

**Frequently Asked Questions
Timmins and Area Wellness Centre of Excellence (WCE)
October 2024**

General Questions

1. What's happening?

Timmins and District Hospital (TADH) and Cochrane District Services Board (CDSB), alongside community health and social service partners (*see question #3*) are working together to provide mental health and addiction services for Timmins, Temiskaming and James and Hudson Bay coast areas, including programs such as withdrawal management, addiction treatment and supportive housing, in one central location.

As we are still in the early planning phase, we are exploring potential options for additional services that could be offered, with input from the community and partners. Announced by the province in August 2024, the partners, have applied to become a Homelessness and Addictions Recovery Treatment Hub (HART) in Timmins.

2. Why is this happening?

There has been a clear and demonstrated need for more treatment services for people living in the North. The Timmins and Area Wellness Centre of Excellence (WCE), the proposed HART Hub, will provide centralized access to addictions treatment, mental health supports and supportive housing and programming to help get people back on their feet. It will be a safe and secure facility to protect people it serves.

3. Who are the partners involved in the WCE?

The development of the WCE is a testament to the power of collaboration. The project has brought together a wide range of partners, including the Mushkegowuk Council, Timmins and District Hospital, Canadian Mental Health Association – Cochrane-Timiskaming, Urban Indigenous service partners, North Eastern Ontario Family and Children's Services, Timmins Academic Family Health Team, Cochrane Temiskaming Resource Centre, Northern College, and many others. As the project evolves, it is expected that more partners will be included.

Service Operations

4. How is the WCE going to be staffed?

The project is currently in the proposal development stage and will see a phased approach for bringing services to the proposed WCE. The first phase would look to move existing, already-staffed services over, ensuring that the WCE is growing within the scope of capabilities and is maintaining a safe, stable environment for clients.

The proposed HART Hub application capitalizes on recent provincial investments in health and education, like [Ontario's Learn and Stay Grant](#), [Supervised Practice Experience Partnership](#) and others, to support ongoing recruitment efforts.

Over time, access to HART Hub funding and ongoing agency collaboration will support the needed resources to deliver services.

5. How will security be managed at the Hart Hub location?

The agencies involved with the WCE will ensure security that is managed by a team of highly trained professionals with expertise in crisis intervention, management, and behavior management to ensure the safety and well-being of everyone involved.

6. Is this a supervised consumption site?

No, the WCE is not a supervised consumption site and supervised consumption services will not be provided.

7. Where will the WCE be located?

We have a preferred location in mind (1800 Riverside Drive), however further evaluation will be taken should the HART Hub application be successful.

8. What is the difference between “High Barrier” and “Low Barrier” Access?

The proposed WCE will meet the provincial HART Hub guidelines and allow for “low barrier” **access** to services. This means, the removal or reduction of barriers that make it difficult for someone to seek or access care when they ask for help.

Some of the considerations the agencies involved are looking at include best practices, like:

1. **Minimal Eligibility Criteria to be Accepted for Service:** Services are aimed to be available to anyone in need. If the services offered do not meet the individual where they are, they would be referred and connected with other services as appropriate.
2. **Non-Stigmatizing Environment:** Providers avoid judgmental attitudes or language, and the treatment environment is supportive and welcoming, ensuring clients feel safe and accepted.
3. **Flexible Services:** Treatment options are adaptable to individuals' needs and reviewed often with clinical care teams. The site will look to offer a range of services and therapy.
4. **Immediate Access:** To avoid delays in treatment, people are not placed on long waiting lists and can access services immediately or with minimal wait times. Supportive housing is being developed to allow for people to remain housed in a stable environment with supports, while they continue to seek care. This process aims to reduce the risk of relapse and improve client outcomes.
5. **Culturally Appropriate Care:** Services are designed to be inclusive of diverse backgrounds, with culturally tailored interventions to meet the specific needs of marginalized or vulnerable populations.

The proposed WCE is developing low barrier access models to provide an easier path to initial access, encouraging more individuals to seek treatment. Low barrier access does not refer to security levels or requirements for clients on-site. The WCE will operate with all necessary security to ensure people accessing the centre and the community is safe.

9. How will the WCE operate?

While we wait to hear the Hart Hub proposal is successful, service delivery is being discussed by the various partners involved. A phased approach could see existing services, currently being offered in the community, move to this centralized space. Service delivery information will be shared once finalized.

At this time, it is anticipated that the WCE will offer addictions services, like withdrawal management and treatment, outpatient mental health services and supportive housing.

10. Will people be able to loiter around the WCE?

The proposed facility will remain secure and structured, with movement carefully managed. While it is still early in the planning phase, all partners involved understand the need for a highly trained security team with expertise in crisis intervention, management and behavior management to ensure everyone's safety and well-being.

As a voluntary program, participants will have chosen to be served by the WCE and may participate in programs and services outside the WCE to support their ongoing wellness. Access to the WCE will be by referral only and people who are voluntarily leave the service would be supported with appropriate discharge planning.

11. What will the process be for visitors to the WCE?

It will depend on an individual's preferences and care plan. If someone wishes to have visitors, arrangements will be made through their care team. However, if a participant has expressed that they do not want to see a particular person, or that individual poses a risk to the individual or others, that visitor will not be allowed to enter the facility.

12. Will the WCE staff search belongings or do drug tests on patients?

Both searches of belongings and drug tests are voluntary. Individuals cannot be forced to empty their pockets or bags, but many participants do consent to this process, as the WCE will be a voluntary program. There are clear guidelines about what is not permitted within specific programs.

Similarly, drug tests are not mandatory and would be voluntary, and are often conducted in existing programs to ensure effective treatment, such as identifying substances like fentanyl for proper care.

13. How many times will someone be able to access treatment? Will someone be able to come and go multiple times?

There is no limit to how many times someone can access treatment. Relapse can happen multiple times before someone successfully completes treatment and services will be designed to meet people where they are. It is normal for people to make mistakes when learning new habits and skills and it's important to ensure that services operate in a way that continues to support recovery for individuals wanting to access help.

A clinical team will develop a care plan tailored to the individual, considering any previous admissions.

If someone actively uses substances while in the program, they would be discharged and referred to a service better suited to their current needs.

14. With the WCE being new, does this mean that other offering similar services will close?

No, existing services would continue to operate. This proposal is not intended to replace any existing programs; rather, it aims to centralize current services while introducing new or additional offerings based on identified needs.

15. How are people going to be referred to the WCE?

Partners involved are committed to ensuring that there are many pathways for someone to be referred for service.

Some of the referral pathways being developed include:

1. Self-Referrals ([similar to the Northeastern Ontario Structured Psychotherapy Program](#))
2. Community Referrals (through social and health service providers including Outreach, Shelters, etc...)
3. Referrals from Emergency Services like Police, EMS, Fire
4. Referrals from Family or Friends
5. On-Site Referrals (for registered clients who may benefit from more than one service being offered through the site. For example, a client potentially accessing a residential treatment program at the proposed WCE from TADH and be referred to cultural services through Mushkegowuk).

Although collocated, services provided at the proposed WCE will be managed and operated by individual community partners. A thorough intake process will be developed that ensures individuals are prepared for a structured and supportive environment.

16. What happens when people are done treatment?

The proposal includes access to supportive housing with on-site health, mental health and addiction services after treatment. Job training programs may also be available to help people find work and rebuild their lives. This support is key to helping people stay stable, avoid relapse and successfully reintegrate into the community for better long-term outcomes. There is currently a significant gap in the availability of supportive housing for people who have finished treatment, or who have finished withdrawal management and are waiting for treatment. The WCE aims to help close that gap, and allow individuals actively seeking support to remain stable and supported.

17. Living Space faced challenges and raised concerns in our community. How will this new proposal be different?

The WCE is not a homeless shelter and not associated with Living Space or Living Space operations. Living Space would have the ability to refer clients to the WCE like other service providers.

There is a significant need for treatment, addiction services and supportive housing in our community. Services like emergency shelters cannot solve issues related to addictions. This new proposal aims to address increase capacity and deliver more comprehensive solutions that have long been necessary in the community.

18. How can people provide comments and ask questions about the WCE?

More opportunities to provide feedback and ask questions are being planned and will be housed on the WCE Project webpage.

Your feedback and questions are always welcome. We encourage anyone to submit questions and comments through the following feedback mechanisms:

Online:

EN: <https://forms.gle/rx81npkMdSA8M7uT8>

FR: <https://forms.gle/QDsCMPUrF1gEqqhU6>

Email:

WCE@cdsb.CARE

Physical Feedback Form Pick-Up / Drop Off Locations:

Cochrane District Services Board

2nd Floor Reception Desk

500 Algonquin Blvd E, Timmins, ON

Monday – Friday – 8:30 AM – 4:30 PM – Closed between 12:00 PM – 1:00 PM

Timmins and District Hospital

Human Resources / Administration Department

700 Ross Ave E, Timmins, ON

Monday – Friday – 9:00 AM – 4:00 PM