

**Task Force Final Report**

October 26, 2022

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Acknowledgement

Sincere thank you to everyone how contributed to the creation of this report and its recommendations.

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# Executive Summary

Grey County’s Mental Health and Addictions Task Force (MHATF) was struck to examine the current system of treatment and support for those suffering from mental health and substance use disorders, the challenges faced by those needing services, and opportunities for the County to work with service providers to support improvements. Building on the earlier work done as part of developing the Community Safety and Wellbeing Plan and the Hanover Owen Sound Taskforce, MHATF was to consider recommendations for a local response strategy. This strategy was to identify immediate and longer-term actions aiding in the development of greater supports and harm reduction strategies for Grey County residents**,** for consideration by Grey County Council.

The MHATF heard from a broad cross section of stakeholders in seven meetings over five months from March to July 2022. Each of the 22 presenters described their organization’s role in service delivery and the challenges they face. In addition, the task force reviewed media releases related to provincial investment in Addiction Services in Peterborough and Sudbury and Funding for Grey Bruce Health Services through the Addictions Recovery Fund. The TVO The Agenda episode **What Does Poverty Look Like in Ontario** was also shared.

The task force heard that the prevalence and complexity of mental health issues and substance use is growing. This is impacting the County’s delivery of housing, social services, and paramedic services. Member municipalities hear concerns from their residents and are challenged to respond to the crises of homelessness, food insecurity and property crime.

Presenters consistently stated that people who are suffering deserve to be treated with dignity and respect, building in them both hope and accountability. Everyone has strengths to be built on. Improved outcomes for individuals and communities will come from taking a holistic approach (individual, family, community) and include the perspectives of those with lived experience. Peer Advisory Committee members bravely spoke of times of empowerment and disempowerment while navigating services within the community. Those with lived experience should be included in program development, implementation and evaluation discussions.

People need a basic income, stable housing, food, and access to health care for counselling or other treatments to succeed. Early intervention is another key to successful treatment, and supporting youth and families is critical to reducing the cycle of intergenerational trauma.

The MHATF heard about many barriers in the current service delivery environment. For the client group, these include the high incidence of extreme poverty, lack of connectivity preventing access to online resources, very limited access to safe, affordable housing or overnight shelter on a temporary basis, and lack of transportation. The lack of treatment and housing options leaves people publicly struggling which breeds fear and stigma in the community. The current system is felt to focus too much on emergency needs rather than prevention. An opportunity for referrals to non-OHIP covered services to get faster treatment was identified.

The support providers are challenged by siloed and restricted funding, needs that exceed the funds available, dependence upon fundraising to meet the needs, a shortage of health human resources (especially those with specific mental health training), and a lack of centralized case management system accessible to all providers.

Findings from the presentations can be summarized under six themes, all of which are interrelated.

* Data and analysis to support planning and reporting
* Community development
* Mental health services
* Support for youth and families
* Addiction services
* Housing

# Meetings and Presentations

The following are summaries of the various presentations made to the Task Force. Throughout the year, members hear from a range of service providers and community stakeholders.

## Keystone Children and Youth and Family Services

March 22, 2022 – Phil Dodd

A voluntary, not-for-profit organization and the designated Lead Agency for Children’s Mental Health in Grey and Bruce Counties. Keystone offers a wide range of mental health support through counselling, prevention and well -being programs, short term live-in treatment program, crisis stabilization, youth justice program, special needs programming and coordinated access planning for our community. With a focus on youth and family engagement, they provide compassionate, responsive services for children, youth, and families through customized, multi-disciplinary programming for children and youth ages 0-17.

Historically, the children’s mental health sector has been underfunded across the province and rural communities experience unique barriers that are not addressed adequately in current provincial funding models.

Mr. Dodd spoke to the current challenges facing the youth mental health sector in Grey, including:

* Increased demands for service
* Building the capacity to better serve indigenous children
* Balancing budget demands
* Cycle of more complex needs = increased demands on service and staff

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 current residential facility to the main office location. Building stronger partnerships with other youth and adult mental health service providers and the indigenous community was acknowledged as critical success factor.

## Grey Bruce Health Services

March 22, 2022 – Naomi Vodden

Grey Bruce Health Services operates six hospitals located in the Grey Bruce region. They have 1,600 dedicated & compassionate staff and over 150 physicians all working collaboratively to deliver excellent patient care. The Mental Health & Addictions department is comprised of comprehensive inpatient and outpatient services operating from a Recovery framework. GBHS is the only Schedule 1 facility in Grey Bruce. GBHS says it has seen a 70 per cent increase in the past six years of opioid related hospitalizations and emergency department visits related to opioid use have tripled.

GBHS provides short- and long-term mental health and addiction support across the Grey Bruce region within clients’ home communities. They work closely with other agencies & organizations to provide coordinated, effective services. See Table 1.

The gaps in the system GBHS observes, include 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. Prevention and early intervention are critical for supporting youth and families.

**Bayview Wellness and Treatment Centre**

GBHS has received funding from the Ministry of Health to create the Bayview Wellness and Treatment Centre in Owen Sound. The facility will include 36 new beds to serve the growing number of individuals in the region in need of addiction and mental health services.

The wellness centre will provide a safe environment for men and women in need of additional and extended support for their recovery journey. The project is the first of its kind in this area and will have the capacity to accommodate inpatient and outpatient services.

Clients coming to the wellness centre will be able to start in a withdrawal management program and graduate into relapse prevention therapy. The centre will also offer longer-term treatment and supported living units onsite.  
  
The centre will include space for Indigenous healing; spiritual care; recreational therapy for group activities; and community partner space. The facility offers opportunities for community agencies interested in working with GBHS to support clients with educational and vocational opportunities within the centre. Once further funding is secured, the plan is to add a teaching kitchen and greenhouse to provide life-skills training.

**Table 1: GBHS Mental Health and Addictions Services**

| **Inpatient** | **Outpatient Child, Adult, Geriatric** | | | **Outpatient Addictions** |
| --- | --- | --- | --- | --- |
| **Clinical Nurse Specialist** Provide education and MHA support to non-mental health units. | **Behavioural Support Ontario**  Mobile Geriatric team | **Community Crisis**  Provides follow up to all patients discharged from inpatient unit | **Case Management Services**  Teams throughout GB | **Community Addiction Treatment Services** (three week treatment  program with live in option) |
| **Inpatient Mental Health Unit Beds**  Paeds Inpatients- 2  Geriatric Inpatients- 16  Acute MH Inpatients- 22 | **Geriatric Mental Health Aftercare Social Worker** | **Community Treatment Order**  Coordinator | **North Bruce Team**  Wiarton | **Rapid Access Addiction Medicine Clinic (RAAM)** Physicians and counsellors. Services throughout GB/ Nawash and Saugeen FN. |
| **Nurse Practitioners** (Inpatient, Outpatient Mental Health clinics and Addiction medicine) | **Prevention and Early Intervention Program for Psychosis**  Counselling, Case Management, Psychiatry and Family Support | **Crisis Intervention Team**  ED Crisis Services  After hours support with CMHA Pediatric support 7-13 | **Psychiatry**  6 FT Adult Psychiatrists  2 FT Child Psychiatrists  4 PT psychiatrists | **Saugeen First Nation Outreach and Primary Care Clinics** |
| **Withdrawal Management Services**  Detox services | **Assertive Community Treatment Team**  Seven day a week community care for those with a serious mental illness | **Crisis Support Program**  ED 24/7 program | **Psychology**  Psychological Assessments for referrals from Psychiatry | **Substance Use Counsellors-**  Inpatients & ED |
| **Family and Peer Support**  **Partnership with CMHA** | **Brief Counselling Services**  CBT Counselling  DBT Counselling and Groups | **Dual Diagnosis** Coordination, case management and psychiatric  care for those patients with a mental illness and developmental disability | **Sexual Assault and Partner Abuse Centre**  Counselling and 24/7 on call to ED |  |

# Canadian Mental Health Association Grey Bruce Mental Health and Addictions

March 22, 2022 - Clark MacFarlane, Stephanie Burley, Felisha Hunter, Scott McKay

CMHA provided an overview of their services to the taskforce. These include housing, addictions programs, mental health programs, and other initiatives (harm reduction, community drug and alcohol strategy, services to SOS, etc.)

They provide 93 units of subsidized apartments, 18 beds for residential programs and 39 beds in Community Homes for Opportunity.

All programs aim to provide counselling for individuals concerned about their own, or someone else's substance use or gambling.  
New director programs are open to adults 18 plus. Referrals can be made through primary care, emergency room visits, or by calling 519-371-1232. Wait times vary depending on acuity of the situation and the program. Counselling is provided through a range of mediums including in person, video, phone.  The services cover pregnant and parenting, concurrent disorders, addictions counseling, choices for youth, court support and gambling problems. 

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.

# Grey Bruce Public Health Unit

March 22, 2022 – Dr. Arra, Dr. Zayed

Dr. Zayed and Dr. Arra spoke about the Health Unit’s Mental health and addictions Services and programs, public health services accessibility, data on mental Health, the strategic approach public health is taking to the mental health and addictions crisis and gaps in programs and strategic solutions as well as County Advocacy needs.

The Healthy Babies, Healthy Children program identifies at-risk women through prenatal screening and provides follow up and resources. Additionally, all families with live births in Grey Bruce are appropriately screened at birth.

**Healthy Babies Healthy Children Supports**

* Assess families and individuals using the in-depth assessment tools. Families with a “with risk” ratings are offered HBHC program services.
* Home visits from PHNs and PSWs to determine goals for the family service plan.
* Collaboration with social work from the hospital or BGCFS
* Promote the 18-month Well Baby visit to physicians, pediatricians and healthcare providers.
* Providing Nipissing Developmental screens to all parents at regular intervals for their child’s first year of life.

There is also a school health program that coordinates existing GBHU programs of public health interventions using a comprehensive health promotion approach (i.e. Youth Mental Health Champions, CATCH Vaping Education Program, Roots of Empathy, Healthy Schools Program).

The Health Unit supports harm reduction by providing harm reduction supplies to 17 partner sites. They provide training on the use of naloxone kits and distribute kits throughout network of 28 distribution sites.

While most Grey Bruce residents surveyed reported position mental health, 7% said theirs was fair or poor. 13% of respondents had contemplated suicide. 9% of Grey Bruce residents have a mood disorder such as depression, bipolar, mania or dysthymia.

The Health Unit’s Strategic Plan has the following areas of focus:

* People – mental health wellness, self-efficacy and resilience
* Programs – promote mental health wellness in schools, workplaces and congregate settings.
* Projects- adopt evidence based practice that supports data sharing collaboration and advancing research and innovation
* Partnerships – apply approaches that strengthen the public health learning system: population health approach, foundational standards (communication, equity, data, program planning and evaluation).

The Health Unit supports taking a population health vs. service delivery approach to addressing the mental health and addictions crisis. Missing and underused data, lack of fulsome program evaluation, identification of outcome metrics and community engagement are areas that would benefit from additional focus.

## United Way Bruce Grey

April 19, 2022 – Francesca Dobbyn

The United Way Grey Bruce supports organizations and individuals. In their work they observe that people have real difficulty in accessing services without a formal diagnosis and the importance of getting timely access to primary care so that episodic mental illness does not become chronic.

Barriers that need to be addressed include referrals to non-OHIP covered services to get faster treatment, extreme poverty, connectivity, access to safe affordable housing, transportation and overcoming the lack of centralized case management. Living in a perpetual crisis mode presents many obstacles. It was stressed that establishing trust is an important factor in getting someone to say yes to making a change.

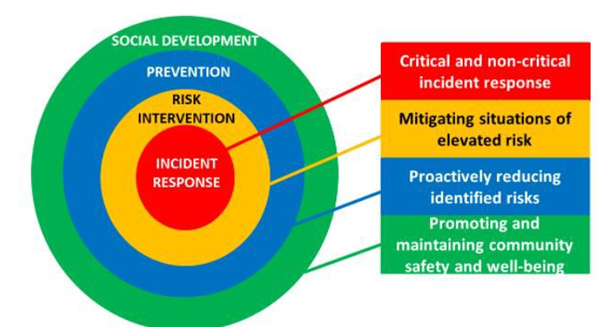
Fear in the community, siloed and restricted funding, needs that exceed the funds available, dependence upon fundraising to meet the needs, too much focus on emergency needs rather than prevention, and a distrust of the autonomy of those seeking supports are inhibiting progress to make change. Further, the complexity of needs is growing.

Solutions include a universal basic income, more in-community supports and centralized case management.

## Grey Bruce Community Safety and Well-Being Plan

April 19, 2022 – Tanya Roberts

The CSWBP has been created regionally for 16 lower-tier municipalities in Grey and Bruce Counties. . It is legislated under the Police Services Act, 1990 and in the new Community and Safety Policing Act, 2019 that each municipality should have a plan and in our community we’ve chosen to take a multi-sector collaborative approach whose goal is crime prevention through social development.



Social Development is about improving the well-being of everyone in society so that they can reach their full potential. It means investing in people and removing barriers.

Communities that invest heavily in social development by establishing protective factors through improvements in things like health, employment and graduation rates, will experience the social benefits of addressing the root causes of crime and social disorder.

**Community Safety and Wellbeing Plan Action Table**

|  |  |
| --- | --- |
| **Priority Area** | **Action Table Identification** |
| **Addiction and Substance Abuse** | Community Drug and Alcohol Strategy identified as the action table. |
| **Poverty & Income** | Grey Bruce Poverty Task Force identified as the action table. |
| **Housing and Homelessness** | Homelessness Response Table identified as the action table. |
| **Mental Health** | Under investigation with key mental health stakeholders. |
| **Crime Prevention** | CSWBP hosted action table. Terms of Reference has been created, recruitment planning in progress. |

**STAR Table**

The Situation Table for Acute Risk (STAR) is made up of the CSWBP advisory committee along with police, Bruce County Human Services, Grey County Community Services, Ministry of the Solicitor General (SOL GEN) – Probation & Parole, Ministry of Children, Community, and Social Services (MCCSS) – Youth Justice Division, CMHA, GBHS, Child and Family Services, Victim/Violence Prevention Services and Southwest Ontario Aboriginal Health Access Centre (SOAHAC) representatives.

|  |
| --- |
| **A review of the situations dealt with at the STAR since July 2021, suggests a gap exists in Grey Bruce regarding a support model for people with complex overlapping risk factors (mental health, addictions, cognitive/developmental challenges, and anti-social/criminal behavior).**  **Many of these situations involve chronic offenders who are before the courts when they are brought to S.T.A.R, are unable to meet their basic needs and/or unwilling to have their own basic needs met, are homeless or at risk of becoming homeless, and have burned bridges across the region when it comes to supportive housing options.** |

They meet weekly to understand and develop solutions to “acute” situations where either chronic conditions have accumulated to the point where a crisis is imminent, or new circumstances have contributed to severely increased risks of victimization.

A **“*Situation*”** may pertain to a single individual suffering the onslaught of multiple risk factors (e.g. mental health, addictions and homelessness). Or it may pertain to something that is happening to a whole family, or even a group of people. It may even pertain to a single street address or location where property or persons are at imminent risk of harms or victimization.

## Grey Bruce Poverty Task Force

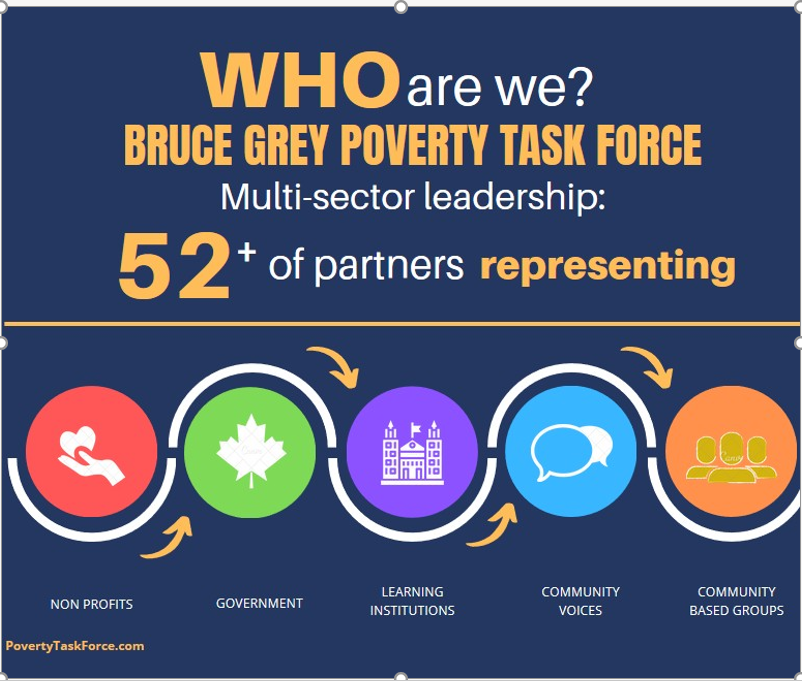
April 19, 2022 – Jill Umbach

The Poverty Taskforce is led by the United Way of Bruce Grey, Grey County and Bruce County Human Services. They were formed in 2012 to bring partners and people with lived experience together to address food security, housing, income & employment, transportation and health equity. Today the taskforce identifies gaps in service and inequities. Thy support collaborative action and participatory research with partners to understand and address issues.

The Getting Ahead/Bridges out of Poverty program has had a significant, positive impact. Since 2010, 289 people have graduated from the program with an understanding of the roots of instability in their lives and new resources to overcome the challenges they face.

The Giiwe program with M’Wikwedong is an indigenous led program that strengthens relationships and intersectoral collaboration to address homelessness in this population in Grey County.

The Poverty Task Force is a member of the Community Drug & Alcohol Strategy and the Opioid Working Group. They strongly support all the Calls to Action referenced on page xx of this report.



## Agent, Public Prosecution Service of Canada

May 17, 2022 – Brenda Lawson

Brenda Lawson, an agent for the Public Prosecution Service of Canada (PPSC), a national, independent and accountable prosecuting authority whose main objective is to prosecute federal offences and provides legal advice and assistance to law enforcement, presented to the taskforce.

As a result of the opioid crisis and recognition of the need for different approaches for people with substance abuse disorders, PPSC has new mandates and different practices with respect to drug prosecutions.

When someone is charged with a drug offence they are typically released on bail and in the past would have conditions that they not be in possession of any drugs, or paraphernalia, etc. To avoid triggering a breach of bail conditions, PPSC is under a mandate to avoid asking for those conditions to decrease the likelihood of breaches occurring and incarcerating people for short periods of time. This can increase the likelihood of an overdose when released. There is a realization that substance abuse is a health matter. A similar approach is taken with conditions of probation and conditional sentence orders.

She spoke to the Good Samaritan Drug Overdose Act which protects a person who is having an overdose, as well as people who are present during an overdose. People know that if they call for emergency services, they won’t be charged for simple possession or breach of condition. It was noted however, that those who are in possession for the purposes of trafficking face the probability of being charged for this purpose.

Further guidelines surrounding simple possession of a narcotic were noted. An accused is often given a first appearance date with the possibility of charges being withdrawn. Police still lay the charges; however prosecutors don’t typically proceed unless there is a serious manifestation of the charge where the public has been put at risk.

Ms. Lawson then addressed the matter of young offenders. With regard to bail, it is not a typical case where a young offender is held for bail or detained.

Questions were addressed. Is it typical for a judge to give an accused the option between attending a treatment centre or going to jail? It was noted that those discussions would usually occur before sentencing between prosecutors and defence counsel. It was further noted that there is no way to bypass others waiting for treatment. There is difficulty in getting into treatment from jail. There are some treatment centres that take people from jail, but not many.

## YMCA Community and Family Services

May 17, 2022 – Matt Shute

Matt Shute addressed the Task Force. He spoke to homelessness and social determinants of health. Slow wage growth and skyrocketing rents have put housing out of reach for low-income people. Homelessness happens when incomes don’t match housing costs. The lack of deeply affordable housing means more people are becoming homeless and it is more difficult to get out of a homeless situation.

Temporary shelter is beneficial in the short term for people who experience a crisis and need an immediate safe place to go before starting towards a more permanent housing solution. Chronic homelessness is a growing issue. Mr. Shute noted that for afterhours assistance, people can connect to Safe n Sound or 211. The police also assist in this regard. The homelessness response system is moving towards having a dedicated 211 team field all of those calls for consistency across Bruce, Grey and Simcoe counties. This will be funded by the municipal partners.

With the increasing need for nightly shelter stays, YMCA staff are spending the majority of their time in that area and it’s more difficult to reach out to people who need supports to help retain their permanent housing. It was noted that the number of people living in encampments has increased, as well as an increased number of individuals who are sleeping rough or have declined stays in a shelter. Effort is made to establish rapport in these cases. As the prevalence of this increases, it would be valuable to communicate to local municipal bylaw enforcement on who to call and how to handle those situations. The approach should be consistent, and it is important to try to understand people’s situation.

It was emphasized that having permanent housing is a critical success factor in accessing treatment for mental health and addictions.

**Effective Response – A Shared Perspective Required**

|  |  |  |  |
| --- | --- | --- | --- |
| Skilled outreach connected to temporary shelter access and established pathways of referral to systems of care. | Low-barrier and housing focused emergency shelter. | Support toward safe short-term solutions and longer term preferred permanent housing. | Maximize Rapid re-housing. |
| Permanent supportive housing (long-term rental subsidy with intensive services). | Increased involvement from natural and community supports. | Coordination between support services and shelter services. |  |

## Bluewater District School Board & Bruce Grey Catholic District School Board

June 7, 2022 - Summer Kueneman, Dave Roy

Both presenters noted the high level of demand from increasingly complex students and their need to navigate through the system. Both school boards are working with the province to look at the direction of mental health in Ontario, who are the students that need direct interaction and when to rely on community partners. They spoke to the tiered process of supports:

* **Tier 1** provides “good for all” supports. These include emotional regulation skills and mental health literacy to ensure students have good information and are able to participate in learning. This level is well funded and includes more resources that are jointly created with a number of partners for lesson plans and resources to be evidence based with an equity lens. It was noted that more supports are coming each month.
* **Tier 2** provides supports for mild to moderate mental health needs in the school system. A referral is created with the school’s mental health worker for a student. It was noted that the average amount of times a student is seen is four with some requiring more or less supports depending on circumstances.
* **Tier 3** supports are for those with the highest amount of need who will be referred to community partners for more focused supports or the emergency room for immediate mental health services if the circumstances warrant. Referrals to community partners include Keystone and Choices. Tier 3 often requires those outside supports to provide stabilization and specialization for the students and their families. If parents are under stress, it takes a tremendous amount of courage to make that first call and that first call needs to be the right call with the right level of support. Keystone now has a supervisor of intake who assists parents right from the start. It starts with building a relationship with the parent to take the first step in getting the necessary help.

It was also noted that family stress and trauma have significant, negative impact on children’s mental health. Recently, food insecurity has increasingly become a cause for concern in the schools. The challenges with accessing community supports were highlighted as a major concern. There are supports within the schools to make it easier for students to access various community partners, but more is necessary to deal with the increasing need.

There has been an increase in needs in the youngest learners being those in kindergarten to grade 2 with behavioural referrals having increased tremendously this year.

The Mental Health team is part of the school learning services and it is made up of a variety of specialists who support school teams and create plans for support.

The presenters outlined the process for how families access supports which can either be through accessing the Mental Health team directly but noted that most referrals come from the school teams.

Most students with addiction issues (family or otherwise) will be referred to Choices which is part of the Canadian Mental Health Association with a mandate to work with youth on substance use issues. The staff work with students of all ages within the schools. There are four workers at Choices, with a need to increase those staffing numbers in order to provide adequate supports within the schools. Both boards are looking at education support for students on harm reduction in order to provide that awareness on this growing issue.

A Circle of Security approach was outlined which provides a training approach to provide what students need from staff when they are at the top and/or bottom of the circle.

Clark MacFarlane noted that more resources are needed but they also need to be used differently. The challenge is finding a means with connecting children efficiently and smoothly to those resources to ensure children and families receive the right supports at the right time. He also noted the importance of having healthy communities and the design interventions or considerations to make communities mentally healthy in order to promote positive mental health and well-being.

Discussion on what more resources would be beneficial was then discussed. Mr. MacFarlane noted that increasing staff at community partners, providing street level service, active outreach, and building infrastructure with a greater use of data in a more meaningful way would all assist in provide the required level of support. He also stated that the Ontario Health Team could come together to provide more meaningful insight for services from a broad view level rather than being siloed.

Naomi Vodden noted the need for expertise in substance psychosis, eating disorders, and autism as areas of future resources.

## Supportive Outreach Services

June 21, 2022 – Kevin McNab, Robyn Nocilla, Dr. Cox

The Supportive Outreach Service is a joint effort between Grey County and community partners to provide mobile outreach services to the homeless population, connecting them with mental health, addiction, primary care, and housing services. Started as a pilot in January 2022, the program has been funded by Ontario Health West and Grey County and its impact is being evaluated by the Grey Bruce Public Health Unit.

The Supportive Outreach Service (S.O.S.) meets people where they are (both in physical location and in their journey) to provide person centered health and wraparound mobile response to improve health outcomes and health equity of individuals who experience barriers in accessing health and social services in Grey and Bruce Counties.

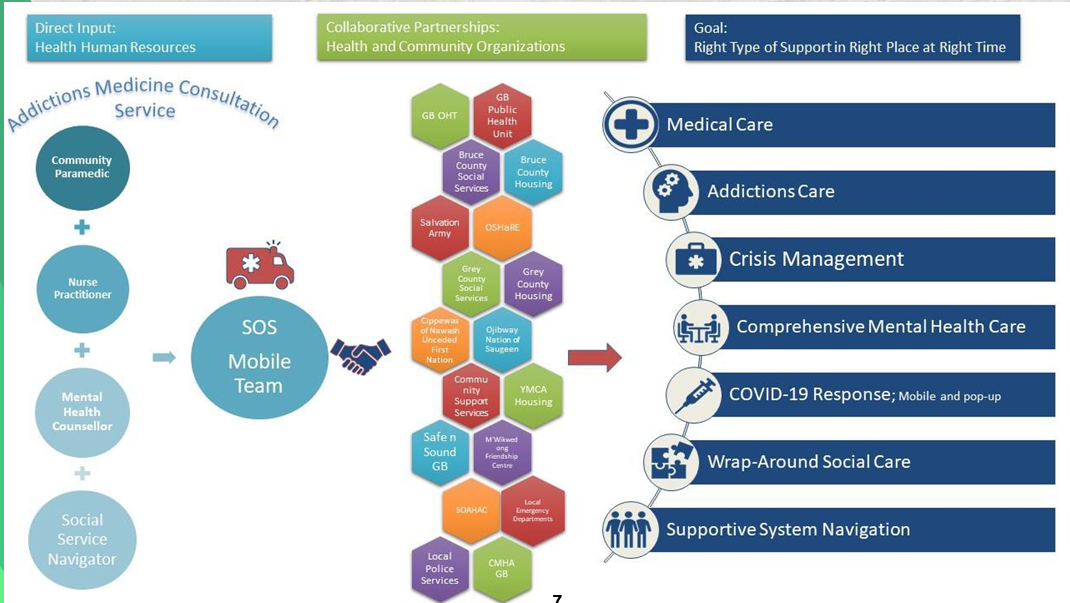
S.O.S. was formed after the observed impact of a multiorganization, multi-sectoral, collaborative approach to addressing a COVID-19 outbreak in a rooming house in southern Grey County.

The need for collaboration and communication is of the utmost importance amongst partners to treat the whole person for health and social needs. Health needs engagement is limited and very difficult and quite often not successful if social needs are not met ahead of or during treatment. Likewise, once social needs are met the need for health and case management is imperative to ensure the person is successful in their journey. Often due to lack of resources and outreach services, social needs are not met ahead of health and health does not support after needs are met. The cooperation of health and social agencies through this work has been phenomenal and all need to be recognized for the great work that they are doing to support this project.

Concern was expressed regarding sustainability. People step up in a crisis situation and collaborate well together during these times, however this isn’t always sustainable. Discussion needs to occur on what can be done to bring more resources in, so the system continues to function.

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| **The *Top 5* asks from the SOS team were:**   * Increased investment in supportive housing that is able to meet the complex needs of the population * Increased MH and Addictions Supports * Increased Street Outreach and Supports * Local support for SOS model – resources to meet the need * Provincial Advocacy for change/resources |

**SOS Outreach – Interconnected Agencies and Services**



Summary: The Supportive Outreach Services Mobile team is comprised of a community paramedic, a nurse practitioner, a mental health counsellor and a social service navigator. The program is a collaborative partnership supported by: Grey Bruce Ontario Health Team, Grey Bruce Public Health Unit, Bruce County Social Services, Bruce County Housing, Salvation Army, OSHaRE, Grey County Social Services, Grey County Housing, Chippewas of Nawash Unceded First Nation, Ojibway Nation of Saugeen, Community Support Services, YMCA Housing, Safe n’ Sound GB, M’Wikwedong Friendship Centre, SOAHAC, Local Emergency Departments, Police Services, Canadian Mental Health Association Grey Bruce. The service provides medical care, addictions care, crisis management, comprehensive Mental Health Care, COVID-19 response (mobile and pop up), wrap-around social care, supportive system navigation. Their goal is to provide the right type of support in the right place at the right time.

## Peer Advisory Committee

June 21, 2022 – Sandra McLay-Winters

The Peer Advisory Committee is a project of the Community Drug and Alcohol Strategy. The Peer Advisory Committee provides local agencies the opportunity to consult community members who have lived/living experience with addiction through monthly, closed session meetings. The committee members are a compassionate, invested audience for service providers to give honest feedback on addiction and mental health programs. The goal is improvement through increased accessibility, agency connectivity and taking a comprehensive approach to the host of challenges that service users face.

It was noted that money needs to be dedicated to compensating people’s participation and input and time. The Peer Advisory Committee is fortunate enough to be able to compensate people for their expertise and time with annualized funding, however this is a pilot project that will cease at the end of 2022.

More information can be found at <https://www.drugstrategy.org>.

## Community Living Owen Sound and District (CLOSD)

July 7, 2022 – Joanne Young

CLOSD is partner in the Tri Alliance Support Services Organization (TASSO). The organization includes three Community Living agencies in the Grey and Bruce Regions, funded through the Ministry of Children, Community Social Services (MCCSS). They provide support for infants, children, and adults with intellectual disabilities and their families. The organization’s mission is to assist people with developmental needs to live, work and participate fully in the community.

* The children and youth core programs include infant and child development, family support and special needs resources.
* The supported living for adults programming includes group living, host families and supported independent living.
* There are also community participation and day programming, as well as passport funding.
* Transitional- aged youth who were previously unsupported now receive services to bridge youth into adult programming.

There has been a rise in numbers of those requiring independent living supports, including complex youth, who previously would not have been eligible for adult support, and those affected by mental health needs, substance use, or precarious housing and homelessness.

Additionally, the presenter spoke to trends of increasing numbers of those with dual diagnosis, substance use, aging families who have their adult child with a disability living at home, and those impacted by a lack of affordable or appropriate housing.

There are challenges with overcoming siloed services and in recruiting staff with the required skillset. The housing programs need to be expanded however there is a lack of appropriate or affordable housing stock.

## Coordinated Access and By-Names List

July 7, 2022 – Josh Gibson and Caitlin Currie, Grey County

Grey County Community Services staff spoke to the taskforce about their work with providing housing for the homeless using a coordinated access system.

A strong coordinated access system uses a by-name list and a ‘Housing First’ approach along with a standardized coordinated process for:

* Access (common intake, i.e., collect & input same info into the by-name list)
* Triage (e.g. refer to emergency services and support)
* Prioritization (e.g., chronic, unsheltered population)
* Matching/Referral to housing programs and other services across all agencies and organizations in the community (e.g. through case conferencing meetings)

Access to housing can determine health, success in recovery, and stability in other areas of life. Organizations actively or tangentially working with those experiencing homelessness or precarious housing have access to the regularly updated By Names List. Providers use the list to identify and house those experiencing homelessness as quickly as possible, match individuals with services or resources based on need, and easily remove those who receive and retain housing. Grey County will use the list to create a system-level data-driven approach to coordinate resources and progress toward ending chronic homelessness.

In response to questions from the Committee, staff spoke about the eligibility and prioritization criteria, similar programs across the country, and case supervision and case management from supporting agencies. Anne Marie Shaw confirmed one in ten households housed on the wait list would be from the By Names List. The Committee heard comments from its members supporting the housing first approach and efforts to enact systems that reduce harm.

## Council of Ontario Medical Officers of Health (COMOH) Workgroup Update

July 7, 2022 – Dr. Zayed

GBHU and Public Health Ontario are leading a committee of 10 health units to further the work of the Council of Medical Officers of Health. The committee’s work will be to improveprevention initiatives and mental health promotion especially for children and youth. Also, the committee will expand the collection, analysis and distribution of data to inform public policy and guide resource allocation.

A key objective is to understand evidence-based interventions for preventing substance related harm among youth, including mitigating adverse childhood experiences. It is important to move the crisis upstream to focus on prevention. The second objective is to understand the impact of structural discrimination.  The third objective is describing the local programs in Ontario and the evidence of their efficacy. Finally, there will be a gap identification and mapping exercise. This is a one-year project until Summer 2023. The committee will deliver an environmental scan of early child and youth programs, mapped to evidence of effectiveness on substance use outcomes, a summary and knowledge exchange on the current epidemiology, and a grant proposal for a conceptual framework for action.

## Further considerations from the Drug and Alcohol Taskforce and Hanover Owen Sound Task Force

Prior to the striking of the Grey County Mental Health and Addictions Taskforce, County Council received recommendations from the Community Drug and Alcohol Strategy and the Hanover Owen Sound Taskforce. The work of both of these initiatives was foundational to Council’s understanding of the current environment and to building a sense of urgency around striking a dedicated taskforce.

In January 2022, Council received [Report SSR-CW-02-22](https://council.grey.ca/meeting/getPDFRendition?documentObjectId=22d9eefd-6bf2-445d-8599-af789ecd5937) Summary Report and Recommendations from the Community Drug and Alcohol Strategy. . The report highlighted the Association of Municipalities of Ontario (AMO) and Ontario’s Big City Mayors (OBCM) calls for a multi-level response to end the drug poisoning crisis. These recommendations involve emergency management and policy reform that acknowledges the root causes of addiction, such as housing related factors, poverty, unemployment, and trauma. The report provided the following recommendations:

Local leaders can support on-the-ground efforts by:

1. Working with community partners to expand and enhance harm reduction outreach services.
2. Assessing the need for internal harm reduction education and identifying opportunities to incorporate harm reduction into current policies and practices.

Local leaders can act by advocating to Provincial Leadership for the following:

1. A dedicated coordinator focused solely on the provincial response to the emergency and tasked with building partnerships between various sectors and act as a liaison between the government and the sectors**.**
2. A comprehensive provincial drug strategy that addresses the opioid overdose emergency, based on a public health approach that addresses the social determinants of health, and that takes a nondiscriminatory approach to overdose prevention and harm reduction. This strategy should cascade down to guide local drug strategy development and implementation.
3. Safer supply initiatives to transition people from the toxic, unregulated market to pharmaceutical-grade substances within a health care context.

Local leaders can act by advocating to Federal Leadership for the following:

1. That the Federal Minister of Health declare the drug poisoning crisis a National Public Health Emergency.
2. That the Federal Government urgently adopt a comprehensive, pan-Canadian action plan that addresses the factors that both contribute to harmful substance use and obstruct recovery, such as inadequate housing and social safety nets, with the goal of eliminating overdoses and drug poisoning deaths in Canada.
3. That the Federal Minister of Health decriminalize the possession of all drugs for personal use and scale up prevention, harm reduction, and treatment services.

That the Federal Minister of Health and relevant regulatory Colleges support and fund the provision of safe supply initiatives.

Gaps and opportunities related to mental health and addictions were identified through the work of the Hanover Owen Sound Task Force (HOSTF). The mental health and addictions section of the workplan coming out of the HOSTF Report identified opportunities/actions which could be considered and built upon by this group:

**Mental Health and Addiction Opportunities**

1. Continue to refine the newly adopted protocol by Grey County Paramedic Services to track opioid incidents to establish a baseline and monitor trend analysis
2. Map out existing mental health and addictions services offered throughout Grey Bruce Communities & identify service delivery gaps and collaboration opportunities
3. Further explore urban design concepts that prioritizes creating healthy and happy communities
4. Implement the Community Safety and Wellbeing Plan
5. Explore funding & resource avenues to implement additional pediatric beds at Grey Bruce Health Services
6. Identify resource sharing opportunities to support non-for-profits in program implementation and service delivery
7. Move forward with the Calls to Action identified in Appendix 2: [Report SSR-CW-02-22](https://council.grey.ca/meeting/getPDFRendition?documentObjectId=22d9eefd-6bf2-445d-8599-af789ecd5937) by positioning Grey County programs and services within the larger provincial and federal policy context.

# Mental Health and Addictions Task Force Recommendations

**Recommendations for Immediate County Action**

* Create a Community Services Committee of Council to continue the task force work
* Request additional funding for supportive housing staffing at 14th St.
* Request additional mental health resources in the school system from the province
* Bring forward a capital funding request from Keystone for Council consideration funded through healthcare initiatives reserve
* Gather data to support advocacy at all levels of government and highlight the community’s specific and unique needs
* Advocate that the Ministry of Health appoint a dedicated coordinator focused solely on the provincial response to the opioid emergency.
* Request the province undertakes an ‘all of government’ effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency
* Obtain base funding to maintain street-level active outreach (SOS) on permanently

**Recommendations for Longer Term County Action**

* Create a social infrastructure master plan that builds from the Community Safety and Well Being plan, identifies assets and services and any gaps, establishes service benchmarks, forecasts future requirements and goals for investment/improvement
* Continue to implement County’s 10-year housing and homelessness plan to address the lack of appropriate or affordable housing stock.
* Create long-term emergency shelter spaces.
* Confirm the County’s role in the provision of supportive housing.
* Consider the role of Grey County in the Ontario Health Team.

Some of the recommendations made by the presenters are beyond the scope of Grey County’s mandate and will require collaboration amongst service providers to achieve.

## Data and Analysis / Planning Resources

| **Recommendation** | **Lead Agency** | **Status/Timing** | **Comments** |
| --- | --- | --- | --- |
| Continue to refine the newly adopted protocol by Grey County Paramedic Services to track opioid incidents to establish a baseline and monitor trend analysis | Grey County | Initiated and ongoing |  |
| Map out existing in-community mental health and addictions services, how they inter-relate (hand-offs), and their program evaluation and outcome metrics. Identify collective impact and service gaps. | Ministry of Health, GB Health Unit | 2023 | MoH is working on central intake model. Final product could be part of Community Services Master Plan. Could be used by OHT planning table. |
| Identify resource sharing/collaboration opportunities to support non-for-profits in program implementation and service delivery. | Poverty Taskforce or United Way |  | Part of Community Services Master Plan |
| Seek support for MH+A service planning and the potential for centralized case management at Ontario Health Team. | Grey Bruce OHT, CMHA, GBHS | 2023 | OHT support for centralized case management would be important for securing additional resources. |
| Gather data to support advocacy at all levels of government and highlight the community’s specific and unique needs | Grey County and all partners | ongoing | Public Health Unit evaluation of SOS program is one example. |
| Request province undertakes an ‘all of government’ effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency. | GB Health Unit and Grey County | immediate |  |
| Local data collection, analysis, dissemination and knowledge translation:  1.1 Population health data in GBHU is responsible for data collection from EMS, Hospitals and community stakeholders on drug use, mortality and critical incidents and analyze and report the data to the province and to the stakeholders through a dashboard on a monthly basis.  1.2 Population health regularly collects and analyzes the ACES data from emergency hospitals to inform on syndromic surveillance for drug poisoning and abuse patterns  1.3 Harm reduction monitors data on prescription and illegal street drug use  1.4 GBHU is leading the planning , community needs assessment, health impact assessment, equity impact assessment and evaluation of opioid and drugs project charter  2. Provincial level:  2.1 GBHU is a member of the COMOH Group working on Opioid Surveillance in partnership with PHO to leverage and improve the data quality  2.2 Population health receives data from the Chief Coroner Office for mortality and recently, the GBHU has successfully achieved an agreement with the coroner’s office to receive granular mortality data at the municipal level.  2.3 In line with the goal of maximizing impact, OCC will produce a weekly line listing of suspect drug-related deaths and share this with all PHUs as a pilot project from this week. | Population Health and Harm Reduction Divisions in GBHU | Ongoing |  |
| Develop a MH+A human resources needs analysis and strategy for Grey Bruce | OHT Planning Table | TBD |  |

## Mental Health Services

| **Recommendation** | **Lead Agency** | **Status/Timing** | **Comments** |
| --- | --- | --- | --- |
| Obtain base funding to maintain street level active outreach on a permanent basis | Grey County | In progress | SOS funding is  secure to March023 |
| Seek support for additional health human resources in substance psychosis, eating disorders, autism and geriatric mental health services | GBHS/OHT | Geriatric plan is underway  Eating disorders committee is operational. | Provincial support required |
| Local level: GBHU is instrumental in working with partners for mental health programs, alcohol and drug strategy and surveillance, mental health programs with CAMH (handle with care), and mental health championship in schools  Provincial: Working through partnership with Ministry of Health, Ministry of education, OAHPP, CCSA, MCCSS, Indigenous services to enhance and leverage mental health services preventive intervention especially among vulnerable and high priority populations | GBHU:  CDIP, Foundational standards, Healthy Growth and Development, Healthy Babies Healthy Children and Harm Reduction | Ongoing |  |
| Create a support model for currently unmet needs including those in military and emergency services, dual diagnosis patients, sex trafficking victims, those without a formal diagnosis | CMHA, GBHS | GBHS working with St. Joes to develop Operational Stress Injury clinic in Meaford  Will start for military only Jan 2023. Will then work to expand to EMS given resourcing. | CMHA and GBHS have worked together to change the definition of seriously mentally ill so we are seeing individuals that do not have a diagnosis  GBHS has a dual diagnosis clinic, but it is 2 clinicians/ psychiatrist and GP. |

## Community Development

| **Recommendation** | **Lead Agency** | **Status/Timing** | **Comments** |
| --- | --- | --- | --- |
| Community leadership for socially complex situation related to social determinants of health e.g., Home takeover  Partnership with Community Opioid/Overdose Capacity Building (COM-CAP) in Public Health Ontario as the leading capacity building interactive project funded by Health Canada. This tool provides curated collection of resources relevant to addressing opioid/overdose-related harms. These resources cover topics in stigma and equity, data and information, evidence and practice, implementation and operational factors, and partnership, collaboration, and engagement.  Provide public health expertise and support to community partners to participate in SUAP-funded program for community of practice and supervised consumption sites initiatives and feasibility studies.   * Community partnerships at the local \*level with key stakeholders * Working with Coroner’s office on racialized information   Support and participate in discussion on decriminalization and safer supply | GBHU: harm reduction, foundational standards and population health, Healthy Growth and Development, CDIP  Community partnership agreements are ongoing | 2023 | With the support of PHO, COMOH working group, CMOH office at the Ministry of Health, CIHR and in collaboration with community partners |
| Develop a framework to support the meaningful engagement of people with lived experience in committees and initiatives. | Community Drug and Alcohol Strategy, Poverty Taskforce |  | Request that consideration be given for compensation/honoraria or training. |
| Create Community Services Committee of Council to:   * Continue building understanding and awareness of the state of mental health and addictions services by engaging service providers, patient advocacy groups and the community * Support the implementation of the Bruce Grey CSWBP * Further explore urban design concepts that prioritize creating healthy and happy communities to promote positive mental health and well-being. * Understand and support the work of the Poverty Taskforce and the Drug and Alcohol Taskforce * Create Community Services Master Plan to work towards building long term infrastructure within the community to address current and future needs. | Grey County | 2023 | With support of incoming County Council, will be implemented December 2022. |

|  |  |
| --- | --- |
| **Supports for Youth and Families** | |
| **Recommendation** | | **Lead Agency** | | | | **Status/Timing** | **Comments** |
| Obtain support to implement additional pediatric mental health beds at Grey Bruce Health Services | GBHS and OHT | |  |  |
| Support the expansion of live-in intensive treatment for youth by assisting with moving Keystone facility to the main office location. | Keystone and Grey | | TBD | Keystone to initiate discussions with Grey in future |
| Pursue additional resources and staffing within the school system (School Mental Health Ontario) and beyond. | School boards and Public Health | |  |  |

## Housing

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendation** | **Lead Agency** | **Status/Timing** | **Comments** |
| Develop long term plan to provide housing with supports | CMHA |  | Additional units are dependent on new provincial funding.  CMHA operates 93 units of subsidized apartments, 18 beds for residential programs and 39 beds in Community Homes for Opportunity.  Grey County is developing 12 new units at 14th St. in Owen Sound. CMHA to provide staffing support plan for these. |
| Continue to implement the County’s 10-year housing and homelessness plan to address lack of appropriate or affordable housing stock | Grey County | Current plan covers 2014-2024 | Council receives an annual update on the status of plan initiatives. |
| Create additional emergency shelter spaces | Grey County | Ongoing | The emergency shelter program has been brought in-house and is focusing on service enhancements. As of fall of 2022 there are 25 shelter spaces available to the County in motels and 4 transitional units in a private dwelling. Grey is actively seeking an additional 10 motel units. |
| Provide Public health consultation and expertise on socially complex issues in terms of data, equity perspectives e.g. home takeover, housing determinants for vulnerable populations, Adverse Childhood experiences (ACES) affected by housing issues | GBHU:  Foundational standards (SDOH, Population Health, IPAC hub)  CDIP  HBHC and School Health | Ongoing |  |

## Improvements to Addiction Services

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendation** | **Lead Agency** | **Status/Timing** | **Comments** |
| Work with community partners to expand harm reduction outreach services | Health Unit, CMHA, GBHS | GBHS has spread RAAM to both First Nations communities, Hanover and continuing to spread |  |
| Make harm reduction training available to staff of agencies, governments, boards, etc. | CMHA, Health Unit, GBHS | GBHS has done RAAM training to all FHT’s in GB and can continue to support that work |  |
| Advocate to the province to support safer supply initiatives | Public Health |  |  |
| Connect SOS to the Canadian Mental Health Association New Directions program | CMHA, Grey County Paramedics |  |  |

# Appendix 1

Grey County Logo Terms of Reference

## Mental Health and Addictions Task Force Terms of Reference

Mission/ Purpose:

This Task Force is responsible for working with various levels of government and community stakeholders to identify opportunities for enhanced community supports for mental health and substance use disorders in Grey County.

Objectives:

1. To focus on our community members living with mental health and addictions challenges, particularly our youth and insecurely housed or unhoused and transient neighbours
2. To bring together government, non government, health and community partners to understand and enable the delivery of interdisciplinary care focused on improving health equity through an innovative approaches to meet the needs of our most vulnerable community members in a timely, meaningful and reliable way.
3. To determine appropriate advocacy to various levels of government for increased access to services and reduction of barriers to these services
4. To make recommendations for local and/or immediate action focused programs that meet people where they are at to provide person-centred health and wrap-around care to improve health outcomes and health equity of individuals who experience barriers in access to health and social services in Grey County.

Governance roles and responsibilities:

Grey County does not have a direct role in the provision of mental health or substance use treatment. However, the lack of appropriate treatment and support services has a direct impact on services that the County is responsible for, including paramedic services, social services and housing and homelessness. The Task Force will work with other levels of government to seek out greater access to mental health and substance use disorder services, funding options and solutions to assist in the development of a local strategy aimed at prioritizing short and long-term solutions for Grey County residents. The Task Force will also work with public stakeholders to examine current and future opportunities and gaps to accessing these services.

Membership

Membership on the Task Force will remain the same for the duration of the council term, or until the end of its mandate, whichever comes first.

Members include:

* ~~5~~ 7 County Councillors plus the Warden (amended per Resolution CW31-22)

Council Members of the Mental Health and addictions Task Force have been appointed by Council per Resolution CW\_\_\_\_\_\_\_\_\_\_. Any vacancies that may arise will be filled by Council appointment.

* 5 Public Stakeholders

Public stakeholders will include:

* Phil Dodd, Keystone Child, Youth and Family Services
* Clark MacFarlane, Canadian Mental Health Association
* Naomi Vodden, Grey Bruce Health Services, Mental Health and Addiction Services
* Member of the Peer Advisory Network, Community Drug and Alcohol Strategy to be confirmed at a later date following discussion at the Taskforce table
* Member of the Grey Bruce Public Health Unit, ~~to be confirmed~~

Each Member will:

1. Exercise the care, diligence, and skill that a reasonably prudent person would exercise in comparable circumstances.
2. Become informed in the area of mental health and addiction support services.
3. Take necessary measures to ensure that the corporation complies with legislation.
4. Be committed to achieving and maintaining the vision, mission, and values of Grey County.

Chair and Vice Chair

The Task Force will elect a Chair and Vice Chair at the first meeting, and they will retain these positions for the council term, or until the task force has met its mandate, whichever comes first.

Advice to Council

The Task Force shall make recommendations to Council, for which Council retains the decision-making role.

Lead Staff

Director of Social Services with support from the Director of Community Services and Director of Paramedic Services as required.

Subject Matter Experts

* Alison Govier, Community Drug and Alcohol Strategy
* Darren Clock, Paramedic Services

Meetings

The Task Force will meet at the call of the Chair.

Quorum

A quorum is more than 50% of the membership of the Task force.

Statutory Authority

The Task Force is guided by Grey County’s Procedural By-law, Council’s Code of Conduct, Provincial Acts and regulations, and other Grey County Policies as applicable.

Reporting Relationship

The Task Force reports to Grey County Committee of the Whole

# Appendix 2:

 Committee Report

|  |  |
| --- | --- |
| **To**: | Warden Hicks and Members of Grey County Council |
| **Committee Date**: | 27 January 2022 |
| **Subject / Report No**: | SSR-CW-02-22 |
| **Title**: | Community Drug and Alcohol Strategy Presentation Summary Report |
| **Prepared by**: | Barb Fedy, Director of Social Services |
| **Reviewed by**: | Kim Wingrove, CAO |
| **Lower Tier(s) Affected**: |  |
| **Status**: | Recommendation adopted by Committee as presented per Resolution CW24-22; Endorsed by County Council February 10, 2022 per Resolution CC17-22; |

Recommendation

1. **That report SSR-CW-02-22 regarding the Community Drug and Alcohol Strategy Presentation from July 22, 2021 be received; and**
2. **That Grey County Council endorse the identified calls to action through support for on the ground efforts locally, and advocate for policy changes at the Provincial and Federal governments.**

Executive Summary

In late summer 2021 Grey County Council received a delegation of community partners outlining the current drug poisoning crisis in Grey-Bruce and Ontario. Presenters provided Council with information about public health concerns related to the drug poisoning crisis, reviewed proven and emerging interventions that are gaining traction across the province and country, and discussed the local response and what actions councils can take to support communities in Grey and Bruce counties. At that time Council endorsed a motion that staff be directed to bring back a report on County and community stakeholder involvement on substance use disorders and supports available. This repot summarizes recommendations for local, provincial and federal governments to address the crisis.

Background and Discussion

On July 22nd, 2021, Grey County Council received a delegation from community health partners on the topic of the escalating Drug Poisoning Crisis in Grey-Bruce and Ontario. Statistics showed an escalating problem prior to COVID and have been compounded due to the pandemic. Trends in opioid-related deaths and the local response were shared, with the delegation stating that all levels of government, community partners and the public need to work together to provide services for those most in need. Overall costs attributable to substance-related harms including healthcare, lost productivity, criminal justice, and other direct costs were highlighted in addition to critical and urgent impacts to individuals and their families.

Substance use disorder was defined as a diagnosable medical condition caused by repeated exposure to substances that changes brain biology especially in areas related to motivation, cravings, and decision-making. It overrides survival instinct in favour of substance-seeking behaviours. Further the delegation highlighted the value of sharing lived experience about living with a substance use disorder and the value of providing anti-stigma training, identifying and responding to an overdose, identifying when someone who might be in withdrawal, and understanding that the need is individual.

The delegation brought forward eight (8) Calls to Action for consideration by Council. This report serves to further operationalize the Calls to Action by positioning Grey County programs and services within the larger provincial and federal policy context.

Calls to Action

The Association of Municipalities of Ontario (AMO) and Ontario’s Big City Mayors (OBCM) are calling for a multi-level response to end the drug poisoning crisis. These recommendations involve emergency management and policy reform that acknowledges the root causes of addiction, such as housing related factors, poverty, unemployment, and trauma. *Reference 2019 AMO recommendations attached*.

Local leaders can support on-the-ground efforts by:

1. **Working with community partners to expand and enhance harm reduction outreach services.**

Evidence-informed interventions that prevent fatal drug poisoning are available in many communities across Ontario. These can include Supervised Consumption Sites, Opioid Agonist Therapy, Safe Supply programs, and mobile harm reduction programs. However, these interventions are not universally available across all communities in Ontario.

The following life-saving harm reduction supports are available to residents of Grey County and Bruce County:

* Opioid Agonist Therapy – Administered by physicians and nurse practitioners in various healthcare settings, including the Grey Bruce Health Services Rapid Access Addiction Medicine Clinic (RAAM).
* National Overdose Response Service (NORS) – National hotline providing 24/7 remote overdose prevention.
* Naloxone Distribution Program – Administered by Grey Bruce Public Health through various community-based partners.
* The Works Needle Syringe Program - Administered by Grey Bruce Public Health through various community-based partners.
* Community-based addiction counselling for adults and youth – Administered by various agencies including Canadian Mental Health Association Grey Bruce and Grey Bruce Health Services.

In addition to these established community programs, a harm reduction outreach pilot project called SOS (Supportive Outreach Service) is underway in Owen Sound and Hanover. The project is a collaboration among various community partners and is operated through in-kind contributions from partner agencies. Grey County Paramedic Services has been instrumental in moving this work forward. The project provides wrap-around health and social services to individuals who experience barriers to accessing traditional health services. The pilot project began in October 2021 and runs until April 2022. Early outcomes show that the project is successfully connecting vulnerable community members to life-saving supports such as addiction medicine (Opioid Agonist Therapy), Naloxone, overdose response education, housing, safer use equipment, addiction counselling and more. Currently, the program operates once a week alternating between two locations. The future state from this pilot project would be to expand to multi-day mobile service provision for increased outreach and to meet people where they are at, similar to programs already operating in other municipalities.

1. **Assessing the need for internal harm reduction education and identifying opportunities to incorporate harm reduction into current policies and practices.**

The safety and wellbeing of people who use drugs and their community is at the heart of the harm reduction approach. It is founded in health-equity and provides options for people who use drugs to increase their safety and meet their harm reduction needs. Grey County operates a range of social programs that bring staff in contact with people who use drugs and who may be at risk of fatal overdose. This presents opportunities for staff to provide overdose education, offer safety planning and connect clients to appropriate harm reduction supports and services.

Opportunities to incorporate harm reduction into current policies and practices include:

* Offer training to all staff on the basics of a harm reduction approach, drug use stigma, overdose prevention, recognition and response including naloxone administration.
* Develop and implement a policy for drug use on county operated sites. Use a non-punitive and safety-oriented approach that addresses drug use as a health issue.
* Work with Grey Bruce Public Health to examine the possibility of expanding the current role as a Naloxone distribution partner, from Paramedic Services but to also include the Ontario Works and Housing programs as they provide direct services to vulnerable individuals.
* Develop and implement overdose prevention and response plans at county operated housing units. Work towards offering a variety of strategies at each site.
* Involve clients and tenants in the design, operation and evaluation of county harm reduction initiatives.
* Offer grief and loss support for clients, tenants and staff in an immediate and ongoing way. This could include de-briefing following a death or overdose, peer-to-peer support, healing circles or one-on-one counselling.
* Work with applicable Bruce County staff to develop and implement harm reduction policies in recognition of multiple shared and services and public health outcomes

Local leaders can act by advocating to Provincial Leadership for the following:

1. **That the Ministry of Health appoint a dedicated coordinator focused solely on the provincial response to the emergency and tasked with building partnerships between various sectors and act as a liaison between the government and the sectors.**

The pandemic response demonstrated how public health, community partners, and multiple levels of government can collaborate to address a complex issue. A coordinated, multi-sector, multi-level response that capitalizes on the momentum in combatting Covid-19 and channels efforts to address the drug poisoning crisis is needed. This would include the AMO recommendation that the Ministry of Health works toward a goal of establish and maintaining 30,000 supportive housing units in the province.

Appoint community-based experts from a variety of sectors to a Task Force to advance evidence-informed policy and practice changes, including sub-strategies for specific populations. Provide the Task Force with the authority to recommend immediate policy and practice changes, with investments to implement the recommendations. [From Drug Strategy network white paper.]

1. **That the Province undertakes an ‘all of government’ effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency, based on a public health approach that addresses the social determinants of health, and that takes a nondiscriminatory approach to overdose prevention and harm reduction. This strategy should cascade down to guide local drug strategy development and implementation with accompanying resources so that municipalities in Ontario have comprehensive, multi-faceted, funded drug strategies in place led by dedicated local coordinators. Further, progress toward implementation should be measured with performance indicators and be evaluated for outcomes achieved. (**Recommendation 2[AMO Opioid Overdose Emergency in Ontario 2019](https://docs.grey.ca/share/public?nodeRef=workspace://SpacesStore/8126486e-1565-4136-8884-f4fd8fe132ca))
2. **Safer supply initiatives significantly improve individual health by transitioning people from the toxic, unregulated market to pharmaceutical-grade substances within a health care context. Safer supply initiatives can also offer participants case management and other supports to address a spectrum of health and social concerns. These health initiatives have demonstrated exceptionally high client retention rates, and significant reductions in overdose fatalities while simultaneously creating a pathway to health care services for their clients. Additional safer supply initiatives are needed in Ontario and across Canada.** ([Safer Supply GBHU BOH Motion 2020-65](https://docs.grey.ca/share/public?nodeRef=workspace://SpacesStore/54772c9c-524c-4155-868f-5e1d001cbea3))

Local leaders can act by advocating to Federal Leadership for the following:

1. **That the Federal Minister of Health declare the drug poisoning crisis a National Public Health Emergency and that the crisis be met with the same urgency observed in the federal response to the COVID-19 pandemic. (British Columbia has already declared a public health emergency under the Public Health Act, allowing for real time information to be collected, reported and analyzed across the health system to identify immediately where risks are arising and take proactive action.)**
2. **That the Federal Government urgently adopt a comprehensive, pan-Canadian action plan that addresses the factors that both contribute to harmful substance use and obstruct recovery, such as inadequate housing and social safety nets, with the goal of eliminating overdoses and drug poisoning deaths in Canada.**
3. **That the Federal Minister of Health decriminalize the possession of all drugs for personal use and scale up prevention, harm reduction, and treatment services.**
4. **That the Federal Minister of Health and relevant regulatory Colleges support and fund the provision of safe supply initiatives.**

GLOSSARY

**Opioid Agonist Therapy (OAT):** OAT, also known as opioid substitution therapy (OST), is the standard treatment for opioid use disorder. It involves prescribing long-acting oral or injectable opioids to improve stability and reduce withdrawal symptoms.

**Safe Opioid Supply (SOS):** A harm reduction approach which involves replacing illegal drugs with pharmaceutical alternatives. SOS combines immediate-release opioids with long-acting opioids to mitigate withdrawal symptoms, improve sleep and functioning, and reduce the likelihood an individual will access the illegal drug supply. Safe opioid supply is often provided with wrap around services such as housing and primary care.

**Supervised Consumption Site (SCS**): **SCS are facilities that have been exempted by Health Canada under section 56.1 of the**[*Controlled Drugs and Substances Act*](https://laws-lois.justice.gc.ca/eng/acts/c-38.8/page-1.html)**.** Inside an SCS, people can use their own illicit drugs without being prosecuted for drug possession. In addition to witnessed injection and emergency overdose response, SCS typically offer a range of other support services to clients, including referrals to treatment programs and access to housing supports. Procedurally, establishing a SCS is laborious and time-consuming.

**Overdose Prevention Site (OPS):** **OPS were established as a community-based response to overdose deaths and the slow bureaucracy associated with SCS applications.** OPS tend to be peer-run, basic facilities (sometimes consisting of a tent in a public park) where people can use their own illicit drugs, access sterile harm reduction equipment, and receive emergency overdose response as needed. OPS are lower-barrier than SCS and offer the expertise and direct experience of experiential peer workers. OPS may permit modes of consumption that are prohibited in most SCS, such as drug inhalation. In Ontario, OPS are run via a temporary, Province-wide exemption from the federal government.

**National Overdose Response Service (NORS):** NORS is a peer-run, peer-led overdose prevention hotline. NORS makes overdose support available to Canadians 24/7. People can call the hotline from anywhere in Canada before using for affirming, confidential, respectful support. NORS is a collaborative initiative between people who use drugs, [Grenfell Ministries](https://www.grenfellministries.org/), the [Brave Technology Co-op](https://www.brave.coop/), and Dr. Monty Ghosh.

Legal and Legislated Requirements

None

Financial and Resource Implications

Financial and resource implications are dependent on individual actions approved by Grey County Council. As action plans evolve and are brought to Council for approval, expenditures and relevant sources of funding would be included for each action. The Calls to Action range from agency and organization policy changes to capital and operations expenses for the mobile service delivery program as an example.

Relevant Consultation

Internal

Social Services

Housing

External (list)

Community Drug and Alcohol Strategy Coordinator

Appendices and Attachments

[Backgrounder Addressing the Drug Poisoning Crisis Grey County Community Drug Alcohol Strategy 2021](https://docs.grey.ca/share/public?nodeRef=workspace://SpacesStore/ed69197d-ed97-481c-91b5-8eb6a1692743)

[Slides Addressing the Drug Poisoning Crisis Grey County Community Drug Alcohol Strategy 2021](https://docs.grey.ca/share/public?nodeRef=workspace://SpacesStore/947b41a6-17cb-4fe3-b0d6-5bbf658e6589)

[AMO Opioid Overdose Emergency in Ontario 2019](https://docs.grey.ca/share/public?nodeRef=workspace://SpacesStore/8126486e-1565-4136-8884-f4fd8fe132ca)

[Safer Supply GBHU BOH Motion 2020-65](https://docs.grey.ca/share/public?nodeRef=workspace://SpacesStore/54772c9c-524c-4155-868f-5e1d001cbea3)