awareness, prevention and health promotion education work across London

Strategic Direction 5
Build Capacity

Focus on building capacity for a local system that delivers the best outcomes and experiences for residents

With this focus, **Expected Outcomes** are:

- Shorter wait times, faster access to general and specialist services

- Satisfied and supported staff

- Improved experiences and outcomes for residents

- Improved efficiency and system value

To **Build Capacity** as a collective system, we will:

- Ensure collaboration to reduce duplication and fill gaps in service, based on what residents need

- Work to maximum scope of practice by supporting system partners along the continuum of care, and focusing on what we do best

- Collectively build competencies and skills that are aligned with evidence-informed practices and guidelines

Shared **Strategic Initiatives** to achieve this include:

1. Conduct a comprehensive capacity study of all MH&A and related services and programs in London to identify areas of duplication and gaps*

2. Identify and prioritize service delivery areas that are practiced by many organizations across London and embark on a process to implement standardized guidelines informed by leading practices.

3. Establish a central intake and referral service for MH&A and related services in London

* Select capacity studies have been completed for the city of London in 2017. The SW LHIN is also currently planning implementation of a MH&A Capacity Project which includes hospitals, community and primary care across the LHIN to optimize MH&A capacity. It will be important to consider and leverage this work when completing an overall MH&A capacity study.

Implementation Plan

Community Mental Health and Addiction Strategy for London

Draft Implementation Plan: Overview

The following implementation activities have been developed through consultation with system partners in London; the following slides outline the considerations, interdependencies and steps to take to achieve success

Strategic Directions	Recommended High-level Steps
1 Expand Communication	1. Communicate MH&A services across providers, agencies, and the public 2. Open and build communication channels 3. Develop Indigenous-specific MH&A strategy
2 Enhance Access	1. Increase access to care outside traditional business hours 2. Define Circle of Care 3. Increase access to housing with essential supports to foster recovery 4. Develop inclusivity, diversity and equity framework
3 Foster Collaboration	1. Create governance structure to align MH&A services 2. Focus and align existing collaborative forums, tables and initiatives 3. Identify and address services gaps in MH&A services
4 Grow Awareness	1. Develop London Asset Map of MH&A services across all funders 2. Reinforce and coordinate a central, single door for information about local assets 3. Strengthen MH&A awareness, prevention and health promotion education
5 Build Capacity	1. Complete comprehensive capacity study of all MH&A services 2. Develop standardized guidelines informed by leading practice 3. Develop central intake and referral service for MH&A

Guiding Principles for Implementing Change

Successful implementation of the Community Mental Health and Addiction Strategy for London will require the collective support and action of local partners

- In developing the implementation plan, the following principles have been considered:
    1. **Person-focused** – it will result in a better system for residents
    2. **Practical and realistic** – it can be done
    3. **Evidence-informed** – others have done it successfully
    4. **Willingness to implement** – system partners expressed desire to do it
    5. **Prioritized** – they will have the biggest short- and long-term impact

- The following slides outline a proposed plan to achieve success on the strategic framework, considering the following for each set of strategic initiatives:
    - Recommended High-level implementation steps – Details the major activities that need to occur to complete the initiative
    - Implementation considerations
        - Interdependencies – Details the activities that have to happen, and what factors need to be in place, before implementation of a step
        - Change management principles – Details the change-related considerations required for success

- **An immediate next step will be to define leadership and accountability for each initiative**

Governance, Accountabilities and Roles

Defining the "Lead" of each initiative will be an important early task; without clarity on who (organization and person) is accountable to get it done, there is reduced likelihood of success

- An initial recommendation is to establish a

  governance structure to coordinate, drive, and govern the implementation of the strategy (Initiative 3.1). The governance structure should include the following parts:
  - Lead or co-lead
  - Administrative support and appropriate investment
  - Clear terms of reference with operating principles
  - Members with decision-making authority from:
    - Intersecting mental health, addictions, and related services agencies in London
    - Agencies servicing people of all ages
    - People with lived experience and their families
    - Indigenous groups and cultural groups
    - Funders (City, LHIN, MCYS, others)
  - Sub-committees and/or working groups

- Sub-committees/working groups may include the following, based on the strategic initiatives within this plan:
  1. Inclusivity, diversity and equity
  2. Capacity and resource alignment
  3. Central intake and information management
  4. Prevention and promotion
  5. Evaluation and measurement

- The selection process for members can be coordinated through a lead organization/agency, potentially through an Expression of Interest (EOI) process
  - The City of London and the LHIN may be well positioned to take the leadership role and to support the administration of the work

- An initial first step in the design of the governance structure should be to consolidate and align other existing tables, forums, initiatives in London, to determine what can be part of this singular structure and what should remain separate

Implementation Plan
Strategic Direction 1: Expand Communication

1	Recommended High-level Steps	Implementation Considerations
1.1 Communicate MH&A and related service/program information easily and seamlessly across providers, agencies and the public through infrastructure and process	1. Establish a lead 2. Develop a comprehensive distribution list for all MH&A and related partners (across funders) 3. Develop strategy for comprehensive outreach to public 4. Create a process to refresh and update content	▪ Build on current lists and work through various programs; combine existing lists then fill in gaps ▪ Needs a "home" where data is stored, with protected resourcing to manage data
1.2 Open and build communication channels between differently funded but interdependent programs and services	1. Establish a lead 2. Establish protocols for sharing info across system partners, and to receive feedback 3. Engage organization leadership to develop program/service level MOUs to guide activities	▪ Consider assigning a lead for each funder ▪ Organizational leadership and program leadership need to build and own relationships ▪ Align MOUs with principles of integrated system, with metrics
1.3 Strengthen communication with Indigenous partners through the development of an Indigenous-specific MH&A strategy for London and area	1. Establish a Indigenous-focused partner table to champion the development of a MH&A focused strategy, with clear leadership 2. Develop strategy with focus on practical implementation 3. Implement and evaluate strategy	▪ Strategically engage the right partners in this work, considering Indigenous and non-Indigenous partners that will influence implementation ▪ Build on the work that is underway in London and coordinate with efforts of the Indigenous lead within the SW LHIN ▪ Consider a strategy that extends beyond city boundaries, engaging and connecting with the First Nations communities ▪ Will require funding and protected time

Strategic Direction 2: Enhance Access

	Recommended High-level Steps	Implementation Considerations
2.1 Increase access to service outside of traditional "business hours" and in places where people are	1. Establish a lead within each organization to assess opportunities to change internal practice to achieve this 2. System governance table to identify collaborative opportunities to increase access by "sharing" after hours access 3. Use output of asset mapping exercise to identify geography-based gaps 4. System governance table to develop plan to address geography-based gaps 5. Evaluate	▪ Interdependencies for steps 2-4 – establishment of system governance table and local asset map ▪ Tangible incentives will need to be established to drive change at operational levels ▪ Each organization will need a lead that can influence internal practice; will change the way that certain groups operate, requiring change management
2.2 Make the transitions between programs/services, organizations, and sectors more smooth for residents through enhanced communication and a well-defined circle of care	1. Establish a lead within each organization to be the point of contact for flow 2. Develop a common understanding of the circle of care, co-designed by partners 3. Create an operational sub-committee of the system governance table that focuses on identifying and addressing flow issues 4. Evaluate	▪ Interdependency - establishment of system governance table ▪ Initial focus areas might be hospital to/from community, primary care to/from hospital and community, and transitions for specific populations (Indigenous, Transitional Aged Youth) ▪ Develop MOU for partners operating in flow pathways under study
2.3 Increase access to housing in the city of London with essential supports to foster recovery leading to better and more sustainable health outcomes	1. Assign lead within the City of London 2. Engage in process to determine current housing gaps, where residents needs are not being met, and how they can be addressed 3. Implement 4. Evaluate on regular basis	▪ Ensure collaboration with other housing tables and initiatives currently ongoing in the city of London ▪ Interdependencies – establishment of system governance table, alignment of tables and initiative and development of local asset map ▪ Consider multiple aspects: number of houses, length of stay, location, supports available, etc.

Strategic Direction 2: Enhance Access *(cont'd)*

2	Recommended High-level Steps	Implementation Considerations
2.4 Support better access to culturally-safe service/programs across London by creating an inclusivity, diversity and equity framework	1. Create an operational sub-committee of the system governance table to own the development of the framework 2. Engage in a consultative process to understand and incorporate the needs of diverse groups into the framework 3. Implement, communicate and evaluate framework	▪ Interdependency - establishment of system governance table ▪ Engagement process must be thorough, with sufficient time and effort committed to do it right (protected time, funds, third party support) ▪ Many frameworks are in place in municipalities and systems, working well; should reach out to learn and build from others' experiences

Strategic Direction 3: Foster Collaboration

3	Recommended High-level Steps	Implementation Considerations
3.1. Establish a governance structure to align MH&A and related service delivery partners in London, and to lead implementation of local system change	1. Establish a lead agency and person (co-leads are an option) 2. Use an EOI process to identify participants 3. Set operating principles and a Terms of Reference, including objectives of work, scope of work, measures of success, and clear accountabilities 4. Assess and prioritize initiatives that will achieve measures of success 5. Implement prioritized initiatives 6. Evaluate	▪ Participants should represent various stakeholder/partner groups, including child/youth/adult/geriatric MH&A, social determinants of health, people with lived experience, cultural groups, Indigenous groups ▪ Participants should have decision-making power sufficient to support resource sharing and decisions of the structure ▪ Consider reducing/consolidating other tables, ensuring that this work does not duplicate other efforts or conversations ▪ It may be possible to leverage/modify a current MH&A committee as long as required participants are involved ▪ Implementable initiatives can start with those in this strategy ▪ The use of a third party may support faster implementation (PM, facilitation, governance and operations set up, communications, analysis)

Strategic Direction 3: Foster Collaboration *(cont'd)*

3	Recommended High-level Steps	Implementation Considerations
3.2. Focus and align existing collaborative forums, tables and initiatives to ensure role clarity and ownership, reduce duplication of effort, and build on successes	1. Establish a lead 2. Map the existing forums, tables and initiatives, and their objectives, focus areas, participants, initiatives, timelines 3. Conduct analysis of duplication and gaps 4. Consolidate tables, forums	▪ Change management will be required, each table/forum is unique in some ways and some participants may not want to let go
3.3. Identify and address service gaps in local MH&A and related areas that matter to residents through strong and effective collaborative relationships	1. Establish a lead, through sub-committee of governance structure 2. Map the existing services and programs (as per strategic direction 4.1: Asset Map) 3. Undertake a comprehensive consultation process with sub-populations of London residents to understand the values of each group related to MH&A and related service 4. Conduct a population health analysis by looking at neighbourhood health trends 5. Consolidate analyses and develop a prioritized list of target areas to be addressed 6. Implement through the governance structure 7. Evaluate	▪ Interdependency – development of asset map for London (4.1), capacity plan (5.1) ▪ Consultation and data analysis is underway, and has been developed recently, through various partner organizations (LHIN, hospital sector, community agencies); work should build on these results and strive to understand nuances ▪ Consultation should be designed very carefully, and should include clear feedback loops ▪ Data analysis should be focused on population health, and needs to consider principles of equity

Strategic Direction 4: Grow Awareness

4	Recommended High-level Steps	Implementation Considerations

4.1. Develop a London asset map that includes MH&A and related services and programs across all funders, building on the work that exists	1. Establish a lead
	2. Develop a framework for information to be collected on assets, focused on useful information
	3. Inventory existing resources that hold lists of assets and consolidate input into one accessible resource for partners and public audiences (see 4.2)
		▪ Clear scope of asset map will be required, should include MH&A and related services
		▪ Data points could include:
		  - Name or organization
		  - Contact person for admin, referrals
		  - Services offered, populations served
		  - Eligibility criteria
		  - Location and contact info
		  - Fees (if applicable)

4.2. Reinforce and coordinate a central, single door for information about local assets that can be accessed online or by phone, providing information about what exists, eligibility, referral process for MH&A and related services and programs	1. Establish a lead, through sub-committee of governance structure 2. Building on output of asset map initiative (see 4.1), as well as existing information in healthline.ca, ConnexOntario and ReachOut, develop a tool and process to collect information and keep it updated; either build on an existing Information Management (IM) asset or establish new IM tool 3. Using survey or other engagement tool, use the distribution list in initiative 1.1 to send to local partners and have them input data that should be included in the repository 4. Populate the repository. 5. Establish process for refreshing/updating information, owned by a person/organization 6. Communicate/launch the repository to all audiences 7. Evaluate	▪ Interdependency – asset map (4.1), distribution list (1.1) ▪ Ensure coordination with existing information sources including healthline.ca, ConnexOntario and ReachOut ▪ Will require investment in infrastructure and people to set up and manage the online repository, and to keep information refreshed and updated, whether through existing structure or new ▪ Communications/launch of the repository requires a communications plan with clear objectives, methods, timelines for each audience segment; will require ongoing outreach efforts to ensure that people are aware of it, use it, and that it remains useful

Strategic Direction 4: Grow Awareness *(cont'd)*

4	**Recommended High-level Steps**	**Implementation Considerations**
4.3. Strengthen MH&A awareness, prevention and health promotion education work across London	1. Establish sub-committee of governance structure to be focused on awareness, prevention and health promotion 2. Identify and prioritize clear target objectives for strengthening these areas 3. Develop action plans for each target objective 4. Implement the action plans 5. Evaluate success, reassess new opportunities, continue implementing where appropriate	▪ Interdependency – governance structure (3.1) ▪ Prioritization of issues for target will be key – goal should be to select 2-4 issues per year to focus on, learn from, then expand ▪ Goals/objectives should be SMART (simple, measureable, attainable, realistic, timely), with clear boundaries and role accountabilities ▪ Will be useful to leverage the excellent work being done currently by organizations, by increasing reach through engagement and education of more partners ▪ Priority should be given for collaborations that do not require additional funding, but incentives for change should be considered (for example, opportunity for staff education on program evaluation, public health education techniques, etc.)

Strategic Direction 5: Build Capacity

5	Recommended High-level Steps	Implementation Considerations

5.1. Conduct a comprehensive capacity study of all MH&A and related services and programs in London to identify areas of duplication and gaps	1. Establish a lead, through the governance structure
	2. Develop parameters for a capacity study, including a balance of "supply" and "demand"
	3. Building on existing work and develop a thorough methodology for research activities
	4. Conduct study to identify current and future capacity gaps
	5. Develop prioritized action plan to fill gaps and build appropriate competencies to plan for the future demands in London, leveraging relationships and identifying opportunities for integrative activities
	6. Implement
	7. Evaluate
		■ Interdependency – asset map (4.1), distribution list (1.1), information repository (4.2), governance structure (3.1)
		■ Capacity planning work is underway with the LHIN and hospital sector for MH&A, which can be the basis for this study, as it expands to consider community-based service and services related to MH&A delivered through different funders
		■ Parameters should balance supply and demand, asking,
		  - What resources are in place?
		  - What is the current and future demand for MH&A and related services in London?
		  - What is the gap?
		■ Resources to assess include full time employees in clinical and non-clinical roles, competencies required for future needs, etc.

Strategic Direction 5: Build Capacity *(cont'd)*

5	Recommended High-level Steps	Implementation Considerations
5.2. Identify and prioritize service delivery areas that are practiced by many organizations across London and embark on a process to implement standardized guidelines informed by leading practices.	1. Establish a lead, through the governance structure 2. Using asset map, identify functional areas that are practiced by multiple organizations with some variability 3. Prioritize functional areas that have large impact and reach (choose 1-2 for year 1) 4. Establish working group with goal of defining guidelines for chosen functional areas 5. Develop and implement methodology for assessing current state of functional areas 6. Define future state of delivery of functional areas 7. Identify gaps between current and future state, and develop action plan to address gaps 8. Communicate rationale, process and impact broadly 9. Implement 10. Evaluate	▪ Interdependency – asset map (4.1), information repository (4.2), governance structure (3.1) ▪ Variability in practice might be indicated by cost to deliver, different qualifications of staff performing same role, differences in experience/outcomes, etc.; data may be available through funders ▪ Working groups should be inclusive of organizations that are funded for the functional area under review, as well as people with lived experience ▪ Strategic communication will be critical to ensure that providers and the public understand the process and potential benefits of doing the work ▪ Documenting the process with lessons learned will be useful to support later work that has similar objectives ▪ Guidelines should be standardized to a point that supports the best quality, outcomes and experiences, but should not be so prescriptive as to limit local/unique need

Implementation Plan
Strategic Direction 5: Build Capacity *(cont'd)*

5	Recommended High-level Steps	Implementation Considerations
5.3. Establish a central intake and referral service for MH&A and related services in London	1. Establish a lead, through a sub-committee of the governance structure 2. Leveraging the work of the asset map and information repository, assess the willingness and ability of system partners (MH&A and related) to establish an integrated central intake and referral service for London through an EOI or other appropriate process 3. Facilitate a process to define the parameters and scope of the service, including business and technical requirements 4. Procure a vendor to support IT/IM implementation 5. Develop policies, processes, guidelines to support implementation and ongoing use 6. Develop communications and branding strategy for the central service (one number/site) 7. Launch the service 8. Evaluate and build functioning	▪ Interdependency – asset map (4.1), information repository (4.2), governance structure (3.1) ▪ Governance sub-committee can be the same group that looks at the asset map, capacity study, information repository, and/or distribution list ▪ Consider phasing implementation for certain service/functional areas first, and start with "simple" services that are widely used (case management, for example) ▪ Communications and branding will need to be clear, focused, accessible, and system partners will need to be fully aware of the system and how to engage with it ▪ Investment will be required: Information Technology and Information Management (IT/IM) vendor, Project Management (PM), facilitation, communications, etc.

Measuring Success

Community Mental Health and Addiction Strategy for London

Expected Outcomes

Upon implementation of the Community Mental Health and Addictions Strategy for London, the following outcomes are expected

Improved health and wellness outcomes for residents	Improved experiences of residents	Better system value
Efficiency through better integrated services	Improved access to information	Faster access to services
Smoother transitions throughout system	Reduced stigma	Improved system equity
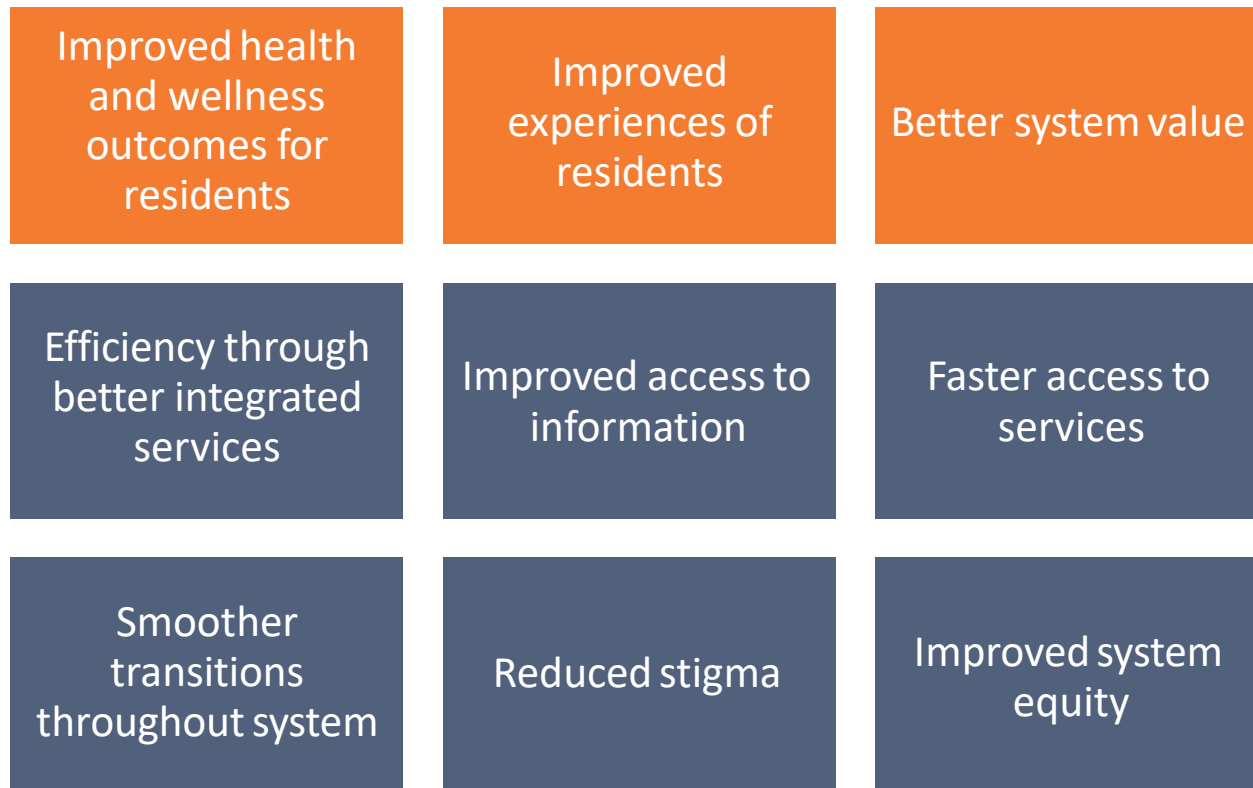
Appendices

Community Mental Health and Addiction Strategy for London

Community Mental Health and Addiction Strategy for London

Appendices

1. Project Overview

2. Engagement Findings

3. Mental Health & Addiction System Landscape

4. Jurisdictional Scan

5. October Session Output

6. References

Appendix 1: Project Overview

Community Mental Health and Addiction Strategy for London

OPTIMUS | SBR 37

Project Mission & Partners

The City of London conducted a competitive procurement that led to the engagement of OPTIMUS | SBR to support the development of the Community Mental Health and Addictions Strategy. To assist in the development of this Strategy, the City of London convened a Community Mental Health and Addictions Advisory Council to achieve the following project mission:

Project Mission

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

The City of London's Advisory Council Partners* include:

- Addiction Services of Thames Valley

- Canadian Mental Health Association – Middlesex

- Middlesex-London Health Unit

- South West Local Health Integration Network & Indigenous Lead

- Vanier Children's Services, Lead Agency

* The City of London brought together an Advisory Council as part of this engagement to ensure a broad range of perspectives were considered when developing the Community Mental Health and Addictions Strategy for London. This Strategy ultimately reflects the voice of the London community. Representatives' and organizations' participation in the Advisory Council does not constitute endorsement of the Strategy by those organizations.

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. What people who live in London think needs improvement in order to enhance mental health and addictions services

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
▪ Set-up and Planning ▪ Kick-Off Meeting ▪ Discovery	▪ Stakeholder Engagement Planning ▪ Stakeholder Interviews and Focus Groups ▪ Analysis of Stakeholder Consultations	▪ Research Framework Development ▪ Research Activities	▪ Analysis of Findings ▪ Interim Report Development ▪ Revisions and Finalization of Interim Report	▪ Designing the Visioning, Priorities and Action Planning Session ▪ Conducting the Visioning, Priorities and Action Planning Session	▪ Draft Final Report ▪ Revisions and Finalization of Final Report ▪ Council Presentation Development	▪ Report Handoff ▪ Project Closeout and Knowledge Transfer

DELIVERABLES/OUTPUTS

▪ Project Plan	▪ Stakeholder Engagement Plan & Analysis	▪ Environmental Scan	▪ Interim Report	▪ Facilitated Session	▪ Presentation to Council	▪ Final Report

Project Overview
Project Timelines

	July	August	September	October	November	Dec

Project Steps

Planning → Project Management, Monitoring, and Control → Closeout

Project Launch

Stakeholder Consultations & Session 1

Environmental Scan

Interim Report Development

Session 2

Development of Strategy

Close-out

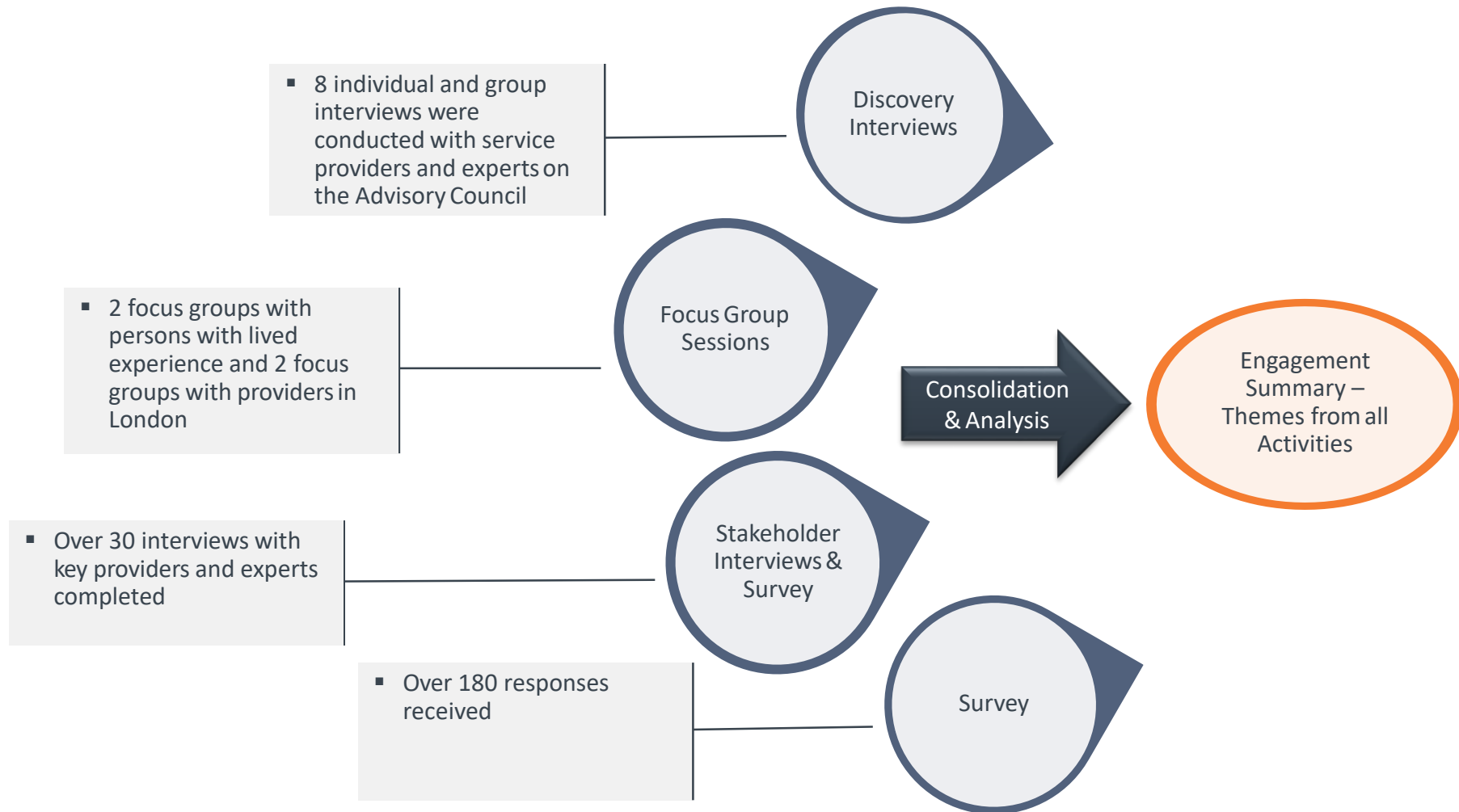Project Plan ◆ | Interim ◆ | Final Report ◆ | Presentation to Council ◆

41
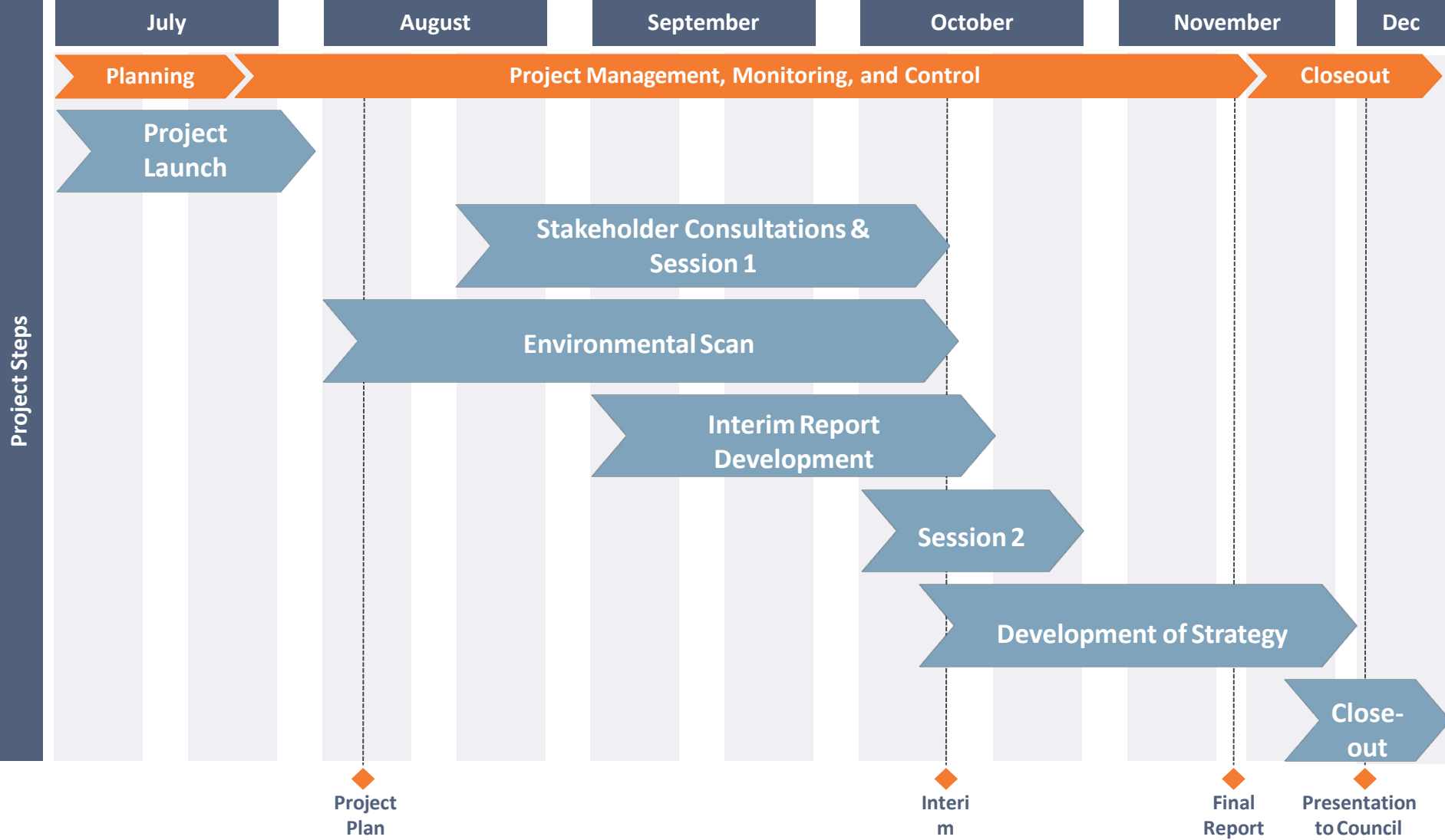
Appendix 2: Engagement Findings

Community Mental Health and Addiction Strategy for London

OPTIMUS|SBR 42

Engagement Activities
Methodology

The following stakeholder engagement activities were conducted with persons with lived experience, service providers and experts representing various experts in the field. The information obtained from these activities was used to inform the Engagement Summary section of the current state assessment:

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

Discovery Interviews

- 2 focus groups with persons with lived experience and 2 focus groups with providers in London

Focus Group Sessions

- Over 30 interviews with key providers and experts completed

Stakeholder Interviews & Survey

- Over 180 responses received

Survey

Consolidation & Analysis → **Engagement Summary – Themes from all Activities**

Engagement Summary

Stakeholder engagement activities resulted in a number of common themes 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.

MH&A System Component	Strength	Opportunity to Improve
1 Access to Services	A wide variety of services are accessible in London to serve the diverse needs of the population	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
2 Quality and Experience of Services	The experiences that people have while using services across the local system are reported to be positive and of high quality	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
3 Access to Specialty Services	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.	Waits for specialized services that address the unique needs of people with lived experience are perceived by many to be too long
4 Access to Information	Excellent relationships and hubs of information sharing exist among London providers, particularly among those funded by the same entity	Great information about MH&A resources exists, however it can be hard to find and use because of its fragmented distribution
5 Availability of Attainable Housing	The housing programs that exist are a valuable community asset that people need	Additional housing and related supports are needed to meet the needs of local residents, organized in a way that promotes increased access and safety
6 Community Partnerships	A collaborative culture is developing amongst providers in London	Community partnerships and collaborations across London are many, but are not yet coordinated or organized with clear roles and accountabilities.

Access to Services: Strengths

1	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 access to permanent housing with intensive in-home supports, rapid response and evaluation for high risk women involved in street level sex work

Access to Services: Opportunities

1 **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 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 Services: Opportunities

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

①

- **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; 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

Access to Services: Potential Solutions

Through the various consultative activities completed, 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 Emergency Department, 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)

Access to Services: Potential Solutions

Through the various consultative activities completed, 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 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 access to a continuum of Withdrawal Management Services (detox) and residential treatment centres

- **Administer building permits in a manner that empowers people with lived 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

Quality and Experience of Services: Strengths

2 **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

- **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 take children to their outpatient appointments to support the transition from one type of care to another, creating a positive experience and ultimately, outcome

Quality and Experience of Services: Opportunities

2	**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

- **Care is not always provided in a culturally sensitive and/or appropriate way**
  - Indigenous people continue to experience culturally insensitive care, unintentional acts of cultural incompetence, and racism when accessing some health services.

Quality and Experience of Services: Potential Solutions

Through the various consultative activities completed, 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)

- **Enhance 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

- **Develop additional cultural competency with health service professionals**

  - Develop the ability to consider and acknowledge a person's unique understanding for their health issues and prescribed treatment. This also includes sensitivity and awareness of circumstances the person faces. Understanding Indigenous history and unique challenges, and including culture in holistic healing is particularly important for Indigenous partners

Access to Specialty Care: Strengths

3 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

Access to Specialty Care: Opportunities

3 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, and even more so for those requiring highly specialized services, are too long, creating unintended outcomes and challenges 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 greater program flexibility 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

Access to Specialty Care: Potential Solutions

Through the various consultative activities completed, 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

- **Reduce 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

- **Offer 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, Dialectical Behaviour Therapy (DBT) and Cognitive Behavioural Therapy (CBT) practitioners; additional locations needed include recovery centres, vocational rehab, residential treatment, additional walk-in clinics (in the right locations)

Access to Information: Strengths

4 Access to Information: Strengths	**Excellent relationships and hubs of information sharing exist among London providers, particularly among those funded by the same entity**

- **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 (ie. 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, ReachOut, 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 Homeless Management Information System is being implemented to share information among programs to improve the housing stability of individuals and families in the city of London. By working together and sharing information, these organizations can better understand homelessness, improve services, and reduce and prevent homelessness in London.

Access to Information: Strengths

4 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"

Access to Information: Opportunities

4 Access to Information: Opportunities	Great information about MH&A resources exists, however it can be hard to find and use because of its fragmented distribution

- **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).

Access to Information: Opportunities

4 Access to Information: Opportunities	Great information about MH&A resources exists, however it can be hard to find and use because of its fragmented distribution

- **Educational information to build the capacity of providers and members of the community is 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 when under the influence of the drug
  - Some stakeholders who work in health and social services but who do not specialize in mental health and addiction crisis 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

Access to Information: Potential Solutions

Through the various consultative activities completed, 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):

- **Utilize 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 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'

- **Provide 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)

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 is 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

Availability of Attainable Housing: Strengths

5 Availability of Attainable Housing: Strengths	**The housing programs that exist are a valuable community asset that people need**

- **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 of London Homeless Prevention takes a Housing First approach to planning, which helps individuals and families experiencing homelessness to access permanent housing of choice with the right support

Availability of Attainable Housing: Opportunities

5 Availability of Attainable 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**

- **More attainable 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
  - 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

- **Good options exist under the Housing First model (e.g., SLWAR, London CAReS, Project Home**
  - Housing Finders have a defined role in Housing First programs. They assist individuals and families participating in Housing First programs to find housing

- **Housing options are not centralized and more attainable housing is needed**
  - 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
  - A shortage of community supports available to assist individuals and families to find housing outside of Housing First programs

- **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

Availability of Attainable Housing: Potential Solutions

Through the various consultative activities completed, 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

- **Add Supportive Housing Units**
  - 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

Community Partnerships: Strengths

6 Community Partnerships: Strengths	**A collaborative culture exists, and continues to grow, amongst providers in London**

- **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 Inclusion, 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. There is also a desire to continue to better engage Indigenous Partners.

- **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 Business Improvement Areas (BIAs) and neighbourhood groups, cultural groups, etc. are strong advocates and participants in these forums

Community Partnerships: Opportunities

Community Partnerships: Opportunities **6**

The many community partnerships and collaborations across London need to be better coordinated, with enhanced clarification of roles and accountabilities

- **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

Community Partnerships: Potential Solutions

Through the various consultative activities completed, 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, focusing on shared goals to create a common vision can strengthen system accountability and cohesion

- **Coordination of Partnerships**
  - Existing institutional experiences of partners in developing groups can be leveraged and can speed up the setup of subsequent groups
  - Continue to expand the inclusion of Indigenous partners in planning

- **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

Community Mental Health and Addiction Strategy for London

Survey Results

# Methodology

- The survey contained 7 questions, with the majority of questions being closed-ended to assess:
  - How individuals use MH&A services
  - How individuals learn about MH&A services
  - What individuals like and do not like about MH&A services
  - What ideas that individuals have to improve MH&A services in London (open ended)

- The survey was posted on the City of London website, communicated to the public via Twitter, as well as sent to a number of individuals by leveraging Advisory Council member networks

- We received 182 survey responses in total

- Detailed results can be found on the following slides; the first set is focused on the quantitative results, the second pulls from the open ended question themes

- Identified survey limitations include:
  - Based on sample size, results cannot be considered fully representative or generalizable to all residents.
  - Results should be considered as directional information rather than definitive for the population.

Respondents' Point of View

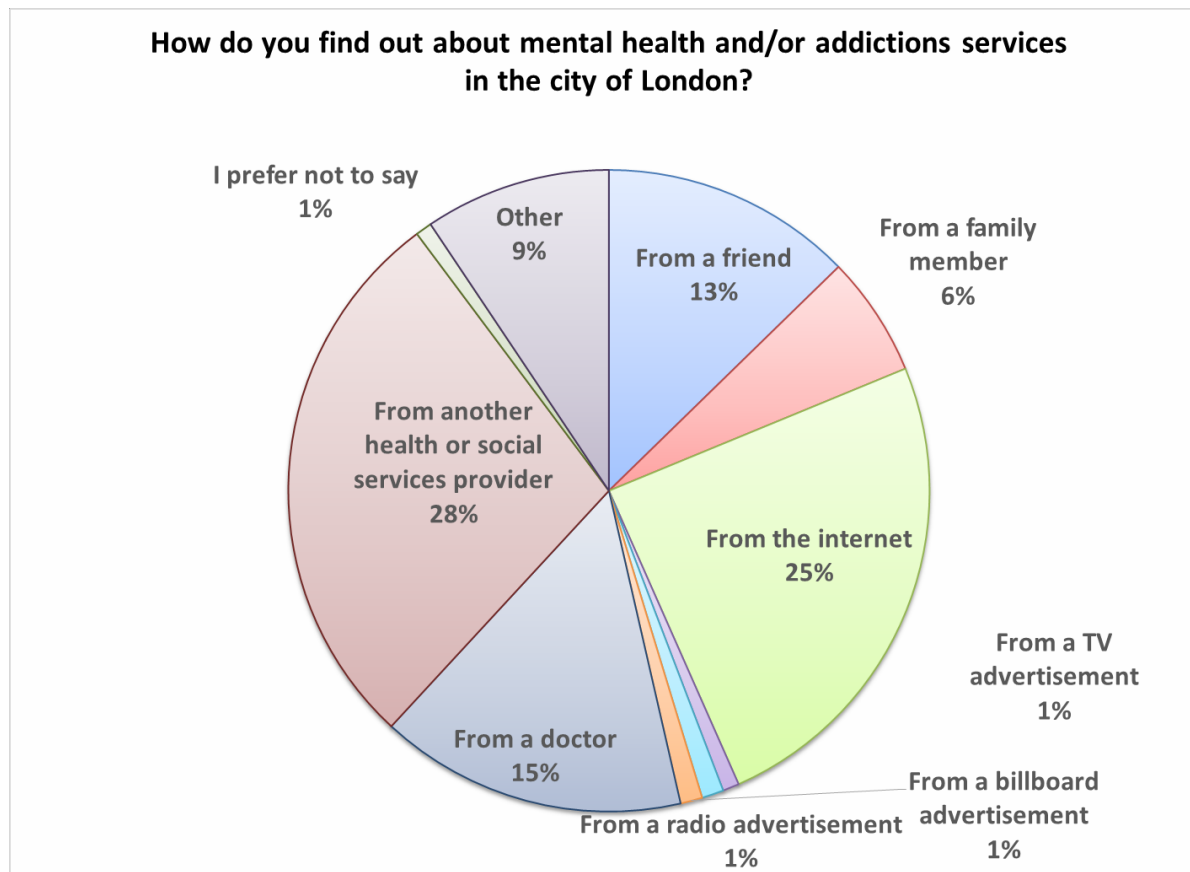- **Majority of the respondents were people with lived experiences or were directly related to people with lived experiences of MH&A**
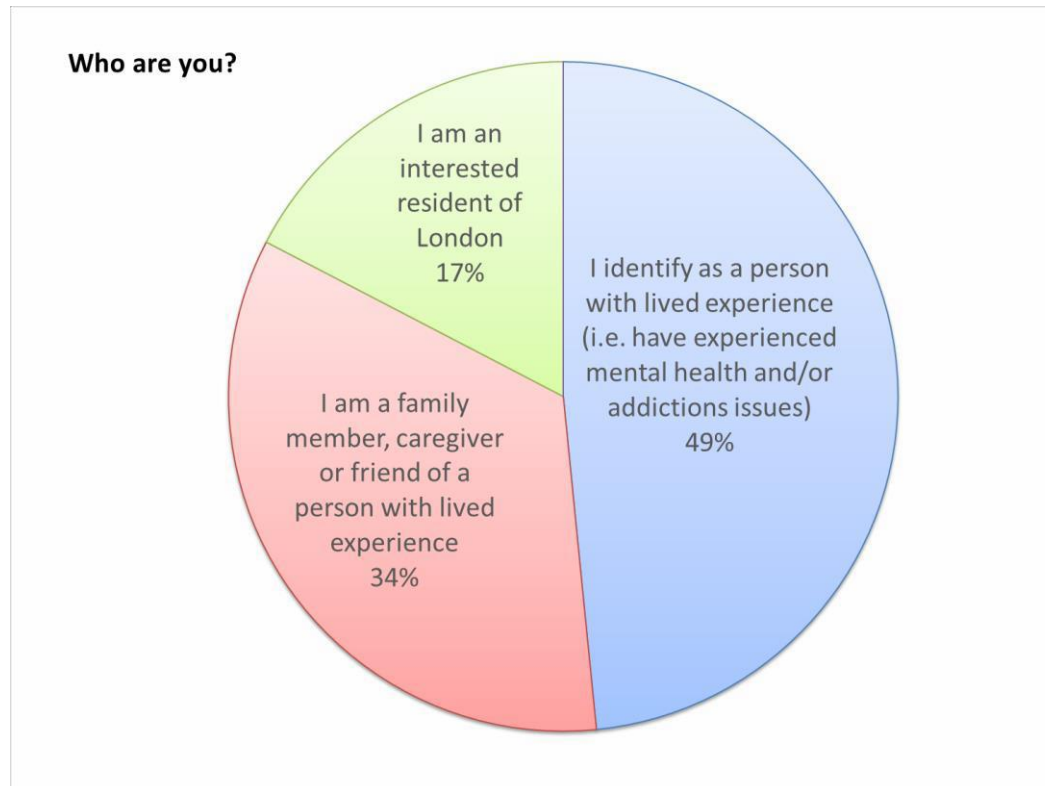
Accessing Information

- **People in London use a wide variety of means to find out about mental health and addictions services in London**

How do you find out about mental health and/or addictions services in the city of London?

- I prefer not to say 1%
- Other 9%
- From a friend 13%
- From a family member 6%
- From another health or social services provider 28%
- From the internet 25%
- From a TV advertisement 1%
- From a doctor 15%
- From a radio advertisement 1%
- From a billboard advertisement 1%

Use of Hospital

- **Interaction with inpatient and outpatient hospital services is common among respondents**

Use of Hospital Based Services
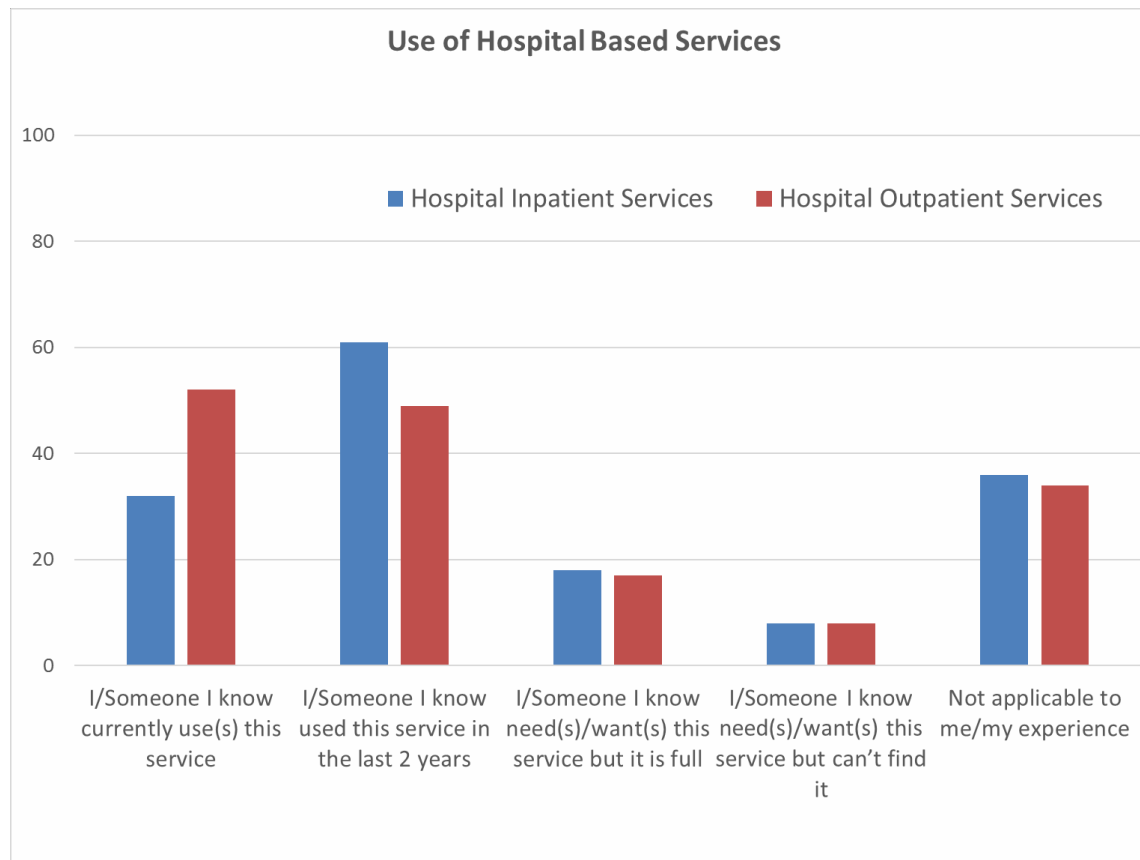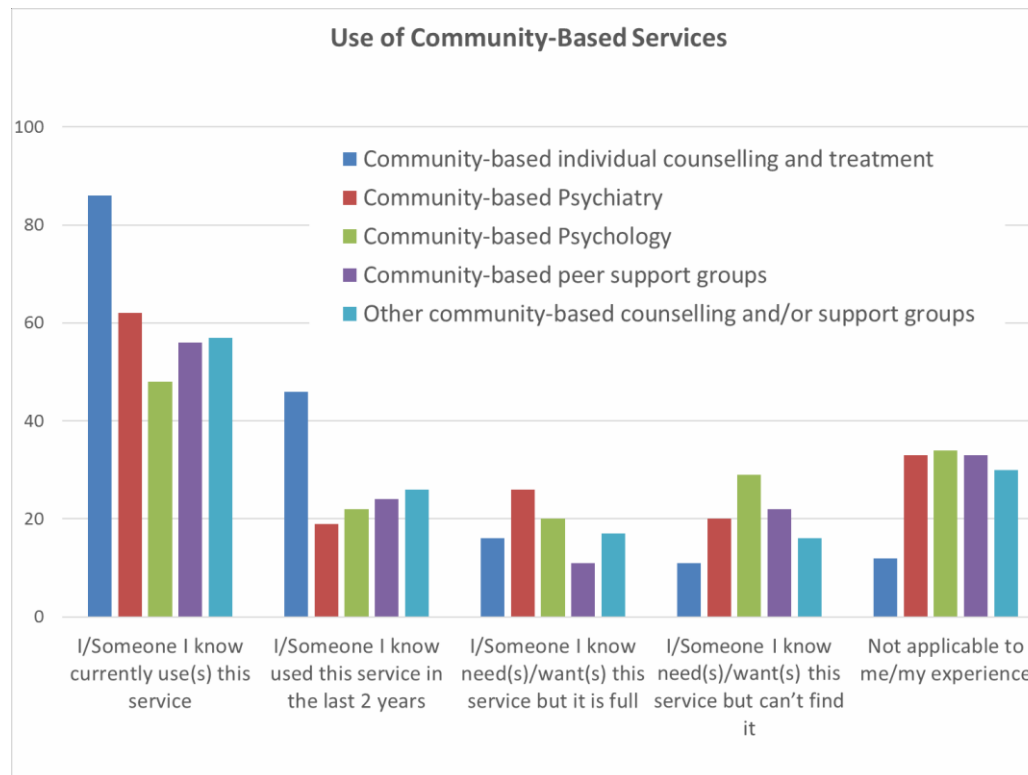
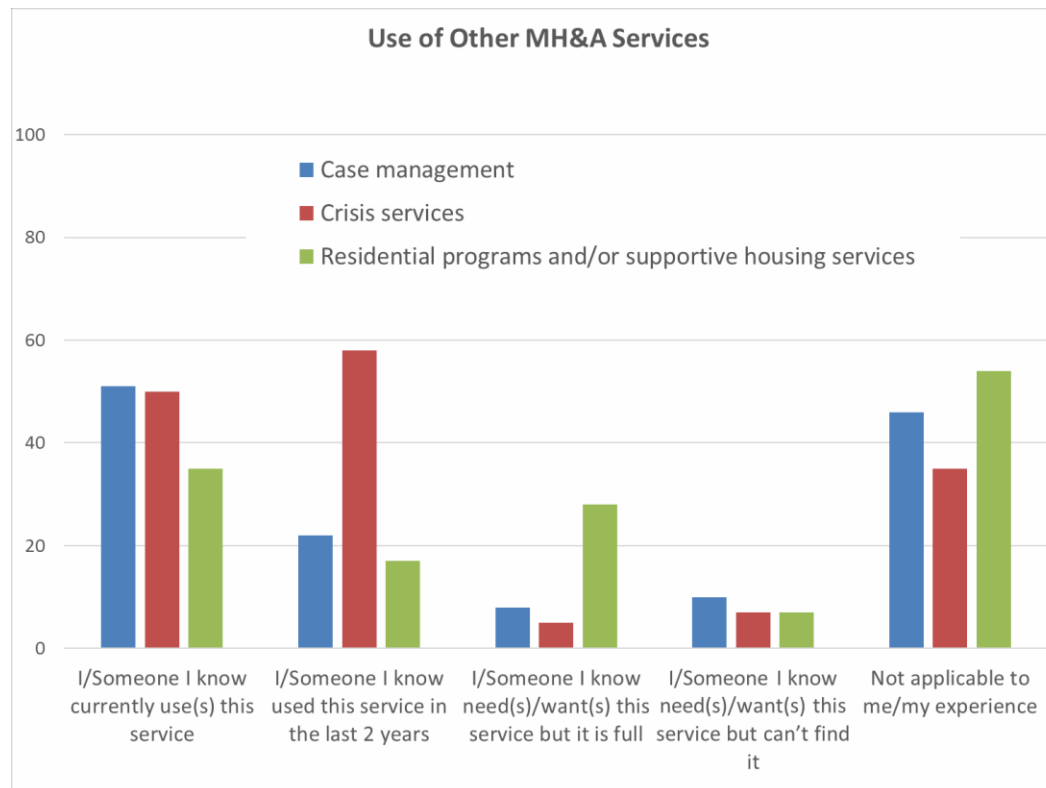■ Hospital Inpatient Services   ■ Hospital Outpatient Services

Use of Community Services

- **Respondents also reported widespread use of community-based services, more than hospital-based services in most cases**

Use of Community-Based Services

Legend:
- Community-based individual counselling and treatment
- Community-based Psychiatry
- Community-based Psychology
- Community-based peer support groups
- Other community-based counselling and/or support groups

X-axis categories:
- I/Someone I know currently use(s) this service
- I/Someone I know used this service in the last 2 years
- I/Someone I know need(s)/want(s) this service but it is full
- I/Someone I know need(s)/want(s) this service but can't find it
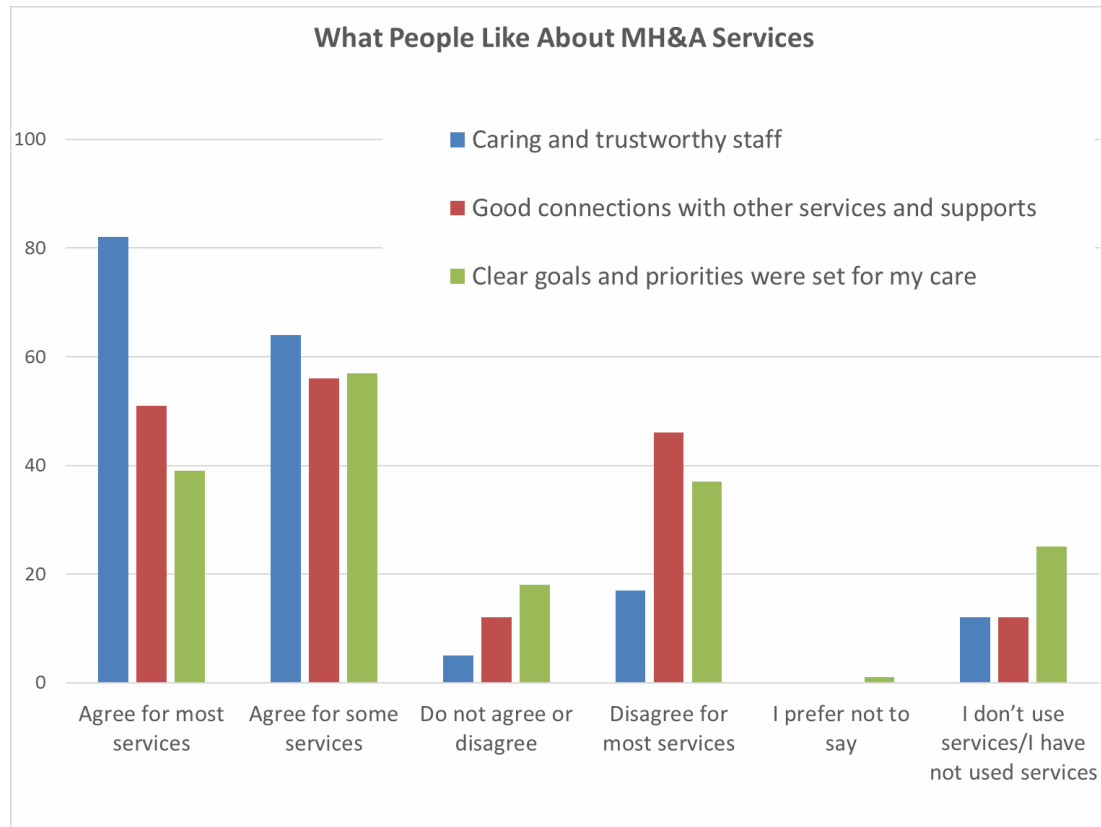- Not applicable to me/my experience

Use of Other MH&A Services

- **Responses suggested use of case management and crisis services was similar to use of other community-based services and that people want more access to residential programs and supportive housing services**
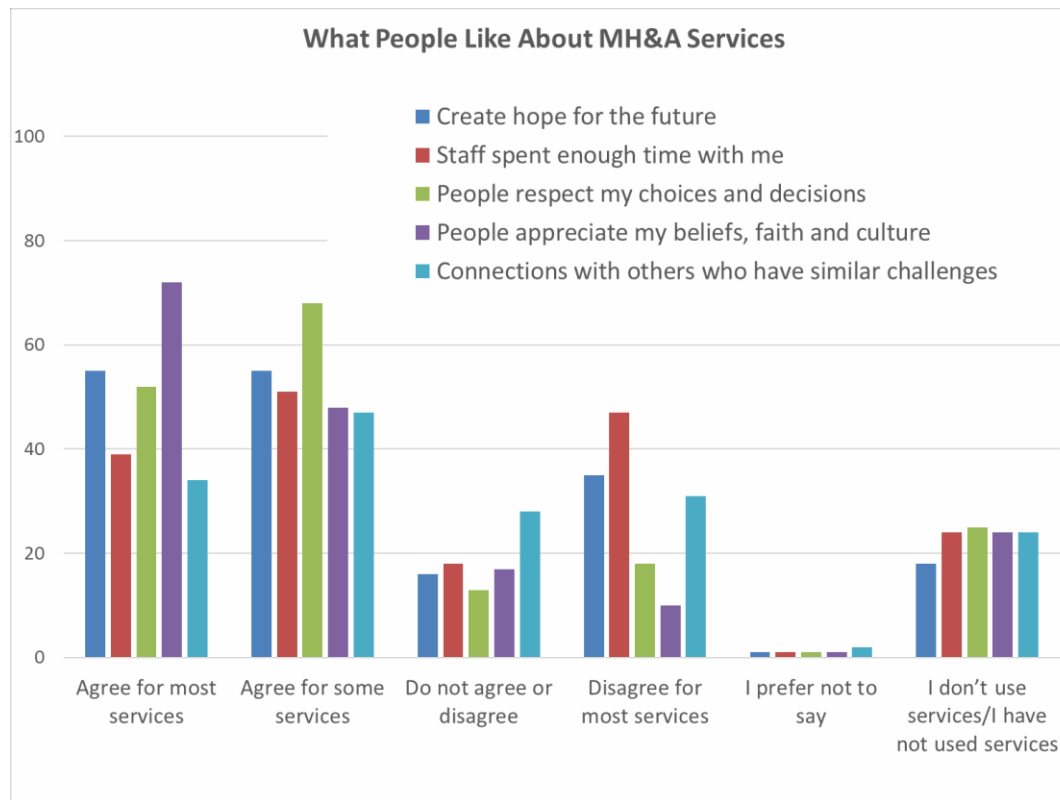
What People Like

- **People were generally positive about the services they received, particularly how caring the staff were, but there are evidently some areas for improvement depending on the service**

What People Like About MH&A Services

■ Caring and trustworthy staff
■ Good connections with other services and supports
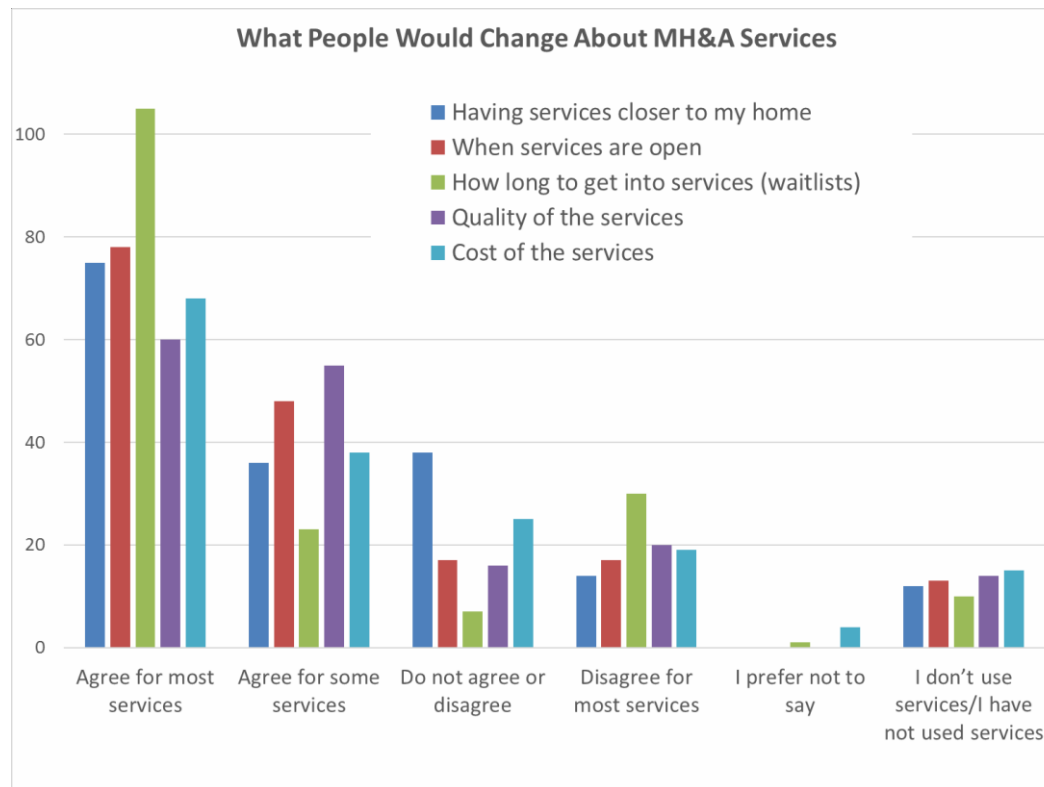■ Clear goals and priorities were set for my care

What People Like *(cont'd)*

- **People were similarly positive about the experience of care, though many felt staff did not spend enough time with them or connect them with others with similar challenges**

What People Like About MH&A Services

- Create hope for the future
- Staff spent enough time with me
- People respect my choices and decisions
- People appreciate my beliefs, faith and culture
- Connections with others who have similar challenges

What People Would Change

- **Respondents felt most strongly about wanting to change waitlists and when services were open relative to other factors**

What People Would Change About MH&A Services

Legend:
- Having services closer to my home
- When services are open
- How long to get into services (waitlists)
- Quality of the services
- Cost of the services

What People Would Change

- **Respondents felt strongly that an efficient registration process and availability of public transit at different times could benefit the quality of services.**
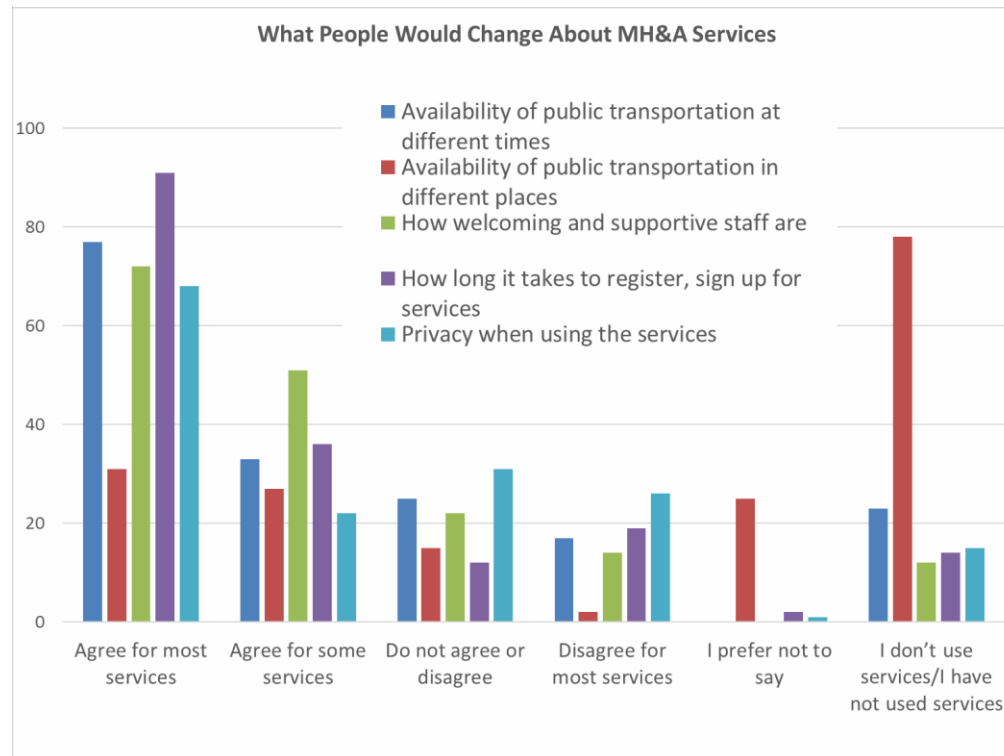
What People Would Change About MH&A Services

Ideas to Improve MH&A Services

A number of key themes emerged during stakeholder engagement activities for the project overall. Comments from individuals completing the public survey have been aligned with identified themes.

Access to Services	**Quality and Experience of Services**	**Access to Specialty Services**
Access to Information	**Availability of Attainable Housing**	**Community Partnerships**

Indication that there is a need in the London community for long term MH&A solutions, affordable and accessible therapy, as well as accountability to the community for providing services in reasonable timeframes.

Ideas to Improve Community MH&A Services

Access to Services

- Identified need for increased access to subsidized counselling, as well as crisis intervention and case management services.

- Indication that there is a shortage of psychiatrists as well as psychologists, particularly those covered by OHIP / benefits.

- Suggestion to hire additional clinical professionals in the community including Social Workers, Occupational Therapists, Psychiatry, etc. to provide appropriate care in the most appropriate location.

- Identified need for additional treatment beds as well as evening and weekend programs.

- Need for increased access to Cognitive Behavioural Therapy (CBT) services in the community, including additional doctors being trained in CBT/ Dialectical Behaviour Therapy (DBT).

- Need for the establishment of Supervised Consumption Facilities in London to help deal with the increasing use of drugs in the city.

- Need for "in the moment" counselling to combat current long wait times. This could be accomplished by the addition of walk-in style clinics to ensure individuals receive care when they need it.

- Streamlining of services to ensure that treatment is being provided in central locations that are easy for individuals with mental health and addictions issues to access (i.e. near Public Transit, social housing, etc.).

- Critical to ensure equitable access to MH&A services for all populations (i.e. Indigenous, Francophone, etc.) in the city of London, including ensuring that services are culturally relevant and appropriate.

- Suggestion by some individuals to set up a MH&A specific Emergency Department (potentially at Parkwood Psychiatric Institute) to decrease backlog in other Emergency Departments and to ensure that individuals in crisis receive treatment in a timely manner.

Ideas to Improve Community MH&A Services

Quality and Experience of Services

- Multiple individuals reported that case managers and other health professionals are overworked and cannot work to their full scope of practice or provide their highest quality of service.

- Individuals would like to see increased family centered care as well as consistent follow up once treatment is complete.

- Need for better coordination between services – including within inpatient, outpatient and the community.

- Need for a streamlined intake process and centralized waitlist for MH&A services. Suggestion to have one system that identifies available programming in the city of London and associated wait times with each program or service.

- Individuals believe that the addition of system navigators can assist patients with determining where to access the care they need in a more efficient manner.

- Need for improved working relationship between family doctors and MH&A specialists. This could include mandatory mental health training for General Practitioners.

- Increased training for people who work with individuals with MH&A including seminars, training with community partners, etc.). This includes education on stigma reduction and how it impacts individuals asking for help. Additional training could leverage individuals with lived experience.

- Indication that professionals working with individuals with MH&A issues need to understand the difference between mental health and addictions issues and that all who have MH issues do not necessarily have addictions.

Ideas to Improve Community MH&A Services

Access to Specialty Services

- Need for larger and more accessible Withdrawal Management (detox) services for individuals with addictions, rather than having them wait for a bed to open up.

- Ensuring specialized populations have access to services (i.e. youth, concurrent disorders, gender based violence, newcomers, etc.)

Access to Information

- Need for standardized information gathering and sharing practices in order to facilitate smoother transitions and ultimately improve care for patients.

- Increased information sharing with the public (as well as service providers) of the services available to individuals with MH&A and where services are offered.

- Clarification for patients and providers on criteria to access programming and how access is affected by other social programming (i.e. Ontario Works).

- Increased education on social determinants of health and how to prevent MH&A issues (i.e. positive coping skills development).

Ideas to Improve Community MH&A Services

Availability of Attainable Housing

- Need for increased and accessible housing with essential supports to foster recovery. It is important to ensure that housing is established in appropriate locations as well as accommodating an appropriate combination of residents (i.e. not all residents with MH issues).

- Individuals noted that there is a long wait list for housing as well as a shortage of staff to support with housing. This directly affects wait times and does not allow for individuals with mental health and addictions issues in need of housing when and where they need it.

- Need to ensure that housing is available for concurrent disorders individuals (those with both MH and addictions issues).

- Increased volume of affordable housing to prevent those with MH&A issues from becoming homeless is reported as one of the most salient issues in the London community.

Community Partnerships

- Better utilization of available infrastructure and cooperation of community agencies.

- Need to consider the link between 12 step programs (Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Alanon) and how they work with community agencies.

Appendix 3:
Mental Health & Addiction System Landscape

Community Mental Health and Addiction Strategy for London

# 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, including those from Indigenous partners.

- 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 References 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.
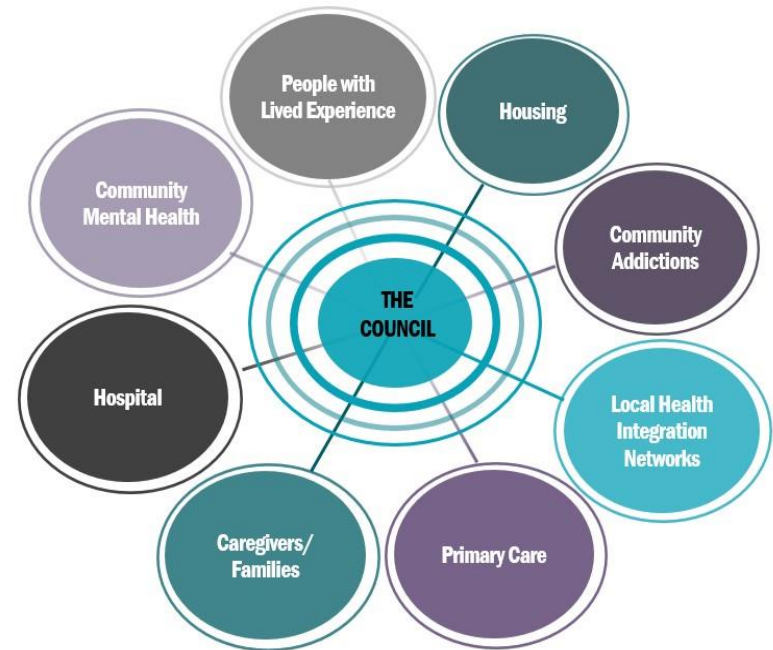
As an example of the multitude of groups involved in planning MH&A, the above diagram illustrates groups involved in Ontario's Mental Health and Addictions Leadership Advisory Council.

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

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
  - Housing First
- Social Determinants of Health: housing/supportive housing, employments, diversion/transitions 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
  - Supervised Consumption Facilities, 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) ▪ Community Homeless Prevention Initiative (CHPI)
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

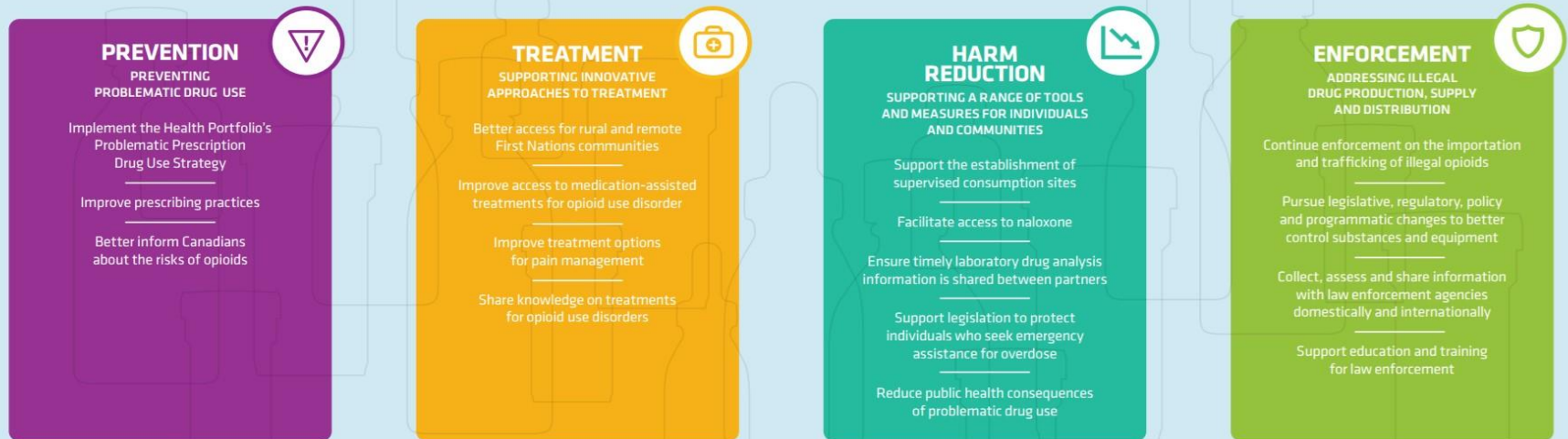## TAKING ACTION ON CANADA'S OPIOID CRISIS

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.

PUBLIC HEALTH EMERGENCY RESPONSE
ENABLING A COORDINATED PAN-CANADIAN RESPONSE TO THE OPIOID CRISIS

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	TREATMENT	HARM REDUCTION	ENFORCEMENT
PREVENTING PROBLEMATIC DRUG USE	SUPPORTING INNOVATIVE APPROACHES TO TREATMENT	SUPPORTING A RANGE OF TOOLS AND MEASURES FOR INDIVIDUALS AND COMMUNITIES	ADDRESSING ILLEGAL DRUG PRODUCTION, SUPPLY AND DISTRIBUTION
Implement the Health Portfolio's Problematic Prescription Drug Use Strategy	Better access for rural and remote First Nations communities	Support the establishment of supervised consumption sites	Continue enforcement on the importation and trafficking of illegal opioids
Improve prescribing practices	Improve access to medication-assisted treatments for opioid use disorder	Facilitate access to naloxone	Pursue legislative, regulatory, policy and programmatic changes to better control substances and equipment
Better inform Canadians about the risks of opioids	Improve treatment options for pain management	Ensure timely laboratory drug analysis information is shared between partners	Collect, assess and share information with law enforcement agencies domestically and internationally
	Share knowledge on treatments for opioid use disorders	Support legislation to protect individuals who seek emergency assistance for overdose	Support education and training for law enforcement
		Reduce public health consequences of problematic drug use	

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://fcm.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.

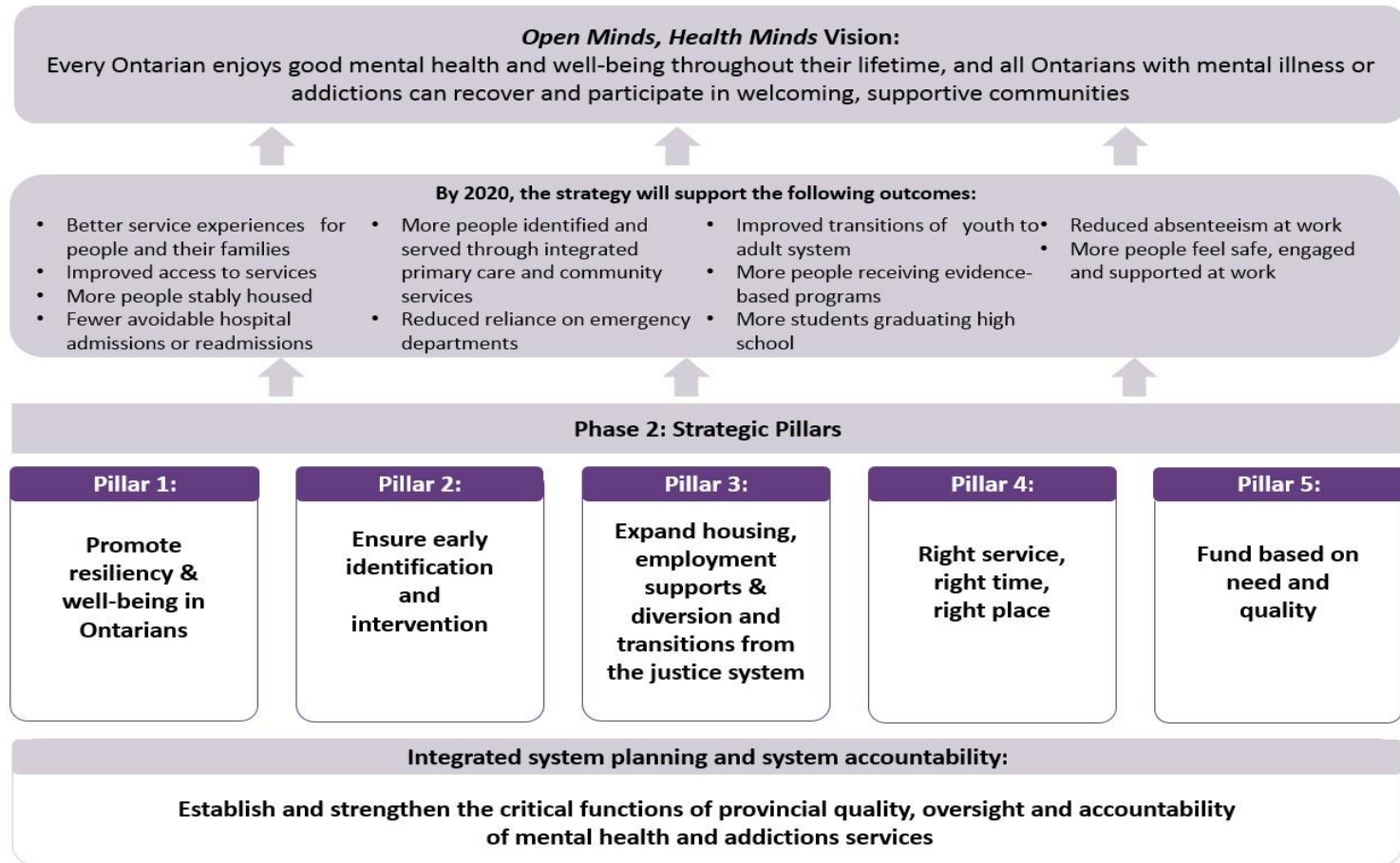# Provincial and Federal Landscapes: Canada

First Nations Mental Wellness Continuum Framework

- 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.
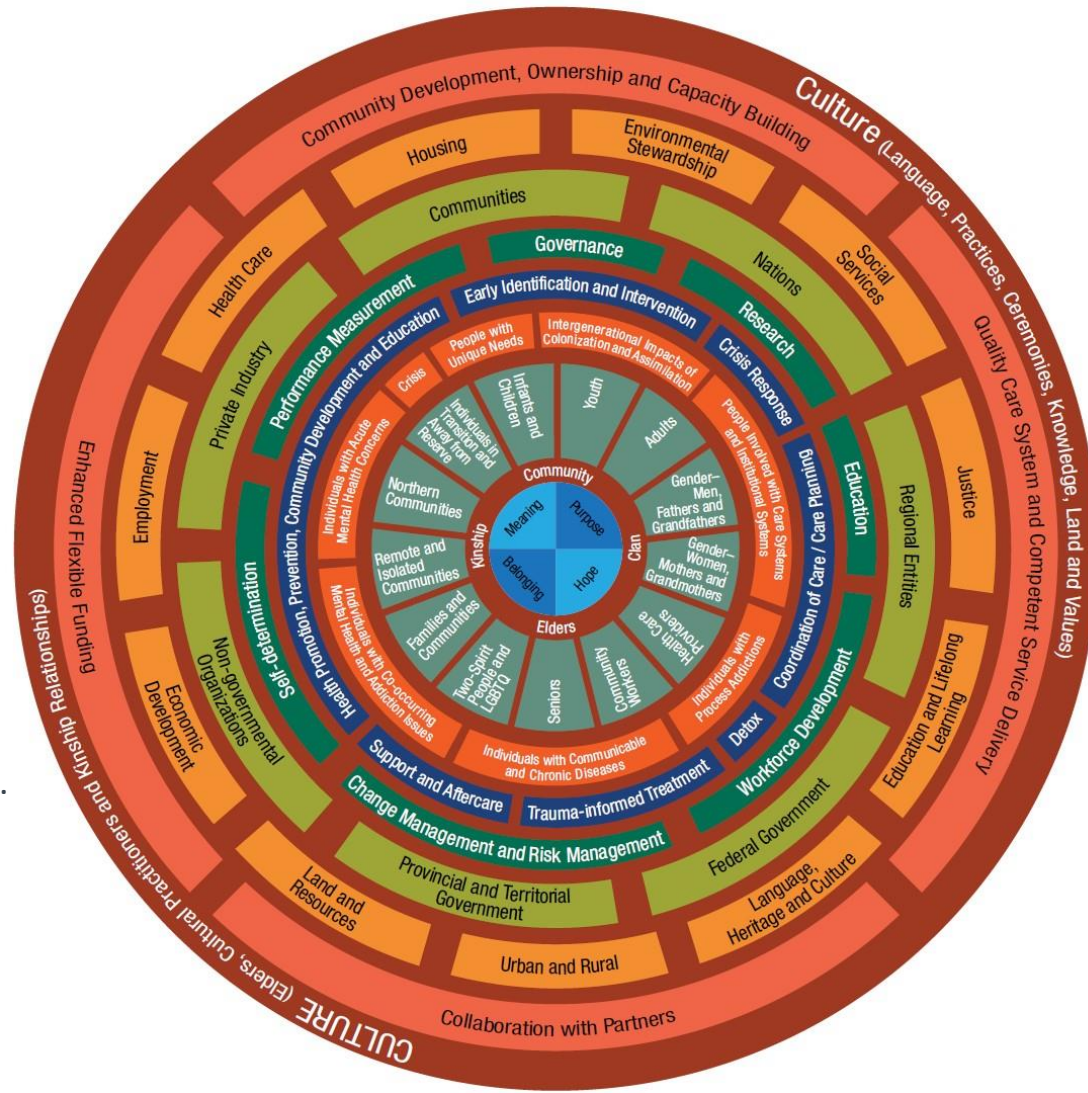
Provincial and Federal Landscapes: Ontario

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:	Pillar 2:	Pillar 3:	Pillar 4:	Pillar 5:
Promote resiliency & well-being in Ontarians	Ensure early identification and intervention	Expand housing, employment supports & diversion and transitions from the justice system	Right service, right time, right place	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 Consumption Facilities):
  - 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.

A Multi-Sectoral Advisory Body
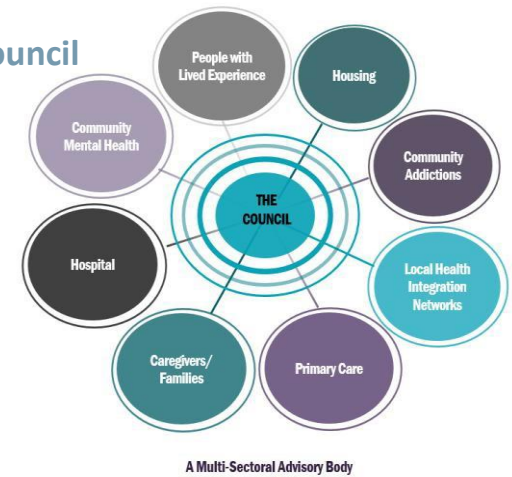
2015 Recommendations	2016 Recommendations
- Make it easier for young people to transition from youth to adult mental health and addictions services and supports - Expect the same focus on quality from Ontario's mental health and addictions system as you do from other parts of the health care system - Move on key First Nation, Métis, Inuit and urban Aboriginal mental health and addictions needs - Prioritize investments in supportive housing focused on meeting the needs of individuals with mental illness and addictions - Clarify which provincial ministry should lead the development and implementation of youth addictions policy and programming	- That the Ministry of Health and Long-Term Care work with other ministries and stakeholders to promote, prevent and intervene early across the lifespan - That the Ministry of Health and Long-Term Care address the chronic gaps in youth addiction, psychotherapy and supportive housing - 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

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:

ACCESS
CONNECT
INFORM
PROTECT

PATIENTS FIRST: ACTION PLAN FOR HEALTH CARE
Year-Two Results | April 2017

- 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.

Provincial and Federal Landscapes: Ontario

Strategy: Generally, the *Patients First Act* is based upon many of the principles documented in a 2015 proposal by the Ministry of Health and Long-Term Care, entitled "Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario". A number of the key strategic directions are presented below, which became part of the *Act* in 2016.

Proposal	This includes:
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.

Provincial and Federal Landscapes: Ontario

Strategy: The Minister of Health and Long-term Care has identified priorities for South West LHIN in 2017-18 and the build on the LHIN's Integrated Health Services Plan.

- The South West LHIN was given a Mandate Letter of priorities by the Minister of Health for 2017-18. Those directly related to MH&A include:
  - Based on the advice from Ontario's Mental Health and Addictions Leadership Advisory Council, work with local partners and other sectors to expand access to mental health and addictions services that:
    - Expand access to structured psychotherapy and supportive housing.
    - Establish referral networks with primary care providers.
    - Make access to community mental health services a priority for sub-region planning, in collaboration with community and social service providers and partners.
    - Support the provincial opioid strategy, and provide support to connect patients with high quality addictions treatment.

- In its Integrated Health Services Plan 2016-2019 the LHIN is employing the following strategies:
  - **Health equity**: Consistently apply a Health equity lens to enable access to quality care.
  - **Integration and collaboration**: Work together to better organize and connect services to meet the needs of the population and ensure optimal use of resources.
  - **Quality Improvement and Innovation**: Partner with LHIN residents to understand their experiences of care and continuously collaborate with them to co-design improvements, broadly share quality evidence and best practices and demonstrate quality outcomes across the health care system.
  - **eHealth and Technology**: Leverage and expand the use of eHealth technologies to access and exchange health information, inform effective decision making, and enhance "hands on" care.
  - **Accountability and Transparency**: Strive for transparent decision-making and better performance by reporting on measures of success and holding individuals and organizations accountable for results.

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

Community Mental Health and Addiction Strategy for London

Local London Landscape

Local Needs

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

Category	Finding	Source
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	Homelessness/Emergency Shelter Use - 18% decrease in the number of unique individuals accessing emergency shelters; Increase in the number of unique individuals who access emergency shelters 10 or more times in a year; number of independent youth under the age of 19 accessing emergency shelters has increased; females under 30 represent a greater percentage of overall female shelter users compared to males in the same age category.	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.

Initiative	Participants	Description of Focus and/or Activities
Homelessness		
Community Health Collaborative	Leaders from across the continuum of health, education and social services, committed to sustainable change through collective impact to address population health disparities. Co-Champions include Dr. Chris Mackie (MLHU) and Michelle Quintyn (Goodwill).	Current projects actively supported include: **Community Health Indicator System:** Creating a centralized repository for Middlesex-London that will provide standardized data on community-level indicators and social determinants of health, to increase organizations' capacity to collaboratively improve the health and well-being of all residents. **Mental Health INcubator for Disruptive Solutions ("MINDS"):** Establishing a social innovation lab to shift outdated and inadequate ways of understanding and responding to mental health system problems. MINDS aims to design effective solutions that can be scaled up to achieve widespread impact in the London-Middlesex mental health community, with a focus on Transitional Age Youth. **People Who Inject Drugs (PWID) Patient Pathway Development:** Representatives from Mental Health, Medicine and Emergency Departments at LHSC are working with community and other hospital partners to establish a future state that will define the way persons who inject drugs are cared for while in hospital, and identify timely connections with community partners during their hospital stay. **PWID Residential Treatment of Infectious Complications:** Patients with infectious complications from injection drug use are routinely admitted to hospital. Many leave against medical advice and are frequently readmitted to hospital shortly thereafter. A systematic review of alternative models of care, to explore potential community solutions (including residential treatment) and assessing related costs is being conducted. **City of London Affordable Housing Database:** Understanding the current housing stock in London/Middlesex.
Housing Collaborative Initiative (HCI)	Provincial Service Managers	Provincial cooperation and initiative of Service Managers to develop an Information System for Social Housing in Ontario

Local London Environment – Collaborations
(continued)

Initiative	Participants	Description of Focus and/or Activities
Homelessness Cont'd		
Housing First	London CAReS; SLWAR; CMHA Middlesex; and, Project Home	Access to permanent housing with supports.
Supportive Housing	Anova; and Addiction Supportive Housing (ASH)	Transitional housing.
Addictions		
Opioid Crisis Working Group	Mayor, other community stakeholders under leadership of Medical Officer of Health	Guiding public consultation process related to supervised consumption facilities in Middlesex-London
Middlesex London Community Drug & Alcohol Strategy (CDAS)	A range of local community provider and stakeholders	Community collaborative of > 40 partners (representing organizations and individuals, including persons with lived experience) who are working to develop a comprehensive, long term drug and alcohol strategy for London and Middlesex County. The vision of the CDAS is "A caring, inclusive, and safe community that works collaboratively to reduce and eliminate the harms associated with drugs and alcohol." The strategy considers all substances, exclusive of tobacco, and is built on a four pillar framework incorporating treatment, harm reduction, enforcement and prevention. The work is structured with a Steering Committee and four pillar workgroups and is guided by a vision, mission and established guiding principles. CDAS has gathered data and information, and is engaging stakeholders in the community to develop a prioritized plan for London & Middlesex.
Opioid Overdose Surveillance Working Group	EMS, Base Hospital, LHSC, City-wide ED chief, police, regional coroner	Focus is on early warning system to detect opioid overdose increases in the community and alert key agencies.
London Middlesex Addiction and Mental Health Network	Alliance of all MH and A organizations	Focused on collaborative services, planning, issue resolution, educations, etc.
Physician leadership group on opioids	physicians, pharmacists, dentists, regulatory and professional colleges	Developing a workshop for physicians, pharmacists, dentists, on safe prescribing of opioids and pain management. Collaboration with regulatory and professional Colleges.

Local London Environment – Collaborations

(continued)

Initiative	Participants	Description of Focus and/or Activities
Mental Health (may also include addictions or other health related components)		
Variety of discharge planning groups	(none identified)	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.
MINDS	MaRS Solution Lab	Objectives: Establish a social innovation lab that develops and scales disruptive solutions for 2 complex mental health system challenges (Housing and Transitional Aged Youth); 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.
Health Links	(none identified)	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.
Connectivity/Situation table	Multi agency Steering Committee, table is co-chaired by CMHA and SLCS and LPS takes the organizational role for meetings/locations etc.	Group of service provider decision-makers meeting weekly to discuss cases of acute elevated risk.
Enhanced Crisis Table	Convened by the LHIN	Identifies pressures on Emergency Departments and police services. Helped to develop Walk-in MH&A Crisis Centre.
HSJCC (Human Justice and Services Coordinating Committee)	SLCS is the Lead and organizer locally	Justice related group addressing MH&A issues.
Reach Out 24:7	Funded by the SW LHIN Available to people living in Elgin, Oxford, Middlesex and London	Reach Out is a confidential 24/7 information, support and crisis service for people living with mental health or addictions concerns – as well as their families, caregivers and health care providers.

Local London Environment – Collaborations
(continued)

Initiative	Participants	Description of Focus and/or Activities
Mental Health (may also include addictions or other health related components) Cont'd		
Mental Health Transitional Care Project in London	A partnership between the South West LHIN, London Health Science Centre, St. Joseph's Health Care in London and CMHA in Middlesex	The Ontario government recently announced funding for over 2,000 additional beds and spaces across the province. This investment includes 48 additional beds and spaces at London Health Sciences Centre to provide access to care and reduce wait times, whether in hospital, at home or in the community. Care will be focused on short-term, mental health and addictions support and housing transition from hospital to home. Patients who benefit from this project will receive care from a team that includes a nurse coordinator, social worker and recreational therapist.
Children and Youth		
Core Services Leadership Council	This group is made up of the E.D. or designate of the 11 agencies to are funded to provide CYMH services by MCYS.	Key collaboration in children and youth mental health in the MCYS funded CYMH system
Other Health		
HIV Leadership Table	Leadership representative who works in the area of HIV	Convened in response to public health emergency of increased HIV in Persons Who Inject Drugs (PWID's)
SRIT (Sub-Region Integration Tables)	(none identified)	New groups for local planning at the LHIN sub-region levels with MH&A representative
Coordinated Access Groups	(none identified)	The LHIN funds one FTE to do this work across the Thames Region
Youth Wellness Hub Action Coalition	Multisectoral representatives	Advisory/planning group for Transitional Age youth, working on submitting a proposal to request a Youth Wellness Hub in London

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.

Initiative	Groups Involved	Description
Homelessness		
London CAReS	City of London	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.
Street Level Women at Risk (SLWAR)	Addiction Services of Thames Valley	The Street Level Women At Risk (SLWAR) Collaborative assists women who are experiencing homelessness and involved in street level 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.
General Mental Health and Addictions		
Public Health Unit	MLHU	Public health engages in a variety of population health strategies to improve and protect the health and wellbeing of the population of Ontario and to reduce health inequities, including in the areas of alcohol and other substance misuse, and mental health promotion.
Zero suicide initiative	(none identified)	(none identified)
Transitional Age Youth Hub	YOU is the lead for proposed Youth Wellness Hub	(none identified)

Local London Environment – Service Delivery

(continued)

Initiative	Groups Involved	Description
Justice Related		
Community Justice Centres	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	CJCs 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). In Spring 2017, the Ministry of the Attorney General completed a CJC Needs Assessment to determine if CJCs are suitable for London, what the key elements of a CJC would be, as well as what other features could be included to improve outcomes. Findings included: • There is general support for CJCs and many hope that CJCs can address the need for supportive housing along with MH&A care. • Imperative that CJCs do not complicate current processes or duplicate other services and initiatives in London. • Most believed that CJCs need to be located in Central London, given this is where a large number of vulnerable individuals are located. • Those who work with youth see great value in having youth criminal justice matters go to a CJC. • Housing is an integral support that needs to be considered as an aspect of CJCs. • CJCs need referral power to other funded services including crisis beds, supportive housing, specialty care (i.e. psychiatry), victim support services, and detox beds. • The CJC should offer drop-in services and community programs, both during and after hours.

Local London Environment – Service Delivery

(continued)

Initiative	Groups Involved	Description
Justice Related Cont.		
Court Order to Reside Pilot Program	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	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.

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.

Strategy/ Report	Timeframe	Groups Involved	Description
Homelessness			
Enumeration Events	October 2015 – April 2017	City of London, the Province of Ontario, the Government of Canada's Homelessness Partnering Strategy (HPS), and the Canadian Alliance to End Homelessness	Survey of individuals and families experiencing homelessness at emergency shelters, drop-in services, and outreach routes throughout the city.
Street Level Women at Risk Report	April 2016- March 2017	Addiction Services of Thames Valley	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.
London's Emergency Shelters; Progress Report	2011-2016	City of London, Mission Services of London, The Salvation Army Centre of Hope, and Unity Project for Relief of Homelessness in London	Report on the utilization of London's emergency shelters.
A Canadian Model for Housing and Support of Veterans Experiencing Homelessness	May 2012 – June 2014	Local community organizations across four Canadian sites (Toronto, London, Calgary, and Victoria), Veterans Affairs Canada, the Homelessness Partnering Strategy	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.
Poverty			
London for All – A Roadmap to End Poverty	2016	United Way; City of London	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.

Local London Environment – Recent Reports
(continued)

Strategy/ Report	Timeframe	Groups Involved	Description
Addictions			
Supervised Injection Services Feasibility Study	January 2017	(not identified)	*Ontario Integrated Supervised Injection Services Feasibility Study for London, ON.* Feasibility study on implementing Supervised Injection Services Feasibility Study for London, ON. Supervised Consumption Facilities are not necessarily being implemented in London.
CDAS Environmental Scan	2016-2017	Agencies in London; Middlesex-London Health Unit.	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.
Mental Health			
Core Services Delivery Plan	June 2017	CYMH Core Services Leadership Council	CYMH Core Services Leadership Council (11 funded agencies) priorities in both the Core Services Delivery Plan and Community Mental Health plans.
CYMH Core Services Delivery Plan London-Middlesex	2016-2017	Vanier Children's Services; CYMH Core Services Leadership Council	Plan for the delivery of CYMH services in London-Middlesex.
Seniors			
Age Friendly London	2017 - 2020	The Age Friendly London Action Plan 2017-2020 was endorsed by the Age Friendly London Network and was brought to the Community & Protective Services Committee of City Council. Now that the plan is finalized, the Plan will be implemented by the eight working groups of the Age Friendly London Network.	The Network completed a comprehensive Impact Assessment on the work of the first Action Plan in October 2016. Through the Impact Assessment and in the development of the new Action Plan, the Network asked Londoners what was working well and what changes they would like to see to make our city even more age friendly. As a result, the new Action Plan has an enhanced focus on engaging older adults from diverse backgrounds, improving communication and information-sharing, and making evidence informed decisions.

Local Indigenous Landscape

Challenges and Needs of Indigenous Partners

▪ High quality data on Indigenous MH&A needs and service utilization is lacking. From the data that does exist, there is a young and growing Indigenous population in South West LHIN. The rate of Indigenous people presenting with MH&A issues is significantly higher than that of non-Indigenous populations and has increased over the past 5 years (2013 data). Opioid addiction and alcohol abuse is also increasing. (Aboriginal Mental Health and Addictions Strategy: Document/Data Review)

▪ The mental wellness challenges of Indigenous people is connected to history and current health system structure. "Indigenous mental health and addictions are complex and deeply rooted in past government policies leading to multiple losses and traumas at the individual, family, and community level." "Current levels of poverty, low educational attainment and unhealthy living conditions on reserve are also directly related to historical losses" (Aboriginal Mental Health and Addictions Strategy: Literature Review).

▪ Based on the experiences of Indigenous people in South West LHIN, Indigenous people continue to face "culturally incompetent care", "unintentional acts of cultural incompetence", and racism (Aboriginal Patient Journeys: Telling Our Stories).

▪ Barriers to health services include (Aboriginal Mental Health and Addictions Strategy: Document/Data Review):
  – weak referral networks
  – lack of capacity in the court system
  – shortage of transportation
  – need for specialized training
  – long wait lists for some services

Slide Information Sources: South West and Erie St. Clair Local Health Integration Networks (2013). Aboriginal Mental Health and Addictions Strategy: Annex B and C. Document/Data Review. Final Report; South West and Erie St. Clair Local Health Integration Networks (2013). Aboriginal Mental Health and Addictions Strategy: Annex A. Literature Review. Final Report. Southwest Ontario Aboriginal Health Access Centre (2015). Aboriginal Patient Journeys: Telling Our Stories – Experiences of Aboriginal People Accessing Healthcare Services in the South West Local Health Integration Network Area

Indigenous people have a higher and growing rate of Mental Health and Addiction issues. These issues are connected to and exacerbated by history, current health system structure, cultural incompetence, and racism.

Local Indigenous Needs

- Reports with suggestions and recommendations for better Indigenous health have been developed and include:

  - *Aboriginal Patient Journeys: Telling Our Stories* report speaks to:
    - **Cultural Safety** is seen as essential to quality of health care experience.
      - "Respondents defined appropriate behaviour as a practitioner's ability to consider and acknowledge a person's unique understanding for their health issues and prescribed treatment."
      - This also includes sensitivity, awareness of circumstances the person faces, and the importance of culture to holistic healing
      - It also includes being aware of aboriginal communities, histories, and jurisdictional challenges
    - **Comprehensive care**, which is taking care of the person holistically: physical, mental, emotional, spiritual. This includes having access to a diverse range of health care professionals, including Elders, traditional healers, and natural medicines in one location
    - **Other expectations of health care** include advocacy and emotional support systems, proper transportation, and the need for Indigenous people to have more information on their disease and treatment from health providers
  - (continued on following slide)

Slide Information Sources: Southwest Ontario Aboriginal Health Access Centre (2015). Aboriginal Patient Journeys: Telling Our Stories – Experiences of Aboriginal People Accessing Healthcare Services in the South West Local Health Integration Network Area

Local Indigenous Needs

- (continued)

  - *Aboriginal Mental Health and Addictions Strategy: Green Document* identified four strategic directions:
    - Adopt a culture-based, holistic approach
    - Improve access to services, based on knowledge of the needs
    - Increase health promotion, prevention and early identification
    - Build effective collaboration and partnerships for healing and capacity building

  - South West and Erie St. Clair LHIN's *Aboriginal Mental Health and Addictions Strategy Literature Review* identified approaches that work in the literature:
    - "Community-designed and led programming
    - Traditional and culture-based healing methods, blended with other effective approaches
    - Strengths and assets-based approaches
    - A focus on family and community context
    - A focus on prevention and health promotion, particularly with youth
    - An integrated and holistic approach
    - Service integration and case management
    - Good research and evaluation of programs"

Slide Information Sources: South West and Erie St. Clair Local Health Integration Networks (2013). Aboriginal Mental Health and Addictions Strategy: Green Document; South West and Erie St. Clair Local Health Integration Networks (2013). Aboriginal Mental Health and Addictions Strategy: Annex A. Literature Review. Final Report.

Themes across recommendations include the need for: integrated, culturally safe and holistic care, improved access and information, Indigenous-design and led programming, and prevention and health promotion.

Appendix 4: Jurisdictional Scan

Community Mental Health and Addiction Strategy for London

Section Summary: Overview

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.

- 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.

> 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.

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:

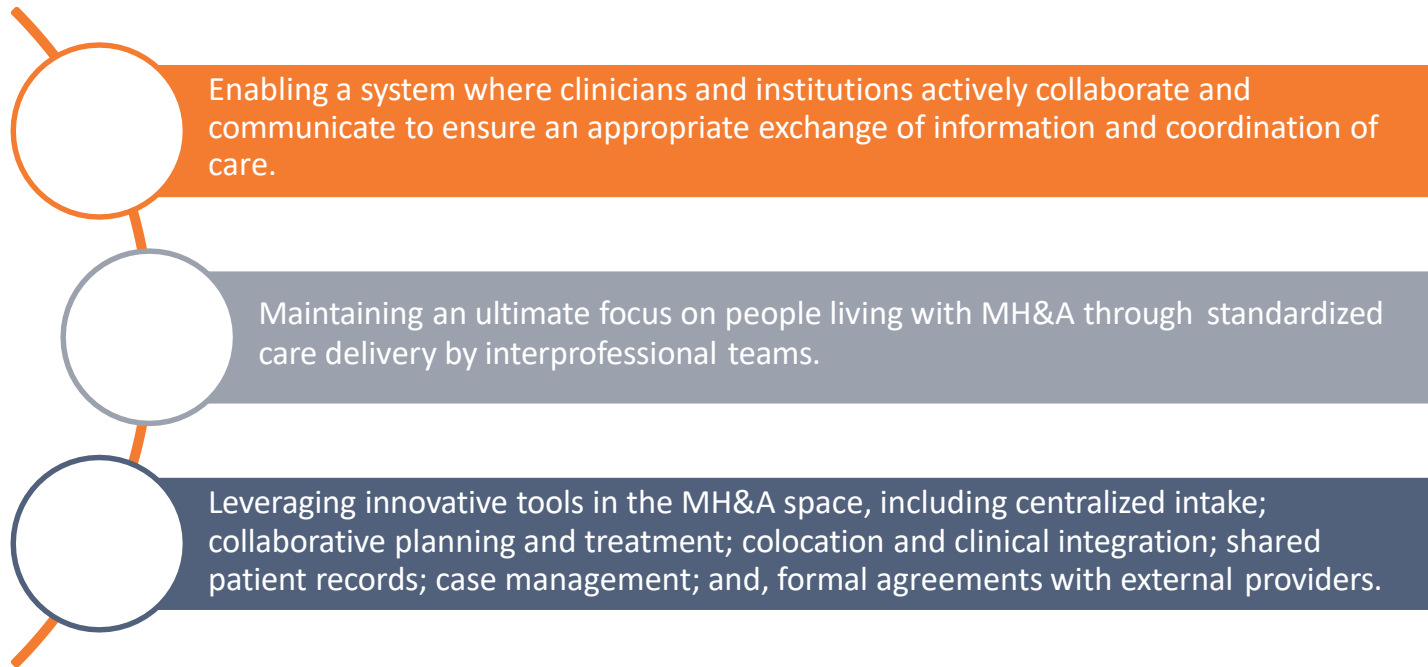| Separation of mental health and addictions from general health	Further segregation of mental health and addictions	Peoples' access to other systems such as welfare, housing, education, justice, etc.	Location of services

Much of the above can be mitigated via collaboration and coordination at the policy making level (local, provincial and federal).

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.

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.

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.

Context

Current State

Jurisdictional Scan

- 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.

Collaborative Models in Ontario

SUMMARY	CONSIDERATIONS FOR LONDON

SUMMARY

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.

CONSIDERATIONS FOR LONDON

- 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.

Collaborative Models in Ontario

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.

CONSIDERATIONS FOR LONDON

- 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. Crisis Service currently offers an ED alternative for self-referral, police and EMS, as well as amobile team. Increased community programs would allow the city of London to divert more patients from the ED and allow them to receive more appropriate treatment in an alternative location that better suits their healthcare needs.

Collaborative Models in Ontario *cont'd*

SUMMARY	CONSIDERATIONS FOR LONDON

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.

- 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.

Collaborative Models in Ontario *cont'd*

SUMMARY	CONSIDERATIONS FOR LONDON

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

Integrated Models in the United Kingdom

SUMMARY	CONSIDERATIONS FOR LONDON

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.

Integrated Models in the United Kingdom *cont'd*

SUMMARY	CONSIDERATIONS FOR LONDON

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.

Integrated Models in the United States

SUMMARY	CONSIDERATIONS FOR LONDON

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

- 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.

Integrated Models in the United States *cont'd*

SUMMARY	CONSIDERATIONS FOR LONDON

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.

Municipal Tools for Coordination of Care

SUMMARY	CONSIDERATIONS FOR LONDON

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 determinants 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 Emergency Support Services 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.

Municipal Tools for Coordination of Care *cont'd*

SUMMARY	CONSIDERATIONS FOR LONDON

City of Vancouver

- To reduce the harm caused by drug use, Vancouver provides Supervised Consumption Facilities and needle exchange programs.

- The benefits to offering Supervised Consumption 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 Consumption Facilities in Toronto. This was a "necessary exemption from the Controlled Drugs and Substances Act" reported Health Minister Jane Philpott.

- Supervised Consumption Facilities 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. Supervised Consumption Facilities offer 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 Supervised Consumption Facilities 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 Supervised Consumption Facilities.

- The city of London can leverage learnings from implementation of Supervised Consumption Facilities in Vancouver, Toronto, as well as Montreal.

Appendix 5: Stakeholder Groups Consulted

Community Mental Health and Addiction Strategy for London

OPTIMUS|SBR 132

Summary of Organizations Consulted

Stakeholder Group	Organizations Consulted
Hospitals (including Psychiatry)	• London Health Science Centre • St. Joseph's Health Care London
HIV / AIDS	• Regional HIV Aids Connection
Educational Institutions	• University of Western Ontario • Fanshaw College
Primary Care	• Thames Valley FHT
Community & Cultural Groups	• Cross Cultural Learner's Centre (CCLC) • RBC Centre for Children at Risk, Transcultural Mental Health Services
Indigenous Organizations	• Southwest Ontario Aboriginal Health Access Centre (SOAHAC) • At^lohsa Native Family Healing Services Inc. • South West LHIN
Emergency Services	• London Police Services • Middlesex – London EMS
BIAs	• Old East Village BIA • Downtown BIA • Hyde Park Business Association
Children & Youth	• Children's Aid Society, • Vanier Children's Services

Summary of Organizations Consulted *Cont'd*

Stakeholder Group	Organizations Consulted
Corrections	• Elgin Middlesex Detention Centre • St. Leonard's Community Services (SLCS)
Community Funders	• London Community Foundation • United Way
Immigration	• London & Middlesex Local Immigration Partnership (LMLIP)
Homelessness (Women)	• Street Level Women at Risk
Local School Boards	• Thames Valley District School Board
Community MH&A Advisory Council	• Addiction Services of Thames Valley • Canadian Mental Health Association – Middlesex • Middlesex-London Health Unit • South West Local Health Integration Network & Indigenous Lead • Vanier Children's Services, Lead Agency
Other	• Homelessness Response Services • London Cares

Appendix 6:
October Session Output

Community Mental Health and Addiction Strategy for London

OPTIMUS | SBR 135

Overview

- On October 13th 2017, close to 100 local system partners and members of the public joined in a workshop at GoodWill Industries. The Agenda for the day was the following:

Time	Agenda Item	Facilitator
10:00	**Welcome and Introductions**	OPTIMUS|SBR
10:15	**Presentation and Discussion: Current State Findings**	OPTIMUS|SBR
11:00	**Facilitated Activity: Strategic Visioning** ■ Identifying key themes and directions to form a common vision and common success factors	OPTIMUS|SBR / All
12:15	**Lunch Break and Networking**	All
1:00	**Facilitated Activity: Building our Action Plan**	OPTIMUS | SBR, All
3:30	**Group Discussion: Prioritization** ■ Identifying the high impact ideas	OPTIMUS|SBR
3:50	**Next Steps and Wrap Up**	OPTIMUS|SBR
4:00	**Adjourn**	All

Overview

- To collaboratively develop an action plan, participants went through a facilitated activity to identify and prioritize options for initiatives that could positively change the local MH&A and related system

- Considering the strategic framework (that was also developed in this session), people were asked:

  Considering the 'success factor' and your experience with London's mental health and addiction system:
  1. What is working well in London's community mental health and addiction system that we should **CONTINUE** to build on?
  2. What are new things that should **START** happening to achieve success?
  3. What are things getting in the way of success that should **STOP**?

- Topic areas that the group discussed included the following, in alignment with the strategic framework:
  1. Communication
  2. Access
  3. Collaboration
  4. Education
  5. Funding, Resourcing and Capacity

- The following slides provide the raw input from the session, which has been analyzed and rolled into the strategic directions and implementation plan; the detailed notes will be useful as implementation planning continues and evolves
  - Where there is a number in parentheses beside a bullet (ie. (3)), it indicates the number of 'priority dots' that people put beside the idea, indicating that they think it should be a high priority idea

1. Communication

Continue
Sites such as the health line are good sources of information
Continue to build on existing relationships between agencies
Continue using "circle of care" model for communication while expanding the definition of that circle and who it should include
Continue to talk and listen to others within the sector
Communicate about the reach out help line
Initiating, collaborative groups like: situation tables – case conference model
Cross referencing between agencies
Be mindful about using language and how it impacts communication and impact – deliberate and conscious about language decisions look at communication pieces with this lens – either written, or, otherwise (2)
One point of contact to support person through the system (example: case manager, social worker). Helps to connect
Look at current information and referral services to see how they can be enhanced to include MH&A information (3)

1. Communication

Start
Putting the clients needs first when communicating with other agencies. Try not to be bogged down by institutional mandates. Leave room for innovation (1)
Expanding the range of language to communicate with clients. Cultural norm should be considered while framing communications. Access to interpretation is essential – adaptive devices
Communicate with plain, clear language. Get to the point
Respecting clients to self identify, as having mental health/additions issue and to seek specialized services they feel they need
Building a communication hub to provide knowledge exchange (electronic) (basic information) for the community – EGNET
Communicating in the community to better understand how labelling negatively impacts an individual and communities
Using a variety of ways to communicate - being creative – feasible
Better communication (9)

- Re: transition of care related to service (warm transfers , utilize everyone's existing capacity)
- Clearly defined steps in care plan (standardized across organizations)
- Ego free mindset
- Humble awareness – accepting that there are many views
- Communicate information with physicians about MH&A for them to communicate to patients
     Share info – how?
- Alternative for runs to keep sharing (2)
- Community of practise (municipal and provincial) i.e. dropbox
  - Case discussions – online venue – accessible to all not just professionals (2)
- Aware of general diversity

Listening to the voice of those needing help – read between the lines

- "coordinate" the coordination – link what is happening already together - enhances communication – one place to find information about MH&A (6)
- Allotting time - make it a priority – monthly information session drop in (organizations send staff) open to all
- Public education around stigma reduction – specially addictions p still has a greater stigma than mental health p seen as "character weakness" in many cases (2)
- Deliberate, positive use of social media and online platforms (otherwise can be very dangerous and disruptive) – can also be a stop – stop over using

1. Communication

Stop
Mental health issues and addictions are viewed separately. That increases the inflexibility of services that can be provided. You have to fit into either box, not both. They often occur together and have to be recognized as such
Viewing entire agency communication through a rigid lens specially when there is a risk of harm to the client
Stop using jargon – "social work-ese". In both personal communication and information given to the clients.
Thinking that one-size fits all solutions are appropriate
Stop using language that is stigmatizing
*Reach out (8) • The number to call for first point of access (not organizational) • Ensure their capacity (R.O.) • Can still call agency (warm hand-off to other) • Agencies can focus on next steps, rather than info-sharing • Multi-method (phone, text, website, instant messaging, walk-in, etc.) – also on city website, busses, billboards – on going promotions • Educate health providers • Procrastinating • Assuming • SUA & J (Stop using acronyms) and jargon (1) • Stop using "time" as a barrier • Stop treating communication and coordination as a "add on" – funding (4) • Perfecting language to the point of excluding others
Communicating between sectors to create a wrap around model "formalized" (examples: high risk infant model, SLWAR, Alzheimer care clinic)

2. Access

Continue
Affordable housing (12)
Expand trauma – informed services (2)
Access to service providers at the library of locations in community
Higher / integrated access
More family centres
Walk in clinics – how : $
Pop up services (2)
Crisis centre (1)
Transitional case management
Reallocate resources - Revamp policies and service delivery models to meet people where they are - Be cognisant of not creating gaps when filling others
Continue access to services in schools
Validate wellness supports
Growth in community resources
Strengthen system navigation
Growth in warm transfers (2)
Coordinated access mechanisms (linkage between ages and health services)
Expand services in French (Canada's other official language)

2. Access

Start
Portugal Model
Increased peer support
Make discharge planning more efficient – meet people where they are at when discharged (from jail, from courts, etc.) – all agencies deliver services this way
De-linked housing (housing not tied to services)
Build awareness to available services (technology/alternatives)
Local medical detox
Supervised consumption (3)
More transportation to services p affordable and supportive
Outside 9-5 business hours
Mobile access (7)
-        How: identify and designate agencies and resources
Online database for referrals, supports, specific to London (connex)
Use all services to be system navigators - how: Mental health first aid
Flex services to accommodate community needs. Have every door be the right door
Designate system navigators – lead agency for adults (1)
No wrong door approach (warm transfer) and time – how: Mental health first aid
Acknowledge person's initiative to get well
Validate struggles (staff)
Integrate access points into communicating – expanded and non-traditional points of entry (i.e. library, grocery stores, schools etc.)
Use culturally sensitive approach (assessment and treatment)(2)
Improve wait times (1)
Provide equal access (for all socio-economic status)(1)
Access for Indigenous community – culturally sensitive
Change service delivery model (hours and location)
Engage homeless, PWD in creating solutions (2)
Safer re-integration – hospitals, rehab, jail
Alternative language i.e. FSL
Physical access to services
Broad system navigation
Working in the grey
Lowering the threshold
Harm reduction at all access points (1)
Framing in terms of mental wellness (strength based) without abandoning those with acute mental health (12)

2. Access

Stop
Long wait lists
Service users need to tell their "story" multiple times unnecessarily
Sticking to overly rigid agency criteria mandate
Inappropriate use of criminal justice system (i.e. drug policy)
Stigma which prevents access
Incorrect labelling/stigmatizing language- how: mandatory mental health first aid (ED doctors, enforcement)
Having impossibly long wait times to access treatment – how ? -   Re-evaluate service provision by going to people instead of funding bricks & provider & staffing $. Have treatment come to them in-home / community
Stop making people make appointments to get series – have drop in services
Stop duplicating – how : consolidate 211, health line and connex
Stop having services only Monday to Friday from 9am-5pm
Stop requiring I.D
Multiple MH&A strategies
Access to culturally relevant information about MH&A – not just language (6) -   Explaining symptoms -   Understanding different paradigms for MH
Enhance coordination of mobile services (7) -   Londoncares -   Foot patrol -   LIHC -   Crisis mobile etc.
Include Vans
Cross training
Common space for workers – mobile

3. Collaboration

Continue
Centralized hub of services - continue to expand reach out – needs IT infrastructure enhanced (4)
Same as mapping / broader – universal map (searchable) that depicts whole system + integrated parts – must be flexible + will continue to be validated - coordinated intake (addictions + mental health)-> partially exists in child / youth
Strategic and proven collaborations (1)
Mapping and broaden scope (2)
Specialization with in collaboration
Addressing stigma within services
Educate, model shared humanity
Share knowledge and create common objectives to shift culture (1)
Build capacity with what we have
Enhance/ increase focus on family/ grown engagement
Ensure engagement happening (3)
-    Time for meaningful engagement and communication
-    Resources
-    Sample size
*Authenticate
Awareness family centres model (1)
-    Innovative partnerships e.g. CMHA @ library (8)
-    Trusted relationships (1)
-    To engage every persons with lived experience (7)
Improve / embrace / enhance health equity lens(1)
Bending rules to meet client needs (until system change) (2)
Collaborate with ethno cultural groups, follow truth and reconciliation records (1)

3. Collaboration

Start
Allocate resources to build capacity for collaboration
Reward effective collaboration
Map across sectors system (6)
Reorganize overlapping but distinct needs for MH&A
Integrated funding / service models (2)
Challenge directly
Knowledge about other sectors / services (trusting each other) (3)
Share resources (e.g. LHSC)
Know what resources every sector has
Using ALL resources
Cross sector collaborative tables
Funders talk to people doing the work
Work to collaborate within organizations
Being innovative with what collaboration means
Use LMAMHN to allocate resources according to plan
Accept concept of falling forward – for innovation
On going strategy and collaboration among service providers / community
Ongoing building relationships between multiple providers for one client and communication- to improve quality of service and client experience
•   Lens of social determinants of health
•   centralized hub for services information
Better way of identifying those who the system failed – and understand why – Prevention focus (8)
Share resources across and between organizations – "every door leads to care"

3. Collaboration

Stop
Funding silos
Hording politics / competition influence funding
Pushing the big box model (see cont.)
Expecting more with less (1)
Blindly following institutional norms
Creating new tables and duplicate programs
Allowing obstacles of preconceived ideas to stop collaboration
Collecting for the sake of funding
Language that stigmatizes,, traumatizes or triggers (1)
Protecting turf and stat (1)
Rigid mandates
Funding competitions

4. Education

Continue
Starting the conversation
Dispelling myths about addictions and mental health – stigma
London is being seen as a "safe" place – "Wellness + help" its about language
Systems approach
What is it that people need (no assumptions)
Continue to support staff in learning growing – its about investing in people
Acknowledge a multi-level government approach (1)
Education goes out to individuals not the other way around. Meet people where they are at
Developing and growing the peer support model (1)
Teaching resilience (2)
BEU lets talk
Mind your mind
Possible (ADSTV)
Workplace health
Education system (primary, secondary, post secondary)
Trauma informed practice (1)
Assist
MH first aid – multiple access points
Safe talk
Collaborative understanding across sectors
Cultural competency diversity training (1)

4. Education

Start
Investing in people
Evidence based – within organization
Caring for colleague, connecting to resources
Impact of vicarious trauma
Self care
Need reps for the education system to be at the table
CBC other news / media
Early interview for young folks
Social media: helpful and harmful - Connects us isolates people
Sources of education is important
Educating people on how to access post secondary funding – educational pursuits
Start to integrate harm reduction training for all disciplines within the healthcare/helping professions (5)
Gathering information in a central location
Single entry access
Diversifying out educational provider beyond London (bring international perspectives)
Implement best practice evidence – based services without needing public consultations
City of London public (campaign) education / anti – stigma on MH&A to change attitudes and beliefs & stigma within social services
Make M.H. first aid mandatory training (1)
Providing general wellness plans
Co-creating with clients (2)
Involve those with lived experiences and training (9)
Community conversations. coffee house model of people coming together
Use people in ethno culture communities to bring education to their own communities (4)
Public awareness campaigns to lower stigma
Self-care plans for service workers
Reaching groups that aren't getting information (needs assessment)(2)
System education (across sectors)
Figure out how to educate before people need services (early engage) (1)
Seeing people as people (1)
Increase education in medical school (CMG) , hospital staff, all professions (6)
Planning education
Media education (1)
Educate leaders about impacts/ issues

4. Education

Stop
Allowing privacy education around using what this means
Saturation of e.g. Mental health that folks can "tune out"
Jargon – terminology
Culture, generational barriers
Need to shift messaging of mental health
Need to be more open and generous with education (stop being greedy and territorial)
Stop seeing education from going / way
Stop being the expert
Stop the systematic issues for those experiencing issues in education preventing them for professions etc.
Stop requiring immediate results
Stop having unqualified or uninformed people make decisions about health care needs in community on all levels
Use objective based information for decision making
Stop criminalizing mental health and addictions
Stop stigma around sharing our own experience stories
Pathologizing experience
Stigma around asking for help
Reactive education
Splintered / fragmented education
Being judgemental

5. Funding, Resourcing and Capacity

Continue
To communicate and collaborate (funders) (i.e. community foundation, U.W, LHIN, LIBKO, etc.) (1)
To support "HUB" (safe consumption, safe sobering etc.) – youth wellness hub
Crises center (Huron St.). Build on it (2)
Continue – funding options to be present in the community – on the streets
Crisis Mobile team (1)
Library program / CMHA -> continue and expand
With youth- collaborative service approach between ministry departments
Support Homeless Strategy
finding, collaborations, cross streams
Fund initiatives to address gaps, targeted priorities but also Enhance / reinvest in base funding eg. Infrastructure, pay equity etc. (2)
- Work   o Hub concepts (i.e. Youth) (3)
Build meeting space (for training)- i.e. goodwill . innovation training culture
Share/expand information about "hub" services via technology (online) (1) – e.g. mind your mind

5. Funding, Resourcing and Capacity

Start
Utilizing existing family center as resources + public library (i.e. system navigated)(1)
Looking at sector as a whole vs. individual agencies (1)
Start… planning for gaps in services due to deduction of services
Think differently, do not chase the $
Think about sustainability
"restart: the focus on agency health
Consult before funding
Coordinating priorities
Collectively share budgets
Bring system coordination together
-    Start with adults
o   Building capacity of front line staff
o   Building capacity to collaborate
o   Backbone organizations need to be funded not absorbed
More strategies efficient collaboration
Shifting resources to more preventive, early intervention, social determinants, without abandoning those with acute sever MH&A needs (1)
Enhance / reinvest in base funding eg. Infrastructure, pay equity etc. (2)
More flexible, adaptable ways of combining resource streams, e.g. Access funding silos – based on comprehensive, strategic vision
Wellness related expense – prov. Fund – monitored by following the person (practical needs) – rationally like ERE – access to all
kinds of different holistic services
Envelope funding for the "system" distributed in the community by the community players (3)
Envelope funding to group
-    By informed parties with communities, independent players without vested interest
-    Promotes improved collaboration
Agency Health (6)
-    Focus on gravity
-    Stable funding

5. Funding, Resourcing and Capacity

Stop
Stop looking for new money – start looking at optimizing existing resources
*funders need to stop "one time funding" with not sustainability (4)
Stop creating new committees (3)
Stop collaborating for the sake of funding
Stop rescinding unspent funds
Ego interference
Stop asserting that there will not be additional resources made available
Less rigidity in utilization of resources (more community driven and defined) (1)
Funders not dictating outcomes
Agencies operations in isolation, competing for resources and funding (i.e. collaborative application) (1)
Restricted funding models

Appendix 7: References

Community Mental Health and Addiction Strategy for London

Document Review Information Sources

- Assembly of First Nations, and Health Canada. 2015. "First Nations Mental Wellness Continuum Framework: Summary Report." http://www.thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Summary-EN03_low.pdf.

- Age Friendly London Action Plan 2017 – 2020. https://www.london.ca/residents/Seniors/Age-Friendly/Documents/AFL-Action-Plan-2017-2020.pdf

- Government of Canada. "Canadian Drugs and Substances Strategy." Education and awareness. *Aem*, December 12, 2016. https://www.canada.ca/en/health-canada/services/publications/healthy-living/canadian-drugs-substances-strategy.html?_ga=1.208188118.597288324.1454448945.

- City of London. "Counting Our Way Home: London's 2015-2017 Enumeration Results," September 2017.

- City of London. "London's Emergency Shelters - Progress Report: 2011-2016," October 2016.

- City of London, St. Leonard's Community Services, and The Salvation Army. "Court Order To Reside Pilot Project Final Evaluation Report," January 2017.

- Community Drug and Alcohol Strategy. "Service Provider Environmental Scan Themes," January 2017.

- Community Health Collaborative. "Housing Work Group April 11th, 2016." April 11, 2016.

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

- Federation of Canadian Municipalities. "Recommendations of the Mayors' Task Force on The Opioid Crisis." *The Opioid Crisis: City-Based Solutions*, May 2017. https://fcm.ca/Documents/issues/Opioid_Crisis_EN.pdf.

- Government of Ontario. "A Conversation about Community Justices Centres and London." n.d.

Document Review Information Sources

- Government of Ontario. "Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy," 2011.
  http://www.health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mentalhealth_rep2011.pdf.

- Government of Ontario, Ministry of Children and Youth Services. "Moving On Mental Health: A System That Makes Sense for Children and Youth," 2012.
  http://www.children.gov.on.ca/htdocs/English/professionals/specialneeds/momh/momh.aspx.

- Government of Ontario , Ministry of Health and Long-Term Care. "Mental Health and Addictions - Ministry Programs - Public Information - MOHLTC." Accessed September 24, 2017.
  http://www.health.gov.on.ca/en/public/programs/mentalhealth/mha_lac2014.aspx.

- Government of Ontario, Ministry of Health and Long-Term Care. "Patients First: Action Plan for Health Care - Public Information - MOHLTC." Accessed September 24, 2017.
  http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/report_year_two.aspx.

- Government of Ontario, Ministry of Health and Long-Term Care. "Mandate Letter 2017-2018," 2017.
  http://www.southwestlhin.on.ca/accountability.aspx#Mandate.

- Government of Ontario, Ministry of Health and Long-Term Care. "Patients first reporting back on the proposal to strengthen patient-centred health care in ontario," June 2012.
  http://www.health.gov.on.ca/en/news/bulletin/2016/docs/patients_first_report_back_20160602.pdf.

- Government of Ontario, Ministry of Health and Long-Term Care, "Patients First: Action Plan For Health Care."

- Health Canada. "The New Canadian Drugs and Substances Strategy." Backgrounders. *Gcnws*, December 12, 2016.
  https://www.canada.ca/en/health-canada/news/2016/12/new-canadian-drugs-substances-strategy.html.

- Kovacs Group Inc. "Street Level Women At Risk: Summary Evaluation Report," September 2017.

Document Review Information Sources

- London For All. A Roadmap to End Poverty. March 2016. https://www.london.ca/city-hall/mayors-office/Documents/London-for-All-final-report.pdf

- MaRS Solutions Lab. "Igniting MINDS of London Middlesex." Nov 10th.

- "Ontario Health Minister Says Province to Invest $222M over 3 Years on Opioid Crisis." *CBC News*. Accessed September 24, 2017. http://www.cbc.ca/news/canada/toronto/eric-hoskins-opioid-crisis-1.4266578.

- "Ontario Taking Action to Prevent Opioid Abuse." *News.ontario.ca*. Accessed September 24, 2017. https://news.ontario.ca/mohltc/en/2016/10/ontario-taking-action-to-prevent-opioid-abuse.html.

- "Ontario's Long-Term Affordable Housing Strategy." Accessed September 24, 2017. http://www.mah.gov.on.ca/Page9181.aspx.

- South West LHIN. "Addictions Services Continuum City of London 2016." February 1, 2016.

- South West Local Health Integration Network (LHIN). "Integrated Health Service Plan 2016-2019," 2015. http://www.southwestlhin.on.ca/goalsandachievements/ihsp.aspx.

- "Strategy to Prevent Opioid Addiction and Overdose." *News.ontario.ca*. Accessed September 24, 2017. https://news.ontario.ca/mohltc/en/2016/10/strategy-to-prevent-opioid-addiction-and-overdose.html.

- Vanier Children's Services. "CYMH Core Services Delivery Plan London-Middlesex 2016-2017," June 2016.

Jurisdictional Scan Information Sources

- Mental Health Commission of Canada. About Us. Accessed September 2017. https://www.mentalhealthcommission.ca/English/about

- Ministry of Health and Long Term Care. Transforming Ontario's Health Care System. Community Health Links provide coordinated, efficient and effectice care to patients with complex needs. Accessed September 2017. http://www.health.gov.on.ca/en/pro/programs/transformation/community.aspx

- oneLink. Accessed September 2017. http://www.one-link.ca/

- Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series. 5 Coordinating Care for Better Mental, Substance-Use, and General Health. Accessed September 2017. https://www.ncbi.nlm.nih.gov/books/NBK19833/

- Central LHIN Mental Health and Addictions. Accessed September 2017. http://www.centrallhin.on.ca/goalsandachievements/moreinitiatives/mentalhealthandaddictions.aspx

- Centre for Addiction and Mental Health. Access CAMH. Accessed September 2017. http://www.camh.ca/en/hospital/Pages/home.aspx

- Beason UK. Accessed September 2017. http://www.beaconhealthoptions.co.uk/

- Intermountain Healthcare. New JAMA study shows that integrating mental and physical health through primary care teams results in better clinical outcomes and lower costs. Accessed September 2017. https://intermountainhealthcare.org/news/2016/08/new-jama-study-shows-that-integrating-mental-and-physical-health/

- The JAMA Network. Association of Integrated Team-Based Care with Health Care Quality, Utilization, and Cost. Accessed September 2017. http://jamanetwork.com/journals/jama/fullarticle/2545685

Jurisdictional Scan Information Sources

- McMaster Health Forum. Rapid Synthesis: Examining the Impact of and Approaches to Addressing the Needs of People Living with Mental Health Issues. April 2016.

- CBC News. Health Canada approved three safe injection sites in Toronto. Accessed September 2017. http://www.cbc.ca/news/canada/toronto/toronto-injection-sites-1.4144096

- City of Vancouver. Safe injection site and needle exchange. Accessed September 2017. http://vancouver.ca/people-programs/safe-injection-site-and-needle-exchange.aspx