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July 29, 2020

Dr. Elizabeth Richardson  
Medical Officer of Health  
City of Hamilton  
110 King Street West 2nd Floor, Main Reception  
Hamilton ON L8P 4S6

Dear Dr. Richardson:

**Re: Funding to Support One-time Critical Mental Health & Addictions Services due to COVID-19 and its Related Impacts**

The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) is writing to advise City of Hamilton (COH) that it was approved to receive up to an additional \$15,500 one-time funding in 2020-21 to support one-time critical mental health and addictions services due to COVID-19 and its related impacts. Details of the funding, including applicable terms and conditions are set out in Schedule A.

In accordance with the *Local Health System Integration Act, 2006* the LHIN hereby gives notice that, subject to COH's agreement, it proposes to amend the Multi-sector Service Accountability Agreement (MSAA) between the HNHB LHIN and COH to reflect the additional funding and conditions with effect as of the date of this letter.

Please be advised that if your agency is fulfilling a sponsoring or lead agency role, you are accountable to the LHIN for the deliverables, funding and reporting. This approval is conditional on organizations submitting financial and performance reports to the LHIN on a prescribed schedule as described in the attached Schedule A.

COH is required to maintain financial records for this allocation. Unspent funds, and funds not used for the intended and approved purposes, are subject to recovery.

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It is also essential that you manage costs within your approved budget.

Please indicate COH's acceptance of the proposed funding, the conditions on which it is provided, and COH's agreement to the amendment of the MSAA by signing below and returning one scanned copy of this letter by end of business day on August 6, 2020 to [shannon.lawrence@lhins.on.ca](mailto:shannon.lawrence@lhins.on.ca). Please return the original signed let to the attention of Shannon Lawrence, Funding Advisor, HNHB LHIN, 211 Pritchard Rd., Unit 1, Hamilton ON, L8J 0G5.

The HSP and the LHIN agree that the HSP's acceptance of the Funding as set out in this letter shall be by electronic signatures.

Should you have any questions regarding the information provided in the letter, please contact Doris Downie, Advisor, Funding at [doris.downie@lhins.on.ca](mailto:doris.downie@lhins.on.ca).

Thank you for your assistance as we collectively work to support the needs of Ontarians with mental health and addictions problems during this challenging time.

Sincerely,



Cindy Ward  
VP Resource Stewardship & CFO  
Ontario Health (West)

Att: Schedule A  
Reporting Template

c: Elaine Gee, Business Administrator, COH  
Kelly Cimek, Director, Planning, Ontario Health (West)  
Doris Downie, Advisor, Funding, HNHB LHIN

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Dr. Elizabeth Richardson

**I agree to the terms and conditions in this letter dated July 29, 2020 regarding Funding to Support One-time Critical Mental Health & Addictions Services due to COVID-19 and its Related Impacts.**

**AGREED TO AND ACCEPTED BY**

City of Hamilton

By:

Elizabeth Richardson

Medical Officer of Health

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have authority to bind City of Hamilton

Dr. Elizabeth Richardson**Schedule A**1. **Total One-Time Funding:** \$15,500 (Funding)2. **Funding Details:**

The LHIN is providing one-time funding as below to support emergency Mental Health and Addictions (MHA) needs. Funding is valid from April 1, 2020 to March 31, 2021 however it is expected in general activities will occur between April 1 2020 -September 30, 2020 in alignment with the emergency focus of these funds.

Category	Description	*TPBE	Funding
Enabling virtual service delivery	50 user accounts to support group activity	Mental Health/Addictions	\$1,250
Staffing costs	0.5 FTE Clinical Resource Coordinator for Group Content and Online access	Mental Health/Addictions	\$14,250
<b>Total</b>			<b>\$15,500</b>

\*Please provide breakdown of funds by TPBE in reporting template

3. **Specific Terms and Conditions Applicable to the Funding:**

City of Hamilton Inc agrees that it will:

- (a) use the funding to support costs as in number two above and for no other purpose. This funding cannot be diverted to fund increases in employee compensation.

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- (b) not use surplus funds for any other program without prior written consent from the HNHB LHIN. Unspent funds, and funds not used for the intended and approved purposes, are subject to recovery. If your agency no longer requires the funding for the purposes indicated in the this funding letter and would like to redirect the funding to other COVID-19 related expenses, please contact the LHIN to discuss the options.
- (c) spend all funds by March 31, 2021.

**4. Financial and Statistical Performance and Reporting:**

- a) Financial and statistical Quarterly Reporting will be reported in SRI under the TPBE(s) as in number two above.
- b) Please include the funding, expenses and statistical updates in the Budget Adjustment columns on both the financial and activity pages in the appropriate functional centre effective Quarter 2.
- c) Supplemental financial reporting using the attached template is required. Reporting periods are as follows:

Reporting Period	Due Date
April 1 to October 31, 2020	November 4, 2020
November 1 – 30, 2020	December 4, 2020
December 1 – 31, 2020	January 6, 2021
January 1 – 31, 2021	February 3, 2021
February 1 – 28, 2021	March 3, 2021
March 1 – 31, 2021	April 5, 2021

- d) The reporting template is to be submitted to [hnhb.reporting@lhins.on.ca](mailto:hnhb.reporting@lhins.on.ca).

Should you have any questions related to these templates, please contact Doris Downie, Advisor, Funding at [doris.downie@lhins.on.ca](mailto:doris.downie@lhins.on.ca).

# Regional Approach to Mental Health & Addiction Service Delivery During the COVID-19 Pandemic

## Introduction

The *Ontario Health West Region*, in collaboration with the *Mental Health and Addictions Centre of Excellence*, and through feedback from various Health Service Providers, and Associations, has prepared this document to support mental health and addiction service providers to gradually and safely return to their full scope of services during the COVID-19 pandemic.

This document should be considered complementary to:

- [Directive #2](#), which was amended May 26, 2020 and released along with [operational requirements](#) in support of a gradual restart of deferred services;
- Ontario Health's [Recommendations for Regional Health Care Delivery During COVID-19: Outpatient Care, Primary Care, and Home and Community Care](#) and its subsequent updates;
- Sector-specific [guidance](#) released by the Ministry of Health and others;
  - [COVID-19 Guidance: Mental Health and Addictions Service Providers in Community Settings](#)
  - [COVID-19 Guidance: Community-Based Mental Health and Addiction Service Providers in Residential Settings](#)
  - [COVID-19 Guidance: Congregate Living for Vulnerable Populations](#)
  - [MCCSS: Resuming Visits in Congregate Living Settings](#)
- Guidelines and recommendations by regulatory colleges, as well as professional and sector associations.

The approach presented in this document will continue to evolve according to the status of COVID-19 and emerging provincial-level guidance. While planning for gradual increase in face-to-face services, mental health and addiction service providers should balance continuing to be responsive to the immediate COVID-19 needs in the region with the urgent care needs of those with critical and complex mental illness and addiction conditions, as well as building the future system.

There is significant opportunity to leverage the current disruption, and associated new learnings, to sustain and build upon recently developed innovative service delivery models to build a system that results in increased capacity, reduction in wait times, and prioritized and equitable access to mental health and addiction services. While virtual care has expanded during the pandemic, its integration into the mental health and addiction system should continue to ensure that patients/clients receive quality care based on their needs.

Aligned with the [Roadmap to Wellness](#): *a plan to build Ontario's mental health and addictions system*, this document aims to provide a strategic approach and practical suggestions for mental health and addiction service providers. When facing barriers or seeking additional support, service providers are encouraged to collaborate with sector partners and/or contact the mental health and addiction lead for their LHIN/Region.

## Guiding Principles

All health service providers in community settings should be aware of and follow the Guiding Ethical Principles outlined in the [Recommendations for Regional Health Care Delivery During COVID-19: Outpatient Care, Primary Care, and Home and Community Care](#). In addition, mental health and addiction providers should consider the following guiding principles in their planning for and implementation of service delivery.

<b>Guiding Principles</b>	<b>Considerations</b>
<b>Minimize Risk/Maximize Safety</b>	<ul style="list-style-type: none"> <li>Assess organizational readiness for service delivery during COVID-19 (see suggested Readiness Assessment in Table 1 below).</li> <li>Establish operational plan for increasing, modifying, and reducing services, as required to respond to the status of the pandemic, and informed by a readiness assessment.</li> <li>Ensure virtual care access, personal protective equipment (PPE) access, infection prevention and control (IPAC) measures are in place, and ongoing screening, assessment and testing (of providers, clients, and community) needs addressed for service provision.</li> </ul>
<b>Equitable Access</b>	<ul style="list-style-type: none"> <li>Use the Health Equity Impact Assessments (HEIAs) to identify disparities, inequities, and mitigation strategies.</li> <li>Focus on impact of COVID-19 on essential service workers and vulnerable patients/clients impacted by social isolation.</li> <li>Prioritize equity-seeking groups, often known to be disadvantaged with adequately accessing mental health and addiction services, including children &amp; youth, seniors, Black, Indigenous and People of Colour (BIPOC), people who are experiencing homelessness or precariously housed, and people with lower income.</li> <li>Consider the benefits and limitations of virtual care vs in-person services when determining the best way to provide services to patients/clients.</li> </ul>
<b>Leverage existing &amp; promote new innovation</b>	<ul style="list-style-type: none"> <li>Commit to build on client-driven, innovative approaches to care that have been developed in response to COVID-19.</li> <li>Complement rather than replace new innovative and effective service delivery models with resumption of face-to-face service provision.</li> <li>Prioritize using virtual care and coordinated access (where available and appropriate) as a method to support wait list management.</li> <li>Consider issues related to cybersecurity, the challenges with connectivity in certain areas/regions, and the need for IT infrastructure and resources to support virtual care.</li> <li>Integrate new service tools with existing services to enable connected care and seamless transitions.</li> <li>Consider the “Right care, at the Right time and Right Place.”</li> </ul>
<b>Accelerate System Transformation</b>	<ul style="list-style-type: none"> <li>Work collaboratively with other services providers across sectors (including within Ontario Health Teams, where applicable).</li> <li>Focus on increasing access to care and reducing wait times.</li> <li>Commit to the vision for MHA system redesign in the <a href="#">Roadmap to Wellness</a> focused on 4 pillars: <ul style="list-style-type: none"> <li>Improving quality;</li> <li>Expanding existing services;</li> <li>Implementing innovative solutions; and</li> <li>Improving access.</li> </ul> </li> </ul>

**Table 1. Readiness Assessment for Service Delivery During COVID-19**

<p>Service providers are encouraged to consider the following items while developing their operational plans to resume and/or increase face-to-face service delivery during COVID-19:</p> <ol style="list-style-type: none"> <li>1. Understand Current State related to MHA service delivery</li> <li>2. Identify Gaps/Needs</li> <li>3. Determine Priorities</li> <li>4. Leverage Enabling Resource</li> <li>5. Update Relevant Policies and Procedures</li> </ol> <p>When facing barriers or seeking additional support, service providers are encouraged to collaborate with sector partners and/or contact the mental health and addiction lead for their LHIN/Region.</p>			
<p><b>Readiness Assessment</b>  <i>Below are practical suggestions for service providers to consider when planning care delivery during COVID-19.</i></p>	<p><b>Issue supported in plan</b></p>	<p><b>Further Support Required</b></p>	<p><b>Not Relevant</b></p>
<p><b>General /Community Conditions</b></p>			
<p>Organizational Lead/Contact – Has an organizational lead/contact been identified? Have staff, clients, funders, and partners been informed how to contact the organizational lead?</p>			
<p>Communication – Have clients, staff, partners, and funders been informed of service modifications? Is there a plan in place for ongoing communication?</p>			
<p>Alignment with Local, Regional, and Provincial Plans – Is the organization aware of and aligned with local, regional, and provincial plans for service delivery during COVID-19?</p>			
<p><b>Minimize Risk/Maximize Safety</b></p>			
<p>IPAC Assessment – Do you have adequate and stable supply of PPE and IPAC supplies (e.g., masks, hand sanitizer, no touch garbage cans, cleaning and disinfection supplies)? Are staff trained in the use, care and limitations of PPE? Do staff have access to written IPAC measures and procedures?</p>			
<p>IPAC Support – Do you need additional support for the application of IPAC principals i.e., IPAC education and training, IPAC expert on-site consultation?</p>			
<p>Testing – Do you know how to arrange for testing off and/or on-site, and where to direct clients and staff for COVID-19 testing, if needed?</p>			
<p>Environmental Plan – Have you completed a physical assessment of each site to identify maximum number of staff and clients that can be accommodated with physical distancing? Have you identified opportunities to adjust physical layout (e.g., barriers/structures) to support physical distancing?</p>			
<p>Client Support – How will clients be informed of new processes? How will clients be encouraged to follow physical distancing while in the space? What actions will be taken if a client is not compliant?</p>			
<p>Visitors and Support People Accompanying Clients– Do you have a visitor policy and a plan in place to review it according to the status of the pandemic?</p>			
<p>Health Human Resource Strategy – Do you have adequate number of interprofessional team members to support current need and potential future waves of COVID-19? Are there adequate resources/plans to support your interprofessional team to accept shifts safely including access to child care and appropriate transportation options? Is there a plan to manage absence of workers due to COVID-19 which have impact on capacity and service delivery?</p>			
<p>Staff Support – Do you have appropriate policies and procedures in place to support the physical and psychological health and well-being of health care workers during</p>			



the COVID-19 pandemic? Are mechanisms in place to assess and prevent health care worker burnout?			
If applicable, have agency vehicles been appropriately equipped/modified for providing outreach services e.g., plexiglass, procedure/medical masks, gloves, and gowns, and shields for workers and clients?			
Ramp Down Plan – Do you have a plan in place to support rapid reduction of face-to-face services in the event of an outbreak in your organization, increasing rate of COVID-19/a second wave (if directed to do so by the Chief Medical Officer of Health or your funder), or another factor impacting your services?			
<b>Equitable Access</b>			
Health Equity Impact Assessment – Have equity-seeking groups been identified and is there a plan in place to address the needs of high risk, highly vulnerable clients? What other systemic barriers have been contemplated and addressed to achieve equitable access?			
Wait list management strategy – Do you have a strategy in place to support any backlog and/or new volume of referrals?			
Meeting Client Needs – Are new (virtual) service delivery models complemented by resumption of face-to-face service where deemed necessary, appropriate, and effective?			
Collaboration with primary care and acute care/hospital – Are your services connected to local primary care providers and acute care/hospital-based providers to enable seamless follow-up and transitions in care?			
<b>Technology</b>			
Virtual Care Training – Have all staff completed appropriate Virtual Training education to support compliance with Best Practice according to college standards or recommendations from professional or sector associations? Do you have plans and resources to ensure ongoing training needs can be met?			
Technology Assessment– Have you completed an assessment to ensure compliance with legislative requirements (e.g., PHIPA) and best practices regarding the equipment and platforms you are using?			
Sustainability – Do you have the necessary equipment and access, policies and procedures, and a strategy to support the sustainability of virtual care (i.e., maintaining virtual care through regional/provincial supports or innovative solutions)?			
<b>Auditing Process</b>			
Client Engagement – Do you have a strategy to receive regular and ongoing feedback from persons with lived experience about the service changes being made? Are clients being engaged to inform care delivery during COVID-19 and a newly integrated model of care delivery with virtual care?			
Reviewing Plan – Have you developed a phased approach to care delivery during COVID-19 that allows for regular and transparent checks before modifying services? Have you identified what data will be necessary to monitor plans and thresholds to indicate there is need to review/refine plan?			
Quality Improvement – Do you have resources, processes and tools in place to measure the impacts of the service changes being made?			
Financial Impact Analysis – Has the financial impact of the pandemic for service delivery been assessed and communicated to governors (i.e., Board of Directors) and funders?			
<b>Additional Considerations</b>			