

Call for Proposals Concurrent Disorders and Problematic Substance Use Crisis Response Services

June 2nd, 2010

Background

The Toronto Central LHIN's first Integrated Health Service Plan (IHSP) 2007-2010 identified mental health and addictions (MHA) as a priority area. As part of this priority, the Toronto Central LHIN, supported by the Toronto Central LHIN MHA Gap Analysis Advisory Committee, set out to determine baseline MHA services and capacity within the LHIN. The resulting report, entitled "Identification of Service Gaps and Priorities in the Mental Health and Addictions Sector in the Toronto Central LHIN: A Starting Point" identified gaps, population needs and planning priorities across the LHIN.

In alignment with report findings, the Toronto Central LHIN increased its focus on the needs of people who are homeless and living with mental health and/or problematic substance use. In January 2010, an Advisory Committee was formed to guide the planning and implementation of the first think tank session on homelessness and mental health and problematic substance use. The Think Tank focused on the needs of this population at transition points between Emergency Departments (ED), shelters and crisis services. This call for proposals is based on one of the recommendations identified at the think tank session, and endorsed by the Advisory Committee and the TC LHIN's MHA Steering Committee as a major gap in the system.

Description

It is well known that there are community crisis response services available for people with mental illness. This call for proposal builds on these existing services by targeting the development of a similar service offering expertise in crisis related to concurrent disorders or problematic substance use.

The Toronto Central LHIN is seeking proposals for a one-year pilot project with budgets not to exceed \$500,000, that will address a current gap in crisis response services for people with substance use issues or concurrent disorders. The pilot model will build upon existing infrastructure to provide telephone support/response, mobile crisis response that includes de-escalation and support for immediate crisis issues as well as referrals to appropriate community services, and a short-stay residence for this target population. The goal of this project is to increase MHA community crisis response capacity to reduce avoidable ED visits, in alignment with the provincial and Toronto Central LHIN ER/ALC priorities.

The objectives of this program are to:

- Demonstrate the impact of a harm reduction focused community crisis response for people with concurrent disorders or problematic substance use who frequently visit the ED and Withdrawal Management System (WMS).
- Provide low-barrier access to safe beds within a harm reduction model.
- Increase access to community-based problematic substance use crisis services.

Suggested components of the crisis response model would include:

1. Telephone Support & Supportive Counselling:

Considerations:

- Leverage and enhance existing crisis phone services to appropriately serve substance users in crisis.

2. Mobile crisis outreach team:

Considerations:

- Leverage and enhance community services.
- Provision of a central number for telephone support and crisis intervention
- Provide mobile crisis intervention to clients in distress likely related to substance use or a concurrent disorder and are at risk of harming themselves or others.
- Referrals from the community, with a focus on shelters, drop-ins and alternative housing providers

3. Short-term residential beds:

Considerations:

- Leverage and enhance community services that currently exist for people living with mental health conditions.
- Target repeat visitors of ED and WMS demonstrating problematic behaviours (related primarily to substance use).
- Accessible through the mobile crisis team and telephone crisis line.
- A safe place, with a harm reduction focus that operates 24/7.
- An alternative to the use of more costly ER and WMS beds.
- Integrated medical support available or on-site to provide primary care, problematic substance use speciality care and/or psychiatric care as required. Could also provide medical clearance for access to WMS.

Target Population

- Persons who frequently use ER or WMS with a concurrent disorder or problematic substance use
- Are homeless, under-housed, living in shelters, assisted living or alternative/ supportive housing
- Are in distress/ crisis and/or are presenting with problematic behaviours
- Are at risk of harming themselves or others

Who can Apply

All LHIN –funded agencies are eligible to apply for this funding. Priority will be given to those who demonstrate existing capacity/infrastructure that can be leveraged to implement this initiative, preferably by the end of Q2 2010.

Criteria for Selection

Please consult the [H-SIP Manual](#) on the Toronto Central LHIN website under Health Service Providers, and Health System Improvement Pre-Proposal.

Organizations applying for funding under this program must complete a [Health System Improvement Proposal \(H-SIP\)](#) and include a description of the population to be served, experience of the organization in serving this population, benefit to the community, collaboration with other organizations, budget and work plan for implementation.

In addition to the overarching Toronto Central LHIN criteria and considerations outlined in the H-SIP Manual, the following criteria and considerations will also be used to assess all submissions.

- Alignment with provincial and Toronto Central LHIN priorities
- Proposed staffing model

- Ability to leverage existing capacity and infrastructure to provide all 3 components of crisis response system in order to maximize project funds for direct service provision.
- Clearly articulated partnerships that provide an integrated response to support target population longer term
- Demonstrated partnership experience within the substance use and mental health systems and with hospitals and WMS
- Demonstrated experience with target population
- Knowledge of best practices and previous experience with crisis response
- Demonstrated experience of working within harm reduction framework
- Ability to start client intake within 3 months of receiving funding
- Ability to evaluate outcomes

Process

Please complete a [Health System Improvement Pre-Proposal \(H-SIP\)](#) found on the Toronto Central LHIN website. Please note that **All** sections of the [H-SIP Form](#) must be completed in order for the application to be considered. Proposals must be submitted to the torontocentral@lhins.on.ca by **5pm on Tuesday, June 15, 2010**.

Questions from Health Service Providers regarding the 2010/11 Concurrent Disorders/ Addictions Community Crisis Response Call for Proposals will be **accepted prior to Monday June 7th at noon**. This process allows for all questions and answers to be posted on the Toronto Central LHIN website for all potential applicants to benefit from. Questions will not be accepted after June 7th, 2010. **Questions must be submitted in writing** to torontocentral@lhins.on.ca. Please include "Crisis Response Question" in the subject line and provide contact information so that the LHIN team can get clarification on questions as needed. All questions and answers will be posted on the Toronto Central LHIN website the week of **June 7th, 2010**.

Timelines

Activity	Timeline
Call for Proposals Issued	Wednesday June 2, 2010
Submission of questions from HSPs	June 2 – June 7, 2010 by 12 noon
Questions and answers published on Toronto Central LHIN website	Week of June 7, 2010
Proposal submission deadline	Tuesday June 15, 2010 by 5 p.m.
Successful applicants recommended to Senior Team and Board	Week of June 21, 2010
Ministry acknowledgement	July 2010 (estimate)
Program Implementation	July - August 2010