Health

3.1 Develop and implement a coordinated local mental health and addictions strategy, collaborating with Southwest Local Health Integration Network (LHIN) and other key stakeholders

City of London

The City of London 2015-2019 Strategic Plan called for the development of a Community Mental Health and Addiction Strategy as part of the Plan’s key focus on **Strengthening our Community; caring and compassionate services** and the elimination of “barriers for individuals facing poverty, mental health and addictions and help them find pathways to be successful.”

An Advisory Council, consisting of representatives of key local service providers and agencies was formed in July 2017.

**Project Scope, Objectives, and Methodology**

The project mission set out by and for the Advisory Council was to “improve the outcomes and experiences of people living with mental health issues and/or addictions (MH&A) in the city of London by collaboratively developing an actionable strategy” on behalf of the community that is comprehensive and informed by evidence. In addition, the Advisory Council sought to gain a deeper understanding of how residents of London use services for mental health and addictions, how residents get information about services for mental health and addictions, and where improvements could be made to improve mental health and addictions services for residents.

The Advisory Council consists of representatives of the following community partners:

- Vanessa Ambtman-Smith, Indigenous Health Lead, South West Local Health Integration Network
- Jim Madden, Manager, Children and Youth Mental Health System Coordination, Vanier Children’s Services
- Beth Mitchell, Executive Director, Canadian Mental Health Association – Middlesex
- Kelly Simpson, Lead, Mental Health, South West Local Health Integration Network
- Heather Lokko, Director, Healthy Start & Chief Nursing Officer, Middlesex-London Health Unit
• Linda Sibley, Executive Director/Pam Hill, Director of Programs and Clinical Services, Addiction Services of Thames Valley

The process was supported by a collaborative internal team of Civic Administration of Income and Supports, Strategic Programs and Partnerships, Employment, and Addiction Services from Housing, Social Services and Dearness Home, and Homeless Prevention from Neighbourhood, Children, and Fire Services.

Connection with Local Mental Health and/or Addictions Strategies
There is a wide range of other strategic initiatives and tables taking place at the local level to improve mental health and/or addiction services. The intention in developing the Community Mental Health and Addiction Strategy was to complement, support, align, and not duplicate existing work. London also has many excellent services to support mental health and addictions and significant collaborative efforts are underway. The Middlesex-London Community Drug and Alcohol Strategy (CDAS), the Community Health Collaborative, the work of the South West Local Health Integration Network, Igniting the MINDS of London-Middlesex, the Opioid Crisis Working Group, and the provincial initiative in considering the creation of a community justice centre in London are examples of these initiatives.

In particular, the Middlesex-London Community Drug and Alcohol Strategy which comprises approximately 40 agencies, is working to develop a comprehensive, long term drug and alcohol strategy for London and Middlesex County. The vision of the CDAS is “a caring, inclusive, and safe community that works collaboratively to reduce and eliminate the harms associated with drugs and alcohol.” CDAS has gathered data and information, and is engaging stakeholders in the community to develop a prioritized plan for London & Middlesex around four pillars, including treatment, harm reduction, enforcement and prevention. While many of the elements in the recommendations of the Community Mental Health and Addiction Strategy (CMHAAS) complement the work of CDAS, the latter is intended to broadly address a continuum of needs both at the intervention level and system level focused on London and Middlesex County whereas the goal of CMHAAS is to influence systems change for the residents of London. Civic Administration is working closely with the co-chairs of CDAS to ensure that the work of the two strategies is aligned.

In developing an implementation plan, the following principles were considered: The work includes bringing a group of key stakeholders together to review and finalize the implementation plan. This work will involve identification of structures, leads, resources, consideration of the complementarity of the Community Mental Health and Addiction Strategy for London with other relevant strategies and processes, and timing.
The development of a Community Mental Health and Addiction Strategy for London is a first step in achieving the best population health outcomes, experiences, and value for the residents of London.

2020 Update – City of London
The Community Mental Health and Addictions Strategy for London: Moving Forward Together report, which provided key strategic directions to transform London’s mental health and addictions services at a systems level, was presented to Council on December 12, 2017. Council directed that remaining budgetary funds of $112,000 be allocated towards implementation of the recommendations.

On December 18, 2018, Council approved the award of the Request for Proposal 18-43 to the Ivey International Centre for Health Innovation (Ivey) to implement the recommendations of the Community Mental Health and Addictions Strategy at a cost of $111,974. In 2019, Ivey staff employed a grassroots, community engagement model to drive implementation of the strategic directions recommended through the CMHAS process.

Ivey succeeded in building consensus around a governance structure to organize the complex system of mental health and addictions services tables and committees. The governance framework is designed to increase collaboration, focus, and strategic alignment, beginning with the creation of a Strategic Direction Council.

SW-LHIN (South West Local Health Integration Network)
The SW-LHIN has been working with its mental health and addictions partners to increase capacity as well as to standardize and coordinate mental health and addiction services across London. This work has been driven by and continues to align to Ontario’s Comprehensive Mental Health and Addictions Strategy: Open Minds, Healthy Minds.
The strategy also recognizes the need for a dedicated response to the mental health and addictions needs and crisis within Aboriginal communities.
The Mental Health and Addictions sector is focused on providing care in the community and only using hospital services when the client's needs require that they be hospitalized for care. All of the Mental Health and Addictions initiatives are focused on:
- Promoting client independence and self-care in a setting of the client’s choice
- reducing the reliance on hospital-based care
- enhancing capacity in the community through coordinating and integrating programs and services and,
- evaluating the impact of new resources
Together with the SW-LHIN, system partners will:

- Enhance availability of and access to crisis services, supportive housing, peer support services, mental health services accessed through emergency departments, and services and supports for people with responsive behaviours including long-term care home specialized units.
- Standardize services, care pathways, and tools for assessment, screening and experience of care.
- Improve intensive case management services, screening, intake, and waitlist processes.
- Identify system capacity requirements for people living with moderate mental illness, and education needs of mental health and addiction providers.
- Build on the French mental health and addictions system program to identify system capacity requirements for the Francophone population.
- Improve collaboration between Aboriginal mental health and addiction services and other LHIN-funded services to better respond to crises such as suicide, addictions and opiate responses.

**Re: Working to Improve Mental Health and Addictions Services**

May 1, 2019 a communication was sent out to Health system partners announcing the decision of four community mental health and addictions agencies in Thames Valley to explore how a potential integration can improve mental health and addictions services for clients and families.

Addiction Services of Thames Valley  
Canadian Mental Health Association, Elgin  
Canadian Mental Health Association, Middlesex  
Canadian Mental Health Association, Oxford  
South West Local Health Integration Network

**Background**

It is well understood that the demand for mental health and addiction services and supports has been increasing for some time, making it imperative to explore new models of care that maximize service delivery while reducing duplication and barriers. With this in mind, the Canadian Mental Health Associations in Thames Valley, and Addiction Services of Thames Valley initiated conversations in late 2018 about ways to strengthen services for clients and families in all communities served. These four agencies now wish to formalize these discussions to determine whether a full integration is appropriate. Although looking at ways to strengthen services started prior to the release of the government’s health system transformation objectives, they are nicely aligned with the changes underway in Ontario’s public health care system.
To date, these agencies have developed a Memorandum of Understanding (available on partner agencies’ websites) that outlines work needed to realize the end-state vision of coordinated services that reduce barriers and increase access to case management and treatment. The primary objectives of this work is to:

- Enhance client experience and quality of care;
- Achieve more seamless continuum of effective and timely addictions and mental health services; and
- Improve services for people not typically well-served.

Through this process, each of the agencies will: (i) remain a separate corporation that is governed by its own board of directors; and (ii) continue to be operated by its current corporate membership.

*See communication attachment*