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**Subject:** Mental Health and Addictions Collaborative Work – Niagara Region’s Involvement

**Report to:** Public Health & Social Services Committee

**Report date:** Tuesday, September 10, 2019

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## Recommendations

That Report PHD 17-2019, respecting Mental Health and Addictions Collaborative Work – Niagara Region’s Involvement, **BE RECEIVED** for information.

## Key Facts

- This report provides information as requested by Public Health & Social Services Committee in April 2019 respecting collaborative work that NRPS, NEMS, Fire Departments, and Public Health are involved in around mental health and addictions.
- Niagara Region does not have jurisdiction over mental health and addictions in Niagara, and this report is not intending to portray Niagara Region as claiming credit for the hard work the community leads have done.
- This report describes collaborative initiatives only. It does not include the extensive programs, services, and initiatives these departments are involved in or delivering.
- All of these agencies have been involved either directly or indirectly on
  - the HNHB LHIN Niagara Sub Region Anchor Table and two Action Tables,
  - Integrated Care Lead training and Coordinated Care Planning,
  - Niagara Addiction and Mental Health Network (NAMHN),
  - Overdose Prevention and Education Network of Niagara (OPENN),
  - Niagara Suicide Prevention Coalition (NSPC), and
  - the Niagara Mental Health and Addictions Complex Care Resolution Table.These projects are all collaborative approaches to optimizing service and efficiency, and minimizing gaps.
- Some specific collaborative work across the named organizations are Mobile Crisis Rapid Response Team (MCRRT), Mental Health and Addictions Response Team (MHART), Consumption and Treatment Site, Naloxone distribution, Needle Exchange Program.

## Financial Considerations

There are no financial considerations to this report’s recommendations.

## **Analysis**

NRPS, NEMS, Niagara Region Mental Health program, and Public Health are pleased to be involved in a number of collaborations related to mental health and addictions in Niagara. We are part of a very large array of programs, services, and interventions across Niagara region. We do not desire to take credit for this collaborative work, which can include upwards of 20 or more partners for any given initiative. The LHIN is the main lead for much of this work, given their role as funder, planner and integrators for health care.

This report is not a list of all the programs, services, and initiatives of NRPS, NEMS, Public Health, and Fire Departments. Such a list would be very extensive and would include items like Road to Mental Readiness (R2MR) and other training of staff, individual and partnered service improvements to improve client response in some way, and partnerships, programs and referral sources utilized by each department.

It is useful to think of the collaborations described in this report as being either at the overarching, cross systems initiative level, or at the more localized level, with learnings from more localized initiatives being shared with the overarching systems tables.

### *Overarching Initiatives*

These are some of the organized attempts in Niagara to improve services and efficiency around mental health and addictions. Those listed are the ones in which NRPS, NEMS, Public Health, and Fire are either directly or indirectly involved.

1. Niagara Anchor Table (evolving now to Ontario Health Team application table)

A group of senior leaders in health, community and social services, and education sectors. Sponsored by the LHIN (soon to be Ontario Health), this group met regularly to discuss opportunities and solutions based on priorities identified by the LHIN and the Ontario government. These priorities are mental health and addictions, and coordinated care planning for all types of health issues. As of the date of writing this report, this table has been “evolved” into the new Ontario Health Team application table.

2. Health Links Coordinated Care Planning

An approach to integrating care for patients living with complex conditions that optimizes sustainable and person-centered care, and serves as a model for sub-regions. The Niagara Region Mental Health program facilitates hundreds of referrals each year to and from other providers in Niagara.

### 3. Niagara Addiction and Mental Health Network (NAMHN)

A group of senior leaders from 16 organizations who provide LHIN-funded services. This group meets regularly to update and plan mental health and addiction services in Niagara. The LHIN has funded a review of the MHAA system in Niagara, and Niagara Region Public Health hosts the project manager for that review.

#### NAMHN Organizations:

- ARID Recovery Homes
- Bridges Community Health Centre
- Canadian Mental Health Association Niagara
- Centre de Santé Communautaire Hamilton/Niagara
- Community Addiction Services of Niagara
- Consumer Survivor Initiative
- Distress Centre/Niagara Mental Health and Addictions Access Line
- Gateway Residential and Support Services
- Niagara Falls Community Health Centre
- Niagara Health
- Niagara Region Mental Health
- Oak Centre
- Positive Living Niagara
- Quest Community Health Centre
- Wayside House
- West Niagara Mental Health

### 4. Overdose Prevention Education Network of Niagara (OPENN)

Public Health co-chairs the OPENN which has membership from agencies across prevention, harm reduction, treatment (including mental health treatment) and enforcement, in response to the opioid crisis. OPENN aims to provide a unified community response to substance issues, while sharing information and connecting services. OPENN is raising public awareness around the health impacts of substance use from a harm reduction viewpoint.

### 5. Niagara Mental Health and Addictions Complex Care Resolution Table

Strives to enhance the care of individual clients with complex mental health and addiction needs, to better understand Niagara's system of care, and to identify potential gaps and opportunities for further development. Most of the complex cases for review come from first response/emergency services.

## 6. Niagara Suicide Prevention Coalition

Public Health supports the Niagara Suicide Prevention Coalition, bringing a public health perspective and collaborating with members around specific community trainings. As part of a framework to prevent suicide in Niagara, Public Health staff are committed to training 1,000 community members in SafeTALK, and 250 community members in Applied Suicide Intervention Skills training over the course of 2020-2021. In addition, the Niagara Region Mental Health program is introducing a standardized suicide risk assessment for staff to utilize with their clients. Staff will be sharing learnings with other organizations who have the readiness to adopt the same assessment tool.

## 7. Needle Exchange Program

While funding is provided for infectious disease prevention via safe needle provision, there is no funding to deal with “discards”, that is, safe collection bins or pickup of discards from the ground. Currently, the municipalities are responsible for any litter cleanup. Streetworks, through Positive Living Niagara (PLN), administers the Needle Exchange Program, where over 1.6 million clean, safe needles help those in need to protect themselves and others from diseases such as Hepatitis C, and help reduce health care costs.

NRPH, PLN/Streetworks, and the municipalities work together to determine sites that may benefit from permanent needle boxes (sharps boxes). These boxes cost over \$2,000, and there are currently three in St. Catharines and one in Niagara Falls. The transient nature of discard locations makes box placement challenging. In addition, community partners including John Howard Society are working to assist with community/volunteer patrols to pick up discarded needles.

NRPH is working on reviewing data to see if it can help determine placement of boxes or help municipalities and partners with their pickup patrols

### *Related Learnings and Initiatives*

These are the initiatives that have a more limited scope or geographic reach with regard to mental health and addictions activity. Each of these, however, is connected to the above named overarching initiatives through knowledge sharing.

#### 1. Mobile Crisis Rapid Response Team (MCRRT)

This program is a collaboration between the NRPS and CMHA. It involves an NRPS officer and a CMHA worker being paired up. The NRPS officer will be in uniform and the CMHA worker in civilian clothing. The pair will be in a marked

NRPS vehicle working from noon to midnight seven days a week. They work in #1 District which covers St. Catharines and Thorold. The NRPS officer assigned to this pairing is considered authorized personnel strength (active duty) for the shift. The pair can respond to most calls for service that any other officer would, however their emphasis will be dealing with people having some form of mental health or addiction issue. The CMHA worker on occasion will, by phone, offer assistance to NRPS personnel from other districts in the region when required. This program has proven to be very effective in allowing the NRPS officer and the CMHA worker utilizing their respective areas of expertise in assisting persons with an emotional crisis.

2. Mental Health and Addictions Response Team (MHART)

Launched July 2018, the MHART responds in real time to low acuity 911 calls for mental health related complaints and addictions and is staffed by a Paramedic and a Mental Health nurse from 9 a.m. to 9 p.m., 7 days a week, 365 days a year. The nurses that staff this unit are donated from community partners: Niagara Health System, Welland McMaster Family Health Team, and Quest Community Health Center. When not responding to low acuity calls for mental health and addictions, MHART responds alongside ambulances to calls for opioid overdose to provide harm reduction which may include replacing naloxone kits, and referring patients or caregivers to existing community health and social supports. When not responding to active 911 calls, MHART provides proactive outreach to the community which may include distribution of naloxone kits, education or referrals to anyone asking for help and requiring connections to existing community supports, and following up on opioid overdose referrals from Paramedic crews and providing patient advocacy.

3. Consumption and Treatment Site (CTS)

As of December 2018, Paramedics working within the MHART team also staff the Consumption and Treatment Site to provide medical oversight to clients visiting that site. This work is in collaboration with staff working at Positive Living Niagara. Currently the site is open from 9 a.m. to 9 p.m. every day. This site utilizes partnerships with many care providers, including Niagara Health, Welland McMaster Family Health Team, and Quest Community Health Center, among others.

4. Crisis Outreach and Support Team (COAST)

This program is also a collaboration between the NRPS and the Canadian Mental Health Association (CMHA). The program offers assistance to people in

the Niagara region who are in crisis and have a mental health concern that is not an emergency. The NRPS has two officers dedicated to this program providing coverage 7 days a week. The officer's shifts are scheduled to commence at 10 a.m. and conclude at 10 p.m., except for Sundays where an officer will commence work at noon and conclude their shift at 8 p.m. The officer is usually not in uniform and the officer does not perform any front line duties that an MCRRT officer would, allowing the officer to solely commit to the COAST function. An officer in this program is specially trained in mental health and will work in partnership with a CMHA worker to develop a plan for the individual. Follow-ups are conducted by phone and in some cases with a personal visit to the person having a mental health concern. Generally speaking, COAST is not a rapid response service such as the MCRRT program, but more of a follow-up program.

#### 5. Naloxone Distribution

In 2016, Naloxone was issued to NRPS units that could come into contact with opioids. Although risk to people is minimal from contact with (as opposed to consumption of) opioids, this measure was taken out of an abundance of precaution and ensuring safety. These kits were made available to members who would be handling prisoners, handling illicit drugs, and specialty units that could receive exposure to opioids during the course of their duties. In 2018, front line uniform officers who would likely encounter opioids in the course of their duties were issued personal carry Naloxone kits (each kit containing two doses). These kits were issued to NRPS members to help reverse opioid overdoses encountered as NRPS officers are frequently responding to and quite often being the initial first responder arriving on scene. They also provide a level of protection to the officers who may accidentally come into contact with an opioid in their duties. These kits have proven to be an effective tool in dealing with persons who have had some form of opioid ingestion. The Ministry of Health and Long-Term Care (MOHLTC) is funding and supplying the Naloxone kits to the NRPS through Niagara Region Public Health and Emergency Services, Clinical Services Division.

Fire Departments are aware of the opportunity to be trained to deliver and carry Naloxone for suspected opioid overdose, and thus far, St. Catharines fire is trained, while at least one more has begun the process.

### **Alternatives Reviewed**

This report is sharing information on current initiatives.

## Relationship to Council Strategic Priorities

This work helps support Council's plan through Council Strategic Priority Area 2 – Healthy and Vibrant Community.

## Other Pertinent Reports

- PHD 08-2019 Increasing Capacity for Suicide Prevention Efforts in Niagara
- PHD 13-2019 Increasing Capacity for Mental Health Services Using External Funding

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## Appendices

None