INTEGRATING SOCIAL SERVICES AND MENTAL HEALTH AND ADDICTION SERVICES FOR VULNERABLE POPULATIONS

CURRENT INITIATIVES AND OPPORTUNITIES

REPORT FROM THE MAYOR'S ROUNDTABLE ON MENTAL HEALTH AND ADDICTIONS' ACTION TEAM

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Mayor's Roundtable Action Team Membership

The Mayor's Roundtable Action Team is composed of representative from:

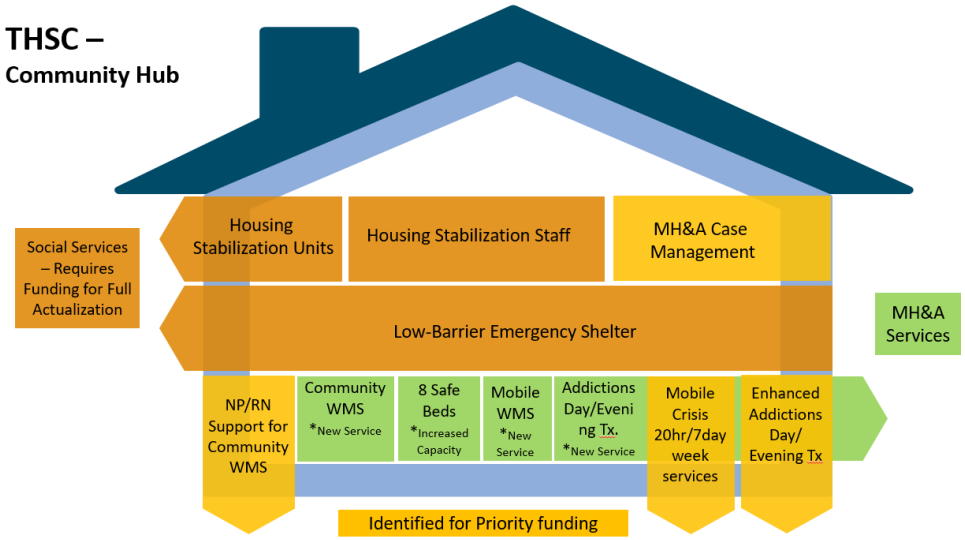
- AIDS Committee
- City of North Bay
- Community Counselling Centre of Nipissing
- Crisis Centre
- District of Nipissing Social Services Administration Board
- HANDS-The Family Help Network
- Nipissing Mental Health and Housing Support Services
- North Bay and Parry Sound District Health Unit
- North Bay Police Services
- North Bay Recovery Home
- North Bay Regional Health Centre
- Ontario Health (North)
- People for Equal Partnership

Executive Summary

In September 2019, community mental health and addiction providers, and social services were witnessing a significant increase in the complexity of clients they serve; and residents in the City of North Bay were becoming increasingly concerned about the number of homeless individuals in the downtown core.

In response, the Mayor of the City of North Bay called together community stakeholders for a roundtable meeting to discuss mental health, addictions and homelessness issues in the city's downtown. From this roundtable meeting, an Action Team of community partners was formed to work together to develop services to stabilize and support a rising homeless population in the city.

Through collaboration and realigning funding in the system, the Action Team has supported an 18-bed low-barrier warming centre in December 2019, and realigned $2.0M in current funding to support the creation of a Transitional Housing Stabilization Centre (THSC) to be implemented in 2020. Full actualization of the THSC model requires additional investments of $1.2M in capital and $770K/year in base funding. The THSC is an innovative and integrated model of social services and mental health and addictions supports to stabilize and house the community's homeless and at-risk of homelessness population.



Additional priority investments of $2.5M in operating funds, and a one-time investment of $240K, have also been identified by the Action team. These investments would allow the community to further expand housing, addictions and mental health services at the THSC, as well as take an upstream approach by increasing prevention and treatment programs for families and children and youth at risk.

Introduction

In the summer of 2019, there was a notable increase of visible homelessness in the City of North Bay. A significant number of individuals were seeking shelter outside of commercial buildings in the city's downtown, as well as several tent cities appeared on vacant lots and conservation lands.

This report outlines how the Action Team has pooled resources and funding to improve access and services for the district's homeless population, and the required remaining investment to stabilize and transition this population from emergency shelter to stable housing.

The visible increase in homelessness raised concerns among the municipality and community partners who serve vulnerable and marginalized populations.

On September 11, the Mayor of the City of North Bay hosted a community roundtable on mental health and addictions to gather community stakeholders to identify priorities and generate solutions to provide services to those in our community experiencing homelessness.

The community identified three main priorities:

- The need for increased addictions programming, notably Community Withdrawal Management Services (WMS)
- The need for a variety of short-term transitional housing options
- Access to 24/7 supports for MH&A outside of a hospital Emergency Room setting

At the conclusion of the Mayor's roundtable, an Action Team was formed to address the above priorities.

This report involves two parts. Part I outlines how the Action Team has pooled resources and funding to improve access and services for the district's homeless population, and the required remaining investment to stabilize and transition this population from emergency shelters to stable housing. Part II focuses on prevention and treatment services for families and children and youth at risk. This comprehensive approach from childhood to adulthood aims to address systematic issues that result in homelessness for adults.

Guiding Principles

As the Action Team undertook its work, it used the following guiding principles:

- The recommendations of Dr. Brian Rush's Needs-based Planning report showed the City of North Bay had significant over capacity in some addiction services and no capacity for other vital addiction services. Funding and service realignments for these programs should take place as soon as possible.
- A Warming Centre should be open to homeless populations seven nights a week during winter months.
- Marginalized and vulnerable populations are best served when they can receive housing services and mental health and addictions services simultaneously.
- Efficient and effective social prevention programs and treatment services for children and youth and their families is an evidence-informed way to prevent and reduce mental health and addiction issues in adulthood.
- A focus on the social determinants of health and health equity is required.

The rationale for these principles is outlined below.

Dr. Brian Rush – Addictions Needs-Based Planning Recommendations

In 2018, the Nipissing district was selected by Centre for Addiction and Mental Health (CAMH) as one of six pilot sites across Canada to develop a Needs-Based Planning Model for Substance Use Services and Supports. The project was led by Dr. Brian Rush, Scientist Emeritus at CAMH.

Dr. Rush's work in needs-based planning emphasizes that a community requires a continuum of addiction services, as individual's access the system at various levels of acuity and need.

Dr. Rush's report found the Nipissing district was over capacity in residential treatment beds and medical withdrawal management services (WMS). The NE LHIN currently provides $1.8M in funding to North Bay Regional Health Centre (NBRHC) for these two programs.

The report also found the Nipissing district was lacking any capacity in key addiction services such as: Community WMS, Telephone WMS, Mobile WMS, Addictions Day/Evening Treatment programs and Addictions Case Management.

In December 2019, the use of a needs-based planning approach to funding addictions services was further validated by the Auditor General in her annual report. In a provincial review of addictions services, the Auditor General concludes "to better meet clients' needs by providing them with timely access to appropriate and effective addictions treatment services, we recommend that the Ministry of Health implement a needs-based funding model for existing and new programs."

The NE LHIN and community stakeholders are in agreement that by redirecting the funding of $1.2M in funding from a surplus residential treatment program, local MH&A providers can implement and addictions day/evening program, a non-medical Community WMS, Mobile WMS, and Telephone WMS programs for the community. This shift in services will greatly increase access for the community.

Warming Centre – Operating Hours

For the past several years, the Gathering Place - a local Community Food Centre - operated a 12-bed cold weather shelter called the Warming Centre - which only opened when temperatures dropped below -15°C. It is recognized the selection of -15°C as a determination of when the centre would open appears to be an arbitrary number, as cold illnesses such as frostbite and hypothermia can take place at nearly any temperature. The Action team felt that a cold weather shelter is required to be open on a nightly basis from November to March, regardless of evenings when the temperature rises above -15°C.

Integration of Social Services and Mental Health and Addiction Services

Stabilizing a homeless population goes beyond providing warming centre services. The Action Team recognizes the high correlation between mental health and addictions and homelessness. A circular pattern often develops where mental health and addictions can jeopardize housing, and a lack of housing exacerbates mental health and addictions issues.

Focus on Children, Youth & Families

As costs of social programs continue to rise, return on investment is of particular importance. The Action Team knows that investment in high quality prevention programs and treatment services early in life is more cost effective in the long term than remediation and crisis response. We know that healthy growth and development is an important determinant of health. Research has shown that high quality early years programs for children and their families have a net benefit to all children, individuals and society, with a return on investment of as much as 13 to 1 over the life time of a child[1]. Part II of this report details current system collaborations in the child and youth sector, as well as areas for priority investment.

Health Equity and the Social Determinants of Health

The Nipissing District, suffers from inequitable health outcomes. From a social determinants of health perspective, the local population has higher rates of low income households, unemployment, and lower rates of post-secondary education. This includes a greater than two-year shorter life expectancy, and a greater likelihood of premature death before age 75.

It is important to note that these differences have significant implications on mental health and addictions. The Nipissing district has higher rates than the provincial average for levels of mood and anxiety disorders, smoking, alcohol abuse, and suicides.

[1] Heckman (2012). Investment in early childhood development: Reduce deficits, strengthen the economy. The Heckman Equation, Heckman – the economics of human potential. Retrieved on December 10, 2019 at https://heckmanequation.org/www/assets/2013/07/F_HeckmanDeficitPieceCUSTOM-Generic_052714-3-1.pdf

PART I: INTEGRATING SERVICES FOR HOMELESS POPULATIONS

System Collaboration – New Warming Centre

With the guiding principles that a warming centre should be open seven nights a week in the winter months and housing and mental health and addiction services should be integrated, the Action Team, through collaboration, supported a new 18-bed warming centre to serve the city's vulnerable populations.

The Action Team formed in September 2019 and was able to immediately get to work on supporting the opening of the Warming Centre in December 2019. The centre operates seven nights a week with Peer Support services available on-site. The centre is a result of extensive contributions amongst community stakeholders – these are outlined in Figure 1 – Warming Centre Partnerships.

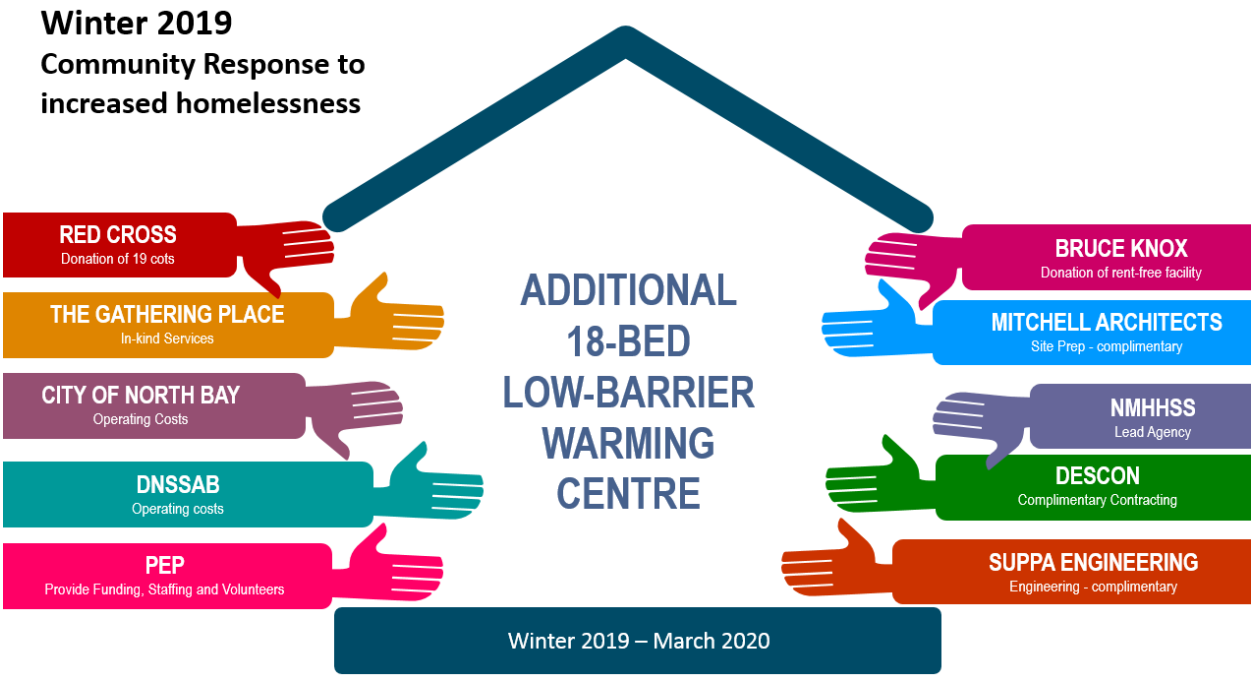


Figure 1 - Warming Centre Partnerships

System Collaboration – Transitional Housing and Stabilization Centre

While the Warming Centre is a valuable and much needed component of emergency housing services in our community, the ultimate goal is to transition individuals from emergency shelters into stable housing as demonstrated in the housing continuum in Figure 2. As the complexity of issues for these individuals has increased, the guiding principle of providing social services and mental health and addictions services simultaneously is a key foundational piece of the Transitional Housing Stabilization Centre (THSC).

Figure 2 - Continuum of Housing Services

Working collaboratively and pro-actively, the Action Team has secured partnerships and realigned current funding to support the development of a THSC. The integrated services to be located at the THSC are designed to create a safe, secure and stable environment for vulnerable populations to receive wrap around mental health and addiction services and secure stable housing.

The majority of funding for each program was found through identifying efficiencies in the current delivery of programs. Several different sites for the THSC under review with an anticipated opening in 2020. The $2.0M in operational funding is sourced from:

- $1.2M in Residential Treatment funding identified as surplus through the Dr. Brian Rush's Needs-Based Planning assessment
- $600,000 in the Safe Bed program being transferred to the THSC
- $200,000 from Overflow Shelter funding.

With an additional $1.2M in capital a building can be secured to house the THSC services, and with additional operating funds of $770,000/year, the THSC can house a low-barrier emergency shelter and transitional housing. With this additional investment, and the realignment of the above mentioned $2M, the following integrated services would be offered:

- Housing Stabilization Transitional
- Low-barrier Emergency Shelter
- 8 Safe Beds
- 8 Community WMS beds
- Telephone WMS
- Mobile WMS

A visual of these services is provided in Figure 3 – Transitional Housing and Stabilization Centre.

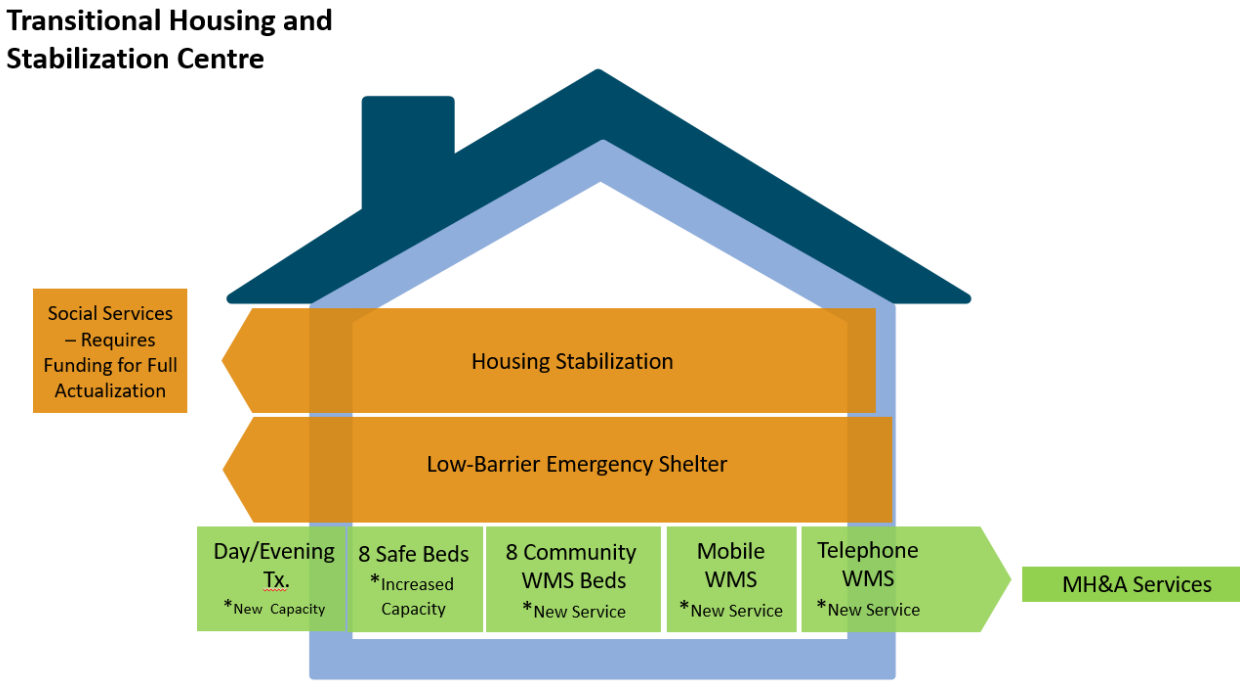


Figure 3 - Transitional Housing and Stabilization Centre

Low-barrier Emergency Shelter

The current Emergency shelter, the Crisis Centre, is a 19-bed family shelter, serving men, women and children. It is the main shelter for the City of North Bay as well as a variety of surrounding communities.

The Crisis Centre routinely operates above capacity. The DNSSAB will redirect a portion of the funding it annually spends on overflow for the Crisis Centre (typically funding spent to house clients in local hotels) to support a low barrier emergency shelter. This low barrier shelter will increase access for clients with addictions and mental health concerns.

Housing Stabilization - Transitional

The rent portion of the operating costs for these are partially funded by placing Ontario Disability Service Program (ODSP) and Ontario Works (OW) clients in these units, given MCCSS approval.

Safe Beds

The Ministry of Health (MOH) has recently provided the NE LHIN additional funding of $185K for the community of North Bay to operate four additional safe beds. NBRHC has agreed to transfer funding of $415K for its two current safe beds to the THSC to consolidate the two safe bed programs. Through economies of scale, by co-locating with the Community WMS program, the MH&A Health Service Provider will be able to provide eight safe beds.

Through MOH requirements, clients are referred to the Safe Bed program by Police Services or Mobile Crisis Services. This is a valuable alternative to Police accompanying clients to Emergency Departments, as Safe Beds allow for clients to stay (for an average length of stay target of no longer than 30 days) and receive wrap around community supports to promote stabilization. Clients at the THSC's Safe Bed program will also have access to housing stabilization services on-site.

Community, Mobile and Telephone WMS

This program was identified as a critical component of the addictions continuum through Dr. Brian Rush's Needs-Based planning report. The report identified the district of Nipissing had no Community WMS program, and that the Nipissing district has overcapacity in Residential Treatment beds. The community currently has two providers of residential treatment services. NBRHC has committed to realigning $700K from its Residential Treatment program to allow for the creation of the Community WMS, Mobile WMS, and Telephone WMS program.

Addictions Day/Evening Treatment Program

While Residential Treatment programs are a valuable part of the addictions services continuum, Dr. Brian Rush has noted that the Nipissing District has no capacity in addiction day/evening programs. Addiction day/evening programs play a critical role in increasing access to lower acuity addictions clients. As opposed to residential treatment programs, accessing a day/evening program does not require individuals to secure child care, a leave of absence from their employer, and a method to pay their rent or mortgage while unemployed, for up to six months to receive treatment. These requirements act as a significant barrier to accessing residential treatment.

NBRHC estimates it can implement a basic day/evening treatment program for $500K/year. While the program may not be co-located at the THSC, critical referral patterns from the emergency shelter, safe bed and community WMS will be established.

Transitional Housing Stabilization Centre – Required Priority Investments

The Action Team has realigned over $2.0M to support the development of a Transitional Housing Stabilization Centre and a four-month Warming Centre to operate seven nights a week in winter months.

With additional investment of $1.2M in capital and $770K in operating funds, the THSC will provide a strong set of basic, core services for the community, yet the services can all be further enhanced through a series of priority investments outlined below.

The need for the services to be implemented in the THSC has been validated by Dr. Brian Rush's Needs-based Planning Recommendations, the feedback from the Mayor's Community Roundtable and occupancy data from the Emergency Shelter.

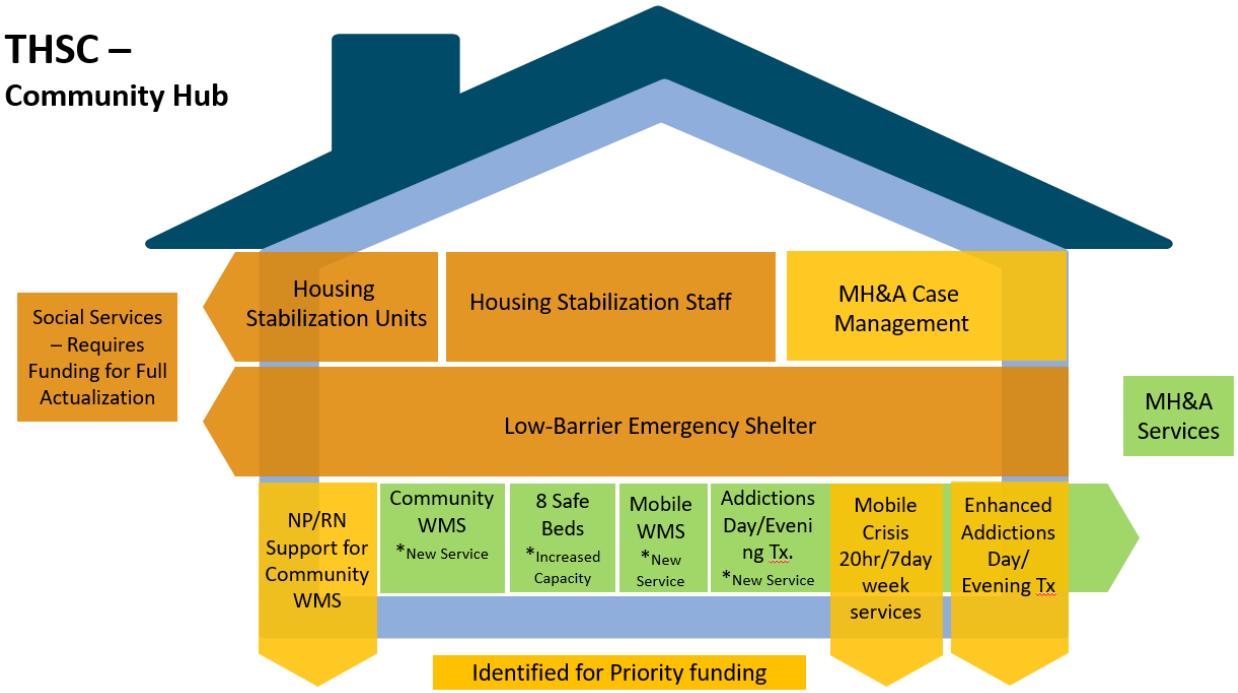


Figure 4 - THSC with Priority Investments

However notable gaps remain and additional priority funding of $1.5M would allow the community to transition from a set of core services to have a robust continuum of services to stabilize, house and treat individuals currently homeless or at risk of homelessness in the community. These priority investments are outlined below and a visual is provided in Figure 4 – THSC with Priority Investments.

Police Services

North Bay Police Services (NBPS) receive approximately 30,000 calls a year, of which 20% are not classified as police services (crime prevention and investigation), but primarily related to mental health and addictions.

The Nipissing district currently has a Mobile Crisis team that benefits from a strong partnership between NBPS and the North Bay Regional Health Centre (NBRHC). The program operates for 40 hours per week.

The 40 hours of funding per week often leaves the program unable to deliver services in off hours such as evenings and weekends.

North Bay Police Services have identified a funding investment of $750K would allow for three additional mental health and addiction nurses and three additional police officers to offer a 20hr/day, seven-day/week model. With the addition of eight new safe beds at the THSC in the Summer of 2020, mobile crisis services has the potential to play a greater role in stabilizing clients and families contacting police services for mental health and addiction concerns.

Clinical Review – Community WMS

As stated in the provincial Health Quality Ontario Standards for Alcohol Use Disorder and Opioid Use Disorder, to provide best practice care, there is a need for medical treatment of withdrawal symptoms in a Community WMS setting. Medication for alcohol and narcotic withdrawal is well established as best practice and greatly increases the chance of successful withdrawal, which is necessary to move on to whatever treatment needed, as well as enhanced safety.

Most community WMS programs in Ontario staff are not medically trained and are unable to prescribe or dispense medication, and are unable to provide nursing or medical assessment or support. Dr. Meldon Kahan, lead of Meta- Phi of CAMH, confirms that a lack of medically trained staff at WMS centres greatly contributes to the high rate of relapse and overdose, and return visits. Without medication WMS clients in opioid withdrawal usually leave and relapse, putting them at high risk of overdose due to loss of tolerance. Those in alcohol withdrawal often have to go to the Emergency Room to access basic withdrawal medication, but this isn't easy for them, and is an unnecessary step resulting in many of those who could benefit from these medications not accessing them and so not completing their withdrawal.

The addition of a full time Nurse Practitioner (NP) at the Community WMS program would allow for on-site prescriptions for clients with alcohol-use disorder of benzodiazepines (diazepam or lorazepam) and a bridging script for anti-craving medications (naltrexone, acamprosate or gabapentin) on discharge until the client can visit the Nipissing District's Rapid Access to Addictions Medicine (RAAM) clinic.

For clients with opioid use disorder, the NP can provide take-home naloxone, and offer buprenorphine on-site, with a bridging script until the patient is seen in the RAAM clinic. Controlled trials have shown that it is far more effective to give heroin users buprenorphine in the ER than to just refer them to a treatment program.

For clients with unmet medical needs, the NP could begin to address these needs and make a connection to ongoing primary care in the community.

Registered Nurses would be able to carry out medical directives in the absence of a physician or NP, and ensure medication is administered to ensure that individuals can safely and comfortably withdraw from Substances. When fully operational the Community's Addiction Medicine Consult Team will be linked and able to assess and treat at the WMS as well.

Given the very high prevalence of concurrent psychiatric disorders and medical conditions, access to Primary Care and psychiatric assessments is also important for clients in a WMS setting. Funding for part time psychiatrist time dedicated to the system would ensure best clinical practice is embedded in the processes established.

Mental Health and Addictions Case Management

Dr. Rush and community stakeholders identified a notable lack of capacity in addictions and mental health case management in the district of Nipissing. Case Management is a critical component of ensuring the stability of clients once they are discharged from the THSC into a more stable housing environment. MH&A Case Management allows for regular check-ins with clients and the provision of supports which lowers the risk of relapse of loss of housing.

Enhanced Addictions Day/Evening Program

North Bay Regional Health Centre has redirected $500K in Residential Treatment funding to provide the community with an addictions day/evening program. The current funding complement of registered staff (Social Worker, Registered Nurse, access to a psychiatrist) can be further complemented by the addition of an occupational therapist and a case worker.

Enhanced Transitional Housing

As the THSC works to transition individuals through the housing continuum, the DNSSAB has identified the need for the addition of on-site housing staff at the THSC will play a critical role in accelerating this transition by providing residents with life skills training and supports.

Summary of Community Investments to-date and Investment Priorities

The table below provides an overview of the funding commitments from the community to date and a list of priority investments for the District of Nipissing

Summary of Community Investments to Date			
Initiative	**Resources**	**Investments to date**	
		One-time	**Base**
Warming Centre	19 beds	In-Kind Red Cross	
	Site Engineering	In-Kind Suppa Engineering	
	Site Contracting	In-kind Descon	
	DNSSAB - Operating costs	$30,000	
	City of North Bay – Operating Costs	$15,000	
	Volunteers – Recruitment and Coordination	In-Kind The Gathering Place	
	PEP – Operating costs		$20,000
	Bruce Knox	Donation of Facility, rent-free	
	Site Prep	In-kind Mitchell Jensen Architects	
Transitional Housing Stabilization Centre	Funding for Low-barrier Emergency Shelter		$200,000 DNSSAB - from overflow emergency shelter funding
	Funding for Safe Beds		$185K new MOH Funding $415K funding transfer from NBRHC Safe Bed program
	Funding for Community WMS		$700K from NBRHC funding realignment
	Funding for construction of Transitional Housing Units		
Enhanced NBRHC Programming	Addictions Day/Evening Program		$500K NBRHC realignment of Residential Treatment funding
Total Community Investments		**$45,000**	**$2,020,000**

Investments Required for Full Actualization of THSC				
Required for Full Actualization of THSC	**Resources**	**One-time**	**Base**	**Funding Source**
Low-barrier Emergency Shelter	3.0 FTE Shelter Support Workers Operating Costs		$325,000	MMAH/ DNSSAB
Transitional Housing – Additional Staff	4 FTE Transitional Housing Support Workers 0.5 FTE Management		$445,000	MMAH/ MOH/ DNSSAB
Transitional Housing Stabilization Centre	Capital costs	$1,200,000		MMAH/ DNSSAB
Total Investments Required		**$1,200,000**	**$770,000**	

Summary of Priority Investments				
Priority Investments	**Resources**	**One-time**	**Base**	**Funding Source**
Enhanced Mobile Crisis	3.0 Police Officers 3.0 MH&A Nurses Operating costs (police vehicle, gas, etc.)	 $40,000	$500,000 $225,000 $50,000	MOSG MOH MOSG
MH&A Case Management	1.0 MH Case Manager 3.0 Addictions Case Managers/Counsellors		$368,000	MOH MOH
Community WMS – Additional Staff	1.0 FTE Nurse Practitioner Access to Psychiatrist one day/week		$150,000 $75,000	MOH MOH
Addictions Day/Evening Program – Additional Staff	1.0 FTE Occupational Therapist 1.0 FTE Case Worker		$200,000	MOH
Total Investment Required		**$40,000**	**$1.568,000**	

Summary Part I

In response to the Mayor's Roundtable, the Community Action Team has worked diligently to improve the community's capacity. In less than eight weeks, an 18-bed warming centre was implemented through partnerships and collaboration. In that same period, partners came together to realign surplus funding to support the development of a Transitional Housing Stabilization Centre. Our community has demonstrated its ability to work in a positive, collaborative, and fiscally responsible manner. An additional investment of $1.2M in one-time capital costs and $770,000 will support the full actualization of the THSC, plus an additional $1.5M in operating funds and $40K in one-time funding, will further enhance services at the THSC to provide a robust continuum of services.

PART II – FAMILIES AND CHILDREN AND YOUTH AT RISK

Introduction

The Action Team acknowledges that individuals living in Northern Ontario experience poorer health and greater health inequities compared to the rest of the province (Health Quality Ontario, 2018). Healthy growth and development in childhood, and access to health services and social supports are important determinants of health. The Nipissing community has several community initiatives in place and in development to help stabilize and most importantly, prevent families and children from becoming at risk populations. Providing efficient and effective social prevention programs and treatment services to children and youth and their families is an evidence-informed way to prevent and reduce mental health and addiction issues in adulthood.

The Nipissing community hosts the Gateway Hub Situation Table. The table is focused on providing immediate services to individuals identified at 'elevated risk', meaning that without intervention, they are at imminent risk of harm. A robust provincial Risk Tracking Database has documented that 40% of all referrals to the table are for youth between the ages of 12 and 17 with the following risk factors:

- Mental Health
- Substance Use
- Anti-Social Problematic Behavior
- Parenting Issues

The Near North Health and Wellness Ontario Health Team population data from the Health Analytics and Insights Branch indicated that this region has 20,600 children who are under the age of 18. Understanding that over the course of a lifetime, 1 in 5 individuals will have a mental illness, there would be up to 4,120 children whose behaviors may be demonstrating an emerging mental illness and would benefit from mental health services. As per the data for adult mental health, there are also 1 in 5 parents with mental health needs. Strengthening the systems based approach to treatment and support is needed to ensure that needs are met with developmentally appropriate and evidence based approaches. While there is a tiered system of treatment for the mental health needs of children and adolescents through the hospital, Child and Youth Mental Health Treatment Centre and community counselling services, there is an increased number of parents presenting to the emergency department and Hands Treatment Centre, indicating they are no longer able to respond to the behavioural and mental health needs of their child. This has resulted in increased requests for Case Resolution funding, increased needs for alternative long-term parenting by an institution, without a parent relinquishing guardianship. The most recent data available from the NE LHIN from the Children and Addictions Mental Health Unit (CAMHU) of NBRHC indicated that 175 cases (124 unique children and adolescents) attended the emergency department for mental health and behavioural disorders. Of these, 85% were discharged without referral to a community agency. Hospital crisis calls represent approximately 1 out of 4 crisis calls responded to by Community Mental Health child and family therapists. Of need, beyond a crisis call, however, is the capacity to provide timely treatment to reduce risk of escalating symptoms and reduced risk of family breakdown.

Systems Collaboration - Children & Youth Mental Health Planning Table

We currently have a robust Child and Youth Mental Health (CYMH) planning table for Nipissing, Parry Sound and Muskoka districts that meets quarterly. This planning table has multi-sectoral representation and is working on strategic priorities rooted in community need and aligned with the provincial priorities of the Ministry of Health in partnership with the Consortium table of Lead Agencies.

On December 13, 2019, our community invested in a full day strategy session with child, youth and family service providers from all sectors. The purpose of this session was to re-focus, re-align and define collective priorities for addressing the wellbeing of children, youth and families in our community. This facilitated session included stakeholders from all sectors and resulted in identification of gaps and opportunities within the system.

System Collaboration – EarlyON, Mobile Services

The DNSSAB is the local administrator of the EarlyON Child and Family Service programs. While these programs are typically offered in a fixed brick and mortar location, the DNSSAB will issue a Request for Proposal to implement and operate an EarlyON Child and Family Outreach and Mobile Services in order to provide services in targeted and underserviced areas throughout the District. The DNSSAB will work in partnership to ensure that early year services are inclusive to the Transitional Housing Stabilization Centre. The mobile Unit is designed to serve families with children prenatal to age 6 throughout the District.

Through a collective approach with community partners, the successful service provider will provide a wide range of early years services to ensure that every child and family has the opportunity to take part in activities that support and enhance responsive adult-child relationships, encourage child exploration, promote play and inquiry based learning as supported by the pedagogical approach of How Does Learning Happen? This program is expected to be operational in spring 2020.

System Collaboration - Community Approach to Positive Parenting

The Community Approach to Positive Parenting (CAPP) is a local network of providers who offer prenatal and parenting supports and services. The CAPP is currently implementing a comprehensive community-wide plan for positive parenting (e.g. parenting classes, education for childcare providers, social marketing campaign, etc.) across multiple settings and sectors that interact with the prenatal and parenting populations.

Priority Investments for Children, Youth & Families

Children & Youth Mental Health Planning Table

To meet a Nipissing-specific need, we will enhance the operational objectives of the current CYMH planning table to include all Nipissing child and youth partners. This will require a re-alignment of planning table structure and expansion of membership. Doing this will maximize our collective capacity to address the social determinants of health through comprehensive prevention and treatment interventions. See Figure 5 for proposed structure.

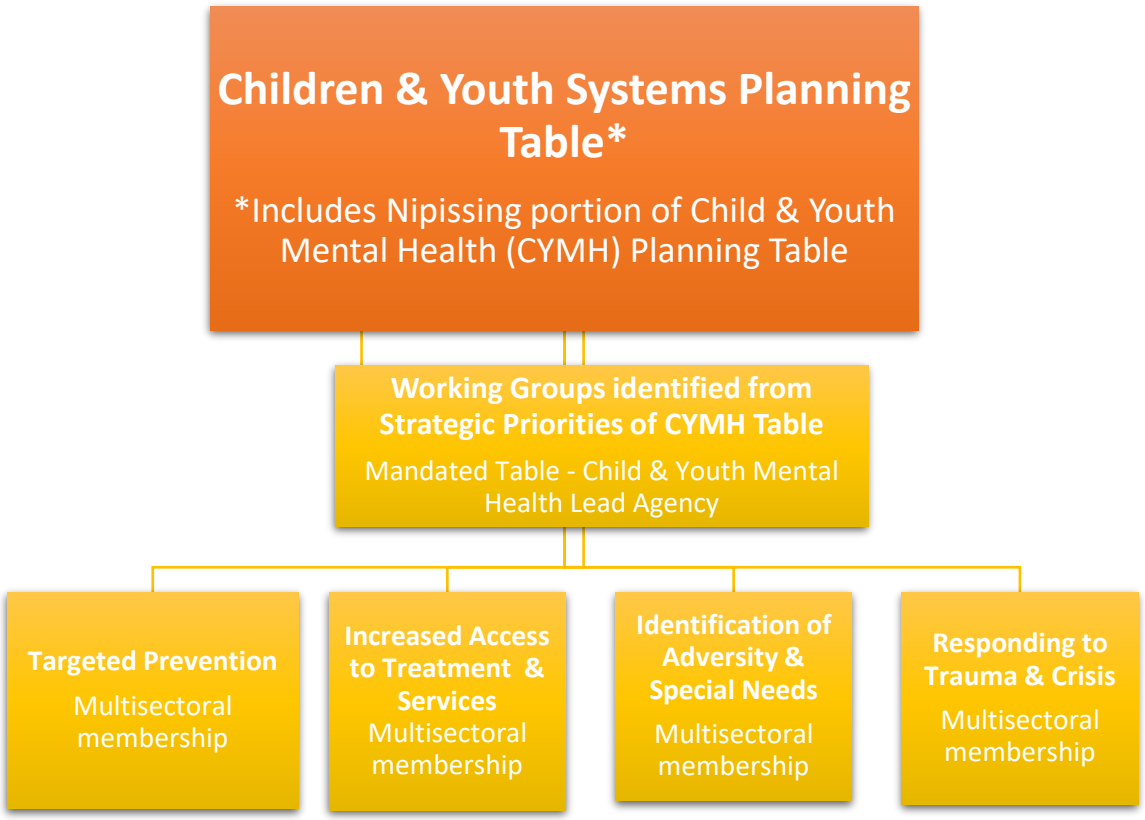


Figure 5-Proposed Structure of Nipissing Children & Youth Systems Planning Table

Targeted Prevention

An increase in funding of $150,000 would allow our community to better coordinate and expand the reach and impact of parenting supports and interventions. Data from our Gateway Hub parenting conflict data, Public Health Ontario snapshot data on healthy growth & development in our district, and results from our local situation assessment supports this investment. The community would use this investment to expand the reach of the existing Community Approach to Positive Parenting network, through programs that target high risk, marginalized populations and focus on positive attachment and prevention of Adverse Childhood Experiences. These programs may include (but are not limited to):

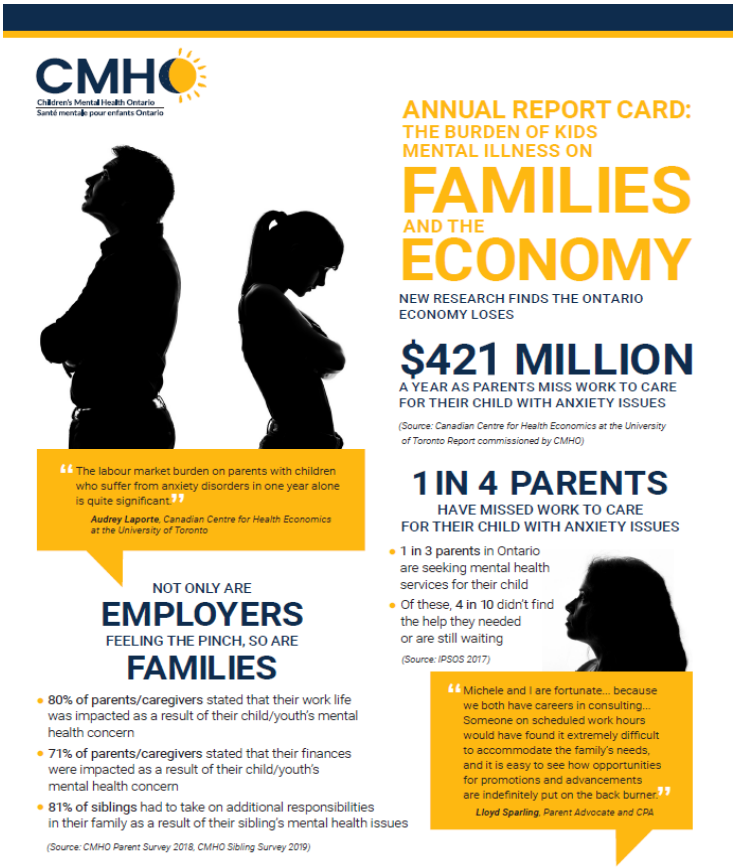
- Healthy Babies Healthy Children
- Canadian Prenatal Nutrition Program
- Triple P Parenting

Increased Access to Treatment & Services

In addition to parenting supports, those who care for children have indicated a need for additional capacity to deal with the increased presentation of dysregulated behaviours at daycare and afterschool programs. This was communicated during a Nipissing wide application for a federal grant through the Lead Agency of Child and Youth Mental Health, with a request to undertake planning and implementation of training and support for childcare staff who are experiencing a population of up to 50% of children with behaviour dysregulation, impacting staff and other children attending. Currently the volume is too high to solely refer on an individual basis for child and youth mental health intervention. It is important to build protective factors (e.g. positive relationships, resilience and emotion regulation skills) in children at an early age, and for those who care for them, in a variety of settings. Support for this is demonstrated through our community's application, local Early Development Instrument (EDI) data and the draft results of the Behavioural Health Issues Report. With an increase in funding of $125,000, our community could expand implementation of evidence-based interventions to multiple settings (e.g. Big Brothers/Big Sisters, Communities that Care) that strengthen socio-emotional competence, behavioural (self) regulation, and positive relationships.

Expanded Intensive Treatment Day Programming for Children and Youth Excluded from School

The Child and Youth Mental Health Planning Table co-chaired by the Nipissing Parry Sound Public Health Unit and Lead Agency of Child and Youth Mental Health for Nipissing, Parry Sound, Muskoka, has identified the need for increased care and treatment for dysregulated children. There has been an increased use of modified days by schools to deal with the increase of behavioural dysregulation at school. Partial day exclusion leads to employment jeopardy for parents, housing instability with loss of work time, increased use of screen time as a childcare option for children and youth (resulting in technology dependence and addiction), yet the modified days and exclusion limits treatment for this most vulnerable population. The risk trajectory for these children and youth, who are then under-educated, under-socialized and with limited treatment, threatens significant future costs for society. The recommendation in North Bay is for a shared community space where trained mental health providers can deliver day and evening programming, in combination with outreach for in-home intensive treatment, for increased parent capacity. These services allow for faster reintegration into the school system, reduced likelihood of parents requesting relinquished care, as well as concurrent mental health treatment. Increased funding of $570,000 would be required to fully staff a 7am to 7pm model of a day-treatment that is both mobile to homes and provides housing and care for children and youth at risk, during the daytime, but allowing return to their own families at night.



Early Identification of Adversity/Special Needs

Early identification of children and youth who have been subject to adversity either through trauma, disrupted attachment, child abuse and neglect, domestic violence or parental addiction occurs, but clients experience wait times due to limited resources for child and youth mental health treatment. This need is currently supported by existing intake data for child welfare, levels of service need and subsequent wait times for Intensive Mental Health Treatments for Children and Youth, waitlist data for addictions and mental health for parents, prenatal health and substance use data, domestic violence data and our social determinants of health data. This work would be accomplished through the Nipissing specific Child and Youth Systems Planning Table (as noted in Figure 6), through implementing evidence-based strategies to improve early identification of adversity in children. An investment of $35,000 can

be used to pilot universal and/or targeted screening programs and educate service providers regarding the impact of parental/caregiver conditions that contribute to adversity in childhood. Those with identified needs would be provided with evidence-based treatment, in the most appropriate setting; reduction of children in care could be achieved with the expanded treatment services identified earlier.

System Response to Trauma & Crisis

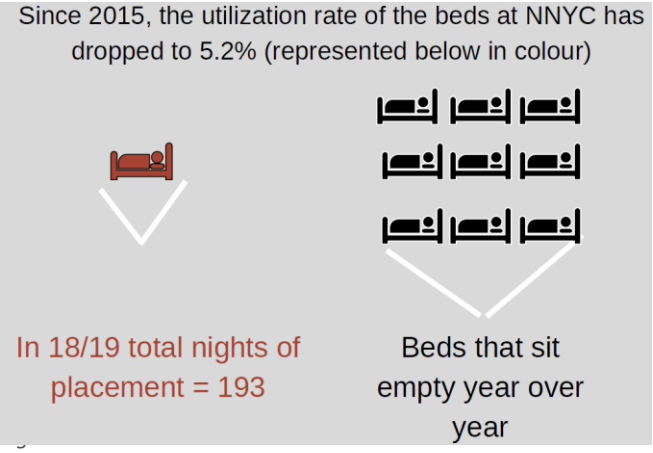
For children, youth and families in crisis, there is a partnership of crisis supports available on a 24/7 basis in the Nipissing community. Coverage by those with child and youth mental health training, could be increased through extending the scope of services by the Child and Youth Mental Health Treatment Centre staff, which would permit crisis intervention supports from staff trained in mental health to be available through the night and on weekends, further reducing the likelihood that families would choose the Emergency Department, Child Welfare or other system partners as a solution to a mental health crisis.

With an increase in the number of Adverse Childhood Experiences (ACEs) children experience, there is an increased presentation of dysregulated behaviour in community, resulting in increased demand for intensive treatments, beyond counselling and therapy. This has been reflected in a Draft report by the Lead Agency of Child and Youth Mental Health Behavioural Health Issues Report 2019, with feedback from numerous partners including school boards, DNSSAB, and child welfare, indicating negative impact on both a child's health trajectory and those who care for them, due to their behavioural presentation.

Addressing Low Capacity in a Secure Custody and Detention Residential Faciility

There is a notable lack of residential treatment for complex youth in our community who require longer-term care, resulting in children travelling far from their families and our community in order to receive treatment and longer term care.

Simultaneously, in the community, the local Children's Aid Society (CAS) operates the Near North Youth Centre (NNYC), a ten-bed 24/7 secure custody and detention residential facility for females aged 12-18. Due to legislation, the Centre can only accept admissions from Youth Justice.



Since 2015, utilization of the beds at NNYC has dropped to 5.2% (See Figure 6). While this building remains nearly empty, from 2015-18, the Nipissing's Children's Aid Society has spent $5.8M over the last four years sending 44 youth out of their home community because of a lack of local residential placements (beds) for youth with complex needs.

The community feels strongly that families should be afforded the right to access available resources locally, hence the "Bring Our Kids Home" campaign. CAS and several community partners have approached the government to null and void the Youth Justice License for NNYC to allow the community to access the facility and repurpose the beds to meet local treatment and placement

pressures. CAS feels there is an opportunity to provide 24/7 services to our children and youth at the NNYC facility if the justice system requirement was lifted. Changes to eligibility provides an opportunity to use current high-cost resources (capital costs and 24/7 services) in a more effective and efficient manner.

Children's Mental Health Ontario (CMHO) with the Lead Agencies of Northern Ontario and partners, has simultaneously gathered to determine the steps necessary to "Bring our Kids Home," using placement dollars to create solutions in a local community so that attachment treatment is possible with key attachment figures, and trauma is able to be treated with continuity.

Summary of Community Investments to-date and Investment Priorities

Summary of Investments to Date			
Initiative	**Resources**	**Investments to date**	
		One-time	**Base**
Community Approach to Positive Parenting (comprehensive parenting education, supports)	Staffing FTE to provide parenting education and support training to parents, educators, etc.	$35,000.00 + in-kind staffing time from 5 agencies	
Child & Youth Mental Health Planning Table	Staffing In kind contribution of sector membership; planning and data support of Lead Agency; consultant provided by Lead Agency to support CYMH Planning Table projects (e.g. Integrated Crisis Care Pathway; Tri-Party MOU for crisis; Behavioural Health Issues report; data report cards and Priority Reports)		
	Crisis Enhancement-purchase of 211 line and resources - Reallocation of CYW for crisis roster to increase accessibility of registered therapists for treatment		
	Day and Evening Program Attachment Therapist for Treatment Centre BCBA registered manager for the Treatment Centre Shared space		
Child & Youth Systems Planning – Strategy Session	Consultant (facilitation of strategy session, session report)	$4000	
	Attendance of 30 stakeholders from all sectors	In-kind from agencies	
EarlyON Mobile Services	Start-up operational costs		
	Annual cost		$10,000
Total Community Investments		**$164,000**	**$10,000**

Summary of Investments Required			
Priority Investments	**Resources**	**One-time**	**Base**
Targeted Prevention Expand parenting supports and interventions	1.0 Nursing FTE to lead and expand programming (resource to entire Child & Youth Systems Planning Table - $100,000.00) Training, resources and space ($50,000)		$150,000
Increased Access to Treatment & Services Build protective factors (e.g. positive relationships and resilience) in children in at an early age Expand Day and Family Programming for Excluded Children and Youth	Children & Youth Systems Planning Table partners expand implementation of evidence-based interventions to multiple settings (meet children/youth/families where they are at) Day Programming Evening Programming Expanded In-Home Intensive Treatment by registered providers	$125,000 ($100,000.00 for coordination of training of staff in multiple settings +$25,000.00 for resources, space, etc.)	 $215,000 (2CYWs+.6Psych) $165,000 (2CYWs+.4SW) $195,000 (2 SW) Share space commitment by community
Early Identification of Adversity/Special Needs Early identification of children and youth who have been subject to adversity	Children & Youth System Planning Table through education for care providers/partners and pilot of tool in primary care setting or community setting	$35,000 ($10,000 for costs associated with implementation of pilot + $25,000 for community partner training sessions)	
Responding to Trauma and Crisis 24/7 Supports for Children and Youth in Crisis Addressing Low Capacity in Secure Custody and Detention Residential Facilities	Additional Staffing for 24/7 crisis response and support, based out of the Treatment Centre (3, 8 hour shifts, 7 days per week). On call manager support provided, in kind, 24/7		$285,000
Total Investment Required		**$185,000**	**$1,010,000**

Summary Part II

The Nipissing district is enhancing its system of child and youth services by working collaboratively with the existing Child & Youth Mental Health Planning Table. Priority investments of $1M in the areas of targeted prevention, access to treatment and services, early identification of adversity/special needs, and response to trauma and crisis have the potential to improve our ability to treat and stabilize youth and families at risk, as well as prevent families and children from becoming at risk populations. Investing in the children and youth of Nipissing district will pay dividends to the community as an expected decrease in demand on adult mental health, addictions, social and police services would be expected if children, youth and their families were supported by an integrated system of services from early years into adulthood.

Conclusion

The Mayor's roundtable Action Team, over the course of two months, has realigned current funding of over $2M to offer a more effective and comprehensive continuum of services for hard-to-reach clientele in our community and those whose needs exceed the current capacity of the system model. These services include a seven-night/week warming centre and realigning funding and securing partnerships to support the development of a Transitional Housing and Crisis Support Center in the community in 2020. Additional collaboration between Adult Mental Health and Addictions planning and that of the Child and Youth Mental Health Planning Table, helps ensure a continuum of care across the social service sector while decreasing pressure on acute care.

With the addition of $3.3M in base funding, and $1.4M in one-time investments, a robust continuum of services can be provided to help ensure these clients are transitioned through the housing continuum with supports geared to achieve stabilized housing and health, as well as increase in the Return on Investment for early intervention of our most complex presentations of vulnerable children, youth and families.

Acronyms

ACES – Adverse Childhood Experiences

BCBA – Board Certified Behaviour Analyst

CAMH – Centre for Addiction and Mental Health

CAMHU – Child and Adolescent Mental Health Unit

CAS – Children's Aid Society

CAPP – Community Approach to Positive Parenting

CMHO – Children's Mental Health Ontario

CYMH – Child and Youth Mental Health

CYW – Child and Youth Worker

DNSSAB – District of Nipissing Social Services Association Board

EDI – Early Development Instrument

FTE – Full Time Employee

MH – Mental Health

MH&A – Mental Health and Addictions

MOH – Ministry of Health

MOU – Memorandum of Understanding

NBP – Needs Based Planning

NBRHC – North Bay Regional Health Centre

NBPS – North Bay Police Services

NE LHIN – North East Local Health Integration Network

NMHHSS – Nipissing Mental Health Housing Support Services

NNYC – Near North Youth Centre

NP – Nurse Practitioner

ODSP – Ontario Disability Service Program

OW – Ontario Works

PEP – People for Equal Partnership

Psych – Psychologist

RAAM – Rapid Access to Addictions Medicine

RN – Registered Nurse

SW – Social Worker

THSC – Transitional Housing Stabilization Centre

Tx. – Treatment

WMS – Withdrawal Management Services