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TO:	**CHAIR AND MEMBERS COMMUNITY AND NEIGHBOURHOODS COMMITTEE MEETING ON JULY 19, 2011**
FROM:	**ROSS L. FAIR EXECUTIVE DIRECTOR COMMUNITY SERVICES DEPARTMENT**
SUBJECT:	**TOWARDS A COMMUNITY ADDICTION AND MENTAL HEALTH STRATEGY FOR THE CITY OF LONDON**

RECOMMENDATION

That, on the recommendation of the Executive Director of Community Services, the following actions **BE TAKEN**:

a. That the policy paper entitled "Towards a Community Addiction and Mental Health Strategy for the City of London" attached hereto as Appendix A **BE ENDORSED**, in principle; and

b. That the City Clerk **BE DIRECTED** to schedule a public participation meeting at the August 16th, 2011 meeting of the Community and Neighbourhoods Committee so that members of Committee may receive comments and criticisms of the policy paper prior to directing the civic administration to complete the policy paper; and

c. That, in the interim, the Mayor **BE REQUESTED** to write to the Premier of Ontario to:

    a. Acknowledge the announcement and implementation of "Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy";and

    b. Request that notwithstanding its early investment in children and youth that the Government of Ontario make an immediate commitment of funding via the Southwest Local Integration Network to implement the service priorities identified in the City's policy paper entitled "Towards a Community Addiction and Mental Health Strategy for the City of London."

d. That copies of the Mayor's letter **BE SENT** to area MPP's; the Southwest Local Health Integration Network and the Association of Municipalities of Ontario

PREVIOUS REPORTS PERTINENT TO THIS MATTER

CPSC, October 29, 2007 - LONDON CAReS: LONDON'S COMMUNITY ADDICTIONS RESPONSE STRATEGY PHASE ONE: A PLAN TO IMPROVE HEALTH OUTCOMES FOR THE ADDICTED HOMELESS POPULATION AND MAKE THE DOWNTOWN SAFER

CPSC, December 17, 2007- LONDON CAReS: LONDON'S COMMUNITY ADDICTIONS RESPONSE STRATEGY PHASE ONE: A PLAN TO IMPROVE HEALTH OUTCOMES FOR THE ADDICTED HOMELESS POPULATION AND MAKE THE DOWNTOWN SAFER (revised based on community input)

CPSC – 2008-2010 – annual update reports

CNC – 2011 – several reports relative to London's Community Housing Strategy and the link to London CAReS

CNC – 2011 – presentation of 2011-2013 revised London CAReS implementation.

BACKGROUND

In December 2007, City Council endorsed London's Community Addictions Response Strategy (London CAReS) and provided a five year funding commitment (subject to annual reporting on outcomes) commencing in 2008 in the amount of $1.2M per year.

Inherent in the Strategy was matching federal and provincial investments in the areas of enforcement, treatment and harm reduction. To date, neither order of government has met this commitment, although the Federal Government has made an ongoing commitment of funding via the Homelessness Prevention Strategy of about $513,214 per year through March, 2014.

PROVINCIAL CONTEXT:

The Government of Ontario has only just recently released funding to support an innovative community collaboration among Addiction Services of Thames Valley, WOTCH and the London-Middlesex Housing Corporation to provide 16 community addiction and mental health treatment beds.

The Government of Ontario has recognized the need for the development of a new community addictions and mental health strategy and has received policy advice to that end from both the Minister's Advisory Committee on Mental Health and Addictions and the Select Committee on Mental Health and Addictions. Both studies have pronounced the current service delivery systems broken and that transformational change is required.

With regards to the City of London, this issue has taken on added significance with the decision of St. Joseph's Regional Mental Health Care (RHMC) , supported by the South West Local Health Integration Network (SWLHIN), to undertake a bed divestment exercise as directed in 1997 by the Health Restructuring Commission. This divestment is occurring absent a community addictions and mental health strategy as required in the original order and recommended in several subsequent studies.

In addition to the divestment exercise, RHMC has announced that it will be closing 70 beds in London, beds that are currently occupied by patients with varying degrees of mental illness and across a wide age spectrum.

The Government, as part of its 2012-13 budget, announced its commitment to a Ten Year Mental Health and Addictions Strategy, however, no specific programs or directions were announced.

At a community event in London this Spring, the Minister of Health and Long Term Care announced $2.9M in annualized funding solely dedicated to support the movement of 70 patients from hospital beds to the community, thereby, enabling these beds to be closed permanently. This work will continue through 2015 and is being led by RHMC, with involvement from the SWLHIN, community partners and the City of London Community Services Department (relative to linkages to housing, community attachment and social assistance).

On June 22nd, 2011 the Honourable Deb Matthews, Minister of Health and Long Term Care announced with her colleagues, the Honourable Laurel Broten, Minister of Children and Youth Services, and the Honourable Leona Dombrowsky, Minister of Education, the release of Open Minds, Healthy Minds Ontario's Comprehensive Mental Health and Addictions Strategy. An electronic copy of the strategy is available on the Ministry of Health and Long Term Care website at www.health.gov.on.ca/english/public/pub/mental/pdf/open_minds_healthy_minds_en.pdf.

The Government of Ontario should be commended for announcing this strategy, for making children and youth a priority and for making an additional investment of $257M over three years.

The reality for London's homeless population suffering from the impacts of addiction and mental health, and for the downtown communities, however, is this investment means little relative to further advancing the work of London CAReS.

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LONDON CONTEXT:

City Council has approved several strategy documents and approved implementation of important programs including London CAReS, Hostels to Homes and the Community Housing Strategy and its companion, the Homelessness Plan Update. These initiatives and investments are making a difference but additional Provincial health investment is required.

As part of its consideration of the implications of bed divestment on London, City Council directed City Staff to study the issue and report back on options for action. In order to undertake this work, city staff invited partners to engage in a conversation about the issues. Senior officials from the SWLHIN, RMHC, the Justice System, and a variety of local community agencies participated in a series of meetings over a six month period.

This conversation has resulted in the development of the policy paper that is attached to this report. It proposes a service delivery strategy that integrates health, housing and social services in support of better health outcomes for Londoners suffering from all forms of mental illness and substance abuse. Particular priority is placed on supporting youth, those who are precariously housed and those with multiple and complex needs that currently fall outside the mental health and addiction system.

During the course of the conversation, officials with the South West Local Health Integration Network, provided regular updates on activities that it was undertaking to support the divestment exercise and to study additional addiction and mental health service priorities. This work is encouraging and deserves community support.

The strategy if approved and appropriately funded, by the Province of Ontario and by the Southwest Local Health Integration Network, will significantly assist with the success of London CAReS – in terms of improving the health outcomes of London's homeless population, and in enhancing the public's sense of safety in our downtown commercial and residential areas.

FINANCIAL IMPACT

N/A

RECOMMENDED BY:	
ROSS L. FAIR **EXECUTIVE DIRECTOR** **DEPARTMENT OF COMMUNITY SERVICES**	

C. All participants in the community conversation

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APPENDIX A

TOWARDS A COMMUNITY ADDICTION AND MENTAL HEALTH STRATEGY FOR THE CITY OF LONDON

A POLICY PAPER OF THE CITY OF LONDON

JULY, 2011

PROVINCIAL CONTEXT:

The Government of Ontario has recognized the need for the development of a new community addictions and mental health strategy and has received policy advice to that end from both the Minister's Advisory Committee on Mental Health and Addictions and the Select Committee on Mental Health and Addictions. Both studies have pronounced the current service delivery systems broken and that transformational change is required.

With regards to the City of London, this issue has taken on added significance with the decision of St. Joseph Hospital's Regional Mental Health Care (RMHC) supported by the South West Local Integration Network (SWLHIN) to undertake a bed divestment exercise as directed in 1997 by the Health Restructuring Commission. This divestment is occurring absent a community addictions and mental health strategy as required in the original order and recommended in several subsequent studies.

In addition to the divestment exercise, St. Joseph's Hospital has announced that it will be proceeding with the closure of 70 mental health beds in London, beds that are currently occupied by patients with varying degrees of mental illness and across a wide age spectrum.

The Government, as part of its 2012-13 budget, announced its commitment to a Ten Year Mental Health and Addictions Strategy, however, no specific programs or directions were announced.

At a community event in London this Spring, the Minister of Health and Long Term Care announced $2.9M in annualized funding solely dedicated to support the movement of 70 patients from hospital beds to the community, thereby, enabling these beds to be closed permanently.

While the community capacity plan is being developed, it is anticipated that $2.9M annualized funding will not be enough given the state of existing wait lists and unmet need in the community. The Southwest Local Health Integration Network has been active in assessing additional addiction and mental health service needs within London and their service area and it is hoped that this report will assist in enhancing services.

On June 22nd, 2011 the Honourable Deb Matthews, Minister of Health and Long Term Care announced with her colleagues, the Honourable Laurel Broten, Minister of Children and Youth Services, and the Honourable Leona Dombrowsky, Minister of Education, the release of Open Minds, Healthy Minds Ontario's Comprehensive Mental Health and Addictions Strategy. An electronic copy of the strategy is available on the Ministry of Health and Long Term Care website at www.health.gov.on.ca/english/public/pub/mental/pdf/open_minds_healthy_minds_en.pdf.

COMMUNITY CONVERSATION ON ADDICTION AND MENTAL HEALTH IN LONDON

In the Fall of 2010, City Council instructed the then-General Manager of Community Services to investigate and report on issues associated with the divestment of mental health beds with the City and Region with particular emphasis on what additional work needed to be done to advance the success of London's Community Addictions Response Strategy (London CAReS). Three objectives were part of this direction:

1. Increasing healthy outcomes for homeless Londoners living with addiction and mental illness

2. Enhancing public perception of the relative safety of London's downtown commercial and residential areas.

3. Determining what health investments would reduce usage and cost of key community services including emergency hospitals, land ambulance, police, fire, and emergency social services in London.

An invitation was sent out to a number of community partners to participate in a community conversation. Following a couple of opening meetings a working sub-group agreed to work on a more detailed implementation strategy.

The City of London is a regional centre for mental health, social service and justice services. For the past number of years, City Council has expressed concern with the number of individuals living homeless or in precariously housed situations. Local service agencies report that the vast majority of these individuals are suffering from health issues associated with mental illness and substance abuse. Local emergency services report repeated daily contact with ***a core group of individuals who are chronically homeless and living with mental illness and addiction.***

The presence of addictions and mental illness amongst citizens before the courts in London has led to the creation of Provincial Drug and Therapeutic Courts whose mission is divert individuals involved in the justice system to health-related services and supports, where warranted in the best interests of the individual and society.

In both settings, the court looks for alternative health and social service resolutions where warranted as opposed to criminal resolutions. There has also been concern expressed and action taken on the settings to which individuals awaiting court dates are remanded to emergency shelter situations, when they do not have housing.

There has also been considerable concern expressed in the community about the need for "exit strategies" for individuals leaving regional mental health, emergency mental health and from incarceration. Often individuals are leaving to "no fixed address" or to unsupported housing alternatives that are not sustainable for people with mental health and/or addiction issues so therapeutic work and recoveries are often compromised. Often these individuals become high consumers of emergency and social services and re-enter the criminal justice system.

SERVICE VISION:
The community conversation has yielded the following Service Vision:

> *London's Community Addictions and Mental Health strategy delivers a continuum of care and that is developed on a client-centred basis.*
>
> *This care is delivered in an integrated and seamless fashion ranging from bedded services in local hospitals and residential addiction treatment centres to key non-bedded services like supportive housing, case management, community –based clinical/treatment services, and street level outreach services, including harm reduction approaches.*
>
> *The care system has a coordinated point of entry that is accessible from a variety of settings including hospital discharge, the courts, jail and community agencies, such as emergency shelters.*

GOVERNANCE:
To achieve the Service Vision, the Province should provide a clear and full mandate, with accompanying resources, to its Local Health Integration Networks (LHIN) to be responsible for the planning, funding and delivery of the integrated community mental health and addictions strategy.

The creation of a formalized service planning and accountability regime would provide an ideal venue for this complex integration work. The governance structure would also need to embed consumer involvement in a meaningful way.

The LHIN should be mandated to appoint a "Community Doctor." This professional would be designated as the physician-lead for mental health and addictions and would report to and be accountable to the LHIN and be responsible for:

- Leading the health service planning
- The integration of hospital and community treatment services within community settings to the benefit of her/his "patients"
- The delivery of mental health and addiction services including bedded, non-bedded and transitional services to clients who's needs cover the broad range of mental health and addiction With the locus of care to be provided in community based settings
- Annual reporting of service and client outcomes

SERVICE PRINCIPLES:

1. A Client centred system that is characterized by:
    a. Accessibility and Flexibility
    b. Collaboration and integration
        1. Between institutions, agencies and government
        2. Across health (primary, mental health and addiction) services; social services (income, employment and other supports) and housing

2. Evidence-based service planning, delivery and evaluation leading to an appropriate mix of bedded and non-bedded services, as well as institutional and community-based delivery models

SERVICE PRIORITIES:

The evidence suggests that one in five Canadians suffer from mental illness. To that end a comprehensive and substantial range of services needs to be available across the population.

The Minister of Health and Long Term Care has announced $2.9M of permanent and annualized funding to support the seventy individuals who will be transferred to community settings in conjunction with bed divestment at St. Joseph's Hospital by 2015. Transition plans are being developed by RHMC, the SWLHIN and community agencies. The City's Community Services Department is participating in the context of providing housing and social assistance supports.

With funding established and service planning for this population underway, several other target groups remain in critical need of services within the context of the community addictions and mental health strategy:

- Local homeless specialists and service providers estimate that there may be 50 individuals (mostly male) who are long-term alcoholics who consume non-potable alcohol on a regular basis. These individuals are frequent and daily users of police, EMS and emergency hospital services. Issues of recovery and life expectancy are critical. A study prepared for the SWLHIN has identified a managed alcohol facility as the best practice in supporting this population. This residential service based model would provide a real opportunity for improved health outcomes, with a substantial reduction in impact on emergency and social services.

- The London CAReS initiative has identified a population of homeless individuals who present with undiagnosed mental illness, most often accompanied by substance abuse. Intravenous drug use and over-consumption of alcohol are most prevalent. This population most often ends up in the justice system having committed criminal acts to acquire money to sustain their addictions. The partners noted that many of these individuals rotate through emergency shelters, hospital and justice settings on a regular basis. The Provincial Court in London has established Therapeutic and a Youth Drug Courts, the intent of which is to divert individuals with health needs away from incarceration and into appropriate housing and treatment. A wide range of integrated services are required to support his population including health assessment and triage, treatment, access to social assistance and supportive housing.

- Individuals leaving incarceration often do so with mental illness and addiction issues under control as a result of in-institution work by on site health staff. Some transition to halfway houses and others leave for community. Too often, these individuals return to the very environment that led to incarceration where the benefits of treatment are quickly eroded resulting in re-entry into criminal behaviours. As noted in the No Fixed Address Study the best practice for these individuals is to leave the institution with a plan in place for housing and supports to increase the potential for a positive outcome of reintegration into the community. Gaps in service exist in this area.

- Service providers have reported increasing incidences of mental illness among the homeless youth population

- The Wait list for access to mental health and addictions services remains long and so, additional investment to reduce wait times is needed. A wait time standard should be

targeted and the community involved in the design of selection of placement criteria in an environment that is accessible and transparent.

SERVICE DELIVERY MODEL FOR LONDON'S HOMELESS AND PRECARIOUSLY HOUSED POPULATION:
In order to achieve the service vision, the delivery model must take into account the complexity of the target population, their multiple contact points with community agencies and institutions and their housing instability. It must also present an opportunity for integration of health, social service and housing supports. Three major services areas necessary to maintain community tenure is access to appropriate housing, supports and treatment services. These principles have been clearly articulated in the City's Community Housing Strategy.

A coordinated or common intake process would provide an important first point of contact and entry into services. This could take the form of a single physical location and/or it could include a common "virtual" point of contact from multiple sites. With common evidence based assessment and service integration tools, the outcome would the establishment of a relationship between the individual and the service delivery model. The model would then need to have an assessment component, gain with a common evidenced based tool. This would ideally be linked directly to the common intake provider.

The assessment would give way to a case management approach wherein the individual would have access to needed services, perhaps assisted by a case manager. As immediate health and other basic needs are met, other components of the model, including social services and housing would activate, most likely motivated around the "housing first" priority.

The model would include measures to manage case over time and would have an evaluation component through which the Community Doctor would assess and report on outcomes.

OPERATIONALIZING THE SERVICE DELIVERY MODEL:
Given that the LHIN would be the lead authority for planning, funding and implementation, it should retain through competitive processes service providers capable of meeting the broad range of health needs, and have the capacity to deliver housing services, community treatment and community social service needs.

TESTING THE MODEL:
The model has been developed at a service provider table, and so, the LHIN would be well-advised to engage service consumers in commenting and evaluating the model prior to implementation.

FUNDING THE MODEL:
The model is clearly health-related and so would be funded by the Province of Ontario. Given the current fiscal situation in the Province, it is believed that service integration efforts via community agency collaboration would allow for a re-ordering of current Provincial investments to support much of the cost of the model, however, to the extent that new supportive housing arrangements are required additional capital and support service operating funding is likely necessary.

The close involvement of the health system and the City as the service manager for social assistance and social housing would also assist in maximizing provincial investments.

Increased inter-ministerial coordination across health, justice, social services and housing policies and programs would also assist in tracking expenditures and savings; authorize innovation and evidence-based best practices across existing programs and systems.

EVALUATING THE MODEL:
London is particularly well suited to implement this model for the Province given the evolving spirit of community collaboration among the hospitals, the University of Western Ontario, the SWLHIN, the City and community agencies.

CONCLUDING COMMENTS:
The issue of mental illness and addiction among London's homeless population continues to be a serious concern to the City of London, provincial agencies across the health, justice, housing and social services portfolios, community agencies, individuals with lived experience, their families and the community at large.

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The City of London has been advocating for Provincial health investments to support its investment in London CAReS since 2007. The announcement that St. Joseph's Hospital that it was moving forward with divestment of mental health beds, and a closure of 70 beds within the City of London absent a community addictions and mental health strategy, as directed by the Health Restructuring Commission has only heightened City Council's concern.

The community conversation that assisted in the development of this policy paper has revealed a high degree of common commitment and interest in serving these vulnerable populations. This common commitment stretches across the SW-LHIN, both hospitals, and the City to key community service providers.

The talent is here, the will is here and the capacity is here in London to implement the strategy outlined in this paper. All that is required is the necessary realignment of existing funding and strategic new investments as required.

The intent of this strategy is to call on the other orders of government, the Government of Ontario in particular, to use their legislative responsibilities and resources to respond to this urgent and rapidly growing need to provide services and support to this most vulnerable population in our community.

Does the Provincial Government have the will to move forward?

Ross L. Fair
Executive Director
Community Services Department
City of London
July, 2011