

mesa Gathering Report



County of
Renfrew
Ontario . Canada

A workshop to discuss the community response to addictions, mental health challenges, and homelessness/affordable housing



1

Day

180

Attendees

49

Agencies

MAY 22

2024

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Introduction

The Mesa Gathering was held on May 22, 2024 with more than 180 participants. 140 joined the gathering in person and more than 40 participated virtually. There was representation from 49 agencies that provide services to community members facing addictions, mental health challenges, and homelessness.

The County of Renfrew, in collaboration with the Ottawa Valley Ontario Health Team and the Renfrew County and District Health Unit, hosted the event to officially launch Mesa, highlighting the collaborative approach to compassionate care and building a healthier, more resilient community. A full list of participating agencies is provided in Appendix 4.

The Mesa Gathering was held at Miramichi Lodge, a long-term care facility located in the City of Pembroke, owned and operated by the County of Renfrew. This was the first event held at the facility since the Pandemic.

Mesa Gathering participants were welcomed by Elder Francis Sarazin, a member of the Algonquin of Pikwakanagan First Nation Community. Francis Sarazin opened the gathering with an open heart and mind, setting the tone for an intentional, thoughtful day of dialogue and learning from each other.

Throughout the day, participants engaged with leading experts, participated in discussions, and explored innovative approaches to enhance care and quality of life for everyone in our communities. The gathering was about sharing knowledge, fostering partnerships, and cultivating collaborative opportunities that lead to meaningful change.

Background

The County of Renfrew, like many regions across Ontario, is grappling with escalating homelessness, addictions, and mental health crises. The intertwined nature of these issues has created a complex challenge for local communities and community members. Homelessness rates have surged, partly driven by economic instability and a lack of affordable housing. Concurrently, the opioid and toxic overdose epidemic and rising rates of substance use have exacerbated the situation, leading to an increased use of emergency services and strain on local health systems. Mental health issues, often both a cause and a consequence of homelessness and addiction, are prevalent, with many residents unable to access timely and effective support.

Given these multifaceted challenges, a gathering of experts presents an invaluable opportunity to collaboratively address these pressing issues. Bringing together people with lived experience and professionals from mental health, community services, public health, and community paramedicine, the Mesa Gathering aimed to foster constructive dialogue and generate innovative solutions. This convergence of knowledge and expertise was crucial for developing integrated approaches that effectively tackle the root causes of these crises. By sharing insights and exploring new strategies, participants helped shape a comprehensive, community-based response that addresses the immediate needs of community members while also working towards long-term systemic change.



Local Issues in the County of Renfrew

The County of Renfrew is experiencing a critical situation as a result of affordable housing, homelessness, addictions, and mental health issues. The region has seen a significant increase in the number of individuals and families facing homelessness. Factors contributing to this rise include a shortage of affordable housing, economic challenges, and an increase in the cost of living. Additionally, many individuals experiencing homelessness are also struggling with substance use as well as mental health challenges. These complex challenges create a cycle that is difficult to break without comprehensive support.

1. Addiction, particularly opioid addiction, has become a severe public health crisis in our communities, with one death every ten days. The use of prescription medications and the availability of illicit drugs have led to a spike in overdose incidents and deaths. This epidemic not only impacts the individuals directly involved but also places a heavy burden on emergency services, healthcare providers, families and the larger community.
2. Mental health challenges are deeply intertwined with both homelessness and addiction. Many individuals suffering from mental health conditions lack access to adequate care and support, which exacerbates their situation. The stigma surrounding mental health also prevents many from seeking help, leading to a deterioration in their condition and quality of life. A more comprehensive review of the issues and challenges in Renfrew County and Ontario can be found in Appendix 1.
3. Homelessness in the County of Renfrew poses significant challenges, closely intertwined with issues of addictions and mental health. Many individuals experiencing homelessness and housing instability also struggle with substance use as well as mental health disorders, creating a complex cycle that hinders their ability to secure stable housing and access necessary support services. The lack of adequate resources and integrated care further exacerbates these issues, making it difficult for affected individuals to achieve long-term stability and wellness.

Importance of Multi-Agency Collaboration

Addressing these complex and interrelated issues requires a coordinated effort from multiple sectors. No single agency or organization can tackle these challenges alone. Multi-agency collaboration is essential to provide comprehensive and integrated care. By pooling resources, knowledge, and expertise, agencies can develop more effective strategies and interventions. Collaborative efforts ensure that individuals receive holistic support that addresses their housing, health, and social needs.

Collaboration also fosters the sharing of best practices and innovative solutions, allowing agencies to learn from each other and implement the most effective approaches. It helps to create a unified strategy, avoiding duplication of efforts, and ensuring that all aspects of the problem are addressed. Moreover, a united front sends a strong message to the community and policymakers about the seriousness, urgency and complexity of these issues and the commitment to finding solutions.

Objectives for the Multi-Agency Mesa Gathering

1. Understanding the Current Landscape:

- Provide a comprehensive overview of the current state of homelessness, addiction, and mental health issues in the County of Renfrew.
- Share data, statistics, and case studies to highlight the extent and impact of these issues on the community.

2. Identifying Gaps and Challenges:

- Discuss the existing gaps in services and support for individuals facing these issues.
- Identify the barriers that prevent effective service delivery, such as funding limitations, stigma, and lack of coordination.

3. Fostering Collaboration and Partnership:

- Encourage networking and relationship-building among different agencies and stakeholders.
- Establish a framework for ongoing collaboration and communication to ensure continuous support and development of strategies.

4. Developing Integrated Strategies:

- Brainstorm and develop integrated approaches that address the root causes and interconnected nature of homelessness, addiction, and mental health issues.
- Focus on preventative measures as well as immediate interventions.

5. Creating an Action Plan:

- Outline specific, actionable steps that agencies can take individually and collectively to address these issues.
- Set short-term and long-term goals, with clear timelines and responsibilities.

6. Resource Allocation and Advocacy:

- Discuss ways to optimize resource allocation to maximize impact.
- Develop strategies for advocacy to secure additional funding and support from local, provincial, and federal governments.

7. Monitoring and Evaluation:

- Establish mechanisms for monitoring the progress of implemented strategies and evaluating their effectiveness.
- Ensure continuous feedback and improvement of approaches based on data and outcomes.

By focusing on these objectives, the Mesa Gathering aimed to create a collaborative, strategic approach to tackling the critical issues of homelessness, affordable housing, addiction, and mental health in the County of Renfrew. This united effort will help build a stronger, more supportive community for all residents.

Presenters and Keynote Speakers

The Mesa Gathering was opened by Warden Peter Emon. Warden Emon has been a member of the County of Renfrew Council since 2006 and has served five one-year terms as Warden. During his tenure, he was an active member of the Eastern Ontario Wardens Caucus (EOWC) for five years, holding the position of Chair for two years. Warden Emon has extensive experience in social services, having worked as a child protection worker for 25 years and as a crisis support worker in community mental health.

Warden Emon's opening remarks at the Mesa Gathering were informed by his diverse background as a social worker and elected official. He addressed the escalating challenges our community faces, including homelessness, addictions, and mental health issues. He emphasized the importance of community collaboration to address the root causes of substance use disorders, improve access to treatment and support services, and implement evidence-based harm reduction strategies.

Warden Emon concluded his remarks with a poignant question:



“If not the collective ‘us’, then who?”

In developing the agenda, the organizing committee highlighted the fundamental importance of hearing from members of our community with lived experience. The presentations by Leonard Baskin and Corey Clouthier were invaluable. Leonard, in recovery from alcohol use disorder, spoke about the challenges he faced in his personal journey and the treatment he received at MacKay Manor. Corey shared his struggles with addiction, interactions with the criminal justice system, and the impact on his family and relationships. Corey is now a Canadian Certified Addiction Counsellor and Certified Anger Management Facilitator, working at a long-term residential treatment center for men, helping others recover from their addictions.



Leonard and Corey's presentations set the tone for the day. Their stories inspired the Mesa Gathering participants and highlighted the goals of our gathering — to improve the lives of those most in need across our communities.



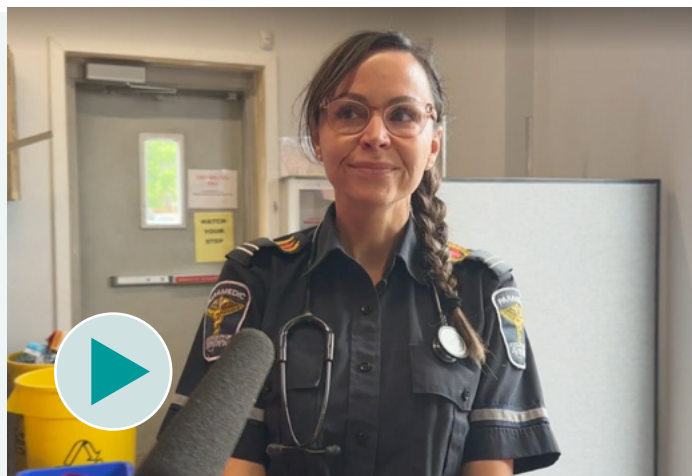
We were very fortunate to receive a presentation from our next presenter, Omar Dabaghi-Pacheco, a celebrated journalist and the host of CBC Ottawa News. Omar is renowned for his compelling documentary storytelling, and his presentation at the Mesa Gathering was no exception. During his talk, Omar chronicled his most recent series of interviews with people experiencing homelessness and struggling with mental health and addiction challenges. Through clips captured by his cameraman and producer, Ryan Garland, Omar illustrated the human side of Ottawa's fentanyl crisis, a scene that is unfolding repeatedly across the city and the country. A key takeaway from Omar's presentation was the crucial role of housing in providing a starting point for recovery for those facing mental health and addiction issues.

CBC Documentary

June 26, 2024

In small town Ontario, fighting opioid crisis requires personal touch

[Watch Here](#)



Deidre Freiheit, former President and Chief Executive Officer (CEO) of Shepherds of Good Hope in Ottawa, spoke to us about community strategies to de-stigmatize beliefs. Shepherds of Good Hope’s mission is to foster hope and reduce harm in Ottawa by supporting people experiencing homelessness and vulnerable adults through specialized services, programs, and partnerships. The conversation was guided by Chief of Paramedic Services, Michael Nolan, who began with a series of questions for Deidre, leading to an open and dynamic discussion with the audience. Throughout the discussion, Deidre provided examples of community concerns she had faced over the years and how these issues were resolved through open dialogue. Many in the audience could relate to the concerns expressed, as they were similar to those occurring at The Grind in the City of Pembroke. The presentation was extremely insightful and relevant.



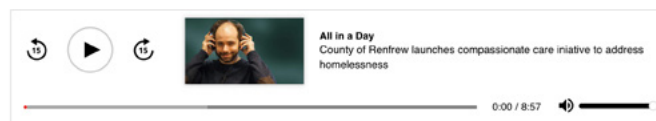
Our morning session concluded with a call to action by Craig Kelley, Chief Administrative Officer for the County of Renfrew. Craig addressed the challenges faced in Renfrew County, noting its uniqueness in having not just one urban area but a collection of urban centers complemented by small towns, villages, and hamlets. Each of these communities struggles with similar issues, yet they all have varied service delivery models or even a lack of efficient resourcing. Craig emphasized that we are reaching a crisis point that requires innovative thinking, integrated support systems, and aligned, strategic investments moving forward. He concluded by reaffirming the County of Renfrew’s ongoing commitment to supporting the community through new and innovative delivery models, a Housing First philosophy, and increased resources to address these challenges.

CBC: All in a Day

March, 2024

County of Renfrew launches compassionate care initiative to address homelessness

[Listen Here](#)



County of Renfrew launches compassionate care initiative to address homelessness

4 months ago | Radio | 8:57

The initiative, named mesa, is now focused on developing mobile response teams that will support people experiencing mental health crises, addiction and homelessness. The chief of the county’s paramedic service tells us more.

Rapid Fire Presentations

The afternoon session started with a series of Rapid Fire Presentations from agency partners. Each agency was given 10 minutes to provide an overview of key initiatives. The following organizations were represented:

Pembroke Regional Hospital — Mental Health Services:

Melanie Henderson, Vice-President, Clinical & Support Services and Molly Fulton, Manager, Mental Health Services, Pembroke Regional Hospital.

Ontario Provincial Police:

Inspector Steph Neufeld, Detachment Commander UOV OPP

County of Renfrew (Property Division, Community Services, Paramedic Services):

Jason Davis, Director of Development and Property, Andrea Patrick, Director of Community Services and Mathieu Grenier, Deputy Chief of Paramedic Services.

Renfrew Victoria Hospital - Addiction Services and Mackay Manor:

Kim McLeod, Service Director, Addictions Treatment Service at Renfrew Victoria Hospital and Liana Sullivan, Executive Director at Mackay Manor

Renfrew County and District Health Unit (RCDHU) Program Highlights:

Brian Brohart, Coordinator, RCDHU

Renfrew County and District Drug Strategy:

Patti Smith, Director, Health Promotion & Chief Nursing Officer at Renfrew County and District Health Unit

The Rapid Fire Presentations provided important information for our participants, setting the stage for our panel discussion that followed.

Panel Discussion Review

The Mesa Gathering brought together a panel of practitioners from partner agencies to address the pressing issues of addictions, mental health, and homelessness in the County of Renfrew. The panel included Melanie Henderson, Vice-President of Clinical & Support Services, from the Mental Health Team at Pembroke Regional Hospital, who provided valuable insights into the mental health services available in the region. Inspector Steph Neufeld, Detachment Commander of the Ontario Provincial Police (UOV OPP), discussed the law enforcement perspective and the challenges faced by officers on the ground. Andrea Patrick, Director of Community Services, highlighted the County’s initiatives and the need for integrated service delivery through the Mesa Program to effectively address these complex issues.



The discussion was enriched by contributions from Kim McLeod, Service Director of Addictions Treatment at Renfrew Victoria Hospital, while Patti Smith, Director of Health Promotion and Chief Nursing Officer at the Renfrew County and District Health (RCDHU), outlined the priorities of the RCDHU and the collaborative effort in the development of the Drug Strategy. Audience participants engaged actively, posing important questions to the panel members about the current situation and the ways in which these organizations are collaborating to find sustainable solutions. The exchange provided important insights into the multiagency approach required to tackle these issues, emphasizing the need for continued innovation and community involvement.

Members of the audience and the panel did not shy away from engaging in difficult but important discussions. The Ontario Provincial Police (OPP) were asked about the delicate balance between laying charges in cases of fatalities and supporting community members with addictions and mental health issues. Inspector Neufeld responded by indicating that individuals in the community who are dealing or distributing narcotics and are involved in a fatality will be thoroughly investigated, with the possibility of charges being laid.

Community Mental Health was asked about the process for case management and whether an individual requires an official psychiatric diagnosis. The panel experts responded that the mandate has changed over the years, and an official diagnosis is no longer required. This question evolved to acknowledge the growing need for mental health services and the lack of available psychiatric services in the community. It was noted that this situation is not unique to Renfrew County, reflecting a broader challenge faced by many regions.

The audience inquired if the Mesa Program helped alleviate challenges associated with wait-lists for some individuals. The panel members responded by suggesting that these important questions will be addressed as the program develops, emphasizing the need for collaboration with Mesa partners to find solutions.

An audience member asked if Pembroke Regional Hospital would consider becoming a designated psychiatric facility (Schedule 1) under the Mental Health Act. It was noted that paramedics often have to transfer patients to Ottawa due to the absence of local facilities. Panel experts acknowledged this issue and indicated that this possibility was being explored, emphasizing that providing care closer to home is the preferred approach. They highlighted three pillars associated with this issue: the availability of healthcare human resources, the education and training of staff, and the facility design and layout.

In concluding the panel discussion, the panel members were asked how to continue moving forward and improve collaboration. All panel members noted that the day was a great start, identifying the necessity of providing multiple supports from various agencies. Organizations will need to commit to continuing the conversation. The panel acknowledged that the newly formed Ottawa Valley Health Team will have an important role to play in the future.

World Café — Facilitated Session

Our final session of the day was designed to harness the collective wisdom of the group and develop a new collaborative, co-ordinated approach to the challenges of homelessness, mental health, and addictions. To achieve this, we used the World Café model and Mentimeter interactive software to engage the Mesa Gathering participants.

The World Café model is a participatory facilitation method that enables dynamic and collaborative dialogue among participants. It is often used to foster a deeper understanding of complex issues, generate innovative ideas, and build community. The process simulates the relaxed, conversational atmosphere of a café.



Each round of questions was guided by a clear, thought-provoking question relevant to the overall theme (see Appendix 2 and 3). These questions were designed to cultivate deep reflection and dialogue, evolving over the rounds to build on previous conversations and leading to deeper levels of inquiry and understanding. The World Café model guides participants through a structured process involving four key phases:

1 Discovery:

Exploring and appreciating the aspects that are currently effective.

2 Dream:

Imagining and envisioning a desired future or outcome.

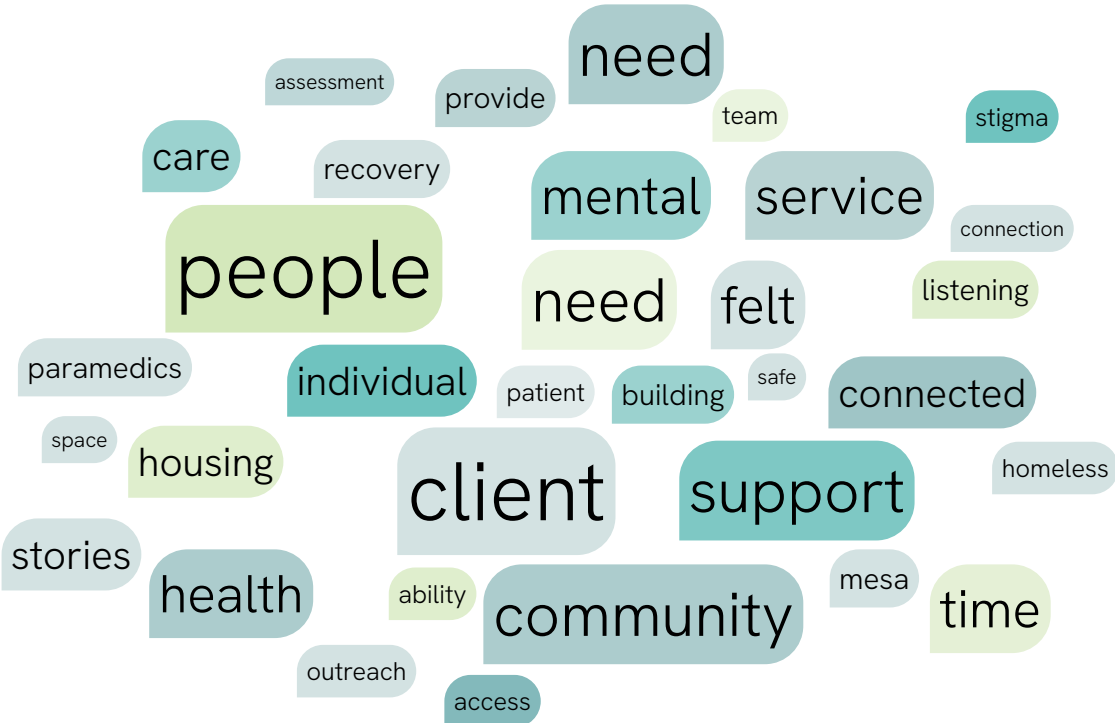
3 Design:

Planning and outlining the systems, structures, and processes necessary to achieve the envisioned future.

4 Destiny/Delivery:

Implementing the design and developing sustainable strategies for continuous improvement and realization of the envisioned goals.

To help the facilitator capture the essence of the conversations in real-time, we employed Mentimeter. Mentimeter is an interactive presentation software tool designed to make meetings, classes, workshops, and conferences engaging and interactive. It allows presenters to create presentations with real-time polls, quizzes, word clouds, Q&As, and more, enabling audience participation and feedback through their devices.



Question 1 invited participants to share stories or moments when individuals experiencing homelessness, mental health issues, or addictions felt seen, valued, and supported by their communities. This question aimed to highlight positive experiences and successful interventions, providing a foundation of hope and possibility. By focusing on real-life examples, we sought to uncover the underlying factors that contributed to these moments of support and inclusion, offering valuable insights that could be replicated as the Mesa program continues to evolve.

Question 2 asked participants to imagine a future where everyone in the community has access to comprehensive support that embraces diversity, equity, and inclusion in addressing mental health, addiction, and homelessness. This forward-looking question encouraged participants to dream big and think creatively about what an ideal supportive community would look like. By envisioning a future where no one is left behind, participants were able to articulate a collective vision that could guide future initiatives and policy-making.

Question 3 focused on identifying innovative strategies and interventions that could better support individuals experiencing homelessness, mental health challenges, and addiction. This question prompted participants to brainstorm new ideas and approaches, drawing on their diverse experiences and expertise. The goal was to generate a range of creative solutions that could address the complex and multifaceted nature of these issues.

Question 4 sought to translate the collective vision and innovative ideas into concrete actions. Participants were asked to consider what steps could be taken to ensure that the vision of inclusive communities becomes a reality. This question encouraged practical thinking and collaborative planning, emphasizing the importance of implementation and accountability in achieving long-term change.

These questions facilitated a dynamic exchange of ideas, fostering a collaborative environment where participants could learn from each other, build on each other's insights, and co-create actionable solutions for a more inclusive and supportive community. For a detailed list of responses see Appendix 2. Appendix 3 provides a summary of responses that have been grouped under common themes.

Key Outcomes and Insights

which individuals experiencing homelessness, mental health issues, or addictions feel seen, valued, and supported by their communities. Key points include:

1. Direct Support and Interaction:

- Daily interactions at community hubs like “The Grind” and through Mobile Outreach programs.
- Volunteers and professionals providing companionship and support at homeless shelters.
- Paramedics and EMS teams take time to listen to and converse with individuals without judgment.
- Healthlink Coordinators and community teams assisting with accessing recovery clinics and medical care.
- Support during interactions with probation officers, paramedics, and through EMS & Mental Health tours.
- Adopted a Centralized Platform for sharing information and coordinating care among providers.

2. Community-Based Initiatives:

- Programs like the Mesa Program and initiatives by the Ottawa Valley Health Team.
- Establishing warming centers and crisis beds for temporary housing.
- Rural communities are making efforts to address hidden issues.
- Collaborative efforts with Carefor, Community Mental Health, and other agencies to provide comprehensive care.
- Outreach efforts, including paramedics on foot conducting surveys.

3. Personalized Care and Advocacy:

- Providing mental health assessments in non-traditional settings like individuals' living rooms.
- Building trust and rapport through repeated interactions and consistent support.
- Meeting clients where they are and taking a person-first approach.
- Supporting clients' goals and empowering them through active listening and validation.
- Making efforts to connect individuals with practical support and resources.

4. Community Engagement and Education:

- Public figures, such as the Prime Minister, take time to meet with vulnerable individuals.
- Initiatives like the "Out Loud Library" creating safe spaces for sharing stories.
- Broad community engagement through events like the Coldest Night of the Year and public education campaigns.
- Media involvement, such as the Eganville Leader series, highlighting lived experiences.

5. Collaboration and Resource Provision:

- Collaborations between home care, paramedics, and other service providers to ensure continuous and comprehensive care.
- Warm hand-offs between agencies to ensure seamless support.
- Programs addressing immediate needs and providing resources without delay.
- Ensuring housing stability as a foundation for overall well-being.

These elements collectively emphasize the importance of direct support, personalized care, community engagement, and collaborative efforts in addressing the complex needs of individuals facing homelessness, mental health issues, and addictions.

List of Recommendations

The Mesa Gathering yielded numerous significant insights that hold substantial potential to positively impact individuals experiencing homelessness, addiction, and mental health challenges. The following list represents the recommendations identified as impactful, achievable, and sustainable for improving the lives of individuals experiencing homelessness, addiction, and mental health challenges.

Recommendations:

1. Continuation of the Mesa Program

RECOMMENDATION:

Provide permanent funding for the Mesa program and secure additional financial support from the provincial government.

ACTIONS:

- Allocate a dedicated budget line for the Mesa program in the county's annual budget.
- Elected officials to schedule and conduct meetings with Provincial officials to discuss ongoing financial support.
- Develop a long-term strategic plan to ensure the program's sustainability and effectiveness.
- Adopt a centralized data platform: This central database will allow for the sharing information and coordination of care amongst providers.

2. Designation of Pembroke Regional Hospital as a Schedule 1 Facility

RECOMMENDATION:

Advocate for the designation of Pembroke Regional Hospital as a Schedule 1 facility under the Mental Health Act.

ACTIONS:

- Support the designation of Pembroke Regional Hospital to become a Schedule 1 facility under the Mental Health Act.
- Form a task force to spearhead the initiative, including representatives from the hospital, local government, and mental health advocates.
- Prepare a comprehensive proposal outlining the benefits and requirements for the designation.
- Coordinate with provincial health authorities and lobby for the necessary legislative changes.

3. Support Sustainability for The Grind

RECOMMENDATION:

Establish a partnership between The Grind and similar plural sector organizations such as Shepherds of Good Hope or the Ottawa Mission to ensure sustainability.

ACTIONS:

- Initiate discussions with potential partner organizations to explore collaboration opportunities.
- Develop a memorandum of understanding (MOU) detailing the roles, responsibilities, and benefits of the partnership.
- Implement joint programs and services, sharing best practices and resources to enhance support for those with mental health issues, addictions, and homelessness.



4. Establish a Regional Addiction Treatment Facility in or near to the County of Renfrew, servicing local needs in Eastern Ontario.

RECOMMENDATION:

The Mesa Gathering underlined the urgent need for this facility. The consensus was clear that a dedicated treatment center is vital to support individuals experiencing addiction. The creation of an addiction treatment facility in the County of Renfrew is a necessary and urgent step to address the ongoing crisis to provide essential services to those in need.

ACTIONS:

- Advocate the Province of Ontario to allocate funding specifically for the establishment of a mental health, addiction, and residential drug treatment rehabilitation facility serving the County of Renfrew and Eastern Ontario.
- Create a multi-agency team that supports a facility that offers evidence-based, trauma-informed care, addressing both addiction and concurrent mental health issues.

5. Create a Supportive Bridge Housing Facility

RECOMMENDATION:

Develop a supportive bridge housing facility for individuals living with the challenges of addictions, mental health issues, and homelessness.

ACTIONS:

- Conduct a needs assessment to determine the size, scope, and requirements of the facility.
- Secure funding through grants, partnerships, and government support.
- Collaborate with local agencies, non-profits, and healthcare providers to design and operate the facility, ensuring comprehensive support services are available.

6. Address Health Care Human Resource Shortages

RECOMMENDATION:

Create a collaborative training program to address the shortage of healthcare human resources in the community.

ACTIONS:

- Partner with Algonquin College, healthcare providers, and professional organizations to develop the training curriculum.
- Standardize training programs across the community to ensure consistent quality and standards.
- Coordinate training opportunities among partner agencies leading for a consistent approach and financial efficiencies.

7. Enhance Community Education and De-stigmatization

RECOMMENDATION:

Implement a community education campaign to destigmatize mental health and substance use issues.

ACTIONS:

- Launch public awareness campaigns using various media platforms to educate the community about mental health and substance use.
- Organize workshops, seminars, and support groups to provide information and resources.
- Partner with local schools, businesses, and community organizations to promote mental health awareness and reduce stigma.

8. Implement a Renfrew County Drug Strategy

RECOMMENDATION:

Support the ongoing development and implementation of the Renfrew County Drug Strategy.

ACTIONS:

- Ensure that the Ottawa Valley Ontario Health Team and Renfrew County and District Health Unit (public health) have adequate resources to continue the development of the Drug Strategy.
- Educate and train all agencies on the implementation of the Drug Strategy.
- Launch public awareness campaigns using various media platforms to educate the community about the Renfrew County Drug Strategy
- Promote Renfrew County Drug Strategy in concert with recommendation 6 - Implement a community education campaign to destigmatize mental health and substance use issues.

9. Support increased Volunteer Capacity

RECOMMENDATION:

The Mesa Gathering underscored the critical role volunteers play in supporting agencies that deliver mental health services, addiction treatments, and homelessness support. However, a decline in volunteerism has been noted, which jeopardizes the efficacy of these essential services. To address this issue, the creation of a dedicated organization to manage and train volunteers, ensuring they are equipped to work safely and effectively in high-risk environments is critical to support program delivery.

ACTIONS:

- Develop community campaigns, launching community-wide campaigns to raise awareness about the importance of volunteerism and its impact on mental health, addiction, and homelessness support.
- Create a dedicated centralized volunteer recruitment, management, and training program to ensure a streamlined process and reduce the administrative burden on individual agencies.
- Develop comprehensive training programs. Volunteers working in mental health, addiction, and homelessness support face unique challenges and risks. It is imperative they receive thorough training in areas such as crisis intervention, de-escalation techniques, and understanding the complexities of mental health and addiction.
- Seek funding for support and supervision. Ongoing support and supervision for volunteers are crucial. This organization will provide a support system, offering guidance and addressing volunteer concerns, thereby enhancing volunteer satisfaction and performance.

By adopting these recommendations and implementing the corresponding actions, the County of Renfrew can address the key issues identified during the Mesa Gathering and work towards creating a supportive, resilient, and inclusive community.

Conclusion

The Mesa Gathering was a significant milestone in addressing the crises of homelessness, mental health issues, and addiction in the County of Renfrew. The event underscored the importance of multi-agency collaboration, co-ordination and the need for innovative, integrated approaches to these complex challenges. Throughout the day, participants engaged with local practitioners, shared valuable insights, and explored new strategies to enhance care and support for vulnerable populations.

The discussions and presentations highlighted the urgent need for coordinated efforts across various sectors, from healthcare and social services to law enforcement and community organizations. The Rapid Fire Presentations and panel discussions provided a platform for sharing best practices and identifying gaps in current service delivery. Moreover, the stories shared by individuals with lived experiences of addiction and recovery added a powerful human dimension to the issues being addressed, emphasizing the critical role of compassion and understanding in our collective efforts.

As we move forward, the insights gained from the Mesa Gathering will serve as a foundation for developing a comprehensive action plan. This plan will foster ongoing collaboration, optimize resource allocation, and advocate for necessary funding and policy support. By continuing to work together, we can build a more resilient, compassionate community that effectively addresses the root causes of homelessness, addiction, and mental health challenges.

The Mesa Gathering has laid the groundwork for meaningful change. It is now up to all of us—community leaders, service providers, policymakers, and residents—to carry this momentum forward. Through sustained collaboration and a shared commitment to innovation and compassion, we can create a brighter, healthier future for all members of the County of Renfrew.

Appendices

Appendix 1: Environmental Scan — Comprehensive review of the current state of homelessness, addiction, and mental health services in the community and available programs.

Appendix 2: World Café Questions and Responses — complete list of Mentimeter Responses.

Appendix 3: Summary of World Café — Key Findings

Appendix 4: List of Participating Agencies

Appendix 1: Environmental Scan

May 2024

1. Current Situation

Addictions

- **Ontario:** Ontario is experiencing a significant opioid crisis, with rising rates of overdoses and opioid-related deaths. Other substance use issues, including alcohol and stimulants, are also prevalent.
- **Renfrew County:** Similar to the broader province, Renfrew County faces challenges with opioid addiction and other substance use disorders, compounded by rural access barriers.
- In just five years, from 2018 to 2023, we've seen a staggering increase from an average of 12 deaths annually to a heartbreaking 39 deaths in 2023 alone. This surge is unprecedented and deeply concerning. To put it in perspective, our per capita rate of suspect drug poisoning deaths now exceeds that of the entire province of Ontario.
- In the first quarter of 2024 the County of Renfrew recorded eight suspect drug poisoning deaths, indicating a continuation of this tragic trend. Each of these numbers represents a life lost, a family shattered, and a community in mourning.
- In 2023, our local hospitals witnessed approximately 70 such visits, a 60% increase compared to just four years prior. While the distribution of naloxone has undoubtedly saved lives, it's also indicative of the urgent need for comprehensive strategies to address substance use disorders.
- Toxicology findings from the Coroner's office reveal a troubling trend: opioid-related deaths often involve multiple substances. This underscores the complexity of the issue and the need for holistic, multifaceted approaches to harm reduction and support. That means that everyone in this room has a role to play.

Homelessness

- **Ontario:** Homelessness remains a critical issue, with a significant number of individuals experiencing chronic homelessness. Affordable housing shortages and economic disparities continue to be prevalent throughout Ontario.
- In cities like Toronto experiencing escalating housing costs that push low-income families to the outskirts or into homelessness contribute to the problem.
- **Renfrew County:** Homelessness is less visible but still a pressing issue, often intertwined with mental health and addiction problems. Rural homelessness often involves couch surfing and living in inadequate housing conditions.
- In the County of Renfrew, rural communities also grapple with limited affordable housing options, exacerbating the challenges faced by low-income families.

Mental Health

- **Ontario:** Mental health issues are widespread, with increasing demand for services outpacing supply. The COVID-19 pandemic has exacerbated mental health challenges across all demographics.
- **Renfrew County:** Access to mental health services is a significant challenge due to the rural setting, with long wait times and a shortage of healthcare professionals.

2. Existing Programs

Addictions

• Ontario-wide Programs:

- **Ontario Naloxone Program:** Provides free naloxone kits to help reverse opioid overdoses.
- **Rapid Access Addiction Medicine (RAAM) Clinics:** Offer quick access to addiction treatment services without an appointment.
- **ConnexOntario:** A helpline and database providing information on addiction services across the province.

Homelessness

• Ontario-wide Programs:

- **Ontario Housing First Program:** Focuses on providing permanent housing with wraparound support services.
- **Investing in Affordable Housing (IAH):** Joint federal-provincial program to create affordable housing units.
- **Ontario Renovates Program:** The Ontario Renovates program provide financial assistance for home repairs and adaptations, benefiting low-income families and seniors.(offered by the County of Renfrew)
- **Canada-Ontario Housing Benefit (COHB):** The Canada-Ontario Housing Benefit offers financial support to eligible low-income individuals and families to help with rental costs, addressing affordability concerns. (offered by the County of Renfrew)

Mental Health

• Ontario-wide Programs:

- **Ontario Mental Health Helpline:** Provides information and referrals to mental health services.
- **Telehealth Ontario:** Offers free access to a registered nurse for health advice, including mental health concerns.

• Renfrew County Programs:

- **Addiction Treatment Services:** Offers counselling, harm reduction services, and support for individuals struggling with addiction.
- **Pembroke Regional Hospital:** Provides detoxification services and outpatient addiction treatment programs.
- **Renfrew County and District Health Unit:** RDCHU has initiated a multi-organization drug strategy.

• Renfrew County Programs:

- **Renfrew County Housing Corporation (RCHC):** Manages affordable housing units and provides support services.
- **Emergency Minor Home Repairs Program:** A program for low-income homeowners who require minor home repairs that will allow for continued safe occupancy of their home.
- **Affordable Homeownership Program:** A program to assist low-to-moderate income renter households in Renfrew County to purchase affordable homes by providing down payment assistance in the form of a forgivable loan.
- **The Grind Pembroke:** A drop-in center offering shelter, meals, and support services to homeless individuals.

• Renfrew County Programs:

- **Mental Health Services of Renfrew County (MHSRC):** Offers a range of mental health services including crisis intervention, counseling, and case management.
- **Phoenix Centre for Children and Families:** Provides mental health services tailored to children, youth, and their families.

3. Recent Developments

Mesa — a County of Renfrew initiative

- **Mesa:** Recently announced, this initiative aims to address the intertwined issues of mental health, addictions, and homelessness in Renfrew County. Mesa focuses on creating a collaborative framework that brings together healthcare providers, social services, and community organizations to deliver integrated care and support to vulnerable populations. This project is expected to enhance service coordination, improve access to care, and provide targeted support to individuals in need.

4. Gaps and Recommendations

Gaps:

- **Service Accessibility:** Despite numerous programs, rural areas like Renfrew County face accessibility issues due to geographic spread and transportation barriers.
- **Resource Constraints:** Chronic underfunding and resource shortages limit the effectiveness of existing programs.
- **Integrated Care:** There is a need for more integrated care models that address mental health, addiction, and homelessness concurrently.

Recommendations:

- **Enhanced Funding:** Increase funding for mental health and addiction services, particularly in rural areas.
- **Community Collaboration:** Strengthen collaborations among healthcare providers, social services, and community organizations to create a seamless support network.
- **Mobile Services:** Develop mobile health and addiction units to reach remote communities.

Conclusion

Ontario and Renfrew County have a range of programs addressing addictions, homelessness, and mental health, but challenges remain, especially in rural accessibility and integrated care. The recent Mesa initiative in Renfrew County is a promising development aimed at improving coordination and support for the most vulnerable. Continued focus on enhancing accessibility, funding, and collaboration will be key to addressing these critical issues effectively.

Appendix 2: World Café Questions and Responses

Share stories or moments when individuals experiencing homelessness, mental health issues or addictions felt seen, valued and supported by their communities.

Responses:

Daily at The Grind

Mobile Outreach

Time to witness and hear stories without judgement

In a homeless shelter, volunteers play a crucial role in providing support and companionship to those in need.

Chatting with someone sleeping rough

EMS & MH tours

At the probation office

Pt with anxiety concerned about significant medical history and talked to paramedics for 2 hours which helped

Client impact/gratitude

Meeting clients where they are at

Rural communities often make these issues hidden and not as visible

Conversing with someone in need

Supportive friends when you have no where to go

Working as a Health link Coordinator, helped a young woman get into a recovery clinic in Sudbury — she was successful

When (MESA) paramedics were on foot conducting surveys

Be open with prejudice

Post-disaster

Access to warming centres.

Prime Minister made time against his itinerary to meet with vulnerable individuals.

Open without judgement

Interaction w mcrt

Trans identifying client, opened up because felt service provider was a non-judgemental space, identified that community needs more LGBTQ friendly services...felt seen and cared for

Connection with families

Brought care directly to the individual, practical support (\$)

Moment when I could provide a mental health assessment in an individuals living room instead of transporting to hospital

RCVTAC

Mesa Team chatting with someone in the community, building trust, connected with OATC, provided resources for short stay, pt felt comfortable and thankful

Approaching those in need

Individuals being able to tell their stories

Collaboration between home care and paramedics to move a patient to safe housing. Pt felt like needs were met. Went on to live a healthier life supported within the community.

Making eye contact and acknowledging the person

Empowerment

When professionals take a human approach to listening — rather than problem solving.

Not transporting a patient to hospital just because they were "high"

Meeting clients where they are at

Built relationship and continually sought out individual — they felt cared for

All the agencies

Working collaboratively with service providers to mitigate repetition for clients

COVID caused homeless population to congregate

Partnership with Carefor and CMH — many have mental health challenges, couch surfing, crisi bed with community mental health. CMH supports them for a short time. Could be a weekend or two weeks

Warming centre

Actively listening to individuals and demonstrating an interest in their stories and the person

Feel seen when time with counsellor is not limited...that the counsellor is there and committed to help, validate their pain, you see them as a whole person....people can feel so moved around and shuffled

Pt frequently presenting to. ER with panic attack, came in week after previous symptoms. Initiated chest pain protocol. Pt dx with an MI. Pt reached out later expressing appreciation for treating the

CMH, Older Adults, and Carefor working collaboratively

Time and listening

Supporting the client's support team

Collaborative teams collectively helping people for full resourcing

Warming centre by community to make it happen

Mesa outreach, displaced due to memory problems, got medical assessment, Blood work, placed onto Crisis list, and connection with ODSP. Pt felt seen and feel grateful

Collaborations with partners to prevent relapse and accelerate care

Learn about peoples stories

Advocating for, caring for an individual — going the extra mile for someone... this was recognized

Community agency referral and warm hand off

All hands on deck

Individuals felt seen with support from their communities

The Eganville Leader series on lived experience — allowing people to share their stories and lived/living experience.

Professionals are recognizing the value of the family voice

Difficulty connecting with pt using fentanyl. Listened to pt and pt was so thankful the time was taken to understand her situation

Coldest Night of the Year

Be receptive to what patients' goals are

Few people in community responded to need to make a big difference. And then corporation was pivotal

Support for caregivers

Person with mental health issues. Could not live alone or manage medication. CMH reached out to Carefor. Now who goes to the gym, bingo, volunteers in own recreation program.

Housing is crucial.

Majority of clients deal with mental health and addiction..allowing support workers to come into a facility so that the client doesn't have to travel to the service (best to travel to the client)

Housing as a foundation to wellbeing

Learning from PWLE

Implemented an initiative to phone people on their wait list to check in and see how they are doing, assessing needs that can be immediately assisted with

Having immediate resources

Clients returning after successful recovery months later

Professionals are starting to listen to what families are bringing to the table — this helps reduce stigma

Empowering PWLE

Person-first, meeting people where they are at — taking time to listen to them, as a person and working on goals with them together.

Seeing with people who have stigma with racial stigma, and just taking the time to sit and chat and provide friendship

A meal can make a huge difference

Homeless Count

Harm reduction staff supporting people where they are at — where it be to provide supplies, get them connected to services, or listen to their story.

Continuance of care after securing housing

building relationship with people and stopping, talking and building rapport

Consistent support, not giving up — being there for them.

People returning to only place they felt supported

When clients feel heard as a person and not an “issue/problem”

Ways to have basic needs met immediately

Ability to work “off guideline” to provide care

“Out loud library” — Creating safe spaces to share stories with those that have been through similar experiences, and having the ability to ask questions.

Pt experiencing homelessness supported and connected to services at a local library. Client appreciated the help

Broad community engagement

Free access to counselling and care

Decriminalization

Looks like people with power and privilege stretching to be uncomfortable

Expanded community mental health services with expanded eligibility criteria — transitional housing and affordable housing

Everyone has a home; without isolation; has good mental health, primary care; small children to come into treatment with moms.

Ongoing public education to learn and understand

What does the Future Look Like? Imagine a future where everyone in the community has access to comprehensive support that embraces diversity, equity and inclusion in addressing mental health, addiction and homelessness.

Responses:

Youth wellness hub expansion and for adults

Wrap around support

Reduction in wait times

Positive

Bright Idealist future

A homeless shelter in Renfrew County

Collaboration between services

Safety (physically, mentally, spiritually safe and supported)

Anti Stigma movements

ER avoidance

Appropriate and accessible care.

Community - inclusive

Rapid access everything

Wait times reduced

Food insecurities addressed

Prevention vs. Action

Less paperwork to access care — no hoops to jump through

Having enough

Coordinated access and care so people can easily access the services and tell their story once

Medical needs addressed

Barrier free

Everyone has adequate housing

Therapists available for a walk in hub.

Addiction services available as needed, with no stigma

Streamlined services that re available

EDI

Navigation centre to appropriately place individuals efficiently

Basic income to lift out of poverty

All inclusive databases, where information can be shared between all services

Harm reduction — tiered approach. Not signing up to be absence based — moving people through

Cooking classes. Food bank inclusion. Healthy meals on a budget

No stigma

Free counselling (abundance)

No wait lists

Self directed care — led by client choice

Prevention to avoid need for most intensive services

Promote active living

Full suite of the housing continuum

Mobile health care

Low barrier approach to help people stabilize

Reduced barriers

education

Everyone attached to primary care

Different tools and responses to choose from for respond to individual's need

Safe Communities

Everyone would have access to what they need — no wait times — no going out of County

Allow pets to fit into the picture of shelters

Support for enabling people with their ADLs

Equitable services. Geographically.

Seeing people for people — no stigma no judgement. Inclusive and acceptance

True community based education for everybody

More people with lived and living experience working with individuals to relate on a different level

A reduction in stigma.

Anti-stigma

Access for children for psychiatric interventions

Able to stay local — close to family

Prioritize mental health—just as important as acute care

Everyone is welcome. Diversity is celebrated

Transportation

Fixed address vs. Home

No fear of judgement

Timely access

Holistic approach that takes into account the full person, exercise, diet, housing etc

Laundry. Donated clothes for "free shopping"

Baseline education in this sector for all people

No wrong door, no wrong number. Every door leads to the right door.

Supports for children earlier — this would help support before it gets to us

Coordinated access

Earlier intervention — prevention rather than reactive

Meet peoples needs

Allowing for individualism. allowing for personal interpretation

Navigation streamlined

More access to doctors

An amended MH act to better serve people who in a moment were not criminal but needed support

Access to services when and where they need it

Less deaths

Housing resources that meet the right level of need for people. They have choice

Increased public education about harm reduction.

Peer support role and graduate through program. Pay them what they're worth

Mental health is not criminalized

Less trauma for all involved

Primary care doctors

Living wage

Access to addictions treatment services immediately

Empowering individuals to be their best self

Open, non-judgemental communication with all people, clients and services

Vacant housing, affordable. Community resources, hubs access to care, primary care providers to meet all needs

Decriminalization of MH

More psychiatrists

Equal distribution of resources

Safer communities

People have choice

Focus on SDOH

Inform our answers from lived experiences

Continuum of care

System navigation to include pets while treatment is being obtained.

Help now — into facility right away — can't be on a waitlist

Jails are not MH facilities

Increased access to psychiatry.

A society that has a good base of core family and moral values

Taking away the stigma

Strong push on Harm Reduction and Harm Prevention, early education and evidence based practise.

Working upstream

OHIP coverage of mental health resources.

Catching people in the moment and wrapping care around them now

Enough service providers—ready when people need help

Fostering culture of understanding and why EDI is important

No waitlists

Access to primary care

Possibility to go for help without the stimulation barrier

TED program here in Renfrew County.

Better understanding and education for all on addiction and mental health

Reward and invest in health

More in patient care in the Pembroke area. More residential treatment options in our area.

No one is lonely or disconnected

Eliminate diversity barriers to allow full and safe participation in life.

24/7 service accessibility

Access to educational opportunities: high school, post secondary education

Less compassion fatigue in community services

Not fighting government for funding

Connected to community and family

Having a system that works

Wrap around seamless care

Hold space

\$\$\$

Safe usage sites

More human resources

Holistic approach to care

Services available when people are ready

No false hope— need an honest conversation about services available

More accessible in-patient treatment for female specifically (live in) Mom's have to leave the area.

Continued education

Establishing safety and security within the community

Less nimbyism

Public education and awareness

Free holistic care that is not just westernized medicine

People feel that they can share stories and it's ok to be in different points in the journey

Social issues education

Social workers and additional supports in elementary schools and high schools for earlier identification and intervention

No nimbyism

Universal, trauma informed care.
Preventative measures

Community mental health — patients need to be able to set goals — long term goals of care. When someone is in an acute episode, they cannot see the future goals. Expand eligibility to meet people who

People in need do not need to be in crisis to get support

Less stigma and more acceptance

Integrated care

Everyone getting the help they need

Housing is the first step; which leads to other activities that decrease isolation.

Meet people where they are at

Culturally based supports in all communities

Services based on client need rather than what is available

Ceremonies

Provide care right away.

Early recognition and intervention
Aggressive policies.

Everyone has a place and belongs

Early intervention, detection, prevention. Start in schools early on. Address stigma ongoing.

Nothing about us without us.

Incorporate consent for shared approach to care. Consent to speak to various partners. Opens up care options.

School systems — more social work access

Capacity for psychiatric services meets need

In patient and out patient services

People understand the medicines

Make lived experience examples louder

No need for food banks or emergency help

Verbal consent

Services 24 /7 for as long as an individual needs it.

Easy service navigation — time to get it right with tech and communication

Building resiliency

Retention

More trauma resources. Long wait lists currently.

Land based programs

Early identification and prevention

Transitional housing — bridge housing

Public transportation, accessible services, alternative delivery options.

Enough funding

Healing

More trauma informed free services

People are supported to care for own mental health

Shared repository for notes

Increased access to covered rehab facilities (alleviating financial barriers and increasing equitable care)

Equitable care.

One overriding organization

More physicians

Shared access to data

Service providers are supported with all the information and supports they need to help their clients

Having diversity in our leadership and governance

Courageous leaders to focus on community wellness!

Lean on faith based and community based services to increase supports — provide funding and support, communication

Accessible Resources, Diverse and Culturally Competent Care, Holistic Approach, Community Involvement and Peer Support, Equitable Access to Treatment

Build a homeless shelter and transitional housing

Prioritize lived experience for management positions

24 hour shelter in the community.

Eliminating some assessments (Gain Q3)

What innovative strategies and interventions can we design to better support individuals experiencing homelessness, mental health challenges and addiction?

Responses:

Safe injection sites.

Focussing on prevention

Get people housed

A Shelter 24/7 access

Centralized access to service 24/7

Changing system

Networking social programs and hospitals

One stop shop for detox, rehab, transitional housing, where all of providers are under one roof

Work more collaboratively

Everyone has family doctor

Reduce privacy barriers

Upstream and preventative approaches

Networking

Supports for families and loved ones so they have a tool box

Community kiosks or AI intuitive local tech to connect people to resources

Rest and Recovery site open 24/7

Housing Shared services — providing matching services

Repurpose buildings; include isolation avoidance strategies

Live integrated network of available resources

Streamlined process that allows workers to connect with someone else that can support needs of the individual

Tiny Homes, All professional Services onsite within a tiny home subdivision.

Sharing data

Appropriate transitional housing

Sparrow Organization

Overdose Prevention Sites

Lives experience input is more important than scientific evidence

Need more people— more psychiatrists etc— need mobile

Coordinated access

Safe consumption sites, testing for substances

Centralized data base

Youth Mental health — supports to families and. Caregivers and that are inclusive and family—based approach

Holistic care

Active transportation

Elimination of duplication of forms

Bouncing off ideas and getting information that can be modified to fit into our context

AI strategies for education for kids; increase education for kids about mental health;

Collaborative approach, stepped care. Care pathways to provide continual care for people the spectrum

No wait lists for services. People get what they need when they need. It

Virtual doesn't always work — need to be mobile

Like what universities have...a place to go like a phone booth where people can go and get connected live for help

Wages meet inflation

In addition to supportive housing, including wrap around services to include mental and physical health services — addiction services

Consider tiny home solutions in communities

TED Program like programs for short term recovery in the community (versus ED)

Substitute drug therapy for long term treatment of addiction

Shelters

"Living wages"

School partnerships and school as a hub for parents and caregivers to learn about services and how to access

Tele-psychiatry

More housing

Engaging lived/living experience in strategies

Moving individuals from incarceration direct to treatment

Virtual paediatric for one assessments with a psychiatrist. So we could do something like this. Keeps care close to home.

Recruitment and retention for workers — stability in HHR, education, support for care-givers

Tiny homes concept — creating communities.

Mentorship

Use a dashboard with common indicators using Artificial Intelligence — AI, wait list mapping, track success; (or lack thereof);

Arrest and Jail more drug dealers that are the source and cause of deaths.

Technology made available to everyone who needs it and no matter what

Housing centre with social service, medical, mental health and addictions support on site

Lived experience

Community education, communication specialists

Expand services so can keep patients and clients here. Utilize technology to keep people where they are

Bringing primary care to people where they are — especially when unhoused

Mobile service with 2 counsellors across RC that is walk in. Talk to — like the Toy Bus

Have collaborative services that pool staff and are logged into queue and readily available to deploy to crisis

Service bus

Drug identification services

Adequate income supports that actually meet costs

Dental program expansion, leveraged

More community conversations so community can understand the issues in the way we do

Lived experience of workers can reduce stigma

Don't reinvent the wheel; use what is working elsewhere and apply it with tweaks

More community hubs
....interconnected model

Food strategy — everyone should have access to food

Increased mental health services all under one "roof".

Funding to pay people properly.

Educate community so people feel supported. End stigma.

Transportation — need a plan to get people to services and services to people

Step wedged program within community partnerships. Ability for all partners to access one platform to follow someone in their journey..

Mobile — equipped with satellite to link in with specialist or other things. Expand the CWMS van and build on this.

Providing appropriate individual needs assessments

Knowing what is in the supply

Treatment facility locally with a supportive environment afterwards. Individuals after treatment return to what they left, perhaps no job, no housing, no supportive environment.

A way for community members/ civilians to call service providers to provider outreach

Collocation opportunities to improve services

Residential treatment within the County for women and men, respectively

Flexible points of entry

Coordinate an approach — bring multiple entities together, referral process, quarterbacking Oversight.

Access to primary care

Stigma — more stories of positive impact and the successes. Build on Recovery Day and the. Work of The Grind and the stories

Carbon foot print of what we are doing now, so we can communicate going forward

Mesa Mobil hub

Coordinated Care

More shelters

Education

More subsidized housing — transition house — don't lose sense of community because you moved into housing

Involve PWLLE in the decisions or strategies

People fear for their safety. So need to discuss issues and educate people so they are informed.

Transition to treatment

Meeting people where they are at. Information is available.

Open forum conversations

Communication and talk about the stories to change the narrative. Highlight stories and organizations

We have a lot of empty buildings — Reno and use them

More collaborative outreach in ALL communities within the County.

A guide or mentor who helps guide client through all of their need for supports — not "drop them off" at next service — but continue in a mentorship role ongoing

Centralized hub or website for access to information and care

Culturally appropriate services to ensure people feel heard and supported

Stigma is still too bad

Reduce stigma social messaging campaign

Agree to disagree. Bold enough to do what needs to be done but be respectful of the community around

Wellness hubs for adults

Less stigma at methadone clinics/ pharmacies

Community information sessions. Not community consultations.

More education for the public

Access to transportation

Anti stigma directed to school age children and youth to go into schools. Prevention and health promotion approach

Living experience included in education for youth

Education and anti-stigma for community members

Safe supply

Document successes

Central platform for information on MESA patients — so that people don't need to tell their stories over and over again.

Share information so we can talk about how to support each other.

Education of primary care and health professionals

More day programs....things for people to do

Direction — strategic plan to direct and focus attention, include boards of directors for NPOs and other executives. This leads all in the same direction with the same goals

Mobile showers and laundry facilities

Educate and share stories — stories are powerful

Public transportation

don't be afraid to fail; this is how we improve

Coordinated access

Intergenerational approach for building community

Mentorship program, boosting community support, having a peer mentor

Using language helps support. Use the right language. Saying someone is clean implies they were dirty.

People with lived experience sharing — having input on services

Cross agency consents

Human library to learn about each other and different experiences

Providing coop opportunities

More trauma support

Cross agency strategic plans

Engage community volunteers — this is an untapped resource — needs to be coordinated

Working transportation service into care models.

Calling people homeless people has a negative connotation

Supportive environments after return from treatment

Fort night — bring a senior and build connections with kids.

Change old homes that are well suited to community living — e.g. nunneries, nursing homes that are empty would be well suited to transitional housing

Provide secure and safe access to substances

More social education — like the CPAN game — surviving low income

Earlier intervention for trauma

Make resources available.

Less criteria for eligibility of some programs that are restrictive

Ensure not projecting what “we” think is needed for individuals

Neighborhood and community based care and supports. Improved transportation

Take the good parts of the programs and initiatives like health links (the things that worked) and build on those positive outcomes (vs reinvent)

Education and interaction at the schools— need more staff and assessments

Basic income

Advertising community meetings on social media to try and control the conversation and educate people

Immediate access to help.

Integrated housing within communities. Close to parks, schools, grocery stores

Listening, community outreach

Schools vary in services/ approach

Community throughout the journey.

Improving resource efficiency through better collaboration

Faith based organizations — they can help1

One client, one chart

Simplified language for services

More youth-based activities that are during the time that they are active (evening and night)

Bring services together — much like a family health team to provide wrap around care.

Many people are scared to call 911. They are not aware of Good Samaritan act. Need to ensure that people have the right messages at right time to make informed decisions

Affordable rent

In-house support for interpersonal relationships that are strained within families

Planned transportation due to the size of Renfrew County

Community based programs that are diverse. Not just sports

Provincial cohesion of programs

Transportation initiatives

More lived experience say

Assessments not being done equally continuing cycle of need/ not getting services they need (e.g. child and youth)

Ability to access programs in other jurisdictions. More accessibility.

Providing more life skills, more community gardens, vegetable gardens

Support workers embedded in homes of families with complex challenges with relationships between those living in the home

Lots of amazing services, but people do not know what they are eligible for and then door is closed on them. Need to change this. So many silos with great intentions. Pull together care to help

Safety measures within housing

Not one size fits all approach

Talk with teachers and talk with them for their ideas on what we can do

Community based support structure — reach out for needs to a network that can connect care and provisions

Leveraging virtual care to access psychiatry services in absence of lack of in-person psychiatrist.

Also alleviates technology barriers.

Safer supply increases

How to get help to cover rental costs — in shelter system

Collaborate — Avoid duplication of service

Government funding

Provide transportation for everyone

Remove stigma and educate

Funding and policy change

How we get unpaid providers to show up- community connection to support- social capital not just formal services

What steps can we take to ensure that our vision of inclusive communities that support mental health, addiction recovery and homelessness become a reality?

Responses:

Continue with the present path forward;

Increased funding

Establish an increase in housing; or repurposing housing

Money

One point of contact for clients

Advocacy

Champions

Collaboration

Quick identification and action

Humanize

Political will; coordination;

PDA's which comes from government money

Alignment

Anti-stigma

Funding

More Human Resources — capacity issues

Agencies should look for efficiency re: funding.

Public education

Change system level policy barriers

Breaking down siloes.

Make it cohesive and accessible

Communication opportunities between services.

Sustainable funding

Immediate action and investment

Community champions

Education (destigmatization in early years and elementary)

Lead governance structure

Incorporate policies anti racism, training embedded into orientation for staff

Take down the barriers

Relationship building

Increase staffing

Full implementation of the 86 recommendations of the femicide investigation

Coordinating Body

Coordination — unify our services to provide a broader scope of care

Public speaking

Collaboration

Funding

One system, fewer silos

Unified voice from community agencies to the elected

Rural investments mental health and addiction

Bringing action to the forefront; less planning; start first and tweak as one goes forward; then plan evaluate

HHR in rural communities

Need a community of friendship beyond traditional services— neighbourhoods

Process to identify and support burnout

Lobbying province and federal gov't for resources

Changes to criminal code and other legislation so policy supports work we are trying to achieve

Engaging and educating the public.

Awareness and stories to the general public

Bilingual services

Incentivizing anti-stigma campaigns.

Change language that's more inclusive and accepting

Staffing for mental health and addictions workers. Need increased staffing

More community engagement, all seasons, equal opportunities for all

Better representation of diverse community

Concept of making communities safe places to connect

Communication (clear);

Community anti-stigma

Access to free shared spaces in the community for consultation with patient and families.

Government funding for homeless shelter in Renfrew County

Regular town meetings

Pathways different for difference organizations — but together could have shared vision of goals & commitment to create a safe positive space

Connected communities — sense of belonging

Education campaigns

Further the conversation with the public

Transitional housing

More staff

Shepherds of Good Hope in Renfrew County

More community business' donating bringing opportunities for community members to come together

Engage local communities and care providers to develop a strategic plan to give guidance and a focal point for all

Open engagement and open discussion needs to continue to happen. Willingness

A system to measure indicators ...so we know trends and how strategies impact....identifying success

County wide wifi access

Long term housing that's available for the continuum of care

Educating public

We have to start leveraging each other.

Don't duplicate — steal shamelessly

Events of collaboration

Balance negative social media with positive language and stories

Need to get out of silos.

Multi-layered approach to housing

Engaging community to be a supportive community

Staffing need

Mentorship with PWLE

Education

Break down stigma.

One system (portal) that we are all connected to talk to each other.

Affordable housing for everyone

Strong public education strategy

Give family a voice

Educate the communities

Shepherds of Good Hope in Renfrew County

Collaborative approaches. "All or nothing" wrap around approaches.

Involve family in supports

Help to organize neighbours helping one another— not a job just organized helping

More funding

Regular meeting to discuss our shared vision

Sustainable funding

Get the public on board

Ask "How can I help you"

Continue with the gatherings on an annual basis.

Education about the continuum of care for all service providers. And community. Proper assessment and system navigation. Guidance tools

Creating a centralized resource to get direction/access to services.

More volunteering and helping in neighbourhood so people feel connected

Access to mental health supports and specialists within the County

Child care — needs for families

Think small but series of small

Connect services and networking opportunities. Demonstrate what has happened over a year. Annual evaluation.

Better utilization of AI...intuitive to help service providers collaborate and share information

Evaluate

Strategic Plan

Farm communities have a tradition of services. And hearing — build on that

Improved communication — break down silos

Have more conversations!!!!

Streamline service access — coordinated access

Cultural awareness and sensitivity inclusion in training, education, programming.

Implement SHIP to assist in coordinated care plans and communicate with each other

More community outreach teams

Access to reliable transportation

Education starting at a young age about what addiction and mental health looks like

Flexible work schedules

mobile clinics of mental health and addictions specialists go to smaller communities on a regular basis

Nothing for us without us — involve lived experience partners

Support workers ready to accompany people in accessing treatment

Inclusion of living experience in progress and programming.

Decrease duplication of services by having system oversight

Youth homelessness and addressing upstream

Community outreach teams to determine needs. People will share what they need and we can develop resources based on needs.

Community engagement with education opportunities and integration between community members

More supports for LGBTQ+ communities

Hospital that accepts mental health clients

Shared care plan;

Outreach activities connected to informal community places (e.g. churches)

Collaboration with indigenous partners

Creation of service based hubs that provide a variety of care Make these accessible

Dignity among those accessing services

Listen to PWLLE

"Fifty, Fit and Feisty" group — social collaboration and integration concept.

Refugees support

People with lived experience providing support within housing communities/ services

Services offered in different languages to support individuals

Collaboration. Maintain network. We can do this well in rural areas so we need to lean into it.

To figure out the clients/patients do not have to relive their story (as it is painful minimally or traumatic)

People connected to network of volunteer services

Services in our community

Predictive data/AI in measuring data and evaluating outcomes

Educating community

Anti-stigma

Designing welcoming transitional housing communities

Effective data gathering and data sharing

All organizations to communicate on online portal

Continued Ontario Health Teams supported days of networking.

Work together and not in silos

Innovative transportation strategy

Free trauma supports

Address fear in seeking support

Treat individuals as equals

Centralized communication for collaboration. Regular, intentional meetings of key stakeholders

Community engagement and empowerment — communities can solve this own solution with support

Community groups that support and socialize.

Bringing stories that are lived to the forefront to gather the attention of the public and start to want to make a difference

Everyone looks at their own policies to ensure they are patient centred and patients first.

Not one answer— needs to be patient led

Paediatric supports

Given the rural-ness of the county, we need to be mobile — bring the care to the person

Prevention. Can deal with in the moment things. Free trauma counselling in-person is needed. Immediate access to.

Ministry funding

In-person services.

Build more housing that helps people feel a sense of community and prioritize the access to this for those with the deepest/most acute need

Address HHR needs, lack of appropriately trained staff, education and appropriate supports for them

Hold elected officials accountable (provincial, federal)

Skills development.

Bring services to where they're needed

Roadmap for service navigation

Education in schools early on

Ticket system- automated to connect many types of care for people reaching out— pullkey words to inform planning

Drug strategy and using it (buy in from everywhere). Communicate with all parties.

More trained counsellors in schools

Continue de-stigmatization work

A platform to easily access all Renfrew County services and what they offer/ contact information.

Provide politicians with real life examples of program options to aid in successful program opportunities

Be more Responsive by using technology

Accessible, affordable solutions, care, supports and housing

Care for the caregiver

Commitment to reach out to a new partner to discover new services.

Housing — safe housing

Community!! Encouraging human connections in children — getting off social media.

Landlord registry. Landlords have to provide and maintain safe and appropriate housing

Increase access to technology for those experiencing mental health, addiction, or housing attachment adversities

211 promotion

Affordable housing

Double ODSP and ODP

Increase diversity within our service sector

Focused care for individuals that have "burned bridges" more intensive supports

Community conversations

Appendix 3: Summary of World Café — Key Findings

Question 1:

Share stories or moments when individuals experiencing homelessness, mental health issues or addictions felt seen, valued and supported by their communities.

1. Direct Support and Interaction:

- Daily interactions at community hubs like “The Grind” and through Mobile Outreach programs.
- Volunteers and professionals providing companionship and support at homeless shelters.
- Paramedics and EMS teams taking time to listen to and converse with individuals without judgment.
- Healthlink Coordinators and community teams assisting with accessing recovery clinics and medical care.
- Support during interactions with probation officers, paramedics, and through EMS & MH tours.

2. Community-Based Initiatives:

- Programs like the Mesa Program and initiatives by the Ottawa Valley Health Team.
- Establishing warming centers and crisis beds for temporary housing.
- Rural communities making efforts to address hidden issues.
- Collaborative efforts with Carefor, CMH, and other agencies to provide comprehensive care.
- Outreach efforts, including paramedics on foot conducting surveys.

3. Personalized Care and Advocacy:

- Providing mental health assessments in non-traditional settings like individuals’ living rooms.
- Building trust and rapport through repeated interactions and consistent support.
- Meeting clients where they are and taking a person-first approach.
- Supporting clients’ goals and empowering them through active listening and validation.
- Making efforts to connect individuals with practical support and resources.

4. Community Engagement and Education:

- Public figures, such as the Prime Minister, taking time to meet with vulnerable individuals.
- Initiatives like the “Out Loud Library” creating safe spaces for sharing stories.
- Broad community engagement through events like the Coldest Night of the Year and public education campaigns.
- Media involvement, such as the Eganville Leader series, highlighting lived experiences.

5. Collaboration and Resource Provision:

- Collaborations between home care, paramedics, and other service providers to ensure continuous and comprehensive care.
- Warm hand-offs between agencies to ensure seamless support.
- Programs addressing immediate needs and providing resources without delay.
- Ensuring housing stability as a foundation for overall well-being.

These elements collectively emphasize the importance of direct support, personalized care, community engagement, and collaborative efforts in addressing the complex needs of individuals facing homelessness, mental health issues, and addictions.

Question 2:

What does the Future Look Like? Imagine a future where everyone in the community has access to comprehensive support that embraces diversity, equity and inclusion in addressing mental health, addiction and homelessness.

1. Expansion and Accessibility of Services:

- Youth wellness hubs expanded for adults.
- Wraparound support systems.
- Reduction in wait times for services.
- Rapid access to comprehensive care.
- Mobile health care units and 24/7 service accessibility.

2. Community Infrastructure and Resources:

- Establishing a homeless shelter and transitional housing in Renfrew County.
- Ensuring everyone has adequate housing and access to food.
- Creation of navigation centers for efficient placement.
- Community hubs offering primary care and integrated services.

3. Collaboration and Coordination:

- Enhanced collaboration between various services and organizations.
- Coordinated access and care, reducing the need for multiple story-telling's.
- Streamlined service navigation and integrated care systems.

4. Inclusive and Equitable Care:

- Emphasis on diversity, equity, and inclusion.
- Barrier-free access to services.
- Culturally competent care.
- Equal distribution of resources across geographic areas.
- Services based on client needs rather than availability.

5. Prevention and Early Intervention:

- Shift from reactive to preventive measures.
- Early identification and intervention, starting from schools.
- Child care programs and other supports for at-risk children
- Public education campaigns to reduce stigma and promote understanding.
- Harm reduction and prevention programs.

6. Holistic and Person-Centered Approaches:

- Holistic care considering the full person (mental, physical, and social health).
- Self-directed care led by client choice.
- Inclusion of pets in care plans.
- Access to healthy meals, cooking classes, and addressing food insecurities.

7. Supportive Community and Empowerment:

- Empowerment through active listening and client-led goal setting.
- Peer support roles and involvement of people with lived experiences.
- Community involvement in service provision and support systems.
- Safe, inclusive, and non-judgmental communication.

8. Legislation and Policy Changes:

- Amendments to the Mental Health Act to better serve individuals.
- Decriminalization of mental health and addiction issues.
- Basic income initiatives to lift people out of poverty.

9. Comprehensive Education and Training:

- Education on addiction, mental health, and harm reduction for all.
- Baseline education in mental health and social issues for everyone.
- Training for service providers to use diverse tools and responses.

10. Resource Allocation and Funding:

- Sufficient funding for services and reducing the need for emergency help.
- Increased access to psychiatric services and covered rehabilitation facilities.
- Investment in health services and continuous education.

These elements collectively paint a picture of a future where mental health, addiction, and homelessness are addressed through comprehensive, inclusive, and equitable support systems, emphasizing prevention, collaboration, and holistic care.

Question 3:

What innovative strategies and interventions can we design to better support individuals experiencing homelessness, mental health challenges and addiction?

1. Service Accessibility and Integration:

- **24/7 Access:** Centralized, around-the-clock services including shelters, rest, and recovery sites.
- **One-Stop Shops:** Facilities that provide detox, rehab, transitional housing, and other services under one roof.
- **Mobile Services:** Mobile health units with counsellors, primary care, and specialized services to reach individuals where they are.
- **Virtual Care:** Tele-psychiatry and virtual assessments to provide care without geographic barriers.

2. Housing Solutions:

- **Supportive Housing:** Integration of mental and physical health services with addiction services in housing solutions.
- **Transitional and Tiny Homes:** Community-based housing solutions with professional services on-site.
- **Repurposing Buildings:** Using vacant buildings for housing and avoiding isolation.

3. Collaboration and Coordination:

- **Networking:** Enhanced collaboration between social programs, hospitals, and service providers.
- **Coordinated Care:** Centralized data and streamlined processes for easy access and continuity of care.
- **Community Hubs:** Interconnected services within community hubs for comprehensive support.

4. Prevention and Early Intervention:

- **Education:** Increased education for children and the community about mental health and addiction.
- **Early Intervention:** Programs focusing on early detection and intervention, particularly in schools.
- **Harm Reduction:** Safe injection sites, overdose prevention sites, and safe consumption services.

5. Holistic and Person-Centered Care:

- **Wrap-Around Services:** Comprehensive support addressing all aspects of a person's needs (mental, physical, social).
- **Individual Needs Assessments:** Personalized assessments to ensure appropriate and effective support.
- **Culturally Appropriate Services:** Ensuring services are inclusive and respectful of cultural differences.

6. Community Involvement and Peer Support:

- **Lived Experience:** Engaging individuals with lived experience in strategy development and service provision.
- **Mentorship:** Peer mentorship programs to provide ongoing support and guidance.
- **Community Education:** Open forums, community information sessions, and social messaging campaigns to reduce stigma.

7. Innovative Use of Technology:

- **AI and Tech Solutions:** Community kiosks, AI tools for connecting people to resources, and dashboards for tracking service success.
- **Centralized Platforms:** Platforms for sharing information and coordinating care among providers.
- **Technology Accessibility:** Ensuring technology is available and usable for everyone in need.

8. Policy and Funding Changes:

- **Adequate Funding:** Ensuring sufficient funding to pay providers properly and support comprehensive services.
- **Policy Changes:** Advocating for changes in legislation to improve service delivery and support for individuals.
- **Basic Income and Living Wages:** Initiatives to provide financial stability and reduce economic barriers.

9. Transportation Solutions:

- **Access to Services:** Providing transportation to ensure individuals can reach services and services can reach individuals.
- **Mobile Units:** Service buses and mobile units equipped with necessary technology and resources.

10. Community-Based Programs and Support Structures:

- **Integrated Community Care:** Neighborhood-based care and support networks.
- **Intergenerational Programs:** Building connections across generations for mutual support.
- **Public Education and Awareness:** Continuous education and interaction with the community to build understanding and reduce stigma.

These elements highlight a comprehensive approach to addressing homelessness, mental health challenges, and addiction through integrated, accessible, and person-centered strategies supported by strong community involvement and innovative technology.

Question 4:

What steps can we take to ensure that our vision of inclusive communities that support mental health, addiction recovery and homelessness become a reality.

1. Funding and Resource Allocation:

- **Increased Funding:** Securing sustainable funding for services and infrastructure.
- **Efficient Use of Resources:** Agencies should maximize efficiency regarding funding and resources.
- **Human Resources:** Addressing capacity issues by increasing staffing levels for mental health and addiction services.

2. Housing Solutions:

- **Affordable Housing:** Increasing the availability of affordable housing and repurposing existing buildings.
- **Transitional and Long-Term Housing:** Providing housing solutions that support continuity of care.
- **Safe and Inclusive Housing:** Ensuring housing options are safe and welcoming.

3. Service Integration and Accessibility:

- **One Point of Contact:** Simplifying access to services through a single contact point.
- **Coordinated Care:** Unifying services to provide comprehensive and cohesive care.
- **Mobile and In-Person Services:** Bringing services to where they are needed, especially in rural areas.

4. Community and Public Engagement:

- **Public Education:** Campaigns to educate the public about mental health, addiction, and homelessness.
- **Community Champions:** Engaging local leaders and community champions to advocate for change.
- **Community Outreach:** Regular town meetings and community conversations to gather input and foster engagement.

5. Collaboration and Partnerships:

- **Cross-Agency Collaboration:** Breaking down silos and fostering collaboration between different service providers.
- **Engaging Diverse Stakeholders:** Involving indigenous partners, LGBTQ+ communities, and people with lived experience in planning and implementation.
- **Unified Voice:** Community agencies presenting a unified voice to elected officials and policymakers.

6. Policy and Advocacy:

- **Policy Change:** Advocating for changes to the criminal code and other legislation to support inclusive community goals.
- **Governance and Oversight:** Establishing a lead governance structure and coordinating body for oversight and strategic planning.
- **Lobbying for Resources:** Engaging in lobbying efforts at the provincial and federal levels for additional resources.

7. Anti-Stigma and Public Awareness:

- **Anti-Stigma Campaigns:** Education campaigns to reduce stigma associated with mental health, addiction, and homelessness.
- **Language and Communication:** Using inclusive and accepting language to promote dignity and respect.
- **Public Stories and Awareness:** Sharing lived experiences and success stories to change public perception and garner support.

8. Data and Technology:

- **Centralized Platforms:** Creating a centralized resource or online portal for accessing services and information.
- **Predictive Data and AI:** Using technology to measure outcomes, track success, and coordinate care.
- **Technology Access:** Ensuring access to technology for those experiencing adversities.

9. Education and Early Intervention:

- **Early Education:** Incorporating mental health and addiction education in schools from an early age.
- **Training for Professionals:** Providing ongoing training and professional development for service providers.

10. Community Building and Support:

- **Neighborhood Engagement:** Encouraging human connections and support within neighborhoods.
- **Volunteer Networks:** Leveraging community volunteers to support individuals and families.
- **Inclusive Spaces:** Creating free, shared community spaces for consultation and support.

11. Specialized Services:

- **Cultural Sensitivity:** Incorporating cultural awareness and sensitivity into training and programming.
- **Support for Caregivers:** Providing care and support for those who support individuals with mental health and addiction issues.
- **Trauma Support:** Offering free trauma counseling and immediate access to support.

By addressing these key points, communities can create a supportive, inclusive environment that effectively addresses mental health, addiction recovery, and homelessness.

Appendix 4: List of Participating Agencies

Addiction Treatment Services	Home and Community Care Support Services
Robbie Dean Counselling Centre	Laurentian Hills
Algonquin college	Loyalist College
Shepards of Good Hope	Mackay Manor
Algonquin of Pikwakanagan First Nation	Ministry of the Solicitor General
The Dementia Society of Ottawa and Renfrew County	Ontario Disability Support Program
Built for Zero Canada	Ottawa Valley Ontario Health Team
The Grind Pembroke	Parents Lifeline of Eastern Ontario (PLEO)
Canadian Alliance to End Homelessness	Pathways
Town of Petawawa	Pembroke and Area Community Taskforce (PACT)
Carefor	Pembroke Fire Department
Township of Greater Madawaska	Pembroke Regional Hospital Foundation
CBC Radio Canada	Pembroke Regional Hospital
United Way Eastern Ontario	Petawawa Centennial Family Health Centre
Child Poverty Action Network	Renfrew and Area Connection Centre
Upper Ottawa Valley OPP Detachment Operations	Renfrew County and District Health Unit
City of Ottawa	Renfrew County Catholic District School Board
Victim Services of Renfrew County	Renfrew County Community Poverty Action Network
City of Pembroke	Renfrew Hospital
West Champlain Family Health Team	Renfrew Central Ambulance Communications Centre
Columbus House	Richmond Medical Clinic
Whitewater Region	
Community Mental Health at Pembroke Regional Hospital	
Groves Park Lodge	
Hastings County	
Head, Clara and Maria	
Health Care Connect Ontario	

