

Hanover-Owen Sound Task Force November 16, 2020 – 9:30 am

The Hanover-Owen Sound Task Force met on the above date through electronic participation with the following members in attendance:

Present: Chair Selwyn Hicks, Councillors O’Leary, Desai, Milne; and Warden McQueen

Staff

Present: Kim Wingrove, CAO, Randy Scherzer, Director of Planning, Savanna Myers, Director of Economic Development, Tourism and Culture, Anne Marie Shaw, Director of Housing, Barb Fedy, Director of Social Services; Heather Morrison, Clerk; Scott Taylor, Senior Planner; Stephanie Lacey-Avon, Intermediate Planner; Tim Simmonds, Owen Sound CAO

Guests: Alison Govier, Community Alcohol and Drug Strategy, Clark MacFarlane, Canadian Mental Health Association, Naomi Vodden, Grey Bruce Health Services and Kevin McNab, Director, Grey County Paramedic Services

Call to Order

Chair Hicks called the meeting to order at 9:30.

Declaration of Pecuniary Interest

There was none.

Business Arising

Randy Scherzer reviewed the Recommendations and Opportunities document which highlights points, questions, opportunities and further information requested from previous Task Force meetings. He provided an overview of the themes that have been discussed to date.

Mr. Scherzer spoke to questions arising from the last meeting including low income households by municipality and then broken down by member households (one person households, 2 persons etc.). He noted the need for single apartment needs in Owen

Sound and Hanover. Mr. Scherzer spoke to the low-income cut-offs which is when a family spends 20% or more of its income on food, shelter and clothing than the average family. He noted that Owen Sound has the highest low-income households and highest low-income cut-offs while Hanover have the fourth highest low-income household while having the seventh highest low-income cut-offs. Mr. Scherzer did note that these numbers have likely increased as a result of the pandemic.

Barb Fedy noted that CERB is providing an artificial floor for income for families impacted by COVID-19. There is an expectation that Ontario Works caseloads will increase once CERB has ended. Anne Marie Shaw noted that food bank numbers have increased dramatically during the pandemic. CAO Wingrove spoke to the fact that those who have mental health or addiction issues may not have family to stay with during the pandemic.

Discussion took place on the impact of non-resident fees and the effect it has on the municipalities with the amenities and the financial impact to both the participating and non-participating municipalities.

Delegations

Community Drug and Alcohol Strategy Overview-Alison Govier

Ms. Govier spoke to the Task Force about a community plan to minimize the harmful effects of licit and illicit drug use in order to improve the health and wellbeing of Grey County residents. She highlighted that tobacco and alcohol, considered licit drugs, are also included in this category. She noted that the Community Drug and Alcohol Strategy has laid the groundwork by connecting community assets and strengthening the understanding around harm reduction interventions. Ms. Govier also spoke to the principles and interventions of harm reduction. These include needle exchanges and naloxone programs as well as other areas that assist in maintaining a person's basic human rights, social justice and overall quality of life. They are meant to support people and reduce the harm to them.

Ms. Govier spoke about the trends and concerns of addictions and substance abuse. She noted that addiction doesn't happen in a vacuum and loneliness, stress, mental illness and lack of supports and networks are contributing factors to the increase in use. She noted an increase in toxic illicit drug supply with six known deaths so far in 2020 in Grey and Bruce Counties compared to 16 in 2019. The use of stimulants and other drugs is related to affordability and availability and noted that illicit drugs are becoming increasingly toxic.

Ms. Govier highlighted that the lack of affordable housing is a large factor in the ability of maintaining a high quality of life and the necessity to provide a stable place to live to

assist in substance abuse recovery. She stated that mental health and addictions is often fragmented and underfunded.

The integration of the proposed Ontario Health Teams and the integration of mental health supports into this program will provide a more integrated model for service delivery. There is a growing recognition that substance abuse is a health issue and community agencies are embracing harm reduction strategies and looking at an overall framework in order to minimize the harmful effects rather than condemning those who use.

There are important partnerships within the community working together, such as the opioid working group, to meet clients where they are and provide much needed supports. She noted a growing trend to engage persons with addictions in the development of programs related to substance abuse and highlighted the Peterborough model as an example of such a program. There is an opportunity to build on the current community assets and develop and provide low barrier interventions.

Overview of Mental Health and Addictions in Grey County-Clark MacFarlane, Canadian Mental Health Association

Mr. MacFarlane provided an overview of Canadian Mental Health Association (CMHA) services which includes mental health and addiction counselling to both youths and adults, court supports, a range of housing services, outreach programs, rent supplements, establishing by-names list for housing, social recreational programs and opportunities for employment. The program also provides for community gardens, catering services and mental health awareness programs in the schools. There is an urgent response team embedded in each police service across Grey and Bruce counties to intercept and divert those in mental health crisis to a more appropriate service as well as a 15-bed recovery home for men recovering from addictions.

Workers have been seeing an increase in use and overdoses in injection drugs. Mr. MacFarlane noted a lack of safe affordable housing with 25 on the wait list for supportive housing 4 years ago to 121 currently. There is a large hidden homeless population who often couch surf but are categorically homeless. Aging in place is another concern as the needs are becoming more akin to long-term care options rather than residential. He also noted the increase in acuity of individuals coming into service, meaning an increase in complexity, with more people being referred to local services that are from outside of Grey and Bruce.

He also noted that specifically with youth they see cannabis as a lighter drug, and there is a greater need for more education about it and the use of multiple drugs.

Mr. MacFarlane echoed the need for safe supply of drugs through a physician as this has shown to contribute to a decrease in petty theft, among other things. This type of

program would allow for a conversation around life choices. He spoke to the need of urban planning and creating healthy and happy communities and the impact of these on mental health. There is a need for temporary shelters and to look at how we design our communities to support people's well-being. Underlying everything is the need to change the attitudinal view, moving away from a morale definition and to a quality of life and health view.

Mental Health and Addiction Insights-Naomi Vodden, Grey Bruce Health Services

Ms. Vodden noted that Grey Bruce Health Services has 45 in-patient beds with many patients using the beds because they have no housing with proper supports. She also stated that 50% of the beds are being used while awaiting long-term care beds. Some diagnosed individuals are in need of supportive housing while some patients have a plan but require other community supports and a small number that have other issues such as an acquired brain injury.

Ms. Vodden spoke to the fact that the level of acuity is climbing and there have been updated emergency room supports, as well as an increase in security at Grey Bruce Health Services for the safety of staff and the patients. Rural hospital sites do provide a challenge in getting patients to the correct areas and required services. There are also two pediatric beds available. There is an in-patient program for three weeks to allow residents to participate in a recovery program as well as a rapid addiction clinic offered in Owen Sound and satellite areas within Grey and Bruce. She noted an increase in young males with addiction issues and Grey Bruce Health Services has a substance youth worker to assist with these cases. Again, there is a focus on harm reduction strategies.

Ms. Vodden did note that the sexual assault program has seen an increase in cases recently.

She also highlighted the need for health options served by transportation integration such as discounts to on local bus systems to provide social supports and recreational services.

Mental Health and Addiction Impacts on First Responders-Kevin McNab, Director, Grey County Paramedic Services

Kevin McNab provided an overview of the calls received by Grey County paramedics in both Hanover and Owen Sound between 2017-2019 and then outlined the mental health and overdose calls in the two municipalities. He noted that there has been a spike of mental health and opioid calls during the pandemic.

He then provided an overview of the paramedic response initiatives currently being utilized to assist with interventions. He noted the reliance on police services for safe transport of patients to the correct locations for treatment and follow-up. Community working groups are an important part and these including membership of the Drug and Alcohol Strategy Task Force, Opioid Working Group, notification of Canadian Mental Health urgent response team for behavioural/psychiatric emergencies, electronic notification of opioid overdoses, referrals to several agencies and a phone follow-up with 911 high-use callers.

Mr. McNab then noted that both a single person response and CMHA urgent response team will have a new model of care including palliative mental health care forthcoming as well as the ability for naloxone distribution to take place to replenish the supply used in the community to ensure safety of the members.

Questions and comments from the Task Force members then followed related to:

- Percent of population suffering from substance use disorder. Staff noted that statistics are hard to come by as it is an illegal behaviour, but did note that one in five people will experience mental health issues
- Influx of people from out of the area wishing to access services in Grey County- Speakers noted that for example in housing, the waitlist differential is 10 years in large urban areas like Toronto versus one to three years in this area.
- Questions surrounding the implementation of safe supply programs in a logical way with perhaps in larger centres first then the smaller centres so those in a larger centre can access these supports close to them and not turn to smaller, more remote/rural locations.
- Discussion on the Owen Sound hotspot issue and the safe supply of drugs can be included as part of the response to this area. It was noted that area doctors want to see gaps in services filled before moving on to a safe supply program
- Questions around the methadone clinic were addressed noting that it is a provincial body set up with a regional coordinator and the funding model does not allow for wrap-around care. The speakers noted the opportunity to move addiction medicine into the mainstream medical care through primary care providers
- Community perception and how to measure success or areas of implementation and the increase in opioid-related deaths in Grey and Bruce Counties. The speakers noted that this requires resources with good models to look at for future services.
- Discussion on rehabilitation options rather than jail time.
- Comments on a safe supply program as a necessary option and relapses do happen but there must be realistic views and goals. Council can advocate and

have discussions with other levels of government. Is there a need for enhanced funding? More supportive housing?

- Sexual assaults are three times as high in Grey Bruce area than other areas but provincially these numbers are all higher than historical numbers and the work needs to start with children to assist in laying the groundwork for success later in life. There is a need for a hub locally rather than sending youth to the London area.
- There is a need to build outreach resources in local communities to assist with people who need help in the moment.
- Barb Fedy noted that the Community Safety and Well-Being Plan has just launched and will include data to assist in determining where we are at and assist in future planning. Early dollars into interventions would assist before people get into a crisis. She also noted the modernization of Ontario Works is happening currently and providing much needed life stabilization.
- Many people have no fixed address and lack of a bank account or ways of reaching out to these people. Ms. Fedy noted that there is often use of the County Administration Building address for vulnerable people to use as an option in order to access supports and that technology plays an important part in the social connection including refurbished laptops for training, social contact; cell phones; a connect to text option for connections with workers and a reloadable payment card. It is essential to establish a connection and rapport to assist in maintaining that connection.
- There is a need for the creation of a wrap-around team of supportive programs, relationship building and peer to peer supports. There is also an idea of the use of situation table to bring various groups together to work on issues.
- There was a note that more funding from other levels of government for various areas of mental health and addiction supports is required and the need to focus on the most vulnerable population.

Other Business

There was none.

Next Meeting Dates

December 1, 2020 9:30 am.

On motion by Warden McQueen and Councillor Desai the meeting adjourned at 11:37 am.

Selwyn Hicks, Chair