



# Committee Report

<b>To:</b>	Warden Hicks and Members of Grey County Council
<b>Committee Date:</b>	June 23, 2022
<b>Subject / Report No:</b>	PSR-CW-03-22
<b>Title:</b>	Supportive Outreach Program Information and Funding Request
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<b>Reviewed by:</b>	Kim Wingrove, Mary Lou Spicer
<b>Lower Tier(s) Affected:</b>	
<b>Status:</b>	

## Recommendation

1. That Report PSR-CW-03-22 be received; and
2. The Supportive Outreach Services work continues within the County of Grey; and
3. That approximately \$140,000 of Cannabis Legalization Implementation funding be utilized to support the program until March 31, 2023; and
4. That a request for program funding for the 2023/24 fiscal year be made to the province.

## Executive Summary

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 its impact is being evaluated by the Grey Bruce Public Health Unit. In order to provide stability to the program while future funding is determined, staff request that \$140,000 of the \$169,323 in Ontario Cannabis Legalization Funding the County received since 2018 be allocated to support the program through March 2023.

## Background and Discussion

### Evolution of Supportive Outreach Service

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 outbreak highlighted the need to address health equity and health outcome gaps seen in individuals and groups that experience barriers in accessing health and social services. In a study of the outbreak situation, it was found that residents of the rooming house were low income and a transient mobile community (experiencing “couch surfing”) without stable housing. The outbreak debrief summary identified a prevalence of mental illness, substance use, domestic violence, and a detachment from the health system.

In addressing the outbreak, several community partners from both health and non-health sectors came together to organize a rapid and coordinated response. The focus was on client-centered care, which led to building connections with individuals who had not previously had the opportunity to access health and social support.

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.

## Partner Agencies



The outbreak summary debrief recommended the establishment of a community partnership with a mobile outreach component to provide coordinated community care and help reach individuals who would not otherwise access these services due to equity, situational or personal

challenges. In October 2021, two fixed S.O.S. locations were identified and developed, based on community needs assessment, to provide initial outreach services and support in areas assessed as having a high need.

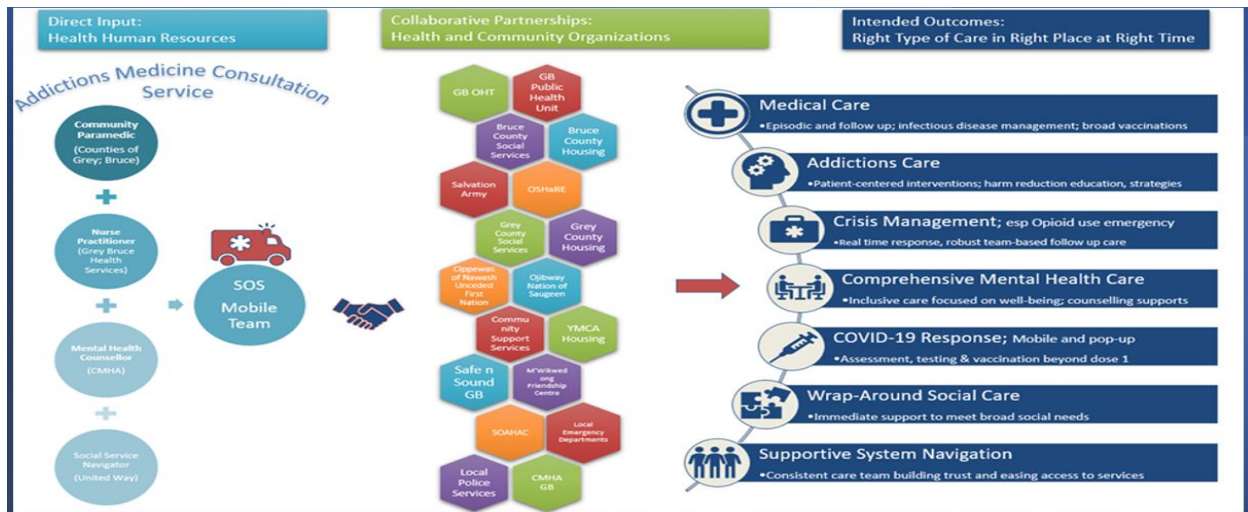
As the project evolved, the need for mobile response to provide direct services to individuals was evaluated. A short-term proposal was developed to secure funding for a pilot mobile outreach project in January 2022 which was approved and initiated the week of January 30, 2022. The new mobile S.O.S. component was incorporated into the existing project structure and evaluation framework. Funding for the initial twelve-week pilot was provided by Ontario Health West through the Grey Bruce Ontario Health Team. Team members consist of addictions specialist physicians, nurse practitioner from Grey Bruce Health Services specializing in addictions, mental health counsellor from the Canadian Mental Health Agency Grey Bruce, social navigator from the United Way Grey Bruce and a community paramedic from Grey County Paramedic Services.

Although SOS fixed locations are in Hanover and Owen Sound as time allows the mobile team has expanded service to Meaford, Southgate and West Grey. The goal of SOS is to be available County wide based upon resource availability.

## Structure, Planning, Operations, Reporting and Evaluation

As the initial group of partners was mobilized, there was a need to formalize a project team to ensure a coordinated approach. An advisory committee was formed to guide the project strategy as well as Operational and Evaluation and Planning workgroups. A public health approach was used and integrated into the existing project led by the Grey Bruce Health Unit in consultation with community partners. Planning and evaluation frameworks were developed, and a health equity impact assessment was conducted. These planning tools and facilitated committee and working groups allowed the project to proceed in a coordinated manner while achieving common objectives to reach the shared overall goal. The Grey Bruce Health Unit working with all partners has completing an interim and final report based upon the initial 12-week program and continues to gather information to produce a more robust report late 2022 early 2023. Initial reports clearly an unmet need in the community and the need for social and health services for these community members.

## Care provided by SOS



## Staffing Considerations

Evolution of the team based upon demands and availability of staffing has resulted in a change of staffing model. The addictions nurse practitioner has moved to a 0.5 full time position from a full-time position with added on-call to delegate to community paramedics. The significant demand for street outreach mental health counseling and limited resources to refer to has resulted in adding an additional mental health counselor to the team from CMHA.

## Funding

The initial pilot was funded through the Ontario Health West High Intensity Supports at Home (HISH) funding through the Grey Bruce Ontario Health Team. To continue with the project OH West provided Grey County an additional \$360,000 to continue while base/permanent funding is being pursued. To continue with the program until March 31, 2023, an additional \$140,000 is required with the total cost of the program approximately \$500,000 yearly. Staff is requesting to utilize \$140,000 of the \$169,323 in existing Ontario Cannabis Legalization Implementation funding to cover additional costs until March 31, 2023.

Using the data and evaluation results from the pilot phase of the program, staff request support to approach the province for funding to operate the program in the 2023/24 fiscal year.

## Legal and Legislated Requirements

None

## Relevant Consultation

- External: Grey Bruce Public Health Unit, Grey Bruce Health Services, Canadian Mental Health Association Grey Bruce, United Way
- Internal: CAO, Finance, Housing

# Appendices and Attachments

[Supportive Outreach Services Final Report for Ontario Health West](#)