

HART Hub Application - Proposal

Application made to: HARTHubApplications@Ontario.ca

Applicant Contact and Organization Information

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Section A – Community Need and Resources

1. Demonstration of Need

The Cochrane, James Bay and Timiskaming region cover a large area of Ontario Health North, with long distances required to access health and social services. The Wellness Centre of Excellence or Homeless Addiction Recovery and Treatment hub would provide valuable support to existing services, by delivering a much-needed influx of funds to address the critical needs of this remote region to tackle this health and safety crisis.

Based on August 2024 data the Cochrane District have listed 407 homeless individuals while Timiskaming District lists 24 individuals. In Cochrane region 58% of these individuals identify as Indigenous whereas 33% of homeless individual in the Timiskaming region identify as Indigenous. Encampments are also of concern in the larger centers of Timmins (35) and Cochrane (1-2) and have not yet been noted in the Temiskaming region. The Cochrane District has a higher proportion of clients having been on Ontario Works for over 12 months at 65% vs Northern Ontario 62% and 59% provincially. Additionally, 11% of OW recipients in the district are boarders, compared to 4% in Northern Ontario and 1% provincially. A significant 12% of the district's OW caseload is homeless, in comparison to 9% in Northern Ontario and 6% provincially. Further, 75% of renters in the district rely on private market rentals, lower than the Northern rate of 82% and the provincial rate of 89%.

As a result of the need, shelters were created in Timmins and Temiskaming Shores. Living Space in Timmins provides a low-barrier shelter for ages 18 plus with a maximum capacity of 63 beds. Of the 63 beds, 33 are co-ed while 15 are for females, Two Spirited individuals and those who identify as female, with the final 15 beds being used as overflow. On average 106 people per month access the shelter with 53% identifying as Indigenous.

Temiskaming Shores shelter, Zack's Crib offers a 12 bed shelter that operates with a vacancy rate of 2 to 3 when operational. There are various women's shelters in the region that also support gender based violence who are unhoused such as Elle Vive (Timmins), The Pavilion (Haileybury) Timmins Area Women in Crisis (Timmins). As a high needs area for mental health and addictions services, the region also shows high levels of deprivation and instability. Within the Porcupine Health Unit region, approximately 800 individuals experienced material deprivation, while 3690 face residential instability.

The Cochrane District population experiences a higher rate of hospitalizations due to mental illness at 3 times higher rate (15.7%) than the remainder of the province (10.7%). Self reported prevalence of anxiety disorders is also higher with 15 % compared to 8.6 % in the remainder of the province. The Cochrane District also reports higher mortality rates than the rest of Ontario, with 962.8 deaths per 100,000 people compared to 642.8

provincially. The rates of emergency department visits for self-harm are double that of the provincial average. The types of mental health concerns most experienced are psychosis, depression, anxiety and schizophrenia.

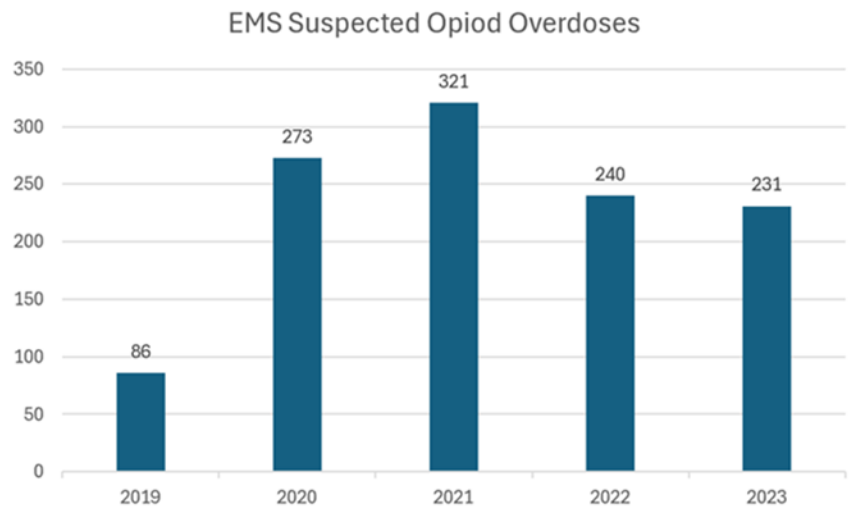
Outlined in the following paragraph are wait times for the service partners working on this HART hub submission. Mushkegowuk Council's Land Based Healing and Detox Program has had 245 graduates since 2021 with 109 people currently on the wait list, underscoring the demand for culturally safe care. This council serves several First Nations communities in our region, including Attawapiskat, Fort Albany, Kashechewan, and Moose Factory. Wait times at the Timmins and District Hospital for mental health out patient therapy services is currently at a 1 year wait, while Ontario Structured Psychotherapy ranges between 1 to 2 month wait times. Wait times for access to Adult In Patient Psychiatric Beds varies, our occupancy fluctuates between 75% to 110%. Our Children and Youth bed occupancy is lower and reliance on hospital Pediatric Beds does occur at times. Wait times for Psychiatric Consults are approximately 3 months for adults, it is important to highlight that the majority of Mental Health clients seen in the Out Patient Mental Health services do not have primary care providers which further exacerbates the system and puts pressure on the Psychiatrist to provide primary care reducing their ability to offer consult services to the district. During the Point in Time count, 54% of homeless individuals in our district surveyed confirmed mental health concerns and 80% identified multiple health concerns. Within the Temiskaming region the mental health wait times remain unchanged over the last decade with high risk clients being seen within 1 week and medium risk clients being seen within 2 months.

With regards to Emergency Department (ED) visits our region faces more visits and readmission for Mental Health and Addiction concerns (CIHI). A report from Weeneebayko Area Health Authority (WAHA) highlights 156 ED visits for mental health and toxicity in August 2024, marking a 25% increase from July 2024 and a 66% rise since May 2021. Alcohol and Drug Withdrawal falls within the top 3 chief complaints at TADH. Of note two of the top three reasons for admission to TADH are related to Substance Misuse and Mental Health.

Overdoses per capita are also of significant concern in our region. In statistics released by the Office of the Chief Coroner of Ontario, the health units with the 5 highest rates of opioid-related deaths in 2020 were all in northern Ontario. In total, 338 residents of northern Ontario died from an opioid-related overdose in 2020, compared to 166 in 2019 – a 90.4% increase. This represents an overall rate of death of 42.3 per 100,000 population in northern Ontario as compared with 14.9 for other regions of the province. The Porcupine Health Unit had the second highest opioid-related death rate for 2020 in the province. In

2020, 40 people in the Porcupine Health Unit area died from an opioid-related overdose as compared with 22 people in 2019 (81.8% increase), equating to a rate of 46.9 and 25.8 per 100,000 for 2020 and 2019, respectively (Ontario rates: 16.4 and 10.4).ⁱ Most of these deaths (86.4%) occurred in Timmins. In 2020, 31 of the opioid-related deaths (other substances may also have contributed to the death) were in Timmins.ⁱⁱ The rate of opioid-related deaths in the Timmins area increased more than three-fold between 2018 and 2020, from 23.9 to 74.2 per 100,000. First Nations people, especially those living off-reserve, experience opioid related deaths at a rate more than seven times that observed among non-First Nations people in Ontario. Mental health and addiction challenges are escalating in the region.

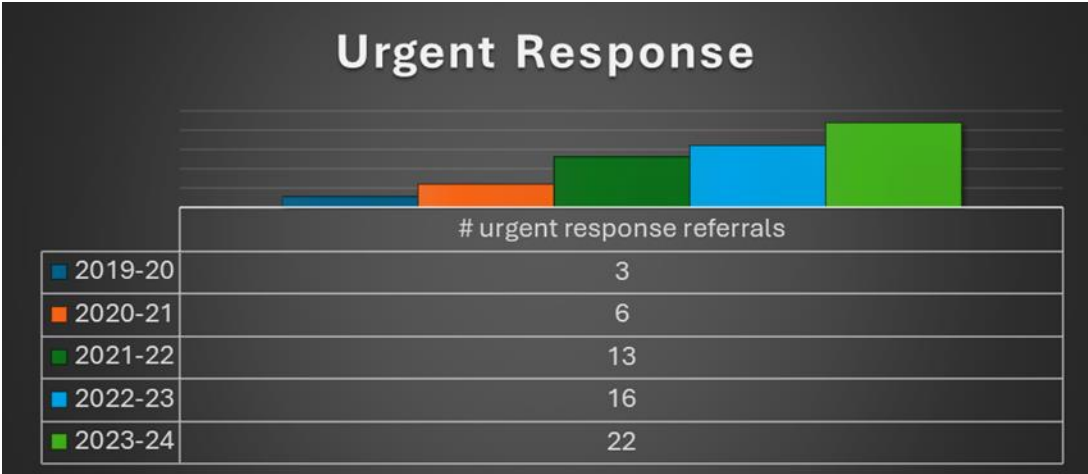
At this time our region, Cochrane, James Bay area and Timiskaming do not have a CTS, SCS or UPHNS. The hospital with its partners did operate a UPHNS between 2022 and 2024. The site reversed 397 overdoses and facilitated 38 admissions to inpatient withdrawal management services from 2022-2024. Below are the EMS calls for suspected Opioid Overdoses in our community which highlights a significant strain on our Emergency Management Services.



The Brian Rush Needs Based Planning report of 2020 for the Cochrane Region outlined an addictions treatment system lacking in diversification within withdrawal management services, structured comprehensive interventions and community long term (Residential) treatment/ supportive recovery. This supporting the need for additional intensive interventions such as day/evening treatment services and treatment which remains unavailable in our region.

It is important to also highlight that youth substance use is a growing concern, with 31% of Timmins youth reporting alcohol use by age 13, and 15% of youth aged 13-18 accessing emergency services for cannabis-related harm. Northern Ontario youth are three times more likely than their Southern counterparts to die from substance toxicity. The district lacks sufficient substance use services, especially for youth under 16, contributing to family breakdown, housing instability and significant community safety concerns.

Although this application does not highlight the need for enhanced support to our developmental sector, it is important to highlight individuals with intellectual or developmental disabilities, face dual diagnoses with complex needs, and housing challenges. This population is especially at risk of harm. Referrals for these services have increased, often requiring significant resources and cross-sector collaboration. The 2016 and 2023 Ombudsman reports highlighted the need for improved services for adults with developmental disabilities to prevent inappropriate hospital placements. Additionally, a rapid response approach is required to mitigate risks, as it involves health and safety concerns adding further pressures on all systems (e.g., hospital, EMS, justice, etc.). The Wellness Centre of Excellence aims to address these needs by offering centralized services and cross-sector collaboration.



Summary

The Cochrane, James Bay, and Timiskaming areas face severe challenges related to homelessness, substance use, mental health, and interactions with the justice system, with Indigenous populations disproportionately affected. Chronic homelessness and complex needs are prevalent, exacerbating physical and mental health conditions and posing a threat to community safety. Youth substance use is a significant issue, with limited services available, especially for those under 16. Mental health service gaps

persist, contributing to housing instability, family breakdown, and increased interactions with the justice system. Justice-safe beds are still being developed with partners in Timiskaming, while Cochrane District continues to face pressures on all systems, including health, EMS, and justice, due to these vulnerabilities.

In response to the growing issue of encampments, the City of Timmins is collaborating with community partners and has introduced bylaws to manage and reduce encampments in the area. These efforts aim to provide structured approaches to address homelessness while working with local services to offer safer housing alternatives.

Despite improvements in some areas, like opioid overdose management, the districts still face critical service shortages. The proposed **Wellness Centre of Excellence** offers a potential solution, providing integrated, cross-sector support with ease of transition and integrated care pathways to address the complex needs of vulnerable populations and reduce reliance on emergency and justice services.

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2. Existing Resources in the Community

The partner agencies have outlined some of the key resources currently available in the Cochrane, James Bay Area and Timiskaming area.

CDSB, System of Care:

Clients often face barriers to accessing critical services due to the high demand for resources, resulting in long waitlists for safe beds, withdrawal management beds, and supportive or transitional housing. Many clients experiencing homelessness or housing instability struggle to find immediate access to safe environments. When services, including transitional and supportive housing, are unavailable at the time clients are ready for help, many return to unsafe environments such as shelters, encampments, or compromised living conditions. The status quo poses a threat to community safety. This perpetuates cycles of unhealthy behavior and further complicates their efforts toward recovery and stability. The lack of available supportive and transitional housing exacerbates this issue, leaving vulnerable individuals without the necessary resources to maintain stable housing and long-term recovery. Expanding access to transitional and supportive housing, along with safe beds, is critical to breaking these cycles and offering clients the opportunity to regain stability and move towards healthier lifestyles.

CDSB, Community Development Services: Ontario Works (OW) Case Managers provide wrap-around, person-centric support to social assistance clients, assessing life stabilization barriers and developing individualized action plans. These action plans are designed with an integrated approach to case management and involve collaboration with district service providers to meet client needs. The 19 Ontario Works case managers in the district support clients both within their communities and at the Wellness Centre of Excellence (WCE), ensuring continuity of services throughout the treatment process. OW case managers are also members of Care Conferences, where they collaborate with service providers to advance client action plans. Cultural safety is incorporated into this work through effective training, including cultural competency and integration of Elder support. Smudging is available to clients, and training and skill development are also offered. Referrals are made to Employment Ontario Services and mental health counselors when necessary.

Mushkegowuk Council: Mushkegowuk Council provides services to Indigenous individuals with lived experience of homelessness, substance use, and mental health challenges. These services are available to members of seven Mushkegowuk communities (e.g., Attawapiskat First Nation, Moose Cree First Nation) both on-reserve and in the

Timmins area. The Council's Health Department offers culturally safe primary care services, psychotherapy, and land-based detox and healing programs.

1. **Primary Care:** Mushkegowuk Health operates a primary care clinic in Timmins, contracting allied health professionals to provide services across the region. Complex care needs, particularly for mental health and addictions, are a focus. The clinic offers counseling and therapy services in Timmins and across Mushkegowuk communities, with 74 sessions conducted since April 2024. Referrals to other mental health services are available.
2. **Land-Based Detox and Healing Program:** This seven-day residential program combines traditional medicines and land-based practices to support recovery from substance use and mental health challenges. Since its inception in August 2021, the program has graduated 245 clients from several communities, but it currently has a waitlist of 109 individuals. Despite its success, the program faces challenges with funding and aftercare support, leading many participants to return to unstable living conditions post-graduation.
3. **Mental Health and Wellness:** Mushkegowuk Health offers mental health and crisis response services, including one-on-one counseling and workshops like Grief Edu-Therapy, Trauma Support Training, and Understanding Trauma.

The Fire Keeper Patrol, an outreach program under Mushkegowuk Council's Social Department, provided support to 11,059 clients between April 2023 and March 2024. The Council also operates a Restorative Justice program to promote alternative avenues of justice and community healing.

Timmins Academic Family Health Team (TAFHT): TAFHT provides services through a multi-disciplinary team of nurse practitioners, registered nurses, social workers, and more. As of June 2024, TAFHT had 23,335 enrolled patients. However, an estimated 5,536 individuals in Timmins lack a primary care provider, often relying on emergency services for care. 20 to 25 % percent of visits to the Timmins and District Hospital are clients who do not have a primary care provider. The shortage of primary care services is expected to worsen as more physicians retire and reduce their practices. The region also anticipates growth in the number of patients without access to regular healthcare.

Timmins and District Hospital (TADH): TADH offers a range of services supporting the Wellness Centre of Excellence, including community withdrawal management and bedded addiction services. In 2022-2023, the Community Withdrawal Management Services team supported 9,056 visits and 576 unique clients, with an average wait time of less than a day. Approximately 50% of clients served identified as Indigenous, and 15% as Francophone.

The Withdrawal Management beds had an average stay of 3-7 days, and 413 clients were admitted for various substance use disorders. TADH also runs a Mobile Rapid Response Service in partnership with Timmins Police and offers psychiatric and addiction medicine services, with plans to extend these services to the Wellness Centre.

Canadian Mental Health Association (CMHA) Cochrane Timiskaming: CMHA provides several programs supporting individuals with serious mental illnesses, such as the Assertive Community Treatment (ACT) Team, Early Psychosis Intervention (EPI), case management, and addiction treatment services. The homelessness prevention program is part of a regional coordinated access system aimed at securing housing for individuals at risk of or experiencing homelessness. CMHA also operates peer support, housing support, and addiction treatment services. However, the need for these services far exceeds the current capacity, with long waitlists for programs such as the ACT and supportive housing.

North Eastern Ontario Family and Children Services (NEOFACS): NEOFACS is the lead Child and Youth Mental Health agency in the region, offering a spectrum of care, including community-based and intensive services for children and youth facing mental health and substance use issues. However, the lack of intensive substance misuse services, particularly for youth under 16, poses significant challenges. Youth requiring inpatient care must often travel outside the district, creating barriers to timely and effective treatment. Local withdrawal management and treatment beds for youth are urgently needed to address the severity of these issues.

Cochrane Temiskaming Resource Centre (CTRC): CTRC provides supportive housing, and a range of specialized services offered throughout the community including case management, service navigation, psychological assessment for developmental disability, behaviour intervention, and speech and language services, but demand far outweighs available resources. Long waitlists and coordination challenges often delay access to essential services. The region also struggles with equitable access to culturally safe services for Indigenous individuals across different communities, further highlighting the need for centralized and adequately funded support systems.

District of Timiskaming Social Services Administration Board (DTSSAB)

Ontario Works (OW):

Ontario Works provides financial assistance, employment support, and life stabilization services to individuals and families in financial need. As of September 30, 2024, the Timiskaming OW caseload had 613 cases, consisting of 981 individuals, with two offices

located in Kirkland Lake and New Liskeard. Travel distances to these offices can take up to 60 minutes for residents in rural areas.

Transitional and Supportive Housing:

- **Hope Haven (Kirkland Lake):** A 6-bed transitional housing model operated in partnership with the Salvation Army. This facility provides support to males transitioning from homelessness, with overnight emergency shelter available in the event of vacancies.
- **DTSSAB Affordable Housing (Fraser House) – Partnership with CMHA (Cobalt):** Three units are dedicated to transitional and supportive housing for individuals overcoming chronic homelessness. The partnership provides support for maintaining housing, with expedited eviction processes when necessary.

Family Health Teams:

Timiskaming District is served by several Family Health Teams, including the **Kirkland District Family Health Team** and the **Haileybury Family Health Team**, which offer primary healthcare services. However, long distances and the lack of public transit in rural areas make it difficult for some residents to access these services.

Blanche River Health and Timiskaming Hospital:

These facilities provide hospital and emergency services but wait times and resource availability vary. Efforts are ongoing to improve access to healthcare services, particularly for mental health and substance use disorders.

Cultural Supports:

Cultural safety is a key component of many programs, especially for Indigenous clients. **Mushkegowuk Council's Land-Based Detox and Healing Program** integrates traditional healing practices, and many service providers are incorporating cultural competency training and Elder support into their practices.

Service Pathways and Coordination:

Coordination between Ontario Works, CMHA, NEOFACS, and other service providers is essential to ensuring clients receive the necessary support. Referrals are made across agencies to meet client needs, but gaps in service capacity, especially in housing and youth services, result in long waitlists and delays.

Timiskaming District Services outlined above:

- **Proximity of Services to Those in Need:** Services are generally located in **New Liskeard (South district)**, **Kirkland Lake (North district)**, and **Englehart (central district)** areas. The distance between these

communities is approximately 50 km, creating geographical challenges for those without access to transportation. This often limits ease of access, especially for residents in more rural or remote areas.

- **Availability of Services Compared to Need and Ease of Access:**

While services are available, not living in the same community presents significant challenges, including regular transportation, financial constraints, and lack of personal support. The **Timiskaming Community Safety and Well-Being Plan** identified several challenges for residents, including limited access to mental health services, a lack of inpatient addiction services within the district, and restricted access to withdrawal management services. The closest withdrawal services are in other cities and are often at capacity, requiring patients to travel long distances for care.

- **Community Mental Health Challenges in Timiskaming:**

- **Mental Health Perceptions:** 11.8% of Timiskaming residents aged 12+ perceive their mental health as fair or poor, compared to 7.9% in Ontario (Timiskaming Health Unit).
- **Activity Limitations:** 42.4% of residents report being limited in selected activities at home, work, school, or other activities due to physical or mental conditions or health problems, higher than Ontario's rate of 31.7%.
- **Healthcare Access Issues:** Only 82.1% of residents report having a regular healthcare provider, compared to Ontario's 89.9%. Furthermore, only 61.7% of residents reported having contact with a medical doctor in the past year, lower than Ontario's 73.7%.
- **Transportation Barriers:** Accessing mental health services is particularly challenging for rural and northern Ontarians due to transportation barriers, which significantly impact those living outside urban centers.
- **Aging Population Challenges:** The growing need to accommodate the aging population places additional pressure on health and community service providers to meet increasing service demands.

Indigenous Service Pathways:

- **Keepers of the Circle:**

This program supports Indigenous women and gender-diverse people, as well as their family members, through various culturally informed programs. The support is

guided by the Seven Sacred Teachings and Indigenous Traditional Knowledge, shared through local Wisdom Keepers and cultural teachers.

- **Mino M'Shki-ki Indigenous Health Team:**

This health team operates in **Kirkland Lake** and **Temiskaming Shores**, providing both urban and land-based healthcare services. In **Kirkland Lake**, the team operates as part of the **Keepers of the Circle Indigenous community hub**, offering primary care, chronic disease management, and mental health services.

Temiskaming Shores hosts a welcoming space within the **Temiskaming Hospital**, governed by a reconciliation-based partnership agreement, with land-based programs offered at nearby Lake Temiskaming.

Summary

The Cochrane, James Bay, and Timiskaming areas have extensive resources for homelessness, substance use, and mental health care. However, the demand far exceeds capacity, and long waitlists, limited service availability, and funding shortages are common barriers. Indigenous populations face additional challenges due to a lack of culturally safe and accessible care. While programs such as the Mushkegowuk Council's Land-Based Detox and Healing and CMHA's housing supports are available, aftercare and systemic gaps leave many individuals without adequate support.

In Timiskaming, transitional housing options such as Hope Haven and Fraser House, along with Ontario Works and CMHA services, provide some relief but face similar capacity constraints. Proximity to services is an ongoing challenge, particularly in rural areas, where transportation and accessibility limit residents' ability to access timely care. Additionally, there is a critical shortage of youth-specific services and inpatient treatment beds, further complicating efforts to address these issues.

The **Wellness Centre of Excellence** and ongoing investments in housing and addiction services offer potential solutions, but significant gaps remain, particularly in youth and Indigenous care, as well as in culturally safe aftercare services. Continued investment in long-term care, youth services, and addiction treatment will be necessary to address these escalating issues.

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3. Presence of Existing Hubs

Timmins is home to a **Youth Wellness Hub**, which is the only MOH funded hub within our region. This Hub provides essential community-based support and services to youth dealing with mental health and substance use challenges. While this hub offers important assistance, it does not provide the more intensive or specialized services, such as withdrawal management, which are often required for youth with severe substance use disorders. The lack of comprehensive care for youth with significant needs indicates a gap in service provision that the community still faces. It would be of utmost importance to develop pathways between our proposed Wellness Centre of Excellence and the Youth Wellness Hub as the only hub in our region.

If approved, the **Wellness Centre of Excellence (WCE)** would be the first of its kind in the region and would cover a vast geographical area, addressing a critical need for centralized services. The existing efforts place additional strain on an already fragmented system of care, underscoring the necessity of a dedicated hub like the proposed WCE.

Summary:

While Timmins benefits from the presence of a Youth Wellness Hub that provides crucial mental health and substance use support, the absence of more specialized services such as withdrawal management highlights a significant service gap for youth with opioid use disorders, substance use disorders and alcohol use disorder. Although efforts have been made by community stakeholders through initiatives such as the Community Advisory Board (CAB), the System of Care, and the Mobilization of Community Collaboration Processes (Situational Table), these approaches, while commendable, have not been sufficient to meet the comprehensive needs of the community, leaving the community underserved in terms of comprehensive care.

The **Wellness Centre of Excellence**, if established, would address these gaps by becoming the first hub in the region to provide a centralized, coordinated system of care. In addition, this centre will play an instrumental role in improving community safety across the region. Despite the ongoing efforts of local stakeholders to mobilize community resources and collaborations, these initiatives are insufficient to meet the widespread needs of the population, further emphasizing the need for the WCE to support the diverse and underserved communities across the region.

ⁱ Coroner's Opioid Investigative Aid, January 2020 to Dec 2020, Office of the Chief Coroner for Ontario, Apr 7, 2020. NOTE: Data is preliminary and subject to change

ⁱⁱ Office of the Chief Coroner for Ontario, Preliminary Opioid-related Deaths Data – effective June 2021.

Section B – Project Objectives and Outcomes

The Cochrane, James Bay Area and Timiskaming area will use this provincial investment to further enhance existing services by creating a hub model where people can transition through various services under one roof. Our region lacks services to meet current Roadmap to Wellness goals and make gains on this provincial epidemic. By co-locating services and taking advantage of shared resources amongst Social Services, Health Services, Youth Services, Mental Health Services, Addiction Services, Primary Care Services and Indigenous Services we hope to improve all **Roadmap to Wellness** pillars as described below:

1 – ENHANCEMENT IN SERVICES

This will occur with integrated care pathways between agencies located under one roof. Proposed enhancements to Ontario Works in collaboration with health care professionals, streamlining medical assessments for Ontario Disability Support Program reducing wait times for people to gain access to much needed financial support.

These enhanced services will significantly enhance community safety by offering comprehensive treatment options, such as medical care, counselling, and rehabilitation services to ensure the facility helps reduce the incidence of drug-related crimes in our community.

Furthermore, by supporting individuals in overcoming addiction, the Wellness Centre of Excellence will reduce the strain on emergency services and law enforcement, contributing to a safer and healthier community environment for all community members.

2 – EXPANSION OF SERVICES

Expansion of land based recovery, aftercare and supportive housing for Indigenous peoples for residents in our region. Increase access to primary care, addiction physicians and psychiatry for vulnerable populations through clinics located on site. Furthermore, with an expansion of supportive housing in our region we hope to reduce homelessness and/or recidivism, contributing to a safer community

3- INNOVATIVE SOLUTIONS

Consolidation of services to improve care transitions between the acute treatment, after care and supportive housing for mental health and addiction clients as well as clients with dual diagnosis in the developmental sector. The intent is for the partners to offer specialized services for all ages including youth to seniors who face significant social determinants of health, including higher mental health and substance use in our region.

Furthermore, this proposed hub will offer vocational training, life skills development, employment opportunities, technology enhancements with support and partnerships through local colleges. With this we hope to improve long term recovery of people.

4- IMPROVING ACCESS

A key element in our region is ensuring that this Wellness Centre of Excellence provides culturally appropriate care by addressing specific needs of Indigenous, Francophone, 2SLGBTQIA+, refuge and newcomers in our region. This access will be improved with involvement of Indigenous partners. Furthermore, partnerships with local Cochrane Temiskaming Resource Centre will ensure urgent response and care needs of individuals with dual diagnosis are met all while supporting the Journey to Belonging framework in the developmental sector. It is also important to highlight the alignment with **Your Health Plan pillars:**

1 – THE RIGHT CARE IN THE RIGHT PLACE

By collocating services and health human resources in one location, we will enhance convenient care for people in this region by transitioning people to care sooner with nurse practitioners, health care workers, social service workers, mental health and addiction workers and physicians all working together to improve the person's experience.

2 – FASTER ACCESS TO CARE

As mentioned above the transitions in care will improve with collocation of services which will in turn provide ease of entry for individuals seeking services at the HART hub. With the creation of the Wellness Centre of Excellence and access to this service, the intent is to divert people from the emergency department and provide them services immediately at the centre. Access to Crisis Services will permit people to access a trained professional to manage their crisis and reduce their wait times be it with police response, ambulance response or emergency department.

3- HIRING MORE HEALTHCARE WORKERS

With the influx of investment in our region this would provide us to continue our ongoing collaboration with learning institutions to recruit personal support workers, social service workers, mental health and addiction workers, nurses or others.

All these planned community objectives would address current gaps in serving clients that are currently unable to access services or waiting to access services. We anticipate serving 635 clients annually and being able to support 10 to 20 more complex youth or clients with dual diagnosis.

Equity deserving populations will be a priority as mentioned before with collaboration between agencies including Indigenous agencies and designated Francophone agencies.

The anticipated outcomes the hub will achieve are:

- Reduced emergency department visits for help with Mental Health and/or Addictions Issues
- Hospitalizations for harm caused by substance use
- Reduced rate of self-harm for our region
- Reduced wait times for community mental health counselling services
- Lower opioid related deaths
- Increased access to safe beds
- Improved access to ODSP benefits
- Improved access to primary care for unattached people
- Improved community safety for our region

Section C – Services

1. Service Delivery Model

The preferred location for the **HART Hub** is **1800 Riverside Drive in Timmins**, offering 100 rooms, a commercial kitchen, a conference area, office and meeting space, and 4.4 acres of additional land for future development. It is readily available to implement services and meet the province’s goal of opening in Winter 2025 and brings numerous services under one roof to serve the Cochrane, James Bay Area and Timiskaming Districts. This catchment area is comprised of approximately 112, 209 people (2021 census data). The services/partners currently proposed to support service delivery at 1800 Riverside Drive are:

- Cochrane District Services Board – housing/system of care
- Mushkegowuk Council – land based detox and healing programs/aftercare
- Timmins Academic Family Health Team – primary care support for unattached clients
- Timmins and District Hospital – Long term treatment and recovery beds, Mental Health and Addictions Clinics, Crisis Services
- Canadian Mental Health Association – Cochrane-Timiskaming – Case management, peer support, supportive housing, day/evening addictions treatment and assertive community treatment
- North Eastern Ontario Family and Children Services – youth withdrawal management services, transitions from youth to adult services mental health services
- Cochrane Temiskaming Resource Centre – dedicated housing suites to developmental services for dual diagnosis and intellectual disabilities

The Hub will address local needs by offering culturally appropriate health and housing services, while also supporting smaller communities that often lack resources, requiring residents to travel to Timmins for services. New services may include additional supportive housing, structured psychotherapy for recovery, walk-in and mobile clinics, recovery treatment beds. The Hub will build on existing services such as safe beds, recovery beds (with Red Path Indigenous Recovery lens), withdrawal management services, assertive community treatment, case management and land based treatment while ensuring common intake services for all clients to prevent repetition of their story.

The environment will be welcoming and safe, with low-barrier access to services and no wrong door approach that prioritizes the safety of all community members. Low barrier access will be supported by ensuring clients are not turned away when requesting services and are linked to the most appropriate service in their journey. Clients will receive case

management support, peer support, and access to traditional medicines, spaces and practices. The goal is to enable clients to move through a health and housing continuum of care, with all services provided in one safe location. Clients will not need to relocate for additional services until stability and functioning has been achieved. We will ensure that we establish integrated care pathways with external service providers once the client is done their journey at the hub. These services could include other mental health and addiction supports, indigenous supports or housing in various regions of the proposed catchment area.

The **Askikan Land-Based Detox and Aftercare Program** will use a holistic approach, addressing physical, mental, emotional, and spiritual health. The program's **trauma-informed, compassionate, and culturally sensitive models** prioritize Indigenous self-determination, individual strengths, and resilience. Staff will guide participants through their recovery, acknowledging personal challenges while fostering cultural connection and community belonging. The Hub at 1800 Riverside Drive will expand capacity, providing more access to this high-demand program, which is currently booked months in advance.

It will reduce homelessness, wait times, and barriers to care, while improving service quality through innovative solutions and supporting community safety. The Hub will also reduce service fragmentation and address local and regional needs by centralizing accountability, performance indicators, and quality control.

CTRC proposes to dedicate four **housing suites** to developmental services, with one suite retrofitted to meet accessibility standards. The Hub will provide culturally safe, cross-sectoral services, close to home, to improve outcomes for individuals with disabilities. CTRC aims to reduce healthcare and community system overuse by offering specialized care in a centralized location, following a collaborative approach shown to reduce hospital utilization by 44% and system response usage by 83% (Hardin et al., 2020).

Multiple agencies have expressed interest in being pathway partners. There is a shared vision to collaborate on joint objectives, leveraging operational expertise, and creating protocols for people to move between the Cochrane-based HART Hub services and other regional services. **Memorandum of Understanding (MOU)** could be formalised ensuring clients return to their respective communities for long-term support.

In summary, the **Wellness Centre of Excellence (WCE)** service delivery model will serve as a centralized hub for culturally appropriate and trauma informed health, housing and addiction services across the **Cochrane, James Bay and Timiskaming** region. Located at **1800 Riverside Drive in Timmins** and offering a range of services under one roof the Hub

will streamline access to services, reducing wait times, homelessness, system fragmentation and improve the safety of our community.

A strong relationship with community partners, including the **Timiskaming DSSAB**, will support a **regional approach**, ensuring coordinated care and leveraging expertise across various sectors. This collaboration allows the Hub to extend its reach beyond the physical location, supporting regional programs via **technology, training, and best practices**. This will ensure clients maintain connections to their home district for long-term care. Through **joint training, coordinated case management, and shared resources**, the various partnerships will enhance service quality and improve outcomes for people in our region.

Low-barrier access will be ensured through **regional referral systems**, including **self-referral, healthcare referrals**, and referrals from **family, friends, and workplaces**. This inclusive approach allows individuals to access the care they need without unnecessary obstacles.

Coordinated access to care will ensure that all individuals, regardless of their entry point, can easily navigate between services such as health care, housing support, addiction recovery, and employment assistance. The streamlined approach will enhance continuity of care and ensure clients receive the appropriate services without delays.

Care will continue in **partnership with over 30 agencies** that have provided letters of support and intent for the HART Hub application process. These agencies, representing a wide range of health, housing, and social services, will collaborate with the Hub to ensure **comprehensive, coordinated care** for clients.

The Hub will provide **low-barrier access** to services, ensuring that individuals from diverse groups—including **Indigenous populations, individuals with complex needs, youth, and vulnerable communities**—can easily access the care they require. This **regional model** aims to fill critical service gaps, improve health outcomes, and promote **long-term recovery** and **community reintegration** across the various communities.

References:

1. Weiner, S.G., et al. (2020). Opioid-related deaths following emergency department treatment for non-fatal overdose.

2. Hardin, L., Trumbo, S., & Wiest, D. (2020). Cross-sector collaboration for vulnerable populations reduces utilization and strengthens community partnerships. *Journal of Interprofessional Education & Practice*, 18, 100291.

2. a. Access to Culturally Safe Care

Recognizing the disproportionate impact of **homelessness, addiction, and mental health challenges** on Indigenous populations, **cultural safety for Indigenous clients** will be a key priority for the **Wellness Centre of Excellence (WCE)**. All frontline staff and partners will be required to undergo **cultural competency training** and **trauma-informed care** learning to address biases, stereotypes, and assumptions that may hinder the quality of care Indigenous clients receive from non-Indigenous providers.

To further promote cultural safety, the WCE will provide **Indigenous-focused services** such as **Land-Based programming, traditional mental health counseling, and support. Cultural interpreters** and **patient advocates** will assist Indigenous clients in navigating the healthcare system, helping with communication between patient and provider, and ensuring that their complex needs are understood and addressed. Indigenous partners will play a critical role in **designing and delivering** these services, while clients will have the freedom to choose culturally focused treatment pathways that align with their values and traditions.

The Hub will feature **Indigenous-focused spaces**, including dedicated counseling areas, cultural grounds, and structures such as a **tipi**, a **sweat lodge** (for 8-10 people), and a **Shaputuan structure**. These spaces will support culturally significant practices like **smudging** and other ceremonies, providing a safe, respectful environment for healing.

Equity, diversity and inclusion supports will be leveraged within existing partner agencies to support anti-oppressive and anti-racism practices at the Hub. Equity deserving populations will also be a priority, for example we will ensure the services are designated under the French Language Services Act to meet the needs of the Francophone population. Furthermore, the Hub will aim to become Rainbow Registered to ensure needs of the LGBTQIA+ community are met and standards of care are followed.

3. Staffing and Human Resources

The **HART Hub** and **Wellness Centre of Excellence (WCE)** will employ a comprehensive and **interdisciplinary staffing model** designed to support a wide range of health, housing, and social services. The primary focus will be on **cultural competency, trauma-informed care**, and ensuring **client-centered services** for all vulnerable populations, including **Indigenous clients, 2SLGBTQIA+ individuals, Francophones, new Canadians, refugees**, and those with **disabilities**.

Description of Services and Required Positions

1. Health and Addiction Services: The Hub will provide a variety of health and addiction services, focusing on both immediate care and long-term recovery. This includes:

1. **Primary care services** led by Nurse Practitioners (NPs) and Registered Nurses (RNs) to address immediate and ongoing health needs.
2. **Addiction recovery services**, including structured psychotherapy and withdrawal management, supported by **Addictions Physicians** and **Mental Health Workers**.
3. **Mental health support**, including psychiatry and counseling services provided by **Registered Therapists**, **Social Workers**, and **Psychiatrists**.
4. **Recovery beds** and **long-term addiction care** will be staffed by **RNs**, **RPNs**, **Addiction Mental Health Workers**, and **Social Workers**.

Positions:

- Nurse Practitioners (NPs) and Registered Nurses (RNs)
- Addictions Physicians
- Registered Therapists
- Addictions Mental Health Workers
- Social Workers (MSW)
- Psychiatrists
- Program Manager and Program Assistant

2. Housing and Case Management: The Hub will provide **supportive housing services** and coordinate access to safe and transitional housing. A **centralized intake process** will be employed to assess clients' needs and ensure they are directed to appropriate services. **Case management** will play a critical role in ensuring continuity of care.

Positions:

- Case Managers
- Social Services Workers
- Program Coordinators
- Peer Support Workers (

3. Indigenous-Focused Services: Indigenous-focused services will include **Land-Based programming, traditional mental health counseling,** and culturally safe aftercare. **Cree-speaking interpreters, Indigenous Focused Oriented Therapy (IFOT) therapists,** and **cultural coordinators** will be part of the Hub to ensure culturally relevant services.

Positions:

- IFOT Therapists
- Cultural Coordinators
- Cree-Speaking Interpreters
- Trauma-trained Crisis Workers
- Patient Advocates

4. Family and Youth Services: NEOFACS will support family and youth programming, ensuring **developmentally appropriate and trauma-informed care.** These services will focus on community-based support for youth and their families, as well as **mental health interventions** for children.

Positions:

- Social Workers specializing in youth care
- Peer Support Workers
- Youth Counselors

5. Intellectual and Developmental Disability Services: The Hub will offer specialized care for individuals with **intellectual and developmental disabilities,** including **dual diagnosis** clients. The **Cochrane Temiskaming Resource Centre (CTRC)** will provide intake, assessments, case management, and ongoing support services.

Positions:

- Community Support Workers
- Psychometrists
- Speech and Language Pathologists (part-time)
- Clinical Service Coordinator (part-time)

Training and Development:

All staff at the Hub will undergo **mandatory training**, which includes:

- **Indigenous cultural competency**
- **Trauma-informed care**
- **Crisis Prevention Intervention (CPI) training**
- **Anti-racism and anti-oppressive training**, supported by the CDSB's **Justice, Equity, Diversity, Inclusion (JEDI) committee**.

Training will be **ongoing** to ensure staff are well-prepared to address the diverse needs of clients. **Mushkegowuk Council** will take a lead role in facilitating **cultural safety** training to ensure the Hub is equipped to deliver Indigenous-focused services with respect and cultural sensitivity.

Summary:

The **HART Hub** and **Wellness Centre of Excellence** will be staffed by a **diverse, interdisciplinary team** that includes health professionals, social workers, peer support workers, and Indigenous-focused service providers. The Hub will employ over **40 full-time staff**, with additional part-time and shared roles. The **total number of positions** will be determined based on **service needs**, with a focus on utilizing the **current complement of staff** from participating organizations and **augmenting** as required with new staff and positions. A **coordinated approach to staffing** will ensure **no duplication of roles or positions**, as organizations will collaborate on **integration, coordinated client-centered care**, and a **consolidated, common approach** to service delivery.

The Hub is also **partnering with local colleges and universities** to offer the facility for **training opportunities** and to assist in **training new staff** to fill any staffing gaps. This partnership will help develop a pipeline of trained professionals, ensuring the Hub remains adequately staffed while contributing to workforce development in the region.

Staffing levels will remain **fluid** within each organization supporting the HART Hub, allowing for flexibility to meet evolving demands while maintaining **client-centered, trauma-informed**, and **culturally safe** services.

Services at the Hub will include:

- **Primary health care**
- **Addiction treatment and recovery services**

- **Mental health support**
- **Supportive and transitional housing**
- **Case management**
- **Indigenous-focused services**
- **Family and youth programming**

This coordinated and flexible staffing model ensures that the Hub can adapt to changing community needs, providing comprehensive, **integrated** care without unnecessary duplication. The collaboration with educational institutions will also address staffing needs by training new professionals, helping to fill gaps and deliver high-quality services for vulnerable populations.

4. Mental Health and Addiction (MHA) Supportive Housing

CDSB, Housing Services:

The **Cochrane District Services Board (CDSB)** developed a **10-Year Housing and Homelessness Plan** in 2014, prioritizing the creation of a residential treatment/supportive housing model. This plan emphasizes the **integration of housing and mental health and addiction (MHA) services** to address the needs of vulnerable populations across the **Cochrane and Timiskaming Districts**. There are currently 53 supportive units within the Cochrane District.

With the addition of **70 new supportive housing units**, it is anticipated that these units will be **operational by the winter of 2025**, expanding capacity in the region to meet the growing demand. These units will be crucial in addressing the current housing shortfall, with the **Cochrane District** currently facing a waitlist of **150 individuals** for supportive housing, and **Timiskaming** seeing over **80 individuals** in need of similar services. The new units will cost just under **\$100 per day** to maintain, covering **associated building costs**, including utilities, maintenance, security, food security, and housekeeping.

Plan for Supporting Transition to Permanent Housing:

- **Initial Assessment and Intake Process:**
 - **MHA Evaluation:** Clients will undergo a **comprehensive evaluation** during intake, assessing their mental health, addiction needs, housing instability,

and any barriers to achieving long-term housing. This will include input from mental health professionals, social workers, and housing caseworkers.

- **Individualized Support Plan (ISP):** Each client will receive a **tailored plan** that outlines short-term and long-term housing goals, mental health and addiction services, and supportive resources. The plan will be revisited regularly to track progress and reassess needs, ensuring clients receive the right support at every stage of their journey.
- **Integration of Housing and Supportive Services:**
 - **Supportive Housing Placement:** Clients will be placed in supportive housing that offers a safe, stable environment, along with access to services, including:
 - **Case Management:** Regular meetings with housing caseworkers to set and track housing stability goals.
 - **Psychological and Psychiatric Support:** Access to mental health professionals for therapy, medication management, and dual diagnosis support.
 - **Addiction Recovery Support:** Assistance through supervised addiction services, support groups, and harm reduction programs.
 - **Life Skills Development:** Workshops and training on budgeting, job skills, and independent living routines.
- **Phased Transition to Permanent Housing:**
 - **Stabilization Phase (Short-Term Housing):** During the initial phase, clients receive **intensive support** in mental health, addiction recovery, and case management. Peer support groups and community activities will help clients engage with others and start building routines.
 - **Skill Building Phase:** Clients will receive education on tenant rights, budgeting, and independent living, gradually taking responsibility for their finances and housing. Employment or volunteer opportunities will be introduced to foster independence.
 - **Preparation for Permanent Housing:** Clients will be connected to **long-term housing solutions**, such as affordable housing programs or rent supplements, with caseworkers helping navigate housing systems, complete necessary paperwork, and continue providing support during this transition.

- **Ongoing Support Post-Transition:**
 - **Aftercare Program:** Clients who transition to permanent housing will receive regular check-ins from case managers to monitor their progress and ensure stability. **Ongoing mental health** and **addiction recovery support, financial counseling,** and **peer support groups** will be part of the aftercare, along with **relapse prevention strategies** to help clients sustain long-term recovery.
 - **Graduated Support Model:** Over time, support will be gradually reduced as clients become more independent, though **crisis intervention services** will remain available to prevent a return to homelessness or relapse.
- **Community Integration and Long-Term Solutions:**
 - **Community Participation:** Clients will be encouraged to engage in local initiatives and community activities, fostering a sense of **belonging** and integration into their neighborhood.
 - **Partnerships with Housing Providers:** Collaborations with local housing providers, government agencies, and landlords will ensure a steady pipeline of affordable housing options. Clients can access **rent subsidies** and other financial support to help secure permanent housing.

Assessment and Reassessment of Client Needs:

The **HART Hub** will take a **dynamic, client-centered approach** to assess and reassess client needs continuously. During **intake**, clients will undergo a comprehensive evaluation to identify their mental health, addiction, and housing needs. This **assessment** will form the basis for the **Individualized Support Plan (ISP)**, which will be tailored to each client's unique circumstances and regularly **reassessed** at key points throughout their journey to track progress and adjust services as necessary.

- **Regular Case Management Reviews:** Caseworkers will regularly meet with clients to review their progress, challenges, and any changing needs. These reviews will help adjust the support plan to ensure clients are receiving the right services at the right time.
- **Cross-Agency Collaboration:** The Hub will collaborate with health, housing, and social services agencies to ensure **integrated care**. Cross-agency communication will play a key role in monitoring client progress, ensuring services are delivered efficiently, and making any necessary adjustments to the client's plan.

- **Client Feedback:** Clients will be actively involved in the reassessment process, providing feedback on the services they are receiving, and identifying areas where they need additional support.

The **HART Hub** will meet client needs by offering a comprehensive range of **mental health, addiction, and housing services** in one location, providing continuous access to care from intake through aftercare. This will ensure the safety of our clients and community members more broadly. Clients will benefit from a **continuum of care** that integrates housing stability with health and social services, ensuring their needs are met at every stage of recovery.

Summary:

The **MHA Supportive Housing** model designed by the **Cochrane District Services Board (CDSB)** is a **comprehensive, phased approach** to support clients transitioning from homelessness or housing instability into **permanent housing**. The model integrates **mental health and addiction services** with housing, focusing on **stabilization, skill-building, and community reintegration**. The addition of **70 new supportive housing units**, expected to be **operational by winter 2025**, will significantly increase capacity in the region. The cost of maintaining these units—just under **\$100 per day**—will cover all building costs, including **utilities, maintenance, security, food security, and housekeeping**.

Client needs will be **continuously assessed and reassessed** to ensure that their care remains **person-centered** and responsive. Aftercare ensures clients maintain stability once they transition to permanent housing, with flexible service intensity based on individual needs. **Strong partnerships** with local agencies and housing providers will enhance the availability of affordable housing, creating a **sustainable solution** for long-term housing security and recovery. The **HART Hub** will provide a **coordinated approach**, integrating services to meet client needs effectively throughout their recovery journey.

D- Organizational Capacity

- **Hub Governance**

Overview

The governance model for the **Wellness Centre of Excellence** is built on a foundation of **community-centered leadership** and **social accountability**, with a holistic approach to the continuum of service delivery. The model emphasizes the importance of **client-centered care, inclusivity, and collaboration** among key stakeholders, including public services, healthcare organizations, Indigenous communities, individuals with lived experience, and representatives from Francophone, rural, and remote communities.

This model is designed to ensure that the Centre delivers effective mental health, addiction, and housing services while operating in a socially responsible manner, addressing the needs of vulnerable populations and ensuring a safer community for all community members. **Service and funding allocation decisions** will reflect this focus, with a commitment to **fairness, equity, and transparency**.

1. Governance Structure

1.1 Governing Board

The **Governing Board** is responsible for setting the **strategic direction**, overseeing **daily operations**, and making recommendations on service and funding allocations. The Board will ensure decisions are aligned with community needs and priorities, emphasizing **social accountability** and **community representation**.

1. **Commitment of Resources:**

Each partner organization, including **Timmins and District Hospital** (the **Health Service Provider**) and **Cochrane District Services Board** (the **Service Manager**), will be expected to provide **financial, staffing, or in-kind resources** as outlined in formal agreements. These agreements must be clearly documented in written understandings, outlining the obligations and expectations of each partner to ensure **accountability** and the **sustainability** of the Centre.

2. **Clear Policies:**

Policies will be established to address the procedures if a partner fails to meet their commitments. These commitments and policies will be formalized through **memorandums of understanding (MOUs)** or **partnership agreements**, signed by

both the **Service Manager** and **Health Service Provider**, detailing the resources to be contributed and the responsibilities of each partner.

Key Responsibilities:

- **Daily Operations:** Provide oversight and leadership in daily operations, ensuring services are responsive to community needs.
- **Service & Funding Allocation:** Make informed recommendations on how resources should be allocated to support sustainable and effective service delivery.
- **Community-Centered Leadership:** Ensure that the needs of the community, particularly vulnerable populations, are central to decision-making.

Board Composition:

1. Expand roles to ensure all community stakeholders are represented. For example, consider adding:
 - a. **Health Promoter** or **Community Advocate** to represent marginalized populations.
 - b. **Client Advisory Representative** to ensure individuals with lived experience have direct input.

1.2 Executive Leadership Team (ELT)

The **Executive Leadership Team (ELT)** will manage **day-to-day operations** with an emphasis on integrating holistic care across services. The team will work closely with the Governing Board to ensure service delivery aligns with **social accountability** principles and addresses the **continuum of care** for clients.

Responsibilities:

- **Holistic Service Delivery:** Integrate health, housing, and social services to address clients' comprehensive needs, ensuring a holistic approach to care.
- **Community Collaboration:** Collaborate with community stakeholders to align operations with local needs and foster community partnerships.

1.3 Advisory Committees

Advisory Committees will provide input on key service areas, helping the ELT and Governing Board stay connected with community needs and ensuring that recommendations on funding and services are **socially responsible**.

2. Roles and Responsibilities

2.1 Governing Board

The **Governing Board** will be responsible for:

- **Leadership in Service Delivery:** Providing recommendations on service delivery approaches to ensure they are culturally safe, equitable, and meet community needs.
- **Social Accountability:** Prioritize decisions that reflect community values and social responsibility, ensuring services are accessible, inclusive, and sustainable.
- **Commitment of Resources:** Monitor and enforce partner organizations' resource contributions based on written agreements with the **Cochrane District Services Board (Service Manager)** and **Timmins and District Hospital (Health Service Provider)**.

2.2 Executive Leadership Team

The **ELT** will be responsible for:

- **Operational Oversight:** Ensure the day-to-day management of the Centre aligns with the broader strategic goals of **social accountability** and **client-centered care**.
- **Holistic Approach:** Ensure that services are delivered holistically, addressing physical, mental, and social determinants of health.

3. Continuous Improvement and Bi-Annual Review

The program will undergo **bi-annual reviews** to ensure that service delivery is continuously improved. These reviews will assess the effectiveness of current strategies, client outcomes, and the alignment of services with community needs. The focus on **continuous improvement** will drive adaptations to service delivery, ensuring the Centre remains responsive to changing community needs and continues to meet the highest standards of care.

Summary:

The governance model for the **Wellness Centre of Excellence** is rooted in **community-centered leadership** and **social accountability**. The **Governing Board**, composed of community representatives and stakeholders, will provide strategic direction and oversee the Centre's daily operations. The **Executive Leadership Team (ELT)** will manage holistic service delivery, integrating health, housing, and social services to ensure comprehensive care for clients.

The **Cochrane District Services Board (Service Manager)** and **Timmins and District Hospital (Health Service Provider)** will collaborate to ensure **accountability, resource allocation, and sustainability. Bi-annual reviews** will focus on **continuous improvement**, ensuring that the Centre remains responsive to community needs and delivers high-quality, **client-centered care**.

Additionally, all **Memorandums of Understanding (MOU)** and **partnership agreements** will be **ratified in a ceremony** with our **First Nations Partners**, recognizing and honoring the importance of Indigenous collaboration and cultural practices in the governance of the Centre. This ensures that the governance model reflects the values of inclusivity, respect, and cultural partnership, building trust and unity with Indigenous communities.

2. Project Workplan

Project Work Plan: Wellness Centre of Excellence (WCE)

Phase 1: Initiation & Proposal Development

Timeline: September - October 2024

Key Tasks	Deadline	Details
Convene Potential Partners	Early September 2024	Identify and meet with potential partners to discuss the project, its goals, and community needs.
Physician Support	September 2024	Complete recruitment of Addiction Physician Champions and Psychiatrist Champion to support development of site
Gather Information, Public Engagement, Input, Goals, Needs, and Data	September 2024	Conduct public engagement sessions, gather data on community needs, and collect input from key stakeholders.
Submission of Intent to Apply	September 20, 2024	Complete and submit the Intent to Apply for project funding or approval.

Key Tasks	Deadline	Details
Recruitment of person with lived experience to inform the process	October 2024	Complete – member engaged in development of proposal and on going planning
Develop Proposal for Submission	September - October 2024	Create a comprehensive proposal, including community needs, existing partnerships, governance model, facility details, Indigenous-led service partnerships, and risk mitigation strategies.
Collect Letters of Support	Ongoing	Secure letters of support from community partners, stakeholders, and Indigenous organizations.
Submit HART Hub Proposal	October 18, 2024	Finalize and submit the HART Hub proposal, detailing project scope, services, and facility needs.

Phase 2: Planning, Design, and Continued Public Engagement

Timeline: November - December 2024

Key Tasks	Deadline	Details
Partner Planning Session for Renovations	November 2024	Collaborate with partners to finalize renovation plans for the WCE facility.
Finalize Layout and Design of Facility	November - December 2024	Develop the facility layout and finalize the design to meet the WCE’s service requirements.
Finalize Service Delivery & Referral Pathways	November 2024	Define service delivery models and establish Referral pathways to WCE with community partners.
Engagement of respective Partner Board of Directors	On-going	Keep the various Boards of Directors for partner agencies informed of on going developments/planning

Key Tasks	Deadline	Details
Public Information Sessions	November - December 2024	Hold public sessions to gather feedback on the project, present design plans, and share service delivery models.
Anticipated Funding Decision	November 2024 - January 2025	Await the decision from the Province regarding project funding.
Clinical Pathway	Ongoing	Clients to get to the services, and leaving the services

Phase 3: Partnership Expansion & Service Readiness Planning

Timeline: November 2024 - January 2025

Key Tasks	Deadline	Details
Expand Partnerships	November 2024	Identify and engage additional service providers and partners to support the WCE.
Finalize Service Relocation Plans	December 2024	Create a detailed plan for transitioning existing services to the new WCE facility.
Develop Risk Mitigation Strategies	December 2024	Finalize strategies to mitigate risks related to service delays or interruptions during the transition.
Public Information Sessions	Ongoing	Continue gathering feedback from the public regarding the project's progress and next steps.

Phase 4: Renovations & Relocation

Timeline: December 2024 - February 2025

Key Tasks	Deadline	Details
Facility Renovations	Early 2025	Begin renovations to adapt the WCE facility to meet the needs of the HART Hub.

Key Tasks	Deadline	Details
Transition Existing Services	Early 2025	Coordinate the transition of services from current locations to the renovated WCE facility.
Public Information Sessions	Ongoing	Update the public on the renovation progress and transition of services to the WCE.

Phase 5: Launch & Operations Start

Timeline: March 2025

Key Tasks	Deadline	Details
Begin Service Operations	March 2025	Start Phase 1 services at the WCE facility.
Evaluation of Launch	March 2025	Evaluate the initial launch, identify areas of improvement, and refine service delivery models.
Continue to Expand Services	Ongoing	Explore opportunities to expand the range of services available at the WCE facility.
Community and Business Engagement	Ongoing	Would allow community updates and newsletters to be distributed

This work plan will guide the development and implementation of the WCE, ensuring a structured approach across all phases of the project. Each phase builds on the previous one, emphasizing public engagement, partnership collaboration, and effective service delivery.

Project Lead

The Project Lead is responsible for overseeing the entire WCE development process, ensuring the project's success by coordinating activities across all phases, managing stakeholders, guiding the Transitional Team and will work with the Lead Health Service Provider.

Key Responsibilities:

- **Project Oversight and Coordination:**
 - Oversee the initiation, planning, execution, and completion of all project phases.
 - Ensure all deadlines, including key milestones, are met (e.g., proposal submission, renovation timelines).
 - Act as the main point of contact for stakeholders, partners, and government bodies.

- **Stakeholder Engagement:**
 - Lead meetings with potential partners, Indigenous-led service organizations, and community stakeholders.
 - Ensure public engagement is thorough and inclusive, and public feedback is incorporated into the project's planning and implementation.

- **Proposal Development:**
 - Coordinate the collection of community data, public input, and needs analysis to shape the project proposal.
 - Oversee the development of proposal components: governance, facility design, risk mitigation, and partnerships.
 - Lead the submission of the Intent to Apply and the final proposal for the HART Hub.

- **Risk Management:**
 - Identify potential risks and develop strategies to mitigate these risks, ensuring minimal disruption to service transitions and project deadlines.
 - Monitor the progress of renovations, service relocations, and transitions to ensure the smooth launch of WCE services.

- **Partnership Development:**
 - Facilitate collaboration among existing and new service providers, ensuring that partnership agreements and service delivery models are aligned with the WCE's goals.

- Expand partnerships to include additional service providers during the planning and service readiness phases.
 - **Team Leadership and Guidance:**
 - Lead the Transitional Team in fulfilling its duties, ensuring smooth internal communication and task management.
 - Provide clear direction and assign responsibilities to team members, ensuring alignment with project objectives.
 - **Evaluation and Continuous Improvement:**
 - Lead the evaluation of the WCE's operational launch and ongoing service delivery to refine processes and improve outcomes.
 - Identify opportunities to expand services and enhance client care at the WCE facility.
-

Transitional Team

The Transitional Team supports the Project Lead in executing the project phases. This team collaborates with partners, coordinates resources, and ensures that key operational components of the WCE are prepared for a seamless transition.

Key Responsibilities:

- **Partner Coordination and Communication:**
 - Assist the Project Lead in convening and maintaining partnerships, including Indigenous-led organizations, community service providers, and public health agencies.
 - Coordinate with partners to finalize the design and service delivery models.
- **Service Relocation and Transition:**
 - Develop and execute plans to relocate existing services to the new WCE facility, ensuring minimal disruption to service delivery.
 - Manage logistical aspects of service relocation, including transportation, facility readiness, and client communication.

- **Public Engagement and Feedback Collection:**
 - Organize public information sessions, ensuring that community members are informed about the project's progress and have opportunities to provide input.
 - Compile public feedback and work with the Project Lead to incorporate it into the planning and design phases.
- **Renovation Planning and Implementation:**
 - Collaborate with the Project Lead to ensure renovations align with the finalized facility design and service delivery requirements.
 - Monitor renovation progress and report any issues to the Project Lead to address risks promptly.
- **Service Readiness and Risk Mitigation:**
 - Finalize referral pathways and service delivery models to ensure that services are ready to launch on time.
 - Identify potential risks related to service delays or interruptions and implement mitigation strategies.
- **Documentation and Reporting:**
 - Maintain records of partner agreements, public engagement outcomes, and project milestones.
 - Provide regular updates to the Project Lead on the status of service relocations, partnerships, and facility renovations.
- **Funding and Proposal Support:**
 - Assist in gathering letters of support and relevant documentation for the proposal submission.
 - Monitor funding decisions and ensure that all requirements for funding are met according to provincial deadlines.
- **Operational Launch Preparation:**
 - Work closely with the Project Lead to ensure a smooth operational launch of Phase 1 services at the WCE facility.

- Provide support during the initial evaluation of service delivery and identify opportunities for process improvements.

Risk Assessment and Mitigation Strategy for the Wellness Centre of Excellence (WCE) Implementation Team

Risk 1: Delays in Partner Engagement or Commitment

- **Description:** Delays in securing commitments from key partners, including Indigenous-led service organizations, community health providers, and other stakeholders, could impact project timelines and service readiness.
- **Impact:** Failure to establish partnerships in time could delay service delivery planning, reduce the breadth of services, and potentially affect proposal acceptance.

Mitigation Strategy:

1. **Early Engagement:** Begin partner outreach and relationship-building early in Phase 1 to allow time for discussions and agreements.
 2. **Regular Check-ins:** Schedule regular meetings with potential and confirmed partners to ensure alignment and commitment throughout the project phases.
 3. **Backup Partners:** Identify additional or alternative partners who can step in if primary partners are unable to commit in time.
 4. **Clear Communication:** Develop clear expectations, roles, and timelines for partner involvement to reduce ambiguity and potential delays.
-

Risk 2: Incomplete or Inadequate Public Engagement

1. **Description:** Insufficient public engagement could result in missed opportunities to address community needs, gather necessary feedback, or secure public buy-in for the WCE project.
2. **Impact:** Lack of community support or feedback could impact the success of the project and lead to inadequate service design or gaps in the services provided.

Mitigation Strategy:

1. **Comprehensive Engagement Plan:** Develop and implement a robust public engagement plan, ensuring multiple opportunities for public feedback (e.g., in-person sessions, online surveys, focus groups).
 2. **Targeted Communication:** Ensure that specific community groups (e.g., Indigenous communities, 2SLGBTQIA+, and marginalized populations) are actively engaged and that feedback is gathered from diverse voices.
 3. **Frequent Updates:** Provide the public with regular updates on project progress and demonstrate how their feedback is being incorporated.
 4. **Flexible Formats:** Use a variety of engagement formats (e.g., virtual and in-person) to accommodate different schedules and accessibility needs.
-

Risk 3: Facility Renovation Delays

- **Description:** Delays in finalizing the layout, design, and renovation of the proposed WCE facility could push back the timeline for launching services and relocating existing programs.
- **Impact:** Delayed renovations could disrupt service delivery schedules, increase costs, and reduce public confidence in the project.

Mitigation Strategy:

- **Detailed Renovation Plan:** Collaborate with architects, designers, and contractors early in the planning process to finalize the facility layout and ensure all requirements are met.
 - **Contingency Planning:** Develop contingency plans, such as temporary service delivery sites, in case of renovation delays.
 - **Regular Monitoring:** Monitor renovation progress closely and hold regular update meetings with contractors to ensure timelines are met.
 - **Buffer Time:** Build buffer time into the renovation schedule to account for unforeseen delays.
-

Risk 4: Service Disruptions During Relocation

- **Description:** Transitioning services from existing locations to the new WCE facility may cause temporary service disruptions, affecting client access and continuity of care.
- **Impact:** Disruptions could negatively impact clients, especially vulnerable populations, and harm the project's reputation.

Mitigation Strategy:

- **Phased Transition:** Implement a phased relocation of services to minimize the number of services affected at any given time.
 - **Client Communication:** Develop a comprehensive communication plan to inform clients and service providers about the relocation timeline, changes to service locations, and how to access services during the transition.
 - **Temporary Services:** Establish temporary service points or mobile units to ensure that critical services remain accessible during the relocation.
 - **Collaboration with Partners:** Work closely with community partners to provide referrals and ensure continued support for clients during the transition.
-

Risk 5: Insufficient Funding

- **Description:** There is a risk that the necessary funding for the WCE facility renovations and service implementation might not be secured or might be delayed.
- **Impact:** Lack of sufficient funding could halt or slow down the project, delay service provision, and reduce the scale of services offered.

Mitigation Strategy:

- **Diversified Funding Sources:** Explore alternative or supplemental funding sources, including federal, provincial, and private grants, to reduce reliance on a single source.
- **Early Proposal Submission:** Ensure that proposals are submitted ahead of deadlines to allow time for follow-up discussions and revisions if necessary.
- **Partnership Contributions:** Engage partners to contribute funding, resources, or in-kind support to the project.

- Scalable Plan: Develop a scalable project plan that can be adjusted if full funding is not secured, ensuring that key services can still be delivered.
-

Risk 6: Lack of Governance Alignment

- Description: Misalignment in governance structures between the various partners involved in the WCE could lead to inefficiencies, decision-making bottlenecks, or conflicts in service delivery models.
- Impact: Governance issues could slow down decision-making, affect operational effectiveness, and create confusion in service management.

Mitigation Strategy:

- Clear Governance Structure: Establish a clear, shared governance model early in the project, with defined roles and responsibilities for each partner.
 - Frequent Governance Meetings: Hold regular governance meetings to address any emerging issues and maintain alignment on project goals.
 - Conflict Resolution Mechanism: Implement a conflict resolution process to address and resolve any governance-related disputes swiftly.
 - Agreements and MOUs: Formalize partnerships and governance arrangements through Memoranda of Understanding (MOUs) to ensure clarity and accountability.
-

Risk 7: Inadequate Staffing or Capacity During Transition

- Description: There may be insufficient staff or resources available to manage both the ongoing services and the transition to the WCE facility, potentially leading to staff burnout or service gaps.
- Impact: Overburdened staff could result in lower quality of care, delays in service implementation, and higher rates of staff turnover.

Mitigation Strategy:

- Capacity Planning: Conduct a thorough staffing and resource assessment to ensure adequate staffing levels throughout the transition process.
- Temporary Staffing Solutions: Consider temporary staffing solutions, such as hiring part-time or contract workers, to fill gaps during the transition period.

- **Staff Training and Support:** Provide staff with training and support to manage the transition, including cross-training where appropriate.
- **Workload Management:** Monitor staff workloads closely and provide support to prevent burnout, ensuring that the quality of care remains high during the transition.

Section E - WCE Data Collection and Evaluation Framework

1. Data Collection and Evaluation:

This framework ensures that the Wellness Centre of Excellence (WCE) collects comprehensive data on clients and services, evaluates outcomes, and continually improves service delivery.

a. Participant Demographics:

- Age, gender, intellectual/developmental disability, cultural background (with a focus on Indigenous and 2SLGBTQIA+ clients)
- Employment status, education level, housing status before entering WCE
- Referral source (e.g., Ontario Works, community organizations)
- Social Determinants of Health, including income, education, and access to healthcare

b. Service Utilization:

- Number of clients enrolled in life skills training
- Number of clients utilizing safe beds or transitional housing
- Number of clients receiving addiction and mental health services
- Number of clients participating in employment and educational programs
- Number of clients accessing culturally appropriate services

c. Program Participation:

- Program attendance rates
- Number of workshops and training sessions delivered in partnership with local colleges

- Client engagement in support programs (e.g., counseling, peer support)
- Completion rates for life skills, education, or employment pathway programs
- Number of visits and interactions per program

d. Outcomes:

- Changes in housing status, including transition from homelessness to stable housing
- Employment outcomes, such as gaining employment or advancing educational qualifications
- Health outcomes aligned with World Health Organization (WHO) guidelines, including reduced emergency service use, addiction recovery, and mental health improvements
- Social outcomes, such as community reintegration and participation in social or peer networks
- Use of Ontario Health Team (OHT) Quality Improvement Plans
- Creation of Integrated Care Pathways to ensure smooth transitions between services and comprehensive care for clients

e. Stakeholder Feedback:

- Client satisfaction surveys
- Feedback from service partners, including local colleges and community organizations
- Staff feedback, focusing on lessons learned and areas for improvement

2. Evaluation Framework:

a. Goals and Objectives:

- Improve life stabilization and employment pathways for long-term Ontario Works recipients
- Address gaps in housing, addiction treatment, mental health care, and culturally safe services

- Reduce reliance on emergency services, while fostering long-term recovery and stability for participants

b. Evaluation Components:

- Process Evaluation: Assess program implementation, service quality, and client engagement
- Outcome Evaluation: Measure success in housing, health, and employment outcomes
- Impact Evaluation: Assess the broader community impact, including reduced emergency service use and greater social integration

c. Key Indicators:

- Client progression from homelessness to stable housing
- Number of participants completing training and entering employment or education
- Percentage of clients with reduced emergency service use due to addiction
- Increased participation in culturally appropriate services

3. Frequency of Evaluation:

a. Monthly:

- Monitor service utilization (e.g., client participation in programs and workshops)
- Track program participation data

b. Quarterly:

- Measure outcome tracking, including changes in housing and employment status
- Collect participant and stakeholder feedback through surveys
- Report progress on partnerships, especially with local colleges and Indigenous organizations

c. Annually:

- Conduct comprehensive outcome evaluations, including long-term housing stability and employment success

- Assess community impact, including broader social outcomes and emergency service use
- Collect health outcomes in line with WHO guidelines

4. Reporting Template:

Wellness Centre of Excellence (WCE) Quarterly Report

Reporting Period: [Insert Timeframe]

Report Prepared By: [Name/Team]

Date of Submission: [Insert Date]

- Summary of Key Activities:
 - Overview of services, partnerships, and new initiatives
 - Notable accomplishments or challenges

- Participant Demographics:

Indicator	Data
Total Participants Enrolled	[#]
Age Range	[#]
Gender Breakdown	[#]
Indigenous Clients	[#]
2SLGBTQIA+ Clients	[#]
Intellectual/Developmental Disability	[#]

- Service Utilization:

Service Type	Number of Clients Served
Life Skills Training	[#]
Safe Beds Utilized	[#]
Addiction and Mental Health Services	[#]

Service Type	Number of Clients Served
Employment/Education Services	[#]
Culturally Appropriate Services	[#]

- Program Participation:

Program	Attendance Completion Rate	
Life Skills Training	[#]	[#]
Workshops/Training Sessions	[#]	[#]
Employment Pathways	[#]	[#]

- Outcomes and Impact:

Indicator	Target	Current	Outcome
Clients Transitioning to Stable Housing	[#]	[#]	
Clients Gaining Employment	[#]	[#]	
Clients with Reduced Emergency Service Use	[#]	[#]	
Clients with Improved Mental Health/Recovery	[#]	[#]	

- Stakeholder and Participant Feedback:

- Summary of client, staff, and partner feedback
- Key themes and suggestions for improvement

- Next Steps and Areas for Improvement:

- Planned initiatives for the next quarter
- Adjustments based on evaluation findings

Summary:

The Wellness Centre of Excellence (WCE) will implement a comprehensive Data Collection and Evaluation Framework aligned with Ontario’s Roadmap to Wellness and the Ontario Health Team (OHT) framework. This framework will ensure that services are client-centered, culturally safe, and outcome-driven by monitoring key health, housing, and social determinants of health.

Key data collection areas include participant demographics, service utilization, program participation, and health outcomes based on World Health Organization (WHO) guidelines. This will include tracking client progress through integrated care pathways, measuring success in life stabilization, addiction recovery, mental health improvement, and employment outcomes. Additionally, feedback from clients, stakeholders, and staff will inform continuous improvement.

The evaluation framework is structured into process, outcome, and impact evaluations, focusing on reducing reliance on emergency services and promoting long-term recovery. Frequent assessments—monthly, quarterly, and annually—will monitor program participation, housing stability, and health outcomes. The framework will also support the continuous refinement of services to ensure they meet the evolving needs of the community, consistent with the OHT model’s emphasis on quality improvement and integrated care delivery.

2. Budget

The Cochrane District Services Board (CDSB) with the HART Hub capital funding will invest a total of \$3.3 million in the building located at 1800 Riverside Drive to transform it into a fully functional HART Hub that addresses the diverse needs of vulnerable populations. The investment will ensure that the facility is equipped with the necessary infrastructure, security, and technology to support its role as a centralized hub for health, addiction recovery, housing, and social services. Key investments include:

1. Security and Safety Improvements:

- Installation of security cameras (\$75,000) and new lock systems (\$75,000) to enhance the safety and security of the facility.
- Fire monitoring systems will be upgraded at an estimated cost of \$200,000 to meet safety standards.

2. Infrastructure Upgrades:

- Major renovations to improve electrical and lighting systems (\$200,000) and replace doors and windows (\$180,000) for better energy efficiency and safety.
- Minor room renovations (\$300,000) to optimize space for various service delivery needs.

- Installation of a new elevator (\$750,000) to ensure accessibility for all clients, including those with mobility challenges.

3. Health and Cultural Spaces:

- Creation of classrooms and a medical clinic (\$75,000) for integrated health services.
- Development of indoor and outdoor cultural spaces, including a smudging area (\$50,000) and an outdoor space for cultural activities (\$75,000), to support culturally appropriate care, particularly for Indigenous clients.

4. Facility Enhancements:

- Renovation of the kitchen and laundry areas (\$150,000) to support life skills programs and client needs.
- Common space flooring upgrades (\$250,000) and new furniture, office equipment, and linen supplies (\$250,000) to create a welcoming and functional environment for staff and clients.
- Investment in conferencing spaces (\$150,000) to allow for meetings, workshops, and collaboration with community partners.

5. Technology and Medical Equipment:

- Technology and remote access systems (\$250,000) will be integrated to allow for telehealth services, remote support, and digital collaboration.
- Medical equipment (\$100,000) will be purchased to ensure that the clinic is fully equipped to handle healthcare needs on-site.

6. Transportation and Remote Services:

- Two vehicles (\$120,000) will be purchased to support outreach and service delivery to remote communities, addressing transportation barriers that often prevent access to critical services.

Addressing Remote Community Needs:

In addition to transforming 1800 Riverside Drive into a comprehensive HART Hub, part of the capital and start-up funding will be allocated towards bringing services to remote communities in the Cochrane and Timiskaming districts. The CDSB recognizes the transportation challenges faced by individuals living in rural and isolated areas, and will invest in solutions such as:

- **Mobile Services:** The two vehicles purchased will support outreach programs that deliver critical health, mental health, and addiction services to remote areas, reducing the need for clients to travel long distances.
- **Technology and Remote Access:** By investing in remote access technology, the HART Hub will be able to provide virtual healthcare and counseling services to clients in outlying communities, ensuring consistent and timely access to care.

By investing in both the physical infrastructure of the HART Hub and the means to extend services to remote populations, the CDSB is ensuring that the facility will be a vital resource for the entire district, addressing local needs and overcoming barriers related to distance and accessibility.

<u>Group/ Service Delivery</u>	<u>Expense</u>	<u>Income</u>	<u>Estimated Expense</u>
1800 Riverside Dr.	Security Cameras		75,000.00
	New Lock Systems		75,000.00
	Electrical, Lighting		200,000.00
	Fire Monitoring		200,000.00
	Doors and windows		180,000.00
	Minor Room Renovation		300,000.00
	Kitchen and Laundry		150,000.00
	Common Space Flooring		250,000.00
	Indoor Cultural Space - Smudging		50,000.00
	Classrooms and Medical Clinic		75,000.00
	Signage		50,000.00
	Outdoor Cultural Space		75,000.00
	Conferencing Space		150,000.00
	Furniture, office, linen		250,000.00
	Technology, remote access		250,000.00
	Elevator		750,000.00
	Medical Equipment		100,000.00
	Vehicles (2)		120,000.00
	Capital Grant	1,800,000.00	
	CDSB Capital Investment	1,500,000.00	
	TOTAL	3,300,000.00	3,300,000.00

HART Hub 3-Year Budget Summary

Year 1 (2025-2026) Funding Utilization:

In Year 1, the HART Hub will utilize the **\$6,300,000** in funding to support its mission of providing integrated care and services for mental health, addiction recovery, supportive housing, and overall community well-being. The allocation of funds will be as follows:

1. Supportive Housing:

- **\$1,300,000** will be directed toward supportive housing. This investment will be used to maintain the housing infrastructure and services for residents at 1800 Riverside Drive, accommodating 100 rooms.
- This will cover daily operations like room maintenance, client services, housekeeping, utilities, and security. With the estimated basic operating costs of \$100 per day per room, the facility will provide comprehensive services for individuals in need of mental health and addiction support, along with stable housing options.

2. Facility Operations:

- **\$2,450,000** will be invested in the overall operations of the facility. This includes:
 - Rent and maintenance for the facility, which will house office spaces, training areas, clinics, and conferencing rooms.
 - Essential services such as food provision, housekeeping, building maintenance, security, utilities, and other operational needs.
 - The facility is designed to offer partners rent-free access to shared spaces, thus ensuring that no additional costs are placed on the collaborating organizations, and allowing the HART Hub to serve as a community-focused initiative.
 - The facility also aims to generate some income from sources like room rentals for external agencies, donations, conferencing services, property tax rebates, and public-private partnerships.

3. Health Staffing and Programming:

- **\$2,850,000** will be allocated toward **Mental Health and Addiction Health Staffing and Programming**. This investment will be used to:
 - Fund the hiring of medical professionals, therapists, counselors, and support staff to provide comprehensive, culturally appropriate care.
 - Support the delivery of evidence-based mental health and addiction programs, including counseling, addiction recovery services, peer support, and life skills training.

- Enhance programming and services offered within the facility, ensuring seamless care coordination and integration of services between different partner organizations.

Year 2 (2026-2027) and Year 3 (2027-2028) Funding Utilization:

Over the next two years, the HART Hub will continue to build on its initial success by investing further in operations, supportive housing, and health programming. The funding will remain at **\$6,300,000** for each year, with allocations similar to Year 1. The projected expenses will increase slightly due to inflation and growth of services:

- **Supportive Housing and Facility Operations:**

- The costs of maintaining supportive housing and operating the facility will increase slightly each year due to inflation. In Year 2, the facility will invest **\$3,825,000** in operations and supportive housing services, which will grow to **\$3,901,500** in Year 3.
- The basic operating costs will continue at around **\$100 per day** to cover room services, housekeeping, utilities, and security.

- **Health Staffing and Programming:**

- In Year 2, **\$2,907,000** will be allocated to health staffing and programming for mental health and addiction services, increasing to **\$2,965,140** in Year 3. This investment will continue to ensure that clients receive high-quality care through integrated service delivery models.

Income Sources:

The HART Hub will explore diverse revenue streams to sustain its operations beyond the initial 3-year period. These will include:

- **Existing Program Funding:** Leveraging current funding streams from government and public health initiatives to support ongoing mental health and addiction programming.
- **Donations and Sponsorships:** Collaborating with private sector partners, foundations, and donors to secure additional funding for specific projects and initiatives.
- **Conferencing Services:** Generating revenue through the rental of conferencing and training spaces for external events and programs.

- **Public-Private Partnerships and Efficiencies:** Identifying opportunities for operational efficiencies and savings through collaborations with other public service agencies and private-sector partners.

The long-term sustainability of the HART Hub will be supported by the strategic allocation of resources, efficient operational management, and the generation of alternative income streams. Through its comprehensive service model, the HART Hub will remain a vital resource for the community, ensuring that mental health, addiction, and housing needs are met for years to come.

Year 1 (2025-2026)				
Service Delivery	Expense	Capital Investment	Income	Estimated Expense
	Grant Application at 100%	1,800,000.00	6,300,000.00	
CDSB	CDSB Capital Investment	1,500,000.00		
CDSB	1800 Riverside Cost			
CDSB, Operational	Annual Facility and Housing Services, CDSB			3,750,000.00
Potential Income and rebates	Conferencing Centre, donations, Property Tax Rebate, Room Rental other agency		300,000.00	
Health Staffing and Programming				2,850,000.00
Total budget		3,300,000.00	6,600,000.00	6,600,000.00
Year 2 (2026-2027)				
Service Delivery	Expense	Capital Investment	Income	Estimated Expense
	Grant Application at 100%		6,300,000.00	
CDSB	1800 Riverside Cost			
CDSB, Operational	Annual Facility and Housing Services, CDSB			3,825,000.00
Potential Income and rebates	Conferencing Centre, donations, Property Tax Rebate, Room Rental other agency		306,000.00	
Health Staffing and Programming				2,907,000.00
Total budget		0.00	6,606,000.00	6,732,000.00
Year 3 (2027-2028)				
Service Delivery	Expense	Capital Investment	Income	Estimated Expense
	Grant Application at 100%		6,300,000.00	
CDSB	1800 Riverside Cost			
CDSB, Operational	Annual Facility and Housing Services, CDSB			3,901,500.00
Potential Income and rebates	Conferencing Centre, donations, Property Tax Rebate, Room Rental other agency		312,120.00	
Health Staffing and Programming				2,965,140.00
Total budget		0.00	6,612,120.00	6,866,640.00

At the **Wellness Centre of Excellence (WCE)**, several existing programs that are already funded will continue operating without disruption. These programs provide crucial support in areas like mental health, addiction services, housing, and community care. The new funding being requested through the HART Hub application is designed to **augment and enhance** these existing services, allowing the WCE to expand its reach, improve service delivery, and offer more comprehensive care.

By leveraging current funding streams for ongoing programs, the WCE will ensure that its established services remain fully operational. The additional funds will be used to:

- **Increase service capacity:** Expanding mental health and addiction care staffing to meet growing community demand.

- **Enhance supportive housing services:** The new funding will support the operation of additional units, helping address housing instability while integrating support services like case management and life skills training.
- **Extend service integration:** This funding will allow the WCE to better integrate health, housing, and social services under one roof, improving the coordination of care across sectors.
- **Fill service gaps:** Specifically targeting areas where current programs may not have sufficient resources, such as culturally appropriate services for Indigenous and 2SLGBTQIA+ populations, this funding will help address gaps in care.

The WCE's current programs will continue operating with their original funding sources, while the new funds will be strategically used to **enhance and broaden** the scope and impact of the services offered, ensuring that the facility remains a comprehensive, community-focused hub for health and wellness.

3. Sustainability

To ensure the long-term sustainability of the Wellness Centre of Excellence (WCE) and HART Hub, beyond the initial three-year program, this plan outlines key strategies for securing ongoing funding, strengthening partnerships, and maintaining service delivery aligned with community needs. The sustainability strategy is built on the pillars of diversified funding, ongoing partnerships, service integration, and continuous evaluation and improvement.

1. Diversified Funding Sources

A. Provincial and Federal Funding

- **Ontario Health Teams (OHT) Funding:** The WCE will align with the provincial **Roadmap to Wellness** and Ontario Health Team initiatives to secure ongoing funding for integrated mental health, addiction, and housing services. Continued adherence to the OHT's quality improvement plans will position the WCE as a model of care delivery, ensuring eligibility for ongoing operational funding.
- **Ministry of Health (MOH) Funding:** The facility can apply for continued MOH funding through programs dedicated to mental health and addiction services, such as the **Ontario Mental Health and Addictions Strategy**.

- **Ministry of Municipal Affairs and Housing:** The 70 new supportive housing units could be continuously funded through the **Housing Supportive Programs**, which provide funding to maintain affordable housing for vulnerable populations.
- **Federal Grants:** The WCE will explore federal grants, such as the **Reaching Home: Canada's Homelessness Strategy** and the **Indigenous Services Canada** programs, particularly for services that target Indigenous and marginalized communities.

B. Local and Municipal Contributions

- **Cochrane District Services Board (CDSB) Funding:** CDSB's role as the service manager ensures ongoing contributions to housing and social services. This will support the operational costs of the supportive housing units and other social services provided at the WCE.
- **Timiskaming District Social Services Administration Board (DSSAB) Collaboration:** The continued partnership with DSSAB will support shared funding opportunities across both districts, particularly in terms of accessing Cochrane-based services.
- **Municipal Support:** Engaging local municipalities in the ongoing operations of the WCE, particularly for issues related to homelessness, housing, and public health, can secure additional funding through municipal budgets.

C. Private Sector and Philanthropic Support

- **Corporate Sponsorships:** Engage local businesses and industries to support services through sponsorships, especially around community and employment programs.
- **Foundations and Charitable Organizations:** Seek grants from private foundations that focus on mental health, addiction recovery, housing, and Indigenous services, such as the **Ontario Trillium Foundation** or the **Canadian Mental Health Association (CMHA) Cochrane Temiskaming**.
- **Social Enterprise:** Explore the creation of social enterprises that can provide job training and employment to clients while generating revenue to support WCE operations.

2. Strengthened Partnerships and Community Engagement

A. Community Partnerships

1. **30+ Partner Organizations:** Leverage the ongoing commitment of more than 30 partner organizations, including local colleges, Indigenous services, healthcare providers, and housing agencies, to share resources, funding, and expertise in delivering comprehensive, integrated care.
2. **Training Programs with Local Colleges and Universities:** Partnering with educational institutions will not only provide a pipeline of trained staff but also secure funding through educational grants for workforce development and job training programs. The WCE can also serve as a training ground for health and social work students, further embedding it into the local community infrastructure.

B. Indigenous Partnerships

- **Cultural Safety and Indigenous Services:** Secure long-term funding by expanding partnerships with Indigenous organizations, including **Mushkegowuk Council**, and seeking funding through **Indigenous Services Canada** for culturally safe services and housing for Indigenous populations.

C. Public and Private Sector Collaboration

- **Public-Private Partnerships (PPP):** Explore PPP models for the development of affordable housing units, particularly for maintaining and potentially expanding the 70 supportive housing units. This model can also be used for future infrastructure improvements or expansions.
- **Employer Partnerships for Employment Pathways:** Partnering with local industries, particularly those in mining, forestry, and healthcare, can secure job placements for clients, while employers may provide in-kind resources or sponsorship for specific programs related to employment readiness.

3. Service Integration and Efficiency

A. Shared Staffing and Resources

- **Integrated Service Delivery:** The WCE's governance model will prioritize avoiding duplication of roles and integrating care pathways. By coordinating staffing across multiple organizations and leveraging shared positions (e.g., mental health

professionals, addiction workers), the WCE can reduce operational costs while maintaining service quality.

- **Utilization of Existing Resources:** Maximize the current complement of staff and only augment where needed, ensuring that funding is directed to essential services. This flexible staffing model ensures that as service demands change, the WCE can adapt without significant cost increases.

B. Expansion of Technology for Regional Access

- **Telehealth and Virtual Services:** Expand the use of telehealth and virtual care for clients in remote areas of the Cochrane, Timiskaming, and James Bay regions, reducing the need for on-site services and ensuring ongoing access for rural clients. Virtual services also support a more cost-effective delivery model and broaden the scope of care.
- **Digital Platforms for Case Management:** Implement an integrated case management system that allows seamless communication and data sharing across all partner organizations, enhancing client care while reducing administrative overhead.

4. Continuous Improvement and Evaluation

A. Performance Measurement and Reporting

- **Ongoing Data Collection:** The WCE will implement a continuous evaluation framework aligned with **OHT** standards and **WHO health outcomes**. Monthly, quarterly, and annual reports will track key metrics such as client housing stability, employment rates, and mental health improvements.
- **Outcome-Driven Care:** Use the evaluation data to refine service delivery, with a focus on improving life stabilization, reducing emergency service use, and promoting long-term client recovery. Regular performance reviews will identify areas for improvement and ensure that funding is effectively allocated to high-impact areas.
- **Health Quality Ontario (HQO):** Maintain alignment with **HQO's** Quality Improvement Plans (QIPs) to secure additional funding for programs that demonstrate positive health outcomes.

B. Scalability and Replication

- **Scalable Service Model:** Develop a scalable service model that can be replicated in other districts or expanded to include new services, ensuring that the WCE remains adaptable to future needs and funding availability.
- **Lessons Learned and Knowledge Transfer:** Document best practices and lessons learned throughout the first three years of operation, sharing this knowledge with other regions and applying for grants and funding to support the expansion of the HART Hub model beyond the initial catchment area.

5. Long-Term Strategic Planning

A. Regular Governance and Stakeholder Engagement

- **Governance Model:** The bi-annual review of service performance and partner contributions, as outlined in the governance model, will ensure that the WCE remains aligned with community needs and strategic goals. This approach will ensure the sustainability of services by continuously improving operational efficiency and client outcomes.
- **Formalized Partnerships:** All Memorandums of Understanding (MOUs) and agreements with Indigenous partners and community stakeholders will be ratified through formal ceremonies, reinforcing the commitment to long-term collaboration and accountability.

B. Expanding Scope and Services

- **New Services:** Explore the possibility of adding new services such as a dedicated youth addiction treatment center or expanded mental health services, depending on community demand and funding availability.
- **Housing Expansion:** Consider expanding the number of supportive housing units based on ongoing evaluation of housing needs, ensuring the facility can adapt to future challenges related to housing insecurity in the region.

Conclusion

The long-term sustainability of the Wellness Centre of Excellence (WCE) and HART Hub will be ensured through a multifaceted approach that includes diversified funding sources, strong community partnerships, service integration, and continuous evaluation and improvement. By leveraging local, provincial, and federal funding, alongside private sector contributions and educational partnerships, the WCE can maintain and expand its services while meeting the evolving needs of the community. Regular performance evaluation and scalable service models will enable the WCE to remain adaptable and sustainable beyond the initial three-year program.

October 11, 2024

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Dear HART Hub Application Committee,

The Cochrane District Services Board (CDSB) supports the HART Hub application put forth by the Service Partners that includes Timmins and District Hospital, Mushkegowuk Council, Canadian Mental Health Association, Cochrane – Timiskaming branch and Cochrane District Services Board, among others. As the Service Manager, the CDSB understands the urgent need for innovative solutions to address housing and social service challenges in our communities, particularly concerning homelessness and the intertwined issues of mental health and addictions.

The HART Hub model of care creates and capitalizes on opportunities to merge with CDSB supportive housing and social service supports. The hub will address the root causes of homelessness while offering critical support services tailored to the needs of residents in the Cochrane and Timiskaming Districts through a comprehensive, integrated service approach.

Northeastern Ontario faces significant challenges related to homelessness, often exacerbated by mental health and addiction issues. The HART Hub's design incorporates not only housing but also access to essential mental health services, addiction support programs, life skills training, and supports to employment. This holistic approach will empower individuals to break the cycle of homelessness, fostering resilience and promoting long-term stability.

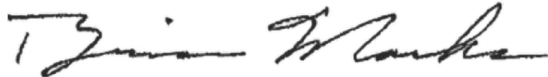
Through the HART Hub, CDSB and partners will create a welcoming environment that encourages community engagement and supports recovery for those in need. Fostering connections between residents and vital services will enhance personal overall well-being while using shared resources efficiently to reduce barriers to accessing care. These two priorities of improved care and efficient service delivery are central to the shared priorities of the province and the municipalities in the Cochrane and Temiskaming Districts.

The Cochrane and Temiskaming HART Hub will transform lives by merging the socioeconomic determinants of health with core health care services within a culturally appropriate model thereby improving overall population health outcomes and enhancing the potential for economic development in the north.

Through this proposal the partners are committed to creating a culturally appropriate model intended to serve the mental health and addiction treatment and recovery needs of Indigenous people as they move between municipality and First Nation and the partners are confident that this made in the north proposal represents the best way forward to achieve the desired outcomes of the province, the municipalities of Cochrane and Temiskaming, and all residents of Northeastern Ontario. We look forward to the opportunity to collaborate and demonstrate our HART Hub as the model for coordinated accessible care.

Thank you for your consideration of our proposal and your commitment to addressing these important shared service needs.

Sincerely,



Brian Marks
Chief Administrative Officer



October 2, 2024

Paul Jalbert
Canadian Mental Health Association – Cochrane Timiskaming
330 Second Avenue, Suite 201 Timmins Ontario

Re: Letter of Support – Hart Hub Application

To whom it may concern:

On behalf of The Canadian Mental Health Association – Cochrane Timiskaming Branch (CMHA) I am writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application.

At CMHA we recognize supportive housing combines housing assistance and support to enable people to live independently in their community. Assisting individuals living with mental health and/or addictions to achieve recovery is the difference between a home and homelessness.

As an active partner in addressing these challenges, our organization is prepared to offer Assertive Community Treatment Team services to assist in the HART Hub's ongoing development, implementation, and operations.

Everyone deserves safe, decent, and stable housing. For some of the most vulnerable people, those with mental illness, chronic health conditions, trauma, and addictions make it difficult for people to maintain housing without additional help. We acknowledge that Supportive Housing is a highly effective strategy that combines affordable housing with intensive, coordinated services.

Given the current climate, providing key services under one roof would chart the course in getting people off the street now and reduce the current strain of trying to support individuals all over the District with limited support resources. This would allow for on-site engagement, outreach, case management, and life skills training.

Once again, we are pleased to support this timely project. Should you have any questions, please do not hesitate to contact our organization, as listed in the signature line below.

Sincerely,

Paul Jalbert, Ph. D., CHE
Executive Director
Canadian Mental Health Association – Cochrane Timiskaming (CMHA-CT)

<p>Timmins Site de l'avenue Second 330 Second Avenue 330, avenue Second Suite/bureau 201 Timmins, ON P4N 8A4</p> <p>Tel/tél: 705.267.8100 Fax/Télé: 705.268.8742 Admin. – 705.268.8742 Client Services / Service à la clientèle – 705.267.8202</p> <p>cmhatim@cmhact.ca</p>	<p>Timmins Pine Street Site Site de la rue Pine Elmar Building / Édifice Elmar 85 Pine Street South 85, rue Pine sud Unit 2, Lower Concourse bureau 2, sous-sol Timmins, ON P4N 2K1</p> <p>Tel/Tél: 705.264.5202 Fax/Télé: 705.264.3011</p> <p>cmhatim@cmhact.ca</p>	<p>Cochrane Site Site de Cochrane 5-233 8th Street, 5-233, 8^{ème} rue Cochrane, ON P0L 1C0</p> <p>Tel/Tél: 705.272.4245 Fax/Télé: 705.272.6737</p> <p>cmhacochrane@cmhact.ca</p>	<p>Iroquois Falls Site Site d'Iroquois Falls 58A Anson Drive 58A, promenade Anson Iroquois Falls, ON P0K 1G0</p> <p>Tel/Tél: 705.258.2212 Fax/Télé: 705.258.2145</p> <p>cmhaif@cmhact.ca</p>	<p>Kirkland Lake Site Site de Kirkland Lake 5 Kirkland Street West 5, rue Kirkland ouest Kirkland Lake, ON P2N 1N9</p> <p>Tel/Tél: 705.567.9596 Fax/Télé: 705.567.5211</p> <p>cmhatmsk@cmhact.ca</p>	<p>Matheson Site Site de Matheson 507 8th Avenue 507, 8^{ème} Avenue Matheson, ON P0K 1N0</p> <p>Tel/Tél: 705.273.2255 Fax/Télé: 705.258.2145</p> <p>cmhaif@cmhact.ca</p>	<p>New Liskeard Site Site de New Liskeard P.O. Box / C.P. 249 20 May Street South 20, rue May sud New Liskeard, ON P0J 1P0</p> <p>Tel/Tél: 705.647.4444 Fax/Télé: 705.647.4434</p> <p>cmhatmsk@cmhact.ca</p>
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Mushkegowuk Council

Attawapiskat First Nation | Kashechewan First Nation | Fort Albany First Nation | Moose Cree First Nation | Taykwa Tagamou Nation | Chapleau Cree First Nation | Missanabie Cree First Nation

Moose Factory Office: 12 Centre Rd., P.O. Box 370, Moose Factory, ON P0L 1W0 | T: 705.658.4222 F: 705.658.4250

Timmins Office: 101 Cedar St. S., Timmins, ON P4N 2G7 | T: 705.268-3594 F: 705.268-3282

October 15, 2024

Brian Marks, CAO
Cochrane District Services Board
500 Algonquin Blvd East
Timmins, ON
P4N 1B7

Dear Brian Marks,

RE: Letter of Support Timmins Wellness Centre of Excellence, HART Hub Proposal

I am writing to express my full support for the Timmins and Area Wellness Centre of Excellence (WCE) and the proposed HART Hub initiative. This critical project, spearheaded by the Cochrane District Services Board (CDSB) and its partners, including the Canadian Mental Health Association (CMHA), Timmins and District Hospital (TADH), and Mushkegowuk Council, aims to centralize mental health, addiction, and homelessness services for the Cochrane District and Northeastern Ontario.

The challenges faced by our region, especially in terms of mental health, substance use, and homelessness, are both significant and complex. A recent report by the Chiefs of Ontario and the Ontario Drug Policy Research Network highlights the disproportionate impact of substance-related morbidity and mortality among First Nations, particularly those living off-reserve. These issues have been further exacerbated by systemic barriers and historic injustices.

Currently, there are over 254 unhoused individuals identified in Timmins, with nearly 60% being Indigenous. Many of these individuals have no access to appropriate services and are forced to rely on emergency departments, which is unsustainable and costly. The proposed Wellness Centre aims to address these gaps by offering a comprehensive, culturally safe, and trauma-informed continuum of care, including residential treatment, withdrawal management services, and supportive housing beds.

Mushkegowuk Council is proud to collaborate on this transformative project, and we are committed to providing culturally appropriate care to individuals, many of whom come from remote and underserved communities. Our Land-Based Healing and Detox Program, which offers culturally grounded pathways for individuals struggling with substance use and complex mental health issues, has already seen 245 graduates since 2021. With a waitlist of over 100 people, the need for expanded services in this area is clear.

We believe the Wellness Centre of Excellence will not only alleviate pressure on emergency services but will also provide a much-needed infrastructure for long-term healing and recovery, particularly for our Indigenous communities. This initiative aligns with provincial strategies and will serve as a model for integrated, client-centered care that addresses the root causes of addiction and homelessness.

We urge the provincial government to support this initiative and help bring lasting change to Northeastern Ontario.

Regards,



Grand Chief Leo Friday
Mushkegowuk Council

October 4, 2024

Cochrane District Services Board
500 Algonquin Blvd East
Timmins, ON
P4N 1B7

Re: Letter of Support – Hart Hub Application

Dear Mr. Brian Marks:

On behalf of the Timmins Academic Family Health Team (TAFHT), I am writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application.

At the TAFHT, we understand that supportive housing is a critical solution, combining housing assistance with essential services that empower individuals to live independently. We recognize the profound impact that stable, affordable housing can have on people facing complex challenges, including homelessness, mental health issues, chronic health conditions, trauma, and addiction. Supportive housing not only provides shelter but also offers the coordinated services necessary to foster lasting stability and well-being.

As an engaged partner in tackling these issues, our team is actively exploring how we can contribute to the HART Hub's development, implementation, and ongoing operations. Specifically, we are assessing how we can provide primary care services to individuals who are either homeless or lack access to a primary care provider. This will ensure the HART Hub offers holistic care and support for those most in need.

We believe that providing key services under one roof will be transformative. It will not only give individuals a stable place to live but also enable on-site engagement, outreach, case management, and life skills development, offering a comprehensive path to recovery.

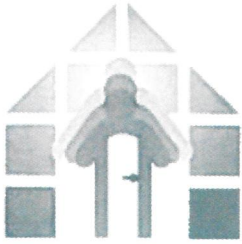
Once again, we are pleased to support this project. Should you have any questions, please do not hesitate to contact our organization, as listed in the signature line below.

Sincerely,



Mélanie Ciccone, BSc, MSW, RSW
Executive Director

123 Third Ave., Suite 300
Timmins, ON P4N 1C6
Phone: (705) 267-1993



COCHRANE TEMISKAMING RESOURCE CENTRE
CENTRE DE RESSOURCES DE COCHRANE TEMISKAMING

September 25, 2024

Cochrane District Services Board
500 Algonquin Blvd East
Timmins, ON
P4N 1B7

Re: Letter of Support – Hart Hub Application

Dear Mr. Marks:

On behalf of the Cochrane Temiskaming Resource Centre (CTRC), I am writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application.

At CTRC, we recognize supportive housing combines housing assistance and support to enable people to live independently in their community. Assisting individuals living with mental health and/or addictions to achieve recovery is the difference between a home and homelessness.

As an active partner in addressing these challenges, our organization is prepared to offer case management and coordination services, priority eligibility assessments to Developmental Services Ontario (DSO), and clinical services to individuals with dual diagnosis to assist in the HART Hub's ongoing development, implementation, and operations.

Everyone deserves safe, decent, and stable housing. For some of the most vulnerable people, those with mental illness, chronic health conditions, trauma, and addictions make it difficult for people to maintain housing without additional help. We acknowledge that Supportive Housing is a highly effective strategy that combines affordable housing with intensive, coordinated services.

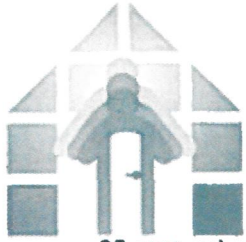
Given the current climate, providing key services under one roof would chart the course in getting people off the street now and reduce the current strain of trying to support individuals all over the District with limited support resources. This would allow for on-site engagement, outreach, case management, and life skills training.

Once again, we are pleased to support this timely project. Should you have any questions, please do not hesitate to contact our organization, as listed in the signature line below.

Sincerely,

Joel McCartney, MA
Executive Director

<input type="checkbox"/> Timmins (Head Office): 600 Tuke Street Timmins, ON P4N 6W1 Tel.: (705) 267-8181 Fax: (705) 264-4255	<input type="checkbox"/> Cochrane: 18-A Aurora Avenue Cochrane, ON P0L 1C0 Tel.: (705) 272-2917 Fax: (705) 272-2909	<input type="checkbox"/> Kapuskasing: 7 Aurora Street P.O. Box 195 Kapuskasing, ON P5N 2Y3 Tel.: (705) 335-2266 (CSS) (705) 335-4122 (PSY) Fax: (705) 335-2522	<input type="checkbox"/> Kirkland Lake: 6 Tweedsmuir Rd P.O. Box 144 Kirkland Lake, ON P2N 1H9 Tel.: (705) 967-5379 (CSS) (705) 567-5370 (PSY/S&L) Fax: (705) 568-8190	<input type="checkbox"/> New Liskeard: 60 Scott Street, Unit 2 P.O. Box 368 New Liskeard, ON P0J 1P0 Tel.: (705) 647-5101 (CSS) (705) 648-7187 (PSY) Fax: (705) 647-5177	<input type="checkbox"/> Moosonee: 21 First Street, Unit 12 P.O. Box 447 Moosonee, ON P0L 1Y0 Tel.: (705) 336-0639 Fax: (705) 336-0690
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COCHRANE TEMISKAMING RESOURCE CENTRE

CENTRE DE RESSOURCES DE COCHRANE TEMISKAMING

25 septembre 2024

Conseil des services du district de Cochrane
500, boulevard Algonquin Est
Timmins, ON P4N 1B7

Re: Lettre de support pour la demande du Hart Hub

Cher M. Marks :

Au nom de Centre de Ressources Cochrane Temiskaming je vous écris pour exprimer notre soutien au Conseil des services du district de Cochrane et les partenaire pour la demande du HART Hub.

Chez CRCT, nous reconnaissons que le logement de soutien combine l'assistance au logement et le soutien pour permettre aux personnes de vivre de manière autonome dans leur communauté. Aider les individus vivant avec des problèmes de santé mentale et/ou des dépendances à atteindre la réhabilitation est la différence entre un foyer et l'itinérance.

En tant que partenaire actif dans la lutte contre ces défis, notre organisation est prête à offrir des services de gestion de cas et de coordination, d'évaluations d'admissibilité prioritaires aux Services ontariens de développement (SOPDI) et des services cliniques aux personnes ayant un double diagnostic pour aider au développement, à la mise en œuvre et aux opérations continues du HART Hub.

Tout le monde mérite un logement sûr, décent et stable. Pour certaines des personnes les plus vulnérables, celles atteintes de maladies mentales, de problèmes de santé chroniques, de traumatismes et de dépendances, il est difficile de maintenir un logement sans aide supplémentaire. Nous reconnaissons que le logement de soutien est une stratégie très efficace qui combine un logement abordable avec des services intensifs et coordonnés.

Étant donné le climat actuel, fournir des services clés sous un même toit tracerait la voie pour sortir les gens de la rue dès maintenant et réduirait la pression actuelle de devoir soutenir des individus dans tout le district avec des ressources limitées. Cela permettrait une prise en charge sur place, des actions de sensibilisation, de la gestion de cas et des formations sur les compétences de vie.

Encore une fois, nous sommes heureux de soutenir ce projet opportun. Si vous avez des questions, n'hésitez pas à contacter notre organisation, comme indiqué dans la ligne de signature ci-dessous.

Cordialement,

Joel McCartney, M.A.,
directeur Général

<input type="checkbox"/> Timmins (Head Office): 600 Toke Street Timmins, ON P4N 6W1 Tel.: (705) 267-8181 Fax: (705) 264-4255	<input type="checkbox"/> Cochrane: 18-A Aurora Avenue Cochrane, ON P0L 1C0 Tel.: (705) 272-2917 Fax: (705) 272-2909	<input type="checkbox"/> Kapuskasing: 7 Aurora Street P.O. Box 195 Kapuskasing, ON P5N 2Y3 Tel.: (705) 335-2266 (CSS) (705) 335-4122 (PSY) Fax: (705) 335-2522	<input type="checkbox"/> Kirkland Lake: 6 Tweedsmuir Rd P.O. Box 144 Kirkland Lake, ON P2N 1H9 Tel.: (705) 567-5379 (CSS) (705) 567-5370 (PSY/S&L) Fax: (705) 568-8190	<input type="checkbox"/> New Liskeard: 60 Scott Street, Unit 2 P.O. Box 368 New Liskeard, ON P0J 1P0 Tel.: (705) 647-5101 (CSS) (705) 648-7187 (PSY) Fax: (705) 647-5177	<input type="checkbox"/> Moosonee: 21 First Street, Unit 12 P.O. Box 447 Moosonee, ON P0L 1Y0 Tel.: (705) 336-0639 Fax: (705) 336-0690
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**Head Office/
Siège social:**
707 Ross Avenue East/
707, avenue Ross est
Timmins, ON P4N 8R1
Telephone/Téléphone:
(705) 360-7100
Fax/Télécopieur:
(705) 360-7200

**District Office/
Bureau du district:**
29 Kolb Avenue/
29, avenue Kolb
Kapusking, ON P5N 1R1
Telephone/Téléphone:
(705) 335-2445
Fax/Télécopieur:
(705) 335-4391

**District Office/
Bureau du district:**
6 Tweedsmuir Road/
6, rue Tweedsmuir
Kirkland Lake, ON P2N 1H9
Telephone/Téléphone:
(705) 567-9201
Fax/Télécopieur:
(705) 568-8787

September 24, 2024

Mr. Brian Marks
Chief Administrative Officer
Cochrane District Services Board
500 Algonquin Blvd East
TIMMINS, ON P4N 1B7

Re: Letter of Support for the HART Hub Application

Dear Mr. Marks:

On behalf of the North Eastern Ontario Family and Children's Services (NEOFACS), I am writing to express our support for the Cochrane District Services Board and their community partners' HART Hub Application.

As the Executive Director of NEOFACS, an organization dedicated to delivering Child Welfare, Children's Mental Health, and Youth Justice Services, I can attest to the critical importance of supportive housing in our community. We recognize that combining housing assistance with comprehensive support services is essential in enabling individuals, particularly those living with mental health and/or addiction challenges, to achieve recovery and maintain independence. The proposed HART Hub aligns with our mission and the pressing needs of our region. The Cochrane District faces a significant need for mental health and addiction services. By providing a centralized location for key services, the HART Hub will greatly enhance our collective ability to support vulnerable individuals throughout the district.

As an active partner in addressing these challenges for children and youth, NEOFACS is prepared to actively assist in the HART Hub's ongoing development, implementation, and operations. Our expertise in child and youth services will complement the Hub's comprehensive approach, ensuring that families and young people receive the support they need to thrive.

We strongly believe that this initiative will make a substantial positive impact on our community. The addition of supportive housing units, along with addiction recovery and treatment beds, will help countless individuals and families in need. Furthermore, the Hub's focus on keeping clients in their communities while fostering independence, respect, dignity, and inclusion aligns perfectly with our organizational values.

Given the current climate and the demonstrated need for evidence-based mental health and addiction services in our region, we wholeheartedly endorse this timely and crucial initiative. The HART Hub represents a significant step forward in addressing the complex needs of our most vulnerable community members.

Should you require further information or have any questions, please do not hesitate to contact me directly at cleo.charlebois@neofacs.org.

Sincerely,



Mr. Cléo Charlebois
Executive Director
North Eastern Ontario Family and Children's Services



October 4, 2024

Cochrane District Services Board
500 Algonquin Blvd East
Timmins, ON
P4N 1B7

Re: Letter of Support – Hart Hub Application

Dear Mr. Marks:

On behalf of the Équipe Sante Ontario Cochrane District Ontario Health Team (ÉSOCDOHT), I am writing to express support to the Cochrane District Services Board and their community partners for the HART Hub Application.

The ÉSOCDOHT collaborative partners recognize that supportive housing combines housing assistance and support to enable people to live independently in their community. Assisting individuals living with mental health and/or addictions to achieve recovery is the difference between a home and homelessness.

The ÉSOCDOHT members seem to support the idea of this model and the proposal at this point in the process.

Everyone deserves safe, decent, and stable housing. For some of the most vulnerable people with mental illness, chronic health conditions, trauma, and addictions it is difficult to maintain housing without additional help. Supportive Housing is a highly effective strategy that combines affordable housing with intensive, coordinated services.

Given the current climate, providing key services under one roof would reduce the current strain of trying to support individuals all over the District with limited support resources. This would allow for on-site engagement, outreach, case management, and life skills training.

Please reach out if you have any questions or require any further information.

Sincerely,

Linda Rochon

Linda Rochon

Implementation Lead

705.267.2131 ext. 3016

lrochon@tadh.com



October 4, 2024

Cochrane District Services Board
500 Algonquin Blvd East
Timmins, ON
P4N 1B7

Re: Lettre de support pour la demande du Hart Hub

Cher/Chère M. Marks:

Au nom d'Équipe Santé Ontario Cochrane District Ontario Health Team (ÉSOCDOHT), je vous écris pour exprimer notre soutien au Conseil des services du district de Cochrane et les partenaires pour la demande du HART Hub. Chez ÉSOCDOHT, nous reconnaissons que le logement de soutien combine l'assistance au logement et le soutien pour permettre aux personnes de vivre de manière autonome dans leur communauté. Aider les individus vivant avec des problèmes de santé mentale et/ou des dépendances à atteindre la réhabilitation est la différence entre un foyer et l'itinérance. Les membres de l'ÉSOCDOHT semblent soutenir l'idée de ce modèle et la proposition à ce stade-ci du processus.

Tout le monde mérite un logement sûr, décent et stable. Pour certaines des personnes les plus vulnérables, celles atteintes de maladies mentales, de problèmes de santé chroniques, de traumatismes et de dépendances, il est difficile de maintenir un logement sans aide supplémentaire. Nous reconnaissons que le logement de soutien est une stratégie très efficace qui combine un logement abordable avec des services intensifs et coordonnés.

Étant donné le climat actuel, fournir des services clés sous un même toit tracerait la voie pour sortir les gens de la rue dès maintenant et réduirait la pression actuelle de devoir soutenir des individus dans tout le district avec des ressources limitées. Cela permettrait une prise en charge sur place, des actions de sensibilisation, de la gestion de cas et des formations sur les compétences de vie.

Encore une fois, nous sommes heureux de soutenir ce projet opportun. Si vous avez des questions, n'hésitez pas à contacter notre organisation, comme indiqué dans la ligne de signature ci-dessous.

Cordialement,
Linda Rochon
Linda Rochon
Implementation Lead
705.267.2131 ext. 3016
lirochon@tadh.com

Timiskaming Area Ontario Health Team | Équipe Santé Ontario des régions du Timiskaming

October 9, 2024

Brian Marks
Cochrane District Services Board
500 Algonquin Blvd East
Timmins, ON P4N 1B7

Re: Letter of Support – Hart Hub Application

Dear Brian:

During its regular October 9, 2024 meeting, the Timiskaming Area Ontario Health Team (TAOHT) Collaboration Council, passed a motion approving expression of support of the Cochrane District Services Board and their community partners for the HART Hub Application.

At TAOHT, improving seamless, coordinated and integrated care for those living with mental health and addictions has been identified as a priority. Furthermore, district-wide consultations such as for a multi-municipal Community and Safety Well-Being Plan identify mental health, substance use and housing as top areas of concern.

There is a need for coordinated, timely and accessible services for Timiskaming area resident to save lives, reduce the reliance on emergency services, prevent homelessness, and provide culturally safe and trauma-informed care. We also recognize supportive housing combines housing assistance and support to enable people to live independently in their community.

As many of our partner members are active in addressing these areas of need, we are collectively prepared to offer support and to assist in the HART Hub's ongoing development, implementation, outreach and evaluation.

Everyone deserves safe, affordable and stable housing. For some individuals living with mental illness, chronic health conditions, trauma, and addictions makes it difficult to maintain housing without additional help. We acknowledge that Supportive Housing is a highly effective strategy that combines affordable housing with coordinated services including outreach services.

Once again, we are pleased to support this timely project aimed at improving outcomes for individuals with complex mental health and addiction needs in the Cochrane and Timiskaming districts. Should you have any questions, please do not hesitate to contact us as listed in the signature line below.

Sincerely,

Erin Montgomery

Erin Montgomery
Co-Chair
Timiskaming Area OHT

Kerry Schubert-Mackey

Kerry Schubert-Mackey
Transformation Lead
Timiskaming Area OHT

CC:

John Vanthof, MPP for Timiskaming-Cochrane

Mark Stewart, CAO District of Timiskaming Social Services Advisory Board and TAOHT Associate Member

TAOHT Core Members;

Tracy Koskamp-Bergeron, Executive Director, Alzheimer Society Timmins-Porcupine District Inc.

Jorge VanSlyke, President and Chief Executive Officer, Blanche River Health

Paul Jalbert, Executive Director, Canadian Mental Health Association Cochrane-Timiskaming

Craig McCleary, Region Director for Ontario North, CarePartners

Dr. Steve Sears, Family Doctor, Cobalt Medical Clinic / S Sears Medicine Professional Corp.

Kari Raymond, Executive Director, Englehart & District Family Health Team

Carol Johnson, Executive Director, Extencare Tri-Town (Haileybury)

Erin Montgomery, Executive Director Great Northern Family Health Team

Deborah Kersley, Executive Director, Haileybury Family Health Team

Mandy Weeden, Executive Director, Kirkland District Family Health Team

Cleo Charlebois, Executive Director, North Eastern Ontario Family & Children's Services

Ellen Ibey, Executive Director, Temagami Family Health Team

Mike Baker, President and Chief Executive Officer, Temiskaming Hospital

Caroline Morin, Chief Executive Officer, Timiskaming Home Support

Louise Trudel, Senior Manager of Operations, Canadian Red Cross

TAOHT Primary Care Network Council (Kirsten Bildfell, Dr. Meaghan Alexander, Dr. Peter Hutten-Czapski)



October 16, 2024

Jean Carriere
Health Director
CDSB
500 Algonquin Blvd. E.
Timmins, ON
P4N 1B7

Dear Jean,

I hope this letter finds you well. I am writing to inform you that after careful consideration, Kunuwanimano Child & Family Services has decided not to proceed as a partner on the HART hub project.

While we appreciate the opportunity and recognize the value and potential of the HART hub initiative, we have concluded that at this time we do not have the resource allocation required that is necessary to commit to this partnership. The child welfare sector has had some significant announcements made in the past few weeks and there are many areas that require our focus and attention.

This decision was not made lightly, and it reflects our ongoing efforts to ensure that all of our engagements and collaborations fully support our mandate as well as long-term objectives. We remain dedicated to fostering innovation and collaboration and are hopeful that our paths may cross on future projects.

Please accept our best wishes for the continued success of the HART hub project. We are confident that it will thrive under the guidance and dedication of the current and future partners involved.

Thank you for your understanding, and please do not hesitate to reach out should you have any questions or require further clarification.

Sincerely,

KUNUWANIMANO CHILD AND FAMILY SERVICES

Kristin Murray
Executive Director



October 1, 2024

Brian Marks
500 Algonquin Blvd East
Timmins, ON
P4N 1B7

Re: Letter of Support – Hart Hub Application

Dear Brian:

On behalf of the Timmins Youth Wellness Hub (YWH), I am writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application.

At the Timmins YWH, we recognize supportive housing combines housing assistance and support to enable people to live independently in their community. Assisting individuals living with mental health and/or addictions to achieve recovery is the difference between a home and homelessness. As an active partner in addressing these challenges, our organization is prepared to work with other community partners to support youth (aged 16-25) to access the Hart Hub's services, which may also include providing follow up supports within capacity if needed.

Everyone deserves safe, decent, and stable housing. For some of the most vulnerable people, those with mental illness, chronic health conditions, trauma, and addictions make it difficult for people to maintain housing without additional help. We acknowledge that Supportive Housing is a highly effective strategy that combines affordable housing with intensive, coordinated services.

Given the current climate, providing key services under one roof would chart the course in getting people off the street now and reduce the current strain of trying to support individuals all over the District with limited support resources. This would allow for on-site engagement, outreach, case management, and life skills training.

Once again, we are pleased to support this timely project. Should you have any questions, please do not hesitate to contact our organization, as listed in the signature line below.

Sincerely,

A handwritten signature in black ink that reads 'Anne Vincent'.

Anne Vincent
Executive Director, Timmins YWH



Le 3 octobre 2024

Objet : Lettre d'appui pour la demande du projet Hart Hub

Monsieur Marks,

Au nom du Collège Boréal, je vous écris pour exprimer notre appui au Conseil des services de Cochrane (CSDC) ainsi qu'à ses partenaires pour la soumission du projet HART Hub.

Au Collège Boréal, nous reconnaissons l'importance du logement de soutien, qui amalgame l'assistance résidentielle à un accompagnement adapté, permettant aux personnes de vivre de manière autonome au sein de la communauté. L'appui apporté aux individus confrontés à des problèmes de santé mentale et/ou de dépendance joue un rôle crucial en les orientant vers la réhabilitation, leur offrant ainsi une alternative durable à l'itinérance.

En tant que partenaire communautaire, le Collège Boréal s'engage à conclure une entente concrète avec le CSDC afin de proposer une gamme de services adaptés aux besoins des clients. Ces services incluent le développement de compétences en employabilité, telles que l'élaboration de curriculum vitae, la préparation aux entrevues, et la recherche d'emploi. La gamme de service pourrait aussi inclure de la mise à niveau académique pour certains clients et des formations de courte durée pour renforcer les compétences nécessaires pour le marché du travail. L'objectif principal est de soutenir chaque client dans son parcours vers la réussite et de l'accompagner vers une carrière durable et épanouissante.

Nous croyons fermement que chaque individu mérite un logement adéquat, sûr et stable. Pour certaines des personnes les plus vulnérables, notamment celles souffrant de maladies mentales, de problèmes de santé chroniques, de traumatismes ou de dépendances, le maintien d'un logement sans soutien additionnel peut être extrêmement difficile. Le logement de soutien constitue une approche assurée et efficace qui combine des solutions résidentielles logiques avec des services intensifs et coordonnés.

La mise à disposition de services essentiels sous un même toit représente une avancée significative pour aider les personnes à sortir de la rue, tout en réduisant la pression liée à l'accompagnement des individus à travers le district ayant des ressources limitées. Ce projet permettra la prise en charge sur place, des actions de sensibilisation, de la gestion de cas ainsi que des formations aux compétences de vie.

Veuillez agréer, Monsieur Marks, l'expression de nos salutations distinguées.

Cordialement,

Brian Vaillancourt, Vice-président, Développement des affaires
brian.vaillancourt@collegeboreal.ca



REACHING HOME PROGRAM

A Program of the Ininew Friendship Centre

190 Third Avenue
Cochrane, ON, P0L 1C0

Tel: (705) 272-5216 Fax: (705) 272-3597

reachinghome@ininewfc.ca

CDSB
500 Algonquin Blvd.
Timmins, Ontario P4N 1B7

October 1, 2024

RE: Letter of Support – CDSB Hart Hub Application

To Whom it May Concern,

This is a letter of support for the Cochrane District Services Board's potential Hart Hub application on behalf of the Reaching Home Advisory Committee for Cochrane and area.

With our ongoing efforts to curb the growing numbers of homeless individuals and families, we have found that there are ever-growing numbers of people who are suffering from long-term mental health issues which are unfortunately never addressed through the very limited resources out there for them.

In more instances than not, we find long term mental health issues tend to cause those who are suffering from these issues to resort to self-medicating, which then opens the doors to addictions. Its these circumstances that limit the amount of assistance that we as an Ininew Friendship Centre can give.

Creating an atmosphere that is capable of providing emergency lodging, mental health supports, addictions supports, and the like, would absolutely fill the voids that we, as service providers, experience on a regular basis. Will the Hart Hub cure all of society's woes? Maybe not, but we feel that the potential assistance this facility can provide will benefit so many of our district's homeless or at-risk-of homeless individuals and families.

We fully support this CDSB effort,

Mike Robin

On Behalf of the Ininew Friendship Centre Reaching Home Advisory Committee.



NORD-ASKI
Équipe de santé familiale
Family Health Team

📍 1403, rue Edward Street
Hearst ON P0L 1N0
📞 705-362-5544
📠 705-362-5799
📧 C.P. / P.O. Box 2260
🌐 esfnafht.ca

October 3, 2024

Cochrane District Services Board
500 Algonquin Blvd East
Timmins, ON P4N 1B7
Attention: Brian Marks

Subject: Letter of Support – Hart Hub Application

Dear Mr. Marks,

On behalf of Équipe de santé familiale Nord-Aski Family Health Team, I am writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application.

At ÉSFNAFHT, we recognize supportive housing combines housing assistance and support to enable people to live independently in their community. Assisting individuals living with mental health and/or addictions to achieve recovery is the difference between a home and homelessness.

As an active partner in addressing these challenges, our organization is prepared to offer referral pathways and patient navigation to assist in the HART Hub's ongoing development, implementation, and operations.

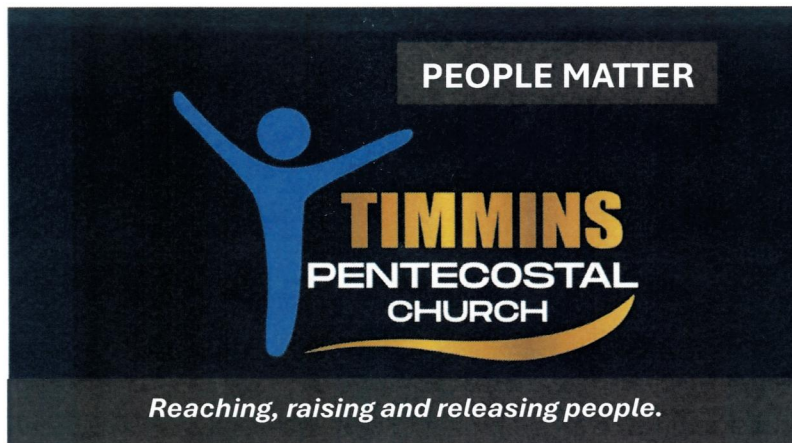
Everyone deserves safe, decent, and stable housing. For some of the most vulnerable people, those with mental illness, chronic health conditions, trauma, and addictions, it is difficult to maintain housing without additional help. We acknowledge that Supportive Housing is a highly effective strategy that combines affordable lodgings with intensive, coordinated services.

Given the current climate, providing key services under one roof would chart the course in getting people off the street now and reduce the current strain of trying to support individuals all over the district with limited support resources. This would allow for on-site engagement, outreach, case management, and life skills training. However, for this project to be inclusive of all populations in the region, services must be bilingual and transportation must be provided to those outside of Timmins.

Once again, we are pleased to support this timely project. Should you have any questions, please do not hesitate to contact our organization, as listed in the signature line below.

Sincerely,

Jacques Doucet
Executive Director
705-362-5544, ext. 2422
jacquesd@esfnafht.ca



Tuesday October 1st, 2024

Re: Letter of Support – Hart Hub Application

Dear Brian Marks

On behalf of Timmins Pentecostal Church, I am writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application.

At TPC, we recognize supportive housing combines housing assistance and support to enable people to live independently in their community. Assisting individuals living with mental health and/or addictions to achieve recovery is the difference between a home and homelessness.

As an active partner in addressing these challenges, our organization is prepared to offer our Celebrate Recovery (A Christ centred bible-based addiction recovery program) and or bible studies, pastoral (chaplaincy) services to assist in the HART Hub's ongoing development, implementation, and operations. Our volunteers can help with meal preparations as well.

Everyone deserves safe, decent, and stable housing. For some of the most vulnerable people, those with mental illness, chronic health conditions, trauma, and addictions make it difficult for people to maintain housing without additional help. We acknowledge that Supportive Housing is a highly effective strategy that combines affordable housing with intensive, coordinated services.

Given the current climate, providing key services under one roof would chart the course in getting people off the street now and reduce the current strain of trying to support individuals all over the District with limited support resources. This would allow for on-site engagement, outreach, case management, and life skills training.

Once again, we are pleased to support this timely project. Should you have any questions, please do not hesitate to contact our organization, as listed in the signature line below.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter Ruel", is written over a thin, wavy horizontal line.

Rev. Peter Ruel

29 avenue Byng Avenue, bureau 1 / Suite 1, Kapuskasing, ON P5N 1W6

Tél / Tel: (705) 335-8468 Téléc. / Fax: (705) 337-6008

1101, rue Front Street, C.P. / P.O. Box 2248, Hearst, ON P0L 1N0

Tél / Tel: (705) 372-1933 Téléc. / Fax: (705) 362-8920

107 chemin Kelly Road, C.P. / P.O. Box 219, Smooth Rock Falls, ON P0L 2B0

Tél / Tel: (705) 338-2989 Téléc. / Fax: (705) 338-2611



Services de Counselling

HEARST - KAPUSKASING - SMOOTH ROCK FALLS

Counselling Services

Le 24 septembre, 2024

Cochrane District Services Board
500 Algonquin, Blvd East
Timmins, ON P4N 1B7

Re: Lettre de support pour la demande du Hart Hub

Cher monsieur Marks :

Au nom des Services de counselling Hearst-Kapusksing-Smooth Rock Falls (SCHKS), je vous écris pour exprimer notre soutien au Conseil des services du district de Cochrane et les partenaires pour la demande du HART Hub.

Chez SCHKS, nous reconnaissons que le logement de soutien combine l'assistance au logement et le soutien pour permettre aux personnes de vivre de manière autonome dans leur communauté. Aider les individus vivant avec des problèmes de santé mentale et/ou des dépendances à atteindre la réhabilitation est la différence entre un foyer et l'itinérance.

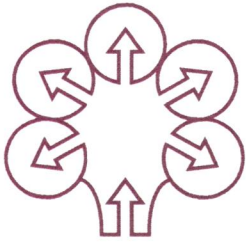
En tant que partenaire actif dans la lutte contre ces défis, notre organisation est prête à offrir tout une gamme de programmes et services de soutien en santé mentale pour aider au développement, à la mise en œuvre et aux opérations continues du HART Hub.

Tout le monde mérite un logement sûr, décent et stable. Pour certaines des personnes les plus vulnérables, celles atteintes de maladies mentales, de problèmes de santé chroniques, de traumatismes et de dépendances, il est difficile de maintenir un logement sans aide supplémentaire. Nous reconnaissons que le logement de soutien est une stratégie très efficace qui combine un logement abordable avec des services intensifs et coordonnés.

Encore une fois, nous sommes heureux de soutenir ce projet opportun. Si vous avez des questions, n'hésitez pas à contacter notre organisation, comme indiqué dans la ligne de signature ci-dessous.

Cordialement,

Steve Fillion, M.S.S / T.S.I.
Directeur général



SERVICES DE TOXICOMANIE COCHRANE-NORD NORTH COCHRANE ADDICTION SERVICES

Le 26 septembre 2024

Brian Marks
Cochrane District Services Board
500 Algonquin Blvd East
Timmins, ON
P4N 1B7

Re: Lettre de support pour la demande du Hart Hub

Cher M. Marks :

Au nom des Services de Toxicomanie Cochrane-Nord inc. (STCN), je vous écris pour exprimer notre soutien au Conseil des services du district de Cochrane et les partenaires pour la demande du HART Hub.

Chez STCN, nous reconnaissons que le logement de soutien combine l'assistance au logement et le soutien pour permettre aux personnes de vivre de manière autonome dans leur communauté. Aider les individus vivant avec des problèmes de santé mentale et/ou des dépendances à atteindre la réhabilitation est la différence entre un foyer et l'itinérance.

En tant que partenaire actif dans la lutte contre ces défis, notre organisation est prête à offrir notre appui, notre collaboration et notre participation pour aider au développement, à la mise en œuvre et aux opérations continues du HART Hub.

Tout le monde mérite un logement sûr, décent et stable. Pour certaines des personnes les plus vulnérables, celles atteintes de maladies mentales, de problèmes de santé chroniques, de traumatismes et de dépendances, il est difficile de maintenir un logement sans aide supplémentaire. Nous reconnaissons que le logement de soutien est une stratégie très efficace qui combine un logement abordable avec des services intensifs et coordonnés.

Étant donné le climat actuel, fournir des services clés sous un même toit tracerait la voie pour sortir les gens de la rue dès maintenant et réduirait la pression actuelle de devoir soutenir des

Community
Treatment
Services
communautaires
de traitement

BUREAU CHEF / HEAD OFFICE

29 avenue Byng Avenue, Bureau / Suite 2 • Kapuskasing, ON P5N 1W6
Tel.: (705) 335-8408 | Téléc./Fax: (705) 335-5640 | additionsservicestoxicomanie.com

SUCCURSALES / BRANCH OFFICES

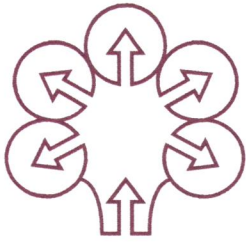
COCHRANE: Tel.: (705) 272-3059 • Téléc./Fax: (705) 272-3543

HEARST: Tel.: (705) 362-7844 • Téléc./Fax: (705) 362-4515

SMOOTH ROCK FALLS: Tel.: (844) 335-6081 • Téléc./Fax: (705) 335-5640



1-844-335-6081



SERVICES DE TOXICOMANIE COCHRANE-NORD NORTH COCHRANE ADDICTION SERVICES

individus dans tout le district avec des ressources limitées. Cela permettrait une prise en charge sur place, des actions de sensibilisation, de la gestion de cas et des formations sur les compétences de vie.

Encore une fois, nous sommes heureux de soutenir ce projet opportun. Si vous avez des questions, n'hésitez pas à contacter notre organisation, comme indiqué dans la ligne de signature ci-dessous.

Cordialement,

Sonia Gravel
Directrice générale

Community
Treatment
Services
communautaires
de traitement



1-844-335-6081

BUREAU CHEF / HEAD OFFICE

29 avenue Byng Avenue, Bureau / Suite 2 • Kapuskasing, ON P5N 1W6
Tel.: (705) 335-8408 | Téléc./Fax: (705) 335-5640 | additionsservicestoxicomanie.com

SUCCESSALES / BRANCH OFFICES

COCHRANE: Tel.: (705) 272-3059 • Téléc./Fax: (705) 272-3543
HEARST: Tel.: (705) 362-7844 • Téléc./Fax: (705) 362-4515
SMOOTH ROCK FALLS: Tel.: (844) 335-6081 • Téléc./Fax: (705) 335-5640



Seizure & Brain Injury Centre

September 24, 2024

RE: LETTER OF SUPPORT- HART HUB APPLICATION

On behalf of the Seizure & Brain Injury Centre, I am writing to express our enthusiastic support for the Hart Hub application to be used as a model within the Wellness Centre of Excellence (WCE). As an organization dedicated to empowering people who have sustained a brain injury, we recognize the intersections with homelessness, addiction, and mental health within these populations. The need for wholistic supports in the North is unquestionable.

The HART Hub model within the WCE will provide much needed wholistic care, supports, and resources to those who are vulnerable in our community. Without the HART hub, Timmins and rural/remote communities will continue to be underserved.

The Seizure & Brain Injury Centre is confident that the lead organizations working together to both apply for HART hub accreditation and prepare to provide care within the HART hub model have the ability to successfully implement this project, given their individual track records to provide individual care to these populations. We believe that the HART Hub will fill a critical gap in health services for the communities involved. We fully support the project and look forward to seeing its positive impact unfold. Please feel free to include this letter with your HART Hub application to advance this important initiative.

A handwritten signature in cursive script, appearing to read "B. Roberge".

Brittany Roberge
Executive Director
Seizure & Brain Injury Centre

705-264-2933
brittany@sabic.ca

September 27, 2024

Re: Letter of Support – Hart Hub Application

To whom it may concern,

On behalf of the Centre de santé communautaire de Kapuskasing et région (CSCK), I am writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application.

At CSCK, we recognize supportive housing combines housing assistance and support to enable people to live independently in their community. Assisting individuals living with mental health and/or addictions to achieve recovery is the difference between a home and homelessness.

As an active partner in primary health care and community support services, our organization is prepared to endorse and to assist in the HART Hub's ongoing development, implementation, and operations.

Everyone deserves safe, decent, and stable housing. For some of the most vulnerable people, those with mental illness, chronic health conditions, trauma, and addictions make it difficult for people to maintain housing without additional help. We acknowledge that Supportive Housing is a highly effective strategy that combines affordable housing with intensive, coordinated services.

Given the current climate, providing key services under one roof would chart the course in getting people off the street now and reduce the current strain of trying to support individuals all over the District with limited support resources. This would allow for on-site engagement, outreach, case management, and life skills training.

Once again, we are pleased to support this timely project.

Sincerely,



Denis Beaulac
Executive Director
Centre de santé communautaire de Kapuskasing et région



Le 27 septembre 2024

Re: Lettre d'appui pour la demande du Hart Hub

À qui de droit,

Au nom du Centre de santé communautaire de Kapuskasing et région (CSCK), je vous écris pour exprimer notre soutien au Conseil des services du district de Cochrane et les partenaires communautaires pour la demande du HART Hub.

Au CSCK, nous reconnaissons que le logement avec services de soutien aide les gens à vivre de façon autonome dans leur communauté, tout en combinant logement et services d'accompagnement. Aider les personnes avec des problèmes de santé mentale ou de dépendance à se rétablir fait la différence entre avoir accès à un logement et l'itinérance.

En tant que partenaire actif dans les soins de santé primaires et les services de soutiens communautaires, notre organisation est prête à appuyer et à aider au développement, à la mise en œuvre et aux opérations continues du HART Hub.

Tout le monde mérite d'avoir accès à un logement sécuritaire, convenable et stable. Pour certaines des personnes les plus vulnérables, celles atteintes de maladies mentales, de problèmes de santé chroniques, de traumatismes et de dépendances, il est difficile de maintenir un logement sans aide supplémentaire. Nous reconnaissons que le logement avec services de soutien est une stratégie très efficace qui combine un logement abordable avec des services intensifs et coordonnés.

Étant donné les circonstances, offrir des services essentiels sous un même toit aiderait immédiatement à sortir les gens de la rue et réduirait la pression sur les ressources limitées du district. Cela permettrait une prise en charge sur place, des actions de sensibilisation, de la gestion de cas et des formations sur les compétences de vie.

Encore une fois, nous sommes heureux de soutenir ce projet opportun.

Cordialement,



Denis Beaulac

Executive Director

Centre de santé communautaire de Kapuskasing et région

Tyler J. Beaton
Ininew Friendship Centre
190 3rd Avenue, Cochrane Ontario
September 30th, 2024

Re: Letter of Support – Hart Hub Application

To whom it may concern,

On behalf of Ininew Friendship Centre, I am writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application.

At Ininew, we recognize supportive housing combines housing assistance and support to enable people to live independently in their community. Assisting individuals living with mental health and/or addictions to achieve recovery is the difference between a home and homelessness.

As an active partner in addressing these challenges, our organization is prepared to offer CBDSSAB support to assist in the HART Hub's ongoing development, implementation, and operations.

Everyone deserves safe, decent, and stable housing. For some of the most vulnerable people, those with mental illness, chronic health conditions, trauma, and addictions make it difficult for people to maintain housing without additional help. We acknowledge that Supportive Housing is a highly effective strategy that combines affordable housing with intensive, coordinated services.

Given the current climate, providing key services under one roof would chart the course in getting people off the street now and reduce the current strain of trying to support individuals all over the district with limited support resources. This would allow for on-site engagement, outreach, case management, and life skills training.

Once again, we are pleased to support this timely project. Should you have any questions, please do not hesitate to contact our organization, as listed in the signature line below.

Sincerely,

Tyler Beaton He/Him

Executive Director

Ininew Friendship Centre





October 1, 2024

Attention: Brian Marks

Re: Letter of Support – Hart Hub Application

Dear Mr. Marks,

I am writing to express support to the Cochrane District Services Board and their community partners for the HART Hub Application. I am the Interim Director of Built for Zero Canada – Reduce, an ambitious national change effort helping a core group of leading communities end chronic and veteran homelessness, as a first step on the path to eliminating all homelessness in Canada. Cochrane District has been engaged with Built for Zero Canada (BFZ-C) since 2019. In that time, we have witnessed the community using data-driven, innovative solutions to accelerate reductions in homelessness.

At BFZ-C, we recognize supportive housing combines housing assistance and support to enable people to live independently in their community. Assisting individuals living with mental health and/or addictions to achieve recovery is the difference between a home and homelessness. Given the current climate, providing key services under one roof would chart the course in getting people off the street now and reduce the current strain of trying to support individuals all over the District with limited support resources. This would allow for on-site engagement, outreach, case management, and life skills training.

Everyone deserves safe, decent, and stable housing. For some of the most vulnerable people, those with mental illness, chronic health conditions, trauma, and addictions make it difficult for people to maintain housing without additional help. We acknowledge that Supportive Housing is a highly effective strategy that combines affordable housing with intensive, coordinated services.

Built for Zero Canada stands behind Cochrane District in their ongoing mission to end chronic homelessness. Together, we can continue to make strides toward a future where every young person has a safe place to call home. If you have any questions about BFZ-C or our work with Cochrane District, please do not hesitate to contact me at kat@caeh.ca.

Sincerely,

Kat Riley

Kat Riley
Interim Director, Built for Zero Canada – Reduce
Canadian Alliance to End Homelessness



316 Spruce Street South
Timmins, ON P4N 2M9

October 8, 2024

Brian Marks, CAO
Cochrane District Services Board
500 Algonquin Blvd East
Timmins, ON
P4N 1B7

Re: Letter of Support – Hart Hub Application

Dear Brian:

On behalf of Living Space, I am writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application.

At Living Space we recognize supportive housing combines housing assistance and support to enable people to live independently in their community. Assisting individuals living with mental health and/or addictions to achieve recovery is the difference between a home and homelessness.

As an active partner in addressing these challenges, our organization is prepared to offer emergency shelter, food security, referrals, peer support and wrap around services to assist in the HART Hub's ongoing development, implementation, and operations.

Everyone deserves safe, decent, and stable housing. For some of the most vulnerable people, those with mental illness, chronic health conditions, trauma, and addictions make it difficult for people to maintain housing without additional help. We acknowledge that Supportive Housing is a highly effective strategy that combines affordable housing with intensive, coordinated services.

Given the current climate, providing key services under one roof would chart the course in getting people off the street now and reduce the current strain of trying to support individuals all over the District with limited support resources. This would allow for on-site engagement, outreach, case management, and life skills training.

Once again, we are pleased to support this timely project. Should you have any questions, please do not hesitate to contact our organization, as listed in the signature line below.

Sincerely,

Jennifer Byrnes





October 8, 2024

Brian Marks
500 Algonquin Blvd East
Timmins, ON
P4N 1B7

Re: Letter of Support – Hart Hub Application

Dear Mr. Marks,

On behalf of the Canadian Red Cross (CRC), I am writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application.

At CRC, we understand that supportive housing integrates housing assistance with supportive services, empowering individuals to live independently in their communities. For those experiencing mental health issues and/or addictions, this support can be the key factor that separates having a home from facing homelessness.

Our organization is in active collaboration and discussion to assist in the HART Hub's ongoing development, implementation, and operations. Specific areas that CRC could contribute to this program include support to transportation programming for clients, volunteer management and engagement, and training facilitation for all community partners involved.

While barriers and access to services often pose challenges to seeking safety and support, individuals with complex mental health and addiction experiences are often the most out of reach. CRC supports this Supportive Housing initiative and its focus on reaching the most vulnerable, and ensuring that access, cultural safety, and evidence based programming is available to the greater community.

CRC hopes to be able to collaborate and share with the Cochrane District Services Board in their strong endeavor towards providing services to the most vulnerable. We are happy to share our expertise, volunteers, and work together to ensure success in the HART Hub and community overall.

Sincerely,
Maegan McConnell
Director – Operations Community Health and Wellness

Maegan McConnell



Timiskaming
**COMMUNITY SAFETY
& WELL-BEING**
**SÉCURITÉ ET DU
BIEN-ÊTRE**
COMMUNAUTAIRES
du Timiskaming

247 Whitewood Ave, Box / Boîte 1090
New Liskeard, Ontario
P0J1P0

Tel / Tél. (705) 647- 4305
Fax / Téléc. (705) 647 - 5779

cswb@timiskaminghu.com

Brian Marks, CDSB
500 Algonquin Blvd East
Timmins, ON
P4N 1B7

Re: Letter of Support – Hart Hub Application

Dear Brian,

On behalf of the Timiskaming Community Safety & Well-Being steering committee, we are writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application.

At CSWB Timiskaming, we recognize supportive housing combines housing assistance and support to enable people to live independently in their community. Assisting individuals living with mental health and/or addictions to achieve recovery is the difference between a home and homelessness. Everyone deserves safe, decent, and stable housing. For some of the most vulnerable people, those with mental illness, chronic health conditions, trauma, and addictions make it difficult for people to maintain housing without additional help. We acknowledge that Supportive Housing is a highly effective strategy that combines affordable housing with intensive, coordinated services.

Given the current climate, providing key services under one roof would chart the course in getting people off the street now and reduce the current strain of trying to support individuals all over the district with limited support resources. This would allow for on-site engagement, outreach, case management, and life skills training.

Once again, we are pleased to support this timely project. Should you have any questions, please do not hesitate to contact our organization, as listed in the signature line below.

Sincerely,

Erin Cowan, Co-Chair
CSWB Timiskaming Steering Committee

Steve McIntyre, Co-Chair
CSWB Timiskaming Steering Committee

October 9, 2024

Brian Marks
CDSB
500 Algonquin Blvd East
Timmins, ON P4N 1B7

Re: Letter of Support – Hart Hub Application

Dear Brian:

On behalf of Temiskaming Hospital, I am writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application.

At Temiskaming Hospital, we recognize supportive housing combines housing assistance and support to enable people to live independently in their community. Assisting individuals living with mental health and/or addictions to achieve recovery is the difference between a home and homelessness.

As an active partner in addressing these challenges, our organization is prepared to offer in-kind support with appropriate human resources to assist in the HART Hub's ongoing development, implementation, and operations.

Everyone deserves safe, decent, and stable housing. For some of the most vulnerable people, those with mental illness, chronic health conditions, trauma, and addictions make it difficult for people to maintain housing without additional help. We acknowledge that Supportive Housing is a highly effective strategy that combines affordable housing with intensive, coordinated services.

Given the current climate, providing key services under one roof would chart the course in getting people off the street now and reduce the current strain of trying to support individuals all over the District with limited support resources. This would allow for on-site engagement, outreach, case management, and life skills training.

Once again, we are pleased to support this timely project. Should you have any questions, please do not hesitate to contact our organization, as listed in the signature line below.

Sincerely,



Mike Baker
President & CEO



TIMISKAMING
DRUG AND ALCOHOL STRATEGY
STRATÉGIE CONTRE LES DROGUES ET
L'ALCOOL DU TIMISKAMING

247 Whitewood Ave, Box/Boîte 1090
New Liskeard, Ontario
POJ 1P0
Tel/Tél. (705) 647-4305
Fax/Télec. (705) 647-5779
www.tdas.ca
tdas@timiskaminghu.com

October 9, 2024

Brian Marks
Cochrane District Services Board
500 Algonquin Blvd East
Timmins, ON
P4N 1B7

Re: Letter of Support – Hart Hub Application

Dear Brian:

On behalf of the Timiskaming Drug and Alcohol Strategy (TDAS), I am writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application.

At TDAS, we recognize supportive housing combines housing assistance and support to enable people to live independently in their community. Supporting individuals living with mental health challenges and/or addictions in their journey to recovery is a key aim of TDAS. We are pleased to endorse this application for this much-needed service in the region.

As an active partner in addressing these challenges, our organization is prepared to offer support to your coordination, research, and advocacy efforts in the HART Hub's ongoing development, implementation, and operations.

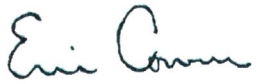
Everyone deserves safe, decent, and stable housing. For some of our most vulnerable community members, such as those living with mental illness, chronic health conditions, trauma, and/or addictions, it can be challenging to maintain housing without additional help. We acknowledge that Supportive Housing is a highly effective strategy that combines affordable housing with intensive, coordinated services.

Given the current climate, providing key services under one roof would chart the course in getting people off the street now and reduce the current strain of trying to support individuals

all over the region with limited support resources. This would allow for on-site engagement, outreach, case management, and life skills training.

Once again, we are pleased to support this timely project. Should you have any questions, please do not hesitate to contact our organization, as listed in the signature line below.

Sincerely,



Erin Cowan



Angèle Desormeau

Co-chairs, Timiskaming Drug and Alcohol Strategy

More about TDAS

Launched in 2022, the Timiskaming Drug and Alcohol Strategy (TDAS) is supported by over 20 local organizations and agencies working together to reduce the impact of substance use. We build collective impact through a [common agenda](#), [shared measurement](#), [mutually reinforcing activities](#), and [continuous communications](#) among community partners and the backbone agency.

TDAS operates under the leadership of a multisectoral Steering Committee and is supported by four working groups, which correspond to our four-pillar approach to substance use: [Prevention](#), [Harm Reduction](#), [Treatment](#), and [Community Safety](#).

We recognize the complex nature of substance use and its impacts on individuals, families, and the wider community. To learn more about our progress in the past year and priorities in 2024, please [visit our website](#), or consult our latest [Report to the Community](#).



Head Office:

247 Whitewood Avenue, Unit 43
PO Box 1090
New Liskeard, ON P0J 1P0
Tel.: 705-647-4305 Fax: 705-647-5779

Branch Offices:

Englehart Tel.: 705-544-2221 Fax: 705-544-8698
Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

October 10, 2024

Brian Marks
CDSB
500 Algonquin Blvd East
Timmins, ON P4N 1B7

Re: Letter of Support – Hart Hub Application

Dear Brian:

On behalf of Timiskaming Health Unit, I am writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application. As an active partner in addressing these challenges, our organization is prepared to offer public health programs, services, and expertise to assist in the HART Hub's ongoing development, implementation, and operations. At Timiskaming Health Unit, we recognize that supportive housing combines housing assistance and support to enable people to live independently in their community.

Regionally, rent prices are historically high and there are low vacancy rates. Moreover, social housing is limited, and long waitlists are common, which are factors contributing to precarious housing or homelessness for those coping with substance use or mental health challenges, particularly those who are discharged from hospital.¹

Everyone deserves safe, decent, and stable housing. For some populations, such as those living with mental illness, chronic health conditions, trauma, and/or addictions, it is difficult to maintain housing without additional help. We acknowledge that Supportive Housing is a protective factor² in a strategy that combines affordable housing with intensive, coordinated services.

Once again, we are pleased to support this timely project. Should you have any questions, please do not hesitate to contact our organization, as listed in the signature line below.

Sincerely,

Dr. Glenn Corneil, MD, CFPC, FCFP
Acting Medical Officer of Health/CEO

References

¹The District of Timiskaming Social Services and Administration Board. (2019, September 30). *3rd Quarter Operational Overview: CAO Report to the Board*. Accessed:
<https://static1.squarespace.com/static/5bf432f870e8026f5a08f74d/t/5fee3ca546517e2c7463dd71/1609448618916/2019+Q3+Report.pdf>

²Luchenski, S., Ti, L., Hayashi, K., Dong, H., Wood, E., & Kerr, T. (2016). Protective factors associated with short-term cessation of injection drug use among a Canadian cohort of people who inject drugs. *Drug and alcohol review*, 35(5), 620-627.



10 octobre 2024

Cochrane District Services Board
Conseil des services du district de Cochrane
500 Boul, Algonquin E
Timmins, ON P4N 1B7

Re: Lettre de support pour la demande du Hart Hub

Cher partenaire :

Au nom du Centre de santé communautaire de Timmins (CSCTIMMINS), je vous écris pour exprimer notre appui au Conseil des services du district de Cochrane et les partenaires pour la demande du HART Hub.

Chez le CSCTIMMINS, nous reconnaissons que le logement de soutien comprend l'assistance au logement et le soutien pour permettre aux personnes de vivre de manière autonome dans leur communauté. Aider les individus vivant avec des problèmes de santé mentale et/ou des dépendances à atteindre la réhabilitation est la différence entre un foyer et le sans-abrisme.

En tant que partenaire actif dans la lutte contre ces défis, notre organisation est prête à continuer de faire la coordination de services pour aider au développement, à la mise en œuvre et aux opérations continues du HART Hub.

Tout le monde mérite un logement sûr, digne et stable. Pour certaines des personnes les plus vulnérables, celles atteintes de maladies mentales, de problèmes de santé chroniques, de traumatismes et de dépendances, il est difficile de maintenir un logement sans aide supplémentaire. Nous reconnaissons que le logement de soutien est une stratégie très efficace qui combine un logement abordable avec des services intensifs et coordonnés.

Étant donné le climat actuel, fournir des services clés sous un même toit tracerait la voie pour sortir les gens de la rue dès maintenant et réduirait la pression actuelle de devoir soutenir des individus dans tout le district avec des ressources limitées. Cela permettrait une prise en charge sur place, des actions de sensibilisation, de la gestion de cas et des formations sur les compétences de vie.

Encore une fois, nous sommes heureux de soutenir ce projet opportun. Si vous avez des questions, n'hésitez pas à contacter notre organisation, comme indiqué dans la ligne de signature ci-dessous.

Cordialement,

Michelle Stevens (Elle, She, Her)

Directrice générale
Centre de santé communautaire de Timmins
Tél: (705) 269-CSCT(2728) poste 2129
Courriel: michelle.stevens@csctimmins.ca



183 Broadwood Ave, PO Box 1778
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705-648-7233 (SAFE)
zackscribtemiskaming@gmail.com
www.zackscrib.org/
783086879RR0001

October 15, 2024

Brian Marks
CDSB
500 Algonquin Blvd East
Timmins, ON
P4N 1B7

Re: Letter of Support – HART Hub Application

Dear Brian:

On behalf of Zack's Crib Crisis Centre, I am writing to express support to the Cochrane District Services Board and their community partners for the HART Hub Application.

It is Zack's Crib Crisis Centre's stance that every person should have access to safe and stable housing. Vulnerable individuals, such as folks living with mental illness, chronic health conditions, trauma, and addictions, often experience challenges and barriers in obtaining and maintaining secure housing without supports.

Zack's Crib Crisis Centre acknowledges that "Supportive Housing" is an effective strategy that combines affordable housing with coordinated services - increasing people's ability to live independently in their community and enhancing the likelihood of a person achieving recovery and secure housing.

Northern Ontario currently has limited housing resources. Common challenges to barriers to accessing these limited resources include "navigation of resources" and lack of transportation options in a widespread district that includes rural and remote living. Similar organizations in the province have demonstrated that providing key services "under one roof" can increase the likelihood of success for individuals accessing service.

As an active partner in addressing homelessness, Zack's Crib Crisis Centre is prepared to offer Cochrane District Services Board, and the HART Hub support and services that include opportunities to network, sharing of knowledge and best practices and sharing select policies and procedures to help support the HART Hub's ongoing development, implementation, and operations.

Please do not hesitate to contact me, as listed in the signature line below, if you have any questions or require clarification regarding this letter of support.

Sincerely,

Joyce Elson
Executive Director, Zack's Crib Crisis Centre
PO Box 1778
183 Broadwood Avenue
New Liskeard, ON, P0J 1P0
705-628-7233



TIMMINS & AREA
women in crisis

October 17, 2024

Re: Letter of Support – HART Hub Application

To whom it may concern,

On behalf of Timmins and Area Women in Crisis (TAWC), I am writing to express our strong support for the Cochrane District Services Board and their community partners in the HART Hub Application.

At TAWC, we understand that supportive housing, which combines housing assistance with essential services, is critical to helping individuals live independently within their community. For those facing mental health challenges and/or addiction, achieving recovery can often be the difference between having a home and experiencing homelessness.

As an active partner in addressing these challenges, TAWC has submitted a funding proposal through the Gender-Based Violence Call for Proposals to provide key support for the HART Hub. This funding will contribute to the development of six Second-Stage Housing Units for individuals with complex needs, offering trauma-informed care, supportive housing, addiction recovery, mental health services, housing navigation, and outreach support. Additionally, it will help establish dedicated programs for male and 2SLGBTQIA+ survivors of sexual violence. These programs and services will be designed with trauma-informed principles, accessibility improvements, and privacy considerations, ensuring a supportive and respectful environment for all individuals accessing the Hub.

We believe everyone deserves safe, decent, and stable housing. For some of the most vulnerable people—those affected by mental illness, chronic health conditions, trauma, and addictions—maintaining housing is nearly impossible without additional support. We recognize that supportive housing is a highly effective strategy, combining affordable housing with coordinated, intensive services.

Given the current climate, offering key services under one roof is essential for getting individuals off the streets and alleviating the strain on limited resources throughout the District. The HART Hub will facilitate on-site engagement, outreach, case management, and life skills training, providing a holistic support system for those in need.

We are proud to support this important initiative. Should you have any questions, please feel free to contact our organization. We look forward to collaborating and ensuring these vital services reach our community.

Sincerely,

Julie Nobert-DeMarchi

Executive Director

Timmins and Area Women in Crisis

355 Wilson Avenue, Timmins ON P4N 2T7

Tel : (705) 268-8381 | fax : (705) 268-3332 | info@tawc.ca | www.tawc.ca
CRISIS LINE : (705) 268-8380 | TOLL FREE CRISIS LINE : (877) 268-8380



October 11th, 2024

Re: Letter of Support – Timmins HART Hub Application

To whom it may concern,

On behalf of the Cochrane District's Community Advisory Board on Homelessness, we are writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application.

We recognize that the availability of safe, accessible, and affordable supportive housing is a significant gap in our community. While our community continues to reactively support efforts to address homelessness, provincial investment in preventative, upstream solutions is vital to creating meaningful change in our community.

We recognize that supportive housing combines housing assistance and support, allowing people to live independently with dignity while maintaining a safe environment and support system. Creating a collaborative, collocated space that assists individuals living with mental health and/or substance use disorders could very well mean the difference between home and homeless.

Everyone deserves safe, dignified, and stable housing. For some of the most vulnerable people, those with mental illness, chronic health conditions, trauma, and substance use disorders make it difficult for people to maintain housing without additional help. We acknowledge that supportive housing is a highly effective strategy that combines affordable housing with intensive, coordinated services to support better client outcomes.

Given the current climate, providing key services under one roof would chart the course in getting people off the street now and reduce the current strain of trying to support individuals all over the district with limited support resources. This would allow for on-site engagement, outreach, case management, and life skills training.

Once again, we are please to support this timely project. Should you have any questions, please do not hesitate to contact the committee, as listed in the below signature line below.

Sincerely,



Kaileigh Russell & Mark LeBlanc

On behalf of the Cochrane District Community Advisory Board on Homelessness

October 17, 2024

Brian Marks
Chief Administrative Officer
Cochrane Services Administration Board
500 Algonquin Blvd E
Timmins, ON P4N 1B7

RE: Letter of Support – HART Hub Application

Dear Mr. Marks,

On behalf of Northern College, I am writing to express our support of this initiative in the following areas:

- i. Assign students from relevant program areas to complete required placements.
- ii. Conduct applied research in collaboration with community partners and report findings.
- iii. Upskill and/or re-skill current and potential employees, as required.

We believe this initiative represents a significant opportunity for our students to participate in work-integrated learning and for our staff and students to advance research in this field which will bring immense value to our educational programs. Through this initiative, Northern College can also help address labour market demand for specified occupations. Our support of the HART Hub project aligns with our Mission Statement, *building community across the North through partnerships and excellence in education*, and supports our Strategic Plan 2020-2025.

Northern College was established in 1967, and it has four (4) main campuses in Haileybury, Kirkland Lake, Moosonee and Timmins, and many Access Centers that provide post-secondary education and academic upgrading to Indigenous learners along the James Bay coast. Northern College is a highly respected community and economic partner with nearly 50,000 graduates, including the Haileybury School of Mines (est. 1912). Northern College serves the educational needs of post-secondary, apprenticeship, and contract training, both on-site and through remote learning, as well as delivering academic upgrading and employment services. Its catchment area covers 160,000 square kilometres, roughly the size of France, and includes over 65 communities and 18 First Nations.

Northern College believes that the HART Hub will elevate the quality of our experiential learning opportunities for our students, and the college looks forward to exploring further opportunities for collaboration and integration because of this initiative.

Sincerely,



Mitch Dumas
President & CEO



Taykwa Tagamou Nation

RR#2, Box 3310
Cochrane, Ontario
P0L 1C0

Telephone: (705) 272-5766
Fax: (705) 272-5785

October 9, 2024

Brian Marks, CAO
Cochrane District Services Board
500 Algonquin Blvd East
Timmins, ON
P4N 1B7

Re: Letter of Support – Hart Hub Application

Dear Mr. Marks,

On behalf of Taykwa Tagamou Nation (TTN), I am writing to express our support to the Cochrane District Services Board and their community partners for the HART Hub Application.

At TTN, we recognize supportive housing combines housing assistance and support to enable people to live independently in their community. Assisting individuals living with mental health and/or addictions to achieve recovery is the difference between a home and homelessness.

As an active partner in addressing these challenges, TTN is prepared to explore how TTN's addictions and mental health resources can complement the HART Hub's ongoing development, implementation, and operations.

Everyone deserves safe, decent, and stable housing. For some of the most vulnerable people, those with mental illness, chronic health conditions, trauma, and addictions make it difficult for people to maintain housing without additional help. We acknowledge that Supportive Housing is a highly effective strategy that combines affordable housing with intensive, coordinated services.

Given the current climate, providing key services under one roof would chart the course in getting people off the street now and reduce the current strain of trying to support individuals all over the District with limited support resources. This would allow for on-site engagement, outreach, case management, and life skills training.

Once again, we are pleased to support this timely project. Should you have any questions, please do not hesitate to contact our organization, as listed in the signature line below.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bruce Archibald', written over a light blue horizontal line.

Chief Bruce Archibald
Taykwa Tagamou Nation

The Corporation of the City of Timmins

RESOLUTION

Moved by Councillor Black

24-210

Seconded by Councillor Robin

WHEREAS mental health and addiction issues are at a crisis point in the City of Timmins;

AND WHEREAS the City of Timmins community partners have expressed lack of a full scale treatment facility with a complete suite of wrap-around services including temporary accommodations and lack of resources (staff) within existing programs is contributing to the challenges we face;

THEREFORE BE IT RESOLVED THAT the City of Timmins Council hereby requests the Provincial Government and Federal Government to review all funding and program options and allocate funds to support capital and operating costs for a Wellness Centre in Timmins to help serve the people of North-Eastern Ontario;

AND BE IT FURTHER RESOLVED THAT the City of Timmins asks the provincial government to review all outstanding requests for funding from the Timmins and District Hospital and other community agencies and partners involved in treating mental health and addiction issues;

AND BE IT FURTHER RESOLVED THAT the City of Timmins asks this action be taken immediately and options for enhanced care and service provision are presented to the community within 90 days of the passing of this resolution;

AND BE IT FURTHER RESOLVED THAT a copy of this resolution is shared with the Minister of Health for the Provincial and Federal Governments, local MP Charlie Angus and local MPP George Pirie and the The Provincial Associate Minister of Mental Health and Addictions in Ontario Michael A. Tibollo, The Federal Minister of Mental Health and Addictions and Associate Minister of Health Ya'ara Saks.

CARRIED

CERTIFIED TRUE COPY
OF RESOLUTION 24-210



Steph Palmateer, City Clerk

Date: June 18, 2024

The District of Cochrane Social Services Administration Board

RESOLUTION NO. 24 – 100

Moved by: Steve Black
Seconded by: Andrew Marks

WHEREAS the Cochrane District Services Board (CDSB) and partners are submitting a proposal in response to the recent HART Hub announcement, for funding up to \$6.3 million per year for three years and up to \$1.8 million one-time funding to support start-up costs of the Wellness Centre of Excellence (WCE); and

WHEREAS the WCE will provide a blend of withdrawal management, treatment, and support beds, and will serve as a central hub for mental health and addiction services for the Cochrane District, thereby ensuring the long-term viability and success of the facility; and

WHEREAS the WCE will address critical challenges facing the Cochrane District, such as high rates of addiction, prolonged service wait times, primary care shortages, and gaps in mental health and addiction care, by offering a comprehensive range of services within one co-located space; and

WHEREAS the partnership has developed a Collaborative Quality Improvement Plan and an integrated service model that aligns with the Ontario government's Roadmap to Wellness; and

WHEREAS the WCE and its partners are actively pursuing funding through the Homeless and Addictions Recovery Treatment Hubs (H.A.R.T. Hub), which aligns with the WCE's vision of providing comprehensive care and services, and District and regional support is vital to the success of this application; and

WHEREAS the WCE will deliver culturally informed and trauma-informed care, with a strong emphasis on Indigenous programming, ensuring that services are provided in a safe and inclusive environment, and will be accessible in both French and English; and

WHEREAS the WCE is expected to play a vital role in improving patient outcomes, reducing emergency department visits, and supporting the well-being of Northeastern Ontario residents, while also providing critical health services, education, training, and community development at 1800 Riverside Drive in Timmins;

BE IT RESOLVED THAT the Cochrane District Services Board (CDSB) supports the development of the Wellness Centre of Excellence (WCE) as a critical investment in the

future of the District of Cochrane, ensuring access to essential mental health and addiction services for individuals and families across the region; and

BE IT FURTHER RESOLVED THAT the CDSB endorses the application for funding through the Homeless and Addictions Recovery Treatment Hubs (H.A.R.T. Hub), and calls for District and regional support to secure this essential funding, which will enable the WCE to provide comprehensive, supports and services; and

CARRIED

	YEAS	NAYS
CHAIR		
Michelle Boileau		
VICE-CHAIR		
David Plourde		
BOARD MEMBER		
Vacant		
Tory Delaurier		
Peter Politis		
Patrick Roberts		
Roger Sigouin		
Kristin Murray		
Cory Robin		
Andrew Marks		
Lorne Feldman		
John Curley		
Steve Black		
Sylvie Bélanger		

Carried _____ September 19, 2024 _____

Defeated _____

Deferred or Tabled _____



 Vice - Chair



 Chief Administrative Officer