



	REPORT No.: 2021-22
MEETING DATE: MAY 20, 2021	DATE PREPARED: APRIL 16, 2021
SUBJECT: COMMUNITY HOMELESSNESS PREVENTION INITIATIVE – MENTAL HEALTH AND ADDICTIONS FUNDING FINAL REPORT	

RECOMMENDATION

For information only.

REPORT SUMMARY

To provide The District of Thunder Bay Social Services Administration Board (TBDSSAB or Board) with a final summary of the use of the one-time Mental Health and Addictions (MH&A) funding from the Ministry of Municipal Affairs and Housing (MMAH).

BACKGROUND

Ontario's Ministry of Health provided the MMAH with \$10 million in one-MH&A funding to be allocated to select Service Managers and Indigenous Program Administrators under existing program agreements. For TBDSSAB, the funding was provided under the existing Community Homelessness Prevention Initiative (CHPI) program. This MH&A funding is offered as a one-time initiative in response to the COVID-19 pandemic.

On January 13, 2021, TBDSSAB received notification from the MMAH announcing the allocation of \$1,040,046 in new funding to be spent by March 31, 2021 to support a range of mental health and addictions-related supports and services. This flexible funding helped address the pandemic needs of vulnerable people living with mental health and/or addictions issues and was used for eligible operating activities within the TBDSSAB service area.

COMMENTS

The allocation received by TBDSSAB under the MH&A funding was eligible to be used for a broad range of initiatives that address the mental health and addictions wellness of the community. In order to determine the needs and best opportunities to meet these, TBDSSAB established an application process and encouraged mental health and addictions service providers and other community support organizations to submit proposals.

Administration reviewed each proposal against the eligibility criteria and selected initiatives that would address a broad base of individuals and needs with this one-time funding. Funding was provided in early February and was to be expended by March 31st. Some specific examples of these initiatives are as follows:

Dilico Anishinabek Family Care sought funds to address mental health supports for clients they work with. The funds assisted with operational enhancements (program site and supplies, and technology upgrades) to improve access for Indigenous people to culturally relevant services during the COVID-19 pandemic. The requested funds were aimed at assisting 500 people to access community based and supportive housing, mental health and addictions services within the District of Thunder Bay.

NorWest Community Health Centres put forward a proposal for implementing a pilot project Care Bus staffed with peer workers and community health nurses to connect individuals to emergency shelters, warming centres, addiction and mental health services, harm reduction services and health supports in the community. The target population for this initiative were individuals experiencing homelessness, under housed and precariously housed in Thunder Bay, particularly those who consume alcohol (beverage and non-beverage) in public. The goals of this pilot project included minimizing the dangers of cold-related illnesses as described in the City's Cold Weather Plan, improving access to service including first aid and medical during the day, harm minimization and pathways to safer consumption and reduce public consumption of alcohol.

Additionally, NorWest Community Health Centres submitted a proposal aimed at supporting health contacts for those at risk of overdose. The Lifeguard Application is a mobile technology enabled solution that alerts emergency first responders to a person at risk of an illicit drug overdose, and functions as a 'digital harm reduction' tool that allows people who use drugs to consume safely and is intended to save lives. The platform sends GPS coordinates and other key information such as the type of drug ingested, the time of consumption, emergency contact information through telephone and text-to-voice to 9-1-1 services to facilitate direct and rapid emergency response.

A collaboration between Geraldton District Hospital (GDH), Ontario Provincial Police (OPP), North of Superior Counselling Programs and other stakeholders in the Greenstone area was aimed at improving patient outcomes, specific to mental health and substance abuse. A patient navigation position will assist clients in navigation through the health care system in a safe and effective manner. Post medical discharge follow-up is also a component of this initiative. GDH will track an assortment of data to ensure success of this program. There will be a focus on tracking re-visits to the Emergency Department for mental health/substance abuse, readmissions to Acute Care, and OPP mental health calls for service.

Elizabeth Fry Society Northwestern Ontario piloted a transitional housing environment for women released from incarceration by providing furnished residences along with daily supports. Access will be short term and will help support women break the cycles of poverty and recidivism. Supports will work with clients to find longer stable housing, meaningful employment searches, further education and begin family reunification where that would apply.

Matawa First Nations submitted a proposal to support the WiiChiiHehWayWin Outreach Project. This funding was aimed at supporting high risk individuals on the street with emergency accommodations, service referrals, food, translation, stable housing and mental health supports. These efforts include supporting youth at high risk, people affected by violence, missing persons, addressing suicide, homicide and other sudden deaths and other high-risk health issues. TBDSSAB is working with Matawa to determine the impact of the funding for this initiative, and to determine the potential for further supports.

TBDSSAB initiated a pharmacology assistance program to assist individuals with mental health and addictions prescription costs that were not covered by any other source. Administration marketed the program to pharmacies and various service providers across the District to inform service providers of the time limited ability to assist with medication costs. A total of 14 requests were received, and all were approved for payment. Payments were made directly to the individual's pharmacy to set up an account that the individual could draw upon to pay for medication up to 12 months.

Of the 14 requests, one was from an Ontario Disabilities Support Program recipient whose medication was not covered by the Ontario Drug Benefit. The remaining 13 were individuals who were not social assistance recipients (Non-SAR) and had no other source of medication coverage. Referrals came from a variety of sources ranging from the pharmacies to front line support workers.

Recipient	# of Requests	\$ Total
OW	0	\$ -
ODSP	1	\$ 331
Non-SAR	13	\$ 25,001
Total	14	\$ 25,332

TBDSSAB secured 200 new smartphones which were distributed to clients who required connection services to maintain communication with broad mental health and addiction services within their communities. An initial 65 smartphones were provided in 2020 as a pilot initiative using Social Services Relief Funding. The cell phones have one-year contracts which include three GB of data and 500 talk minutes per month. The goal was to address the lack of connectivity individuals were realizing due to the pandemic, with limited locations to access computers and phones. Individuals with limited means rely on public access computers and phones through locations like libraries and other community supports. With the impact of the pandemic closing or limiting many of these sites, individuals without personal connectivity were unable to access mental health services, health supports and other necessary services. Feedback from clients has been extremely positive and they are finding it helpful to connect with services during the pandemic.

The phones were distributed by TBDSSAB staff, as well as by community agencies who identified individuals in need. Individuals identified included clients of Ontario Works and the Ontario Disability Support Program as well as non social assistance recipients. The majority of the phones were distributed in the City of Thunder Bay, with 26 phones provided in communities outside of Thunder Bay.

A summary of the organizations who received the mental health and addictions funding is as follows:

Name of Agency	Total Allocation	Actuals
BISNO	\$ 5,000	\$ 5,000
Dilico Anishinabek Family Care	\$ 200,000	\$ 200,000
Elizabeth Fry Society of Northwestern Ontario	\$ 24,770	\$ 24,770
Geraldton District Hospital	\$ 79,000	\$ 79,000
Grace Place	\$ 15,536	\$ 15,536
John Howard Society of Thunder Bay and District	\$ 33,325	\$ 33,325
Lakehead University	\$ 9,000	\$ 9,000
Matawa First Nations	\$ 126,000	\$ 126,000
NorWest Community Health Centre	\$ 196,202	\$ 196,202
Salvation Army	\$ 10,860	\$ 10,860
Thunder Bay Indigenous Friendship Centre	\$ 30,000	\$ 30,000
Thunder Bay Police Service	\$ 8,553	\$ 8,553
Township of Marathon	\$ 5,000	\$ 5,000
TBDSSAB	\$ 265,800	\$ 265,782
Admin	\$ 31,000	\$ 31,018
Total	\$ 1,040,046	\$ 1,040,046

FINANCIAL IMPLICATIONS

The mental health and addictions funding that was provided as an addendum under the CHPI agreement is 100% provincially funded.

TBDSSAB received an allocation of \$1,040,046 to be spent on eligible operational activities. The full allocation has been expended.



The administrative portion totaled \$31,018.

CONCLUSION

It is concluded that this report provides the Board with information relative to the use of the one-time mental health and addictions funding provided through the Ministry of Municipal Affairs and Housing, and examples of the initiatives funded and impact in the community.

REFERENCE MATERIALS ATTACHED

None

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