



Committee Minutes

Mental Health and Addictions Task Force March 22, 2022 – 9:30 AM

The Mental Health and Addictions Task Force met on the above date through electronic means with the following members participating:

Present: Councillors Carleton, Hutchinson, O'Leary, Burley, Mackey, Keaveney, Clumpus and Warden Hicks; Phil Dodd, Clark MacFarlane, Naomi Vodden, Dr. Arra and Sandra McLay-Winters

Staff

Present: Kim Wingrove, Chief Administrative Officer; Heather Morrison, Clerk; Anne Marie Shaw, Director of Community Services; Kevin McNab, Director of Paramedic Services; Darren Clock, Paramedic; Rob Hatten, Communications Manager and Tara Warder, Deputy Clerk/Legislative Coordinator

Alison Govier, Coordinator - Community Drug and Alcohol Strategy was also in attendance as well as Felisha Hunter, Stephanie Burley and Scott McKay from the Canadian Mental Health Association. Dr. Zayed was also in attendance from the Grey Bruce Health Unit.

Call to Order

Chair O'Leary called the meeting to order at 9:30 AM.

Declaration of Interest

There were no declarations.

Reports

Mental Health and Addictions Task Force Workplan

MHA06-22 Moved by: Councillor Burley Seconded by: Councillor Mackey

That the Mental Health and Addictions Task Force Workplan be adopted as presented.

Delegations

Phil Dodd - Keystone Child, Youth and Family Services

Phil Dodd addressed the task force on Keystone Child, Youth and Family Services. Keystone is a not-for-profit organization and a designated lead agency for children's mental health in Grey and Bruce Counties.

He spoke to gaps in the child and youth community based mental health sector in Grey County, noting that it has been underfunded across the province for a number of years. Further, rural areas experience unique challenges that are insufficiently addressed in current funding models.

Challenges were then highlighted. These included increased demands for service due to rising awareness of generational trauma, increasing complexity of needs since COVID-19, decreased building capacity during Covid, balancing budget demands and the challenges associated with providing wrap around services to address the treatment needs of children and youth.

Opportunities include having support and advocacy at all levels of government to highlight the community's specific and unique needs and working towards building long term infrastructure within the community to address current and future needs. The importance of early intervention was noted as being key to creating better outcomes for children, youth and families. Live-in intensive treatment and support for youth could be expanded by moving the facility to the main office location.

Mr. Dodd noted further opportunities for partnerships.

Discussion occurred on sources of core funding, which is primarily from the Ministry of Health. Grey County and federal programs also make up pieces of the funding envelope. It was noted that if the current house for the live-in treatment program was sold, there would be a shortfall for the renovation of the new facility. The current facility is licensed for seven beds, however during the pandemic, it had to be reduced to four because bedrooms cannot be shared. It serves the age range of 12-18 and is a co-ed facility. The typical length of stay is between three and six weeks for short term stabilization housing and crisis assessment.

Naomi Vodden - Grey Bruce Health Services

Naomi Vodden addressed the task force on the services provided by Grey Bruce Health Services, noting that the Mental Health and Addictions Department is composed of inpatient and outpatient services. Both short and long term support is provided.

Ms. Vodden spoke to the types of services offered and the practitioners that are a part of the unit, as well as current volumes in case management, crisis services, counselling,

geriatric services, psychiatry services and addiction services.

She noted gaps in the system, including difficulty in access to services, lack of funded pediatric beds and geriatric mental health services, services for those in military or emergency services and those with a dual diagnosis. Housing is especially difficult for those with a dual diagnosis. There are patients staying in the inpatient unit for 2-3 years waiting for housing to suit their needs. Prevention and early intervention are critical for supporting youth and families.

The crisis team at the hospital and partnerships with the Canadian Mental Health Association provide pediatric support and the program is designed to provide services for rural sites. Renovations are beginning in order to serve a larger geographic area. The hope is that it will address the needs of those living in rural areas.

The benefits of the SOS (Supportive Outreach Services) program was noted and advocacy for continuing that program is important.

Clark MacFarlane, Stephanie Burley, Felisha Hunter, Scott McKay - Canadian Mental Health Association (CMHA)

Clark MacFarlane provided an overview of the mission, values and vision and noted the importance of breaking down stigmas around mental health to allow for people to feel better about reaching out. This is reflected in the mission and values.

Scott McKay then provided information on mental health and addictions housing. He spoke to the affordable unit program and the residential programs that assist with medications, meals and recreation programming. Community Homes for Opportunity also has 39 beds across three homes and CMHA provides oversight and outreach to the individuals and ensures that homes are providing a certain standard of living.

Stephanie Burley then noted that the organization also supports those who are affected by the addictions of others. She provided information on addictions programs and services, including concurrent disorders, pregnancy and parenting, choices for youth, problem gambling, addiction court support and addiction counselling.

The current wait time for programs is about 2-3 months, however some have shorter wait times.

It was noted that during the pandemic, counselling has been able to be completed over phone or Zoom which has also been beneficial in many respects, including decreasing the “no show” rate.

Scott McKay then provided information on the mental health programs and services including mental health crisis line, mental health court support, intensive case management and a mobile mental health and addiction response team. There is outreach support and peer supports as well as mental health counselling.

Councillor Mackey left the meeting at this time.

There are group services, social recreation and leisure, youth awareness and education, support outreach services, and harm reduction and needle exchange programs.

Clark MacFarlane then spoke to sponsored programs, being the Community Drug and Alcohol Strategy and the Men's Program.

He then noted the challenges and gaps in services. There is an increasing severity of illness and complexity of the individuals served, issues with access to services for rural communities, a lack of resources/waitlists for services, rising housing and rental prices, difficulty in covering after hours and weekend needs, and specialized services for victims of sex trafficking and intergenerational trauma.

Scott McKay provided a high level overview of the approaches that are used to create a strong therapeutic relationship with the individuals served. Some include: treating everyone with dignity and respect, hope and accountability. It is important to acknowledge and leverage the strengths of individuals and think of treatment as holistic.

Felisha Hunter addressed the task force to speak to the principles of harm reduction. It incorporates a wide variety of strategies including safe use, managed use, abstinence, and addressing conditions of use along with the use itself.

She shared stories with the task force that reflect how the SOS Team is working collaboratively and the impact it has had within the community.

Stephanie Burley then spoke to the Harm Reduction and Needle Exchange Program. CMHA is a safe needle exchange site and they are working towards expanding capacity across staff members to provide the assistance needed.

Sandra McLay-Winters challenged the task force to consider how partnerships with people with lived experience can be enhanced and she noted the importance of having resources in place to assist when relapses occur.

It was requested that the task force return to the topic of the individuals with lived experience and incorporating that aspect into this project.

Dr. Arra and Dr. Zayed - Grey Bruce Public Health Unit

Phil Dodd left the meeting at this time.

Dr. Arra and Dr. Zayed addressed the task force. They spoke to the Healthy Babies Healthy Children program, needle syringe program, naloxone program and the community outreach that the Health Unit is involved in.

Mental health statistics in Grey Bruce were then outlined.

The Grey Bruce Public Health Strategic Plan was highlighted as well as focal areas of partnerships and gaps in mental health and advocacy needs. It was noted that missing

and underused data, program evaluation, outcome metrics and community engagement are areas that would benefit from additional focus.

The task force inquired as to what a possible elementary school curriculum on these topics could look like. Staff noted that information could be shared at an upcoming meeting.

Further, the questions around missing and under used data are important and perhaps could be revisited at a later date.

Correspondence

Ontario Expands Addiction Services in Peterborough and Sudbury

MHA07-22 Moved by: Councillor Carleton Seconded by: Councillor Burley

That the correspondence from the Ministry of Health regarding expansion of addiction and mental health services be received for information.

Carried

Other Business

A link was provided to a segment of TVO's "The Agenda" for the task force's information which speaks to outreach services in rural Ontario.

Next Meeting Dates

April 19, 2022 at 9:30 AM.

On motion by Councillors Burley and Clumpus, the meeting adjourned at 12:34 pm.

Brian O'Leary, Chair