

**Frequently Asked Questions
Timmins and Area Wellness Centre of Excellence (WCE)
January 2025**

General Questions

1. What's happening?

Partners (*see question 3*) are working together to provide mental health and addiction services for Timmins, Temiskaming and James and Hudson Bay coast areas, including programs such as withdrawal management, addiction treatment and supportive housing, in one central location.

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

2. Why is this happening?

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

3. Who are the partners involved in the WCE?

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

The programs and services offered by each partnering agency will be determined following the funding decision and requirements received from the province.

Service Operations

4. How is the WCE going to be staffed?

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

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

Over time and responding to the needs of our community and districts, access to HART Hub funding and ongoing agency collaboration will support the needed resources to deliver services.

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

The WCE Planning Team has identified security as a high priority during the planning process. While plans will be finalized following a provincial funding decision, the Planning Team is reviewing options like fencing, enhanced lighting and cameras and highly-trained professionals. Additionally, the WCE will be staffed 24/7.

6. Is this a supervised consumption site?

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

7. Where will the WCE be located?

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

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

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

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

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

While the WCE will offer low barrier access to services, the WCE will operate as a recovery-oriented facility. The continued usage of substances will not be permitted for clients or patients admitted to the WCE.

9. How will the WCE operate?

Operational and service planning remains in the early stages as we wait for a HART Hub funding decision and service requirements from the province.

Operational and service planning details will be provided to the public once finalized. The WCE Planning Team has engaged with several treatment facilities to support the development of best practices, processes and service models. These have included:

- Gwekwaadziwin Miikan - [Gwekwaadziwin Miikan – Youth Mental Health & Addiction Program](#)
- Suswin Village - [Suswin Village – North Bay Indigenous Friendship Centre](#)
- Northern Pines Transitional Housing - [Northern Pines Transitional Housing](#)

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

No, the proposed WCE will be a secure, recovery-oriented facility.

Operational and service planning details will be provided to the public once finalized.

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

Like many clinical programs, this will depend on the individual's care plan. The proposed WCE is a structured, recovery-oriented facility, that will be staffed 24/7. Visitors who pose a risk to clients or patients would not be permitted in the facility.

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

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

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

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

There is no limit to how many times someone can access addiction treatment services. Similar to quitting smoking, it can take several tries for someone to find what works for them. It is normal for people to make mistakes when learning new habits and skills and it's important that services are available to support that individual and quickly allow them to reconnect with services when they ask for help.

The proposed WCE is a recovery-oriented facility, the continued use of substances while receiving care at the WCE would not be tolerated. The client's care team would work to discharge that individual to a service better suited to their needs.

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

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

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

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

Some of the referral pathways being developed include:

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

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

16. What happens when people are done treatment?

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

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

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

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

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

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

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

Online:

EN: <https://forms.gle/rx81nPkMdSA8M7uT8>

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

Email: WCE@cdsb.CARE

Phone: 1-705-266-1218

Please allow up to 3 business days for voicemails to be returned.