Équipe Santé Ontario de

WINDSOR ESSEX

Ontario Health Team

Partnership Council Meeting
September 2026

Welcoming Remarks

Margo Reilly and Leigh Vachon

Partnership Council Co-Chairs

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Land Acknowledgement

Barb Colaizzi

WEOHT Indigenous Engagement Lead

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Fireside Chat with our Hospital CEOs:
Kristin Kennedy & Bill Marra

Erie Shores HealthCare
Care Happens Here

HÔTEL-DIEU GRACE HEALTHCARE

WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

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Fireside Chat with our Hospital CEOs

- Kristin provided updates on the administrative integration between Windsor Regional Hospital and Erie Shores Healthcare

- Bill discussed the planned long-term care project at the HDGH site

Windsor Essex Child and Youth Mental Health: Multi-Year Plan Initiative Report

Lori Kempe
Lead Agency Executive Lead

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WINDSOR ESSEX CHILD & YOUTH MENTAL HEALTH

Multi-Year Plan Initiative Report Year 2 2025/2026

CORE SERVICE PROVIDER INITIATIVES

ADDICTION COUNSELLING SERVICES

GOAL: To provide a full-time counsellor/therapist to support youth ages 12-17 presenting with moderate to severe MH diagnosis and a concurrent addiction diagnosis.

Individuals served **240**

Number of hours of direct service **2,796**

24/7 CRISIS SERVICES

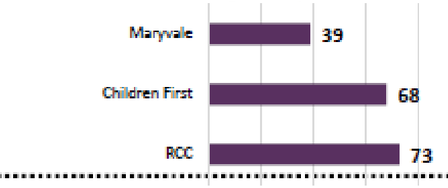
GOAL: To provide comprehensive psychosocial assessment, care planning and crisis intervention to child and adolescent youth presenting with MH or psychosocial crisis in the ED.

- 623 — Number of assessments completed
- 455 — Number of unique youth seen in the ED by a crisis worker
- 1206 — Number of hours of direct service
- 34% — Proportion admitted to Maryvale Beds
- 35 — Number of youth tested positive for THC

MENTAL HEALTH RESPITE SERVICES

GOAL: To provide therapeutic respite for children with MH challenges who are involved with local children's MH centers.

Number of children receiving MH respite who are receiving core services



- 17 — Number of respite plans that have been extended
- 163 — Number of new respite plans
- 30 — Number on wait list

ACT FOR CHILDREN

GOAL: To expand HDGH RCC Outreach program to serve more families who need intensive treatment in Windsor Essex.

Program Launch

Program launched **May 2024**

See page 2 for more information!

In April 2026:

- 77 — Number of Unique Clients Served from 2025-2026
- 41 — Number of clients receiving service
- 3 — Number of clients on the waitlist

COMMUNITY PARTNER INITIATIVES

ADDICTION SERIVCES

GOAL: Creating a Windsor Essex and Youth Addictions Service Directory to be available on the WE Connect Kids website.

Exploring potential gaps in service and solutions through a review of local data and discussion with community partners

- 11- to 14-year-olds are experiencing the highest rates of THC overdoses, but services across the tiers for this age range are limited

RIGHT TIME; RIGHT CARE

GOAL: Create a clear pathway to transition children and youth in need between school MH services and community-based MH services.

Integrated system of care: Strengthened partnerships, transitioned Crisis Services to Maryvale, and standardized suicide risk screening (C-SSRS)

Cross-sector collaboration: Trained 47 participants in SafeTALK and 30 in ASIST

Youth-friendly access: Expanded low-barrier counselling and primary care via the Youth Wellness Hub and the Youth Mobile Clinic, and provided immediate access to counselling through the community wide promotion of One Stop Talk/Parlons Maintenant

Critical Incident - Community Services Response Guide (under review): Will facilitate further discussion about pathways to/from school MH and community-based MH services

COORDINATED ACCESS

519.257.KIDS (5437)

1,187 calls

WWW.WECONNECTKIDS.ORG

Website "went live" in April 2026

WE Connect Kids

LIVE

CAREGIVER SUPPORT ADVISORY COMMITTEE – *Meets quarterly*

GOAL: Engage in continuous collaboration, information sharing, and discussions on ways to improve collective delivery of service.

8 members meeting bi-monthly

Last Month
Sharing resources for parents and caregiver capacity and support through CMHO & WEConnectKids, provided feedback on Child Care and Early Years Service Plan

Fall 2026
Developing a relationship agreement to strengthen connection and engagement around the table

WINDSOR ESSEX CHILD & YOUTH MENTAL HEALTH

Multi-Year Plan Initiative Report Year 2 2025/2026

A Year in Review for Our Community

Community Training Facilitated by the Lead Agency

Strengthening service capacity across the children's local MH system

Creative Family Therapy Techniques
12 clinicians from 4 local agencies were trained

Community Resilience Core Training
60 staff and parent advocates from 10 agencies

Traumatic Event Systems
36 participants from 10 organizations; delivered in partnership with GECDSB

LivingWorks safeTALK
85 participants from a range of agencies

Community Family Engagement Committee

Purpose: Meet bi-monthly to strengthen family engagement, promote collaboration across systems, and support meaningful improvements in services for children, youth, and families.

Established
August 2025

Members
Caregivers and parents with lived experience from: Children First, Family Respite Services, Maryvale, and HDGH RCC

Feedback on the 2026-2030 Child Care and Early Years Service System Plan

"Not all childcare programs are equipped or confident in supporting children with special needs, highlighting the need for improved training, resources, and system-level supports."

Who is missing from the conversation?
- MH providers such as Youth Wellness Hub
- Caregivers connected to school boards
- Health services
- Settlement agencies

Identified facilitators to progress:
- Cross-sector collaboration because families navigate multiple systems simultaneously
- Accountability and follow-through
- Ensuring the work leads to meaningful change for families

Identified barriers to progress:
- Lack of clarity
- Poor coordination
- Funding constraints
- Risk of tokenistic engagement

Community Impact of Assertive Community Treatment for Children (ACT-C; RCC)

Ethan's story

Between 2021 – 2024, Ethan had repeated suspensions and expulsions from community school; spent 19 months in Day Treatment, 8 occurrences with Youth crisis response team, 4 ER visits and hospital admissions; multiple visits with outpatient programs, child psychology, and psychiatry. In late 2024, when he was referred to ACT-C, Ethan was only allowed to attend school for one hour per day. His mother explains:

"I remember when we first started, we were in a crisis state. We were referred to [ACT-C], well… it was the school that suggested [ACT-C]. I was trying to get help from the school, and they said this was the only option available. But he was still in that crisis state, lots of things happening at school. He was self-harming… hurting us, hurting himself…we had to call for help, we had him admitted [in hospital] for a little bit…"

Ethan was assigned a primary CYW and SW to support him and his caregivers in the home. Even though, at first, Ethan was difficult to engage, some of the strategies the team used started to breakthrough. Ethan's grandmother recalled:

"He's always struggled, like, competitively with games and those kind of things. So the CYW and I and [Ethan], we would always play games. You know, it helps break the ice, but it also helped her [CYW] to talk with him. It was a casual sort of way, then she could talk to him about his school…He loves escape rooms, right? She developed some escape room games that helps you bring out how you're feeling about this or what would you do situations. Those were really super great. He really engaged well and then it was a good test to see how he's thinking."

Ethan received about 1-2 visits per week in ACT-C for 16 months. Now in Grade 7, he is attending school fully days and had perfect attendance in December 2025, which is a huge success. His grandmother says:

"Now in grade 7, he's made some friends. He's actually playing basketball on recesses every day with the boys and a couple of them are buddies and they play some different games online in the evenings. They make plans and they play"

Accreditation Survey Results & Next Steps

Erica Bassakos
WEOHT Mental Health & Addictions Lead

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Accredited WEOHT Partners

ACCREDITATION CANADA	- Canadian Mental Health Association Windsor-Essex County Branch - Hotel-Dieu Grace Healthcare - John McGivney Children's Centre - SE Health - VON Canada – Ontario Branch – Windsor-Essex - Windsor Regional Hospital
Canadian Centre for Accreditation Centre canadien de l'agrément	- Alzheimer Society Windsor-Essex - Brentwood Recovery Home - Children First - Family Services Windsor Essex - Maryvale - Windsor-Essex Community Health Centre - *Working on it:* House of Sophrosyne
carf INTERNATIONAL	- Huron Lodge – City of Windsor - The Hospice of Windsor and Essex County - The Village at St. Clair, Schlegel Villages
Canadian Association of Schools of Nursing: University of Windsor Faculty of Nursing *Hospice Palliative Care Ontario:* The Hospice of Windsor and Essex County	

Need an accreditation buddy?
Reach out to a fellow
WEOHT partner

Is your organization accredited and missing from this list?
Reach out to info@weoht.ca

2026 Surge Planning

Jenniffer Clifford
WEOHT Access & Flow / ALC Lead

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OH West Access and Flow RRAG Updates and Surge Priorities

Updates:

- Regional ALC open cases have increased since the spring and are concerning as the system approaches fall and winter surge period
- The gap between newly added ALC cases and discharged volumes has widened, creating pressure across the system
- Fall and winter operational direction is expected in early October

Priorities/Actions:

- Organizations are encouraged to begin surge readiness activities now, including:
  - Vaccination planning
  - Infection prevention and control refreshes
  - Personal protective equipment (PPE) readiness
  - Patient, client, resident, and staff communication campaigns
- Hospitals, primary care, community support services, long-term care, Ontario Health at Home and other partners all need to continue supporting shared approaches to care in the community
- Internal Complex Case Discussion and Community Partner Escalation was identified as an important mechanism for bringing partners together when discharge barriers cannot be resolved through usual pathways
- Partners to continue exploring collaborative, and priority access pathways/opportunities to reduce ED visits, and ALC volumes before surge pressures continue to increase
- Community partners who support high risk/priority populations who can offer friendly visits/phone calls, case management, service navigation/social prescribing, and outreach/virtual services are encouraged to identify opportunities to support those on their rosters

SYSTEM IMPROVEMENT FOCUS
Local Resolution Tables:
Support for Addressing Complex Cases

Erica Bassakos

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Resolution Tables in Windsor-Essex

Resolution Tables review specific complex or high-risk cases when traditional case conferencing has not achieved success.

Our goal with this scan is to assist our partners in finding the most appropriate avenue for a complex case.

Resolution Tables in Windsor-Essex

Table Name	Case Eligibility	How to Present a Case	Contact
Complex Systems Review Table (CSRT) *previously Complex Resolution Table (CRT)*	hospital patients with complex discharge needs that have not been resolved through existing discharge planning resources	Use this form can **only** be presented by a hospital	Jenniffer Clifford Jenniffer.Clifford@hdgh.org
Developmental Services Tables (coordinated by DSO)	adults with a developmental disability	DSO coordinates these tables internally	DSO South West Region 1-855-437-6797
Elder Abuse Response Network	cases of elder abuse	Urgent cases presented if needed at quarterly meetings, otherwise utilize existing resolution tables (often: Situation Table)	Bryan Rock brock@fswe.ca
Emergency Department Frequent User Meeting	patients with frequent ED visits (2x/day)	automatically triggered based on frequency of ED visits	TBD recent leadership change Melissa Easby (ED Ops Mgr) Melissa.Easby@wrh.on.ca
Local Resolution Table (LRT)	children and youth (under 18) with urgent needs that are not being met through traditional access pathways	submit a referral to the LRT through agency's representative at the table; can notify Regional Children's Centre to initiate Urgent Response Protocol	Samantha Mulcaster Samantha.Mulcaster@hdgh.org Patrick Kolowicz Patrick.Kolowicz@hdgh.org
Situation Table	cases with situations of acutely elevated risk	email referral form/reach out to situation table email or reach out to your agency representative that sits on Situation Table (if applicable)	Situation Table Co-Chairs situationtable@cmha-wecb.on.ca
Windsor-Essex Multi-Agency Risk Assessment Management (WEMARAM) Table	cases where someone experiencing gender-based violence is at high or immediate risk, including when barriers make them less safe or limit their options	contact Risk & Response Coordinator (alternative is to connect with Hub Without Walls (HWoW) partner for additional supports)	Fallon Funkenhauser fallon.funkenhauser@law.clcj.ca 519-791-7042 (call or text) 519-256-7831 ext. 4256 (office line)

Does this need updating or do you know of another table that is missing from this list? *Reach out to info@weoht.ca*

DATA FOCUS

Darcie Renaud

WEOHT Data & Performance Lead

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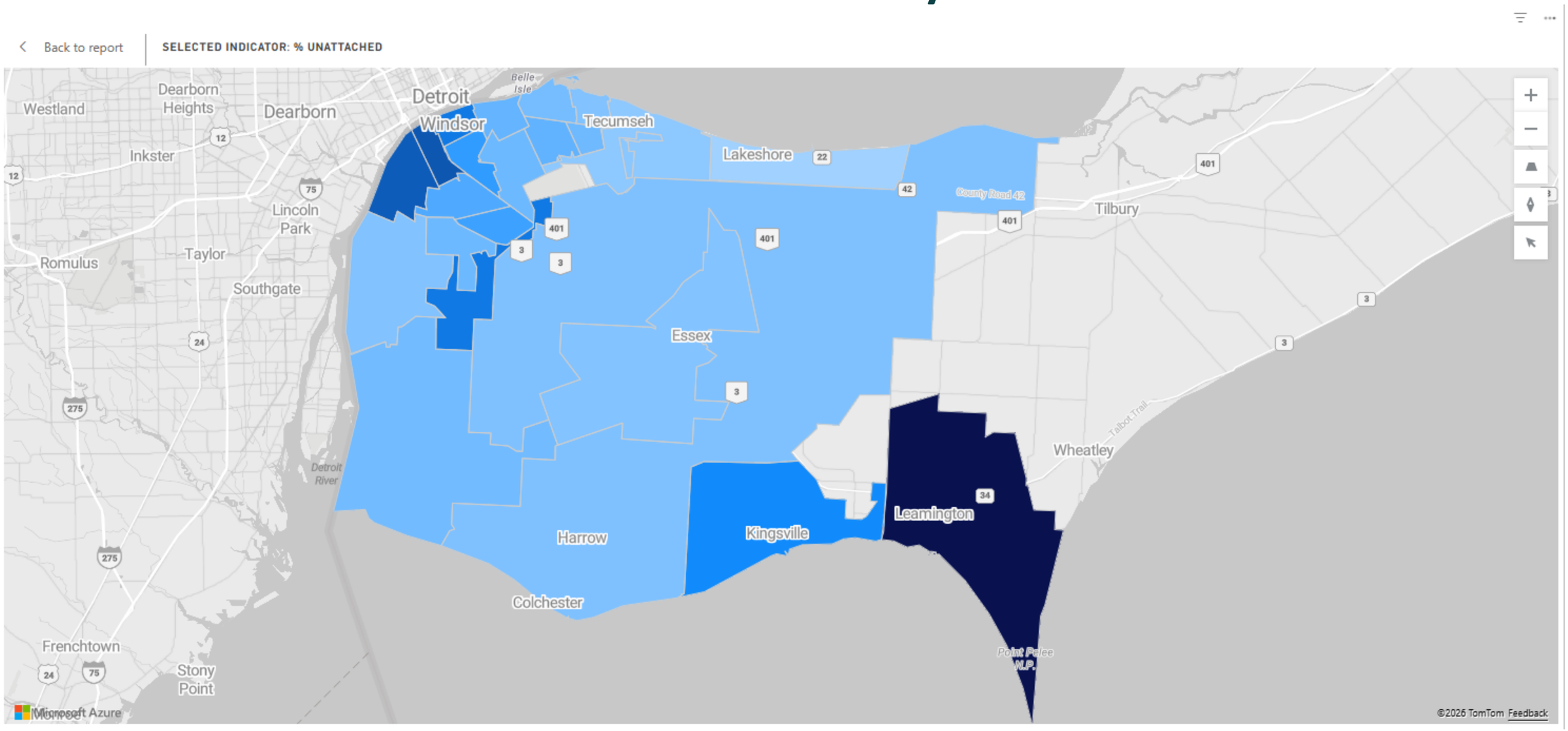
Attachment Data Updates

Total WEOHT Population = 467,499
Total # Attached = 417,210
Total # Unattached = 50,289
% Unattached = 10.8%

**as of March 31, 2026*

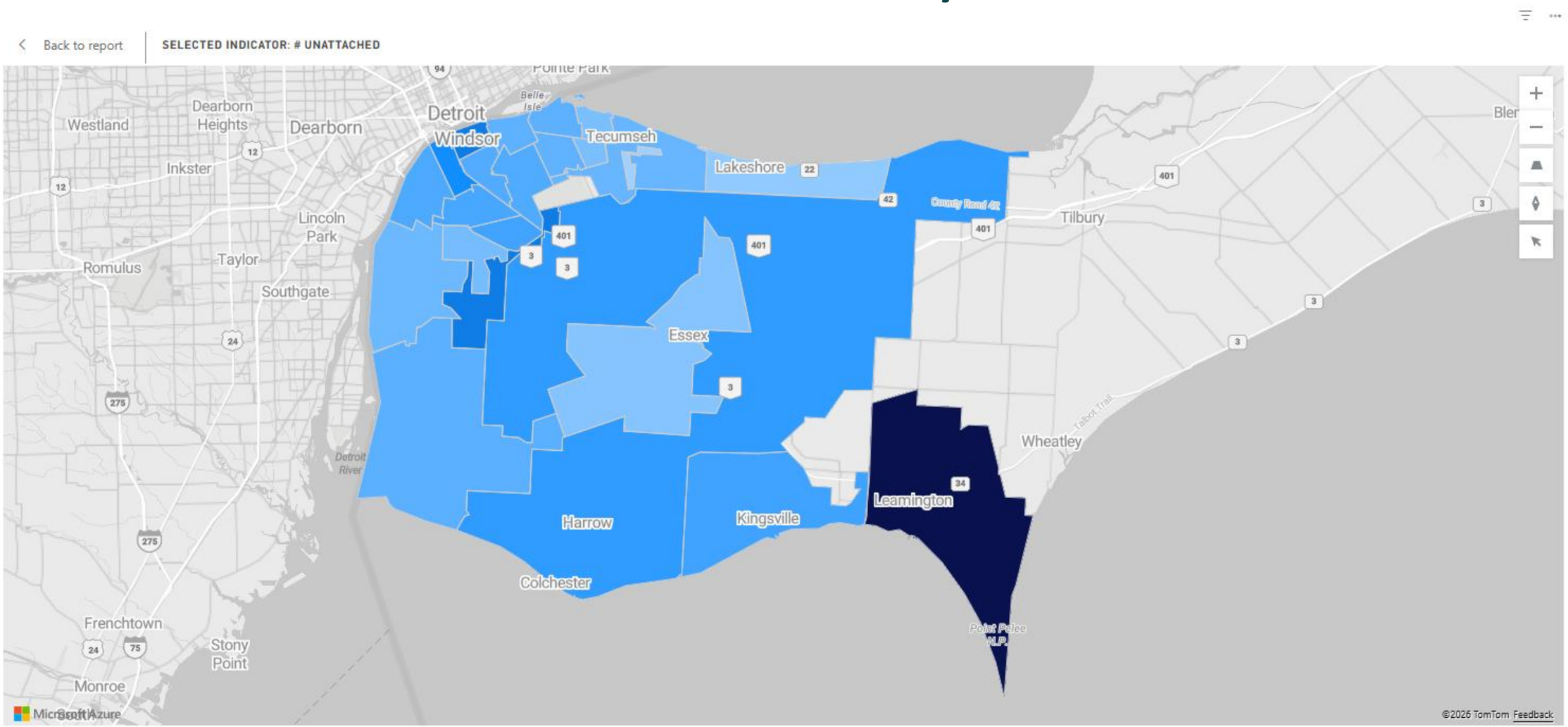
Data now stratified by FSA, Age, and Sex

% Unattached by FSA

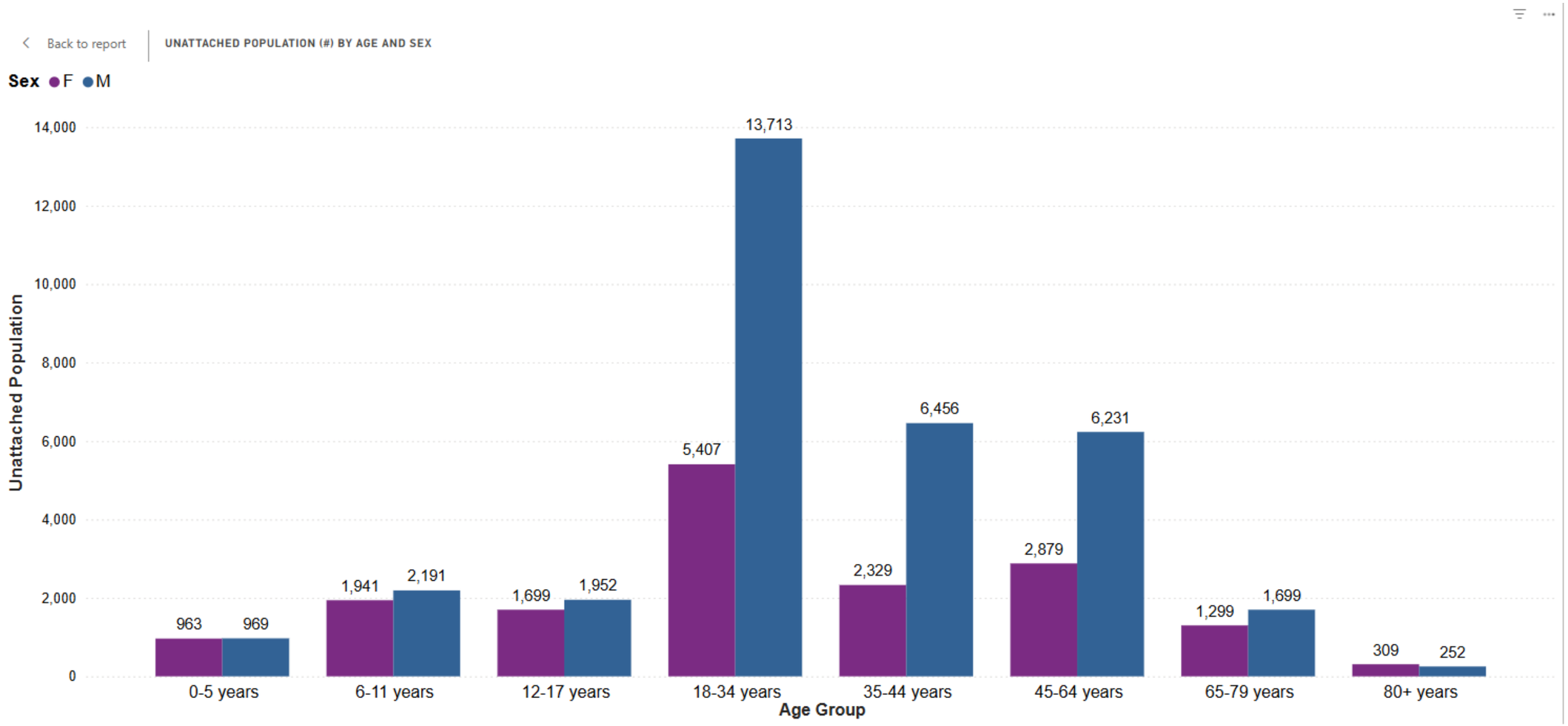


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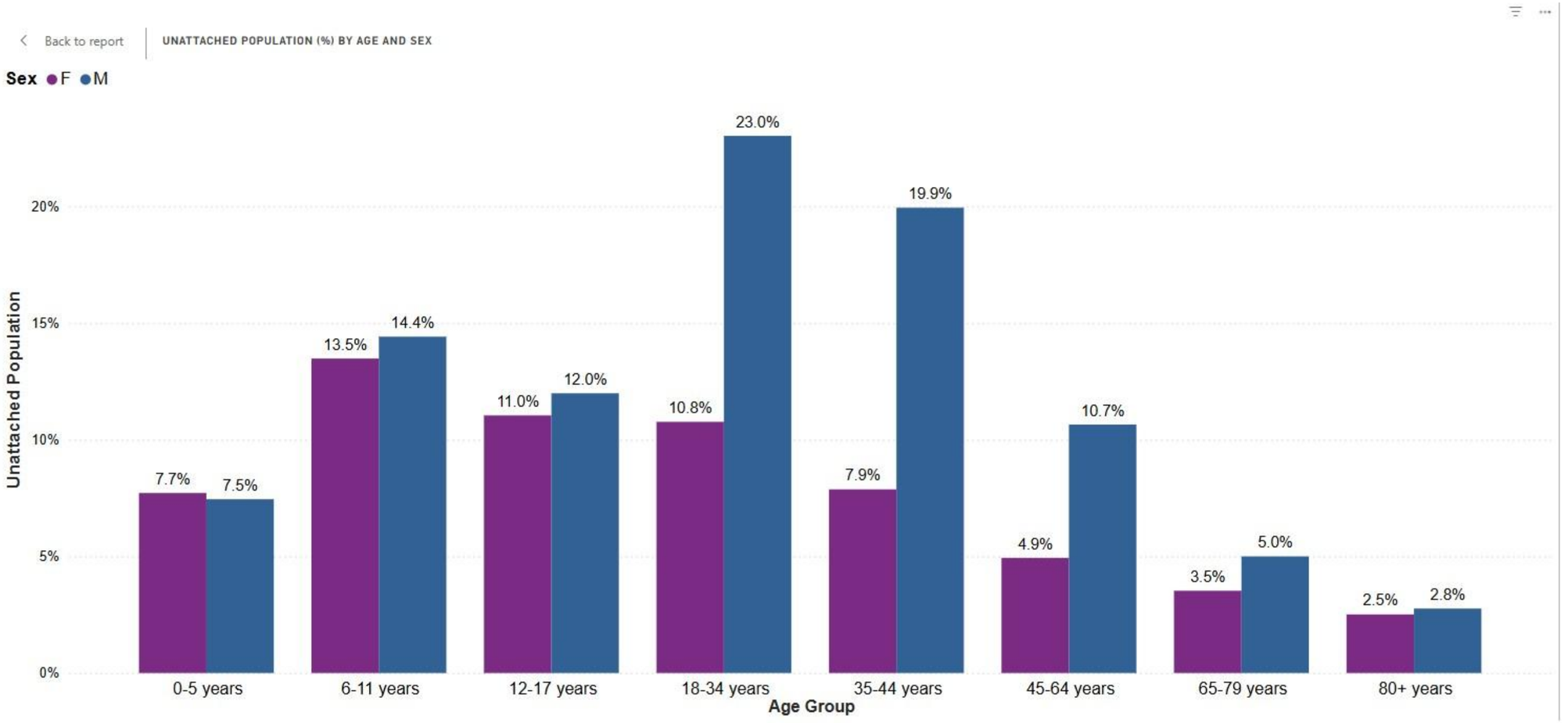
Unattached by FSA



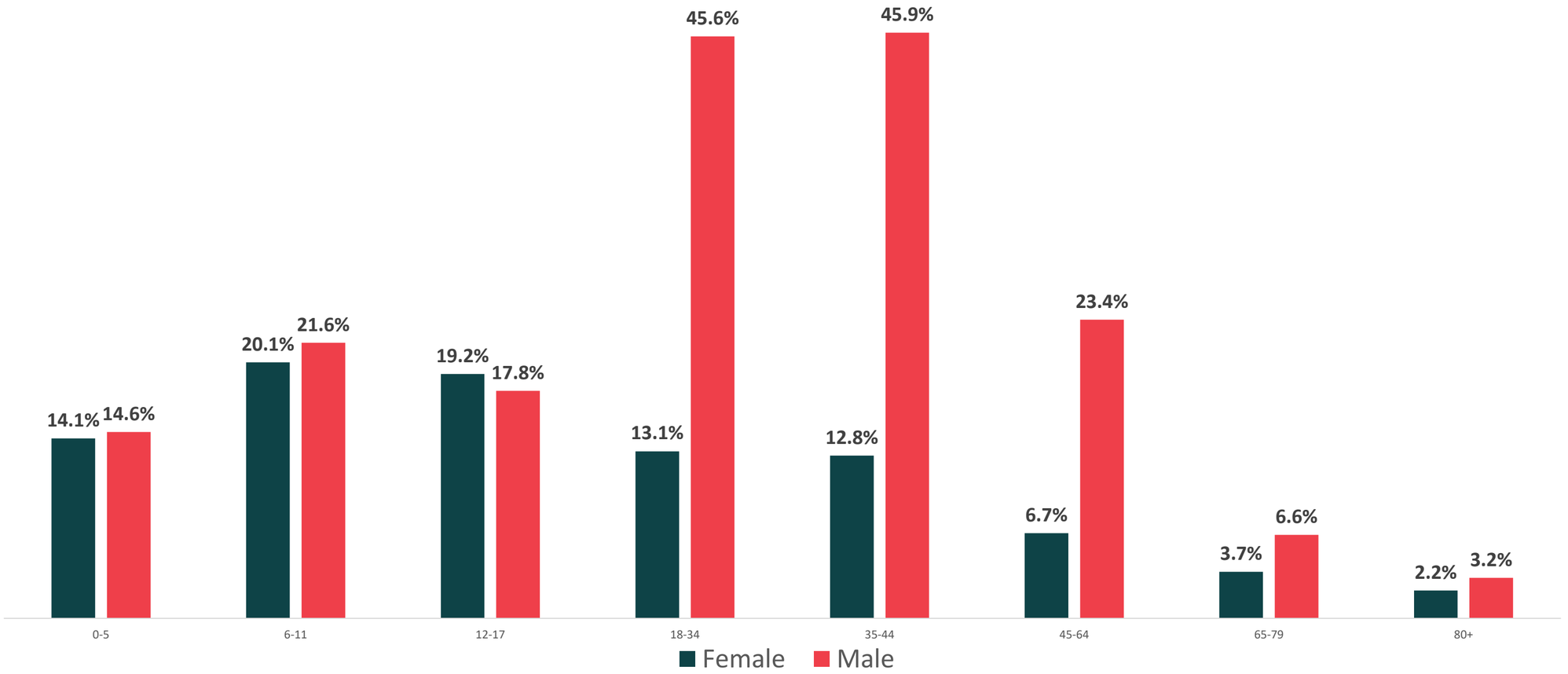
Unattached by Age and Sex



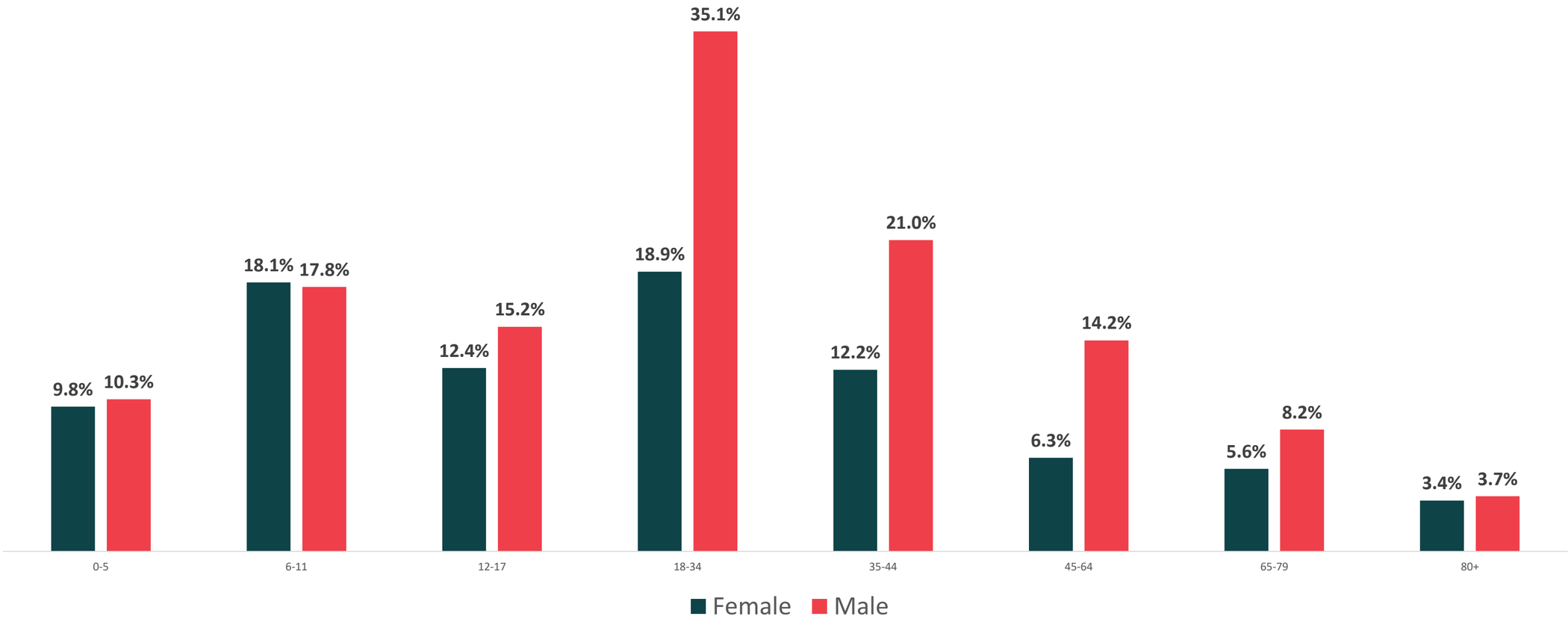
% Unattached by Age and Sex



% Unattached by Age and Sex
N8H - Leamington

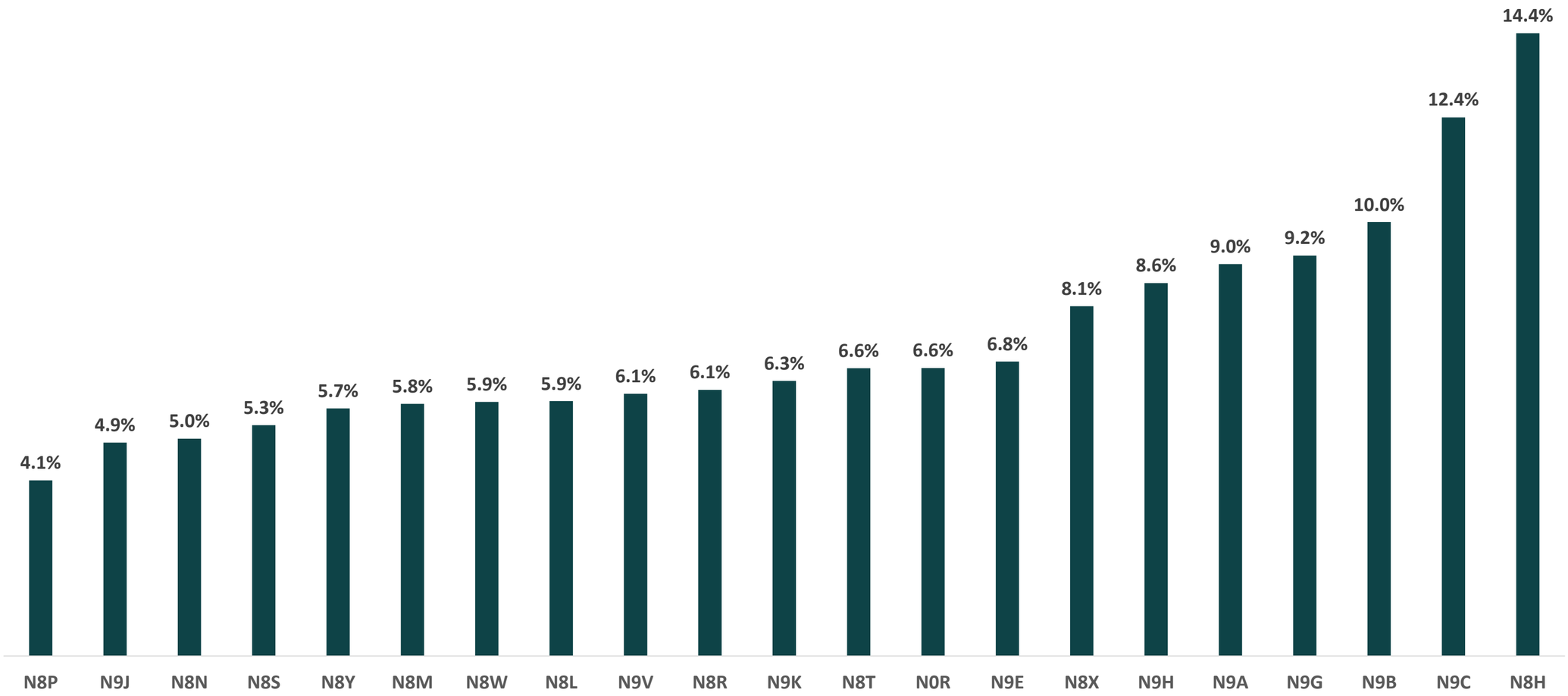


% Unattached by Age and Sex
N9B – Downtown West



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% Unattached 0-5 by FSA



WECHU Data Dashboards

- *Child Adolescent Health*
- *Immunization*
- *Infectious Diseases*
- *Injury*
- *Maternal Reproductive Health*
- *Mental Health*
- *Oral Health*
- *Overall Heath and Well-being*
- *Substance Use*

WECHU Data Dashboards

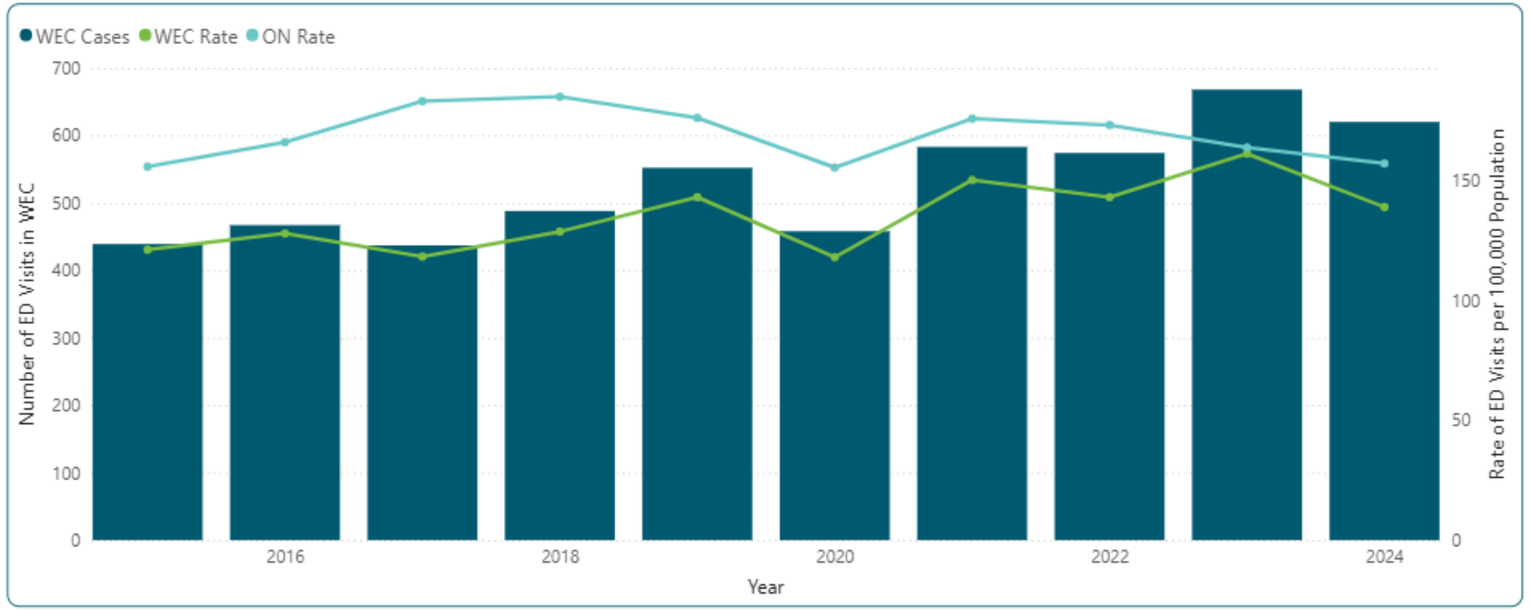
Self-Harm Data Dashboard

Child Adolescent Health	Immunization	Infectious Diseases	Injury	Maternal Reproductive Health	Mental Health	Oral Health	Overall Health Well-Being	Substance Use

Self-Harm Dashboard | **Mental Health Dashboard**

Overall | Sex-Specific

Number and Age-Standardized Rate of Intentional Self-Harm ED Visits in Windsor-Essex County: 2015-2024



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WECHU Data Dashboards

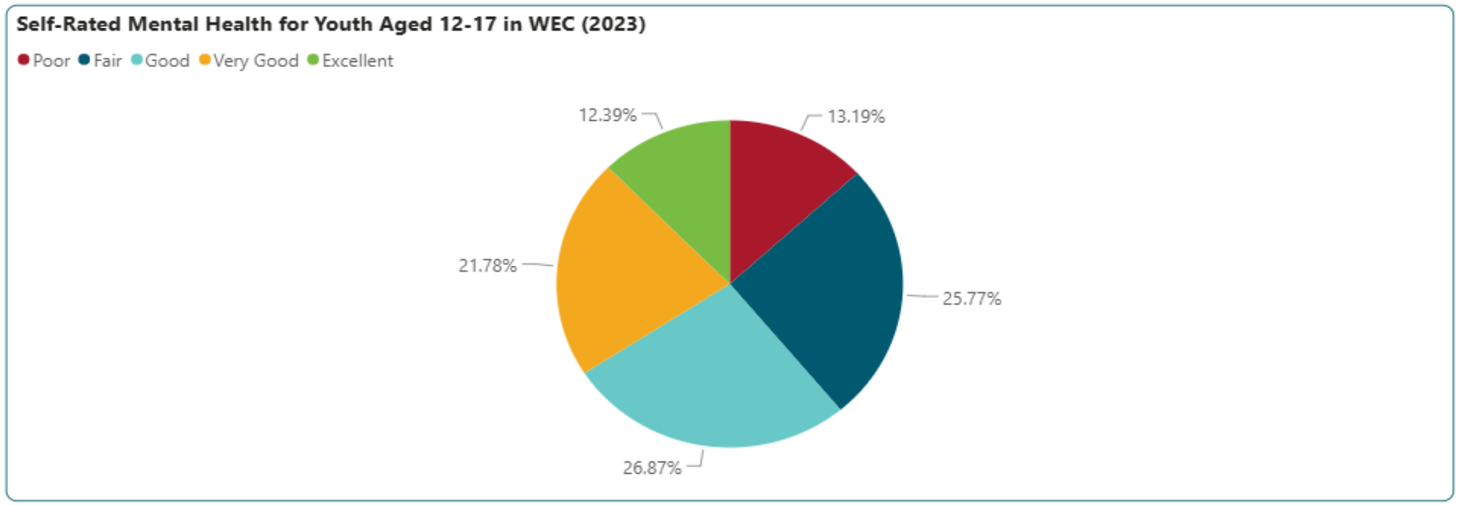
Mental Health Dashboard

Child Adolescent Health	Immunization	Infectious Diseases	Injury	Maternal Reproductive Health	Mental Health	Oral Health	Overall Health Well-Being	Substance Use

Self-Harm Dashboard | Mental Health Dashboard

22.2% of Youth Aged 12-17 in Windsor and Essex County (WEC) Report Having a Mental Health Problem*

*Youth were asked "Do you have any of the following health conditions , problems, or disabilities (learning disability, ADHD, mental health, etc.)? Select all that apply."



Self-Rated Mental Health for Youth Aged 12-17 in WEC by Sex (2023)

Female Male

Self-Rated Mental Health for Youth Aged 12-17 in WEC by Age Group (2023)

Age 12-13 Age 14-15 Age 16-17

85%

Microsoft Power BI 1 of 7

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WECHU Data Dashboards

Substance Use Data Dashboard

Child Adolescent Health	Immunization	Infectious Diseases	Injury	Maternal Reproductive Health	Mental Health	Oral Health	Overall Health Well-Being	Substance Use

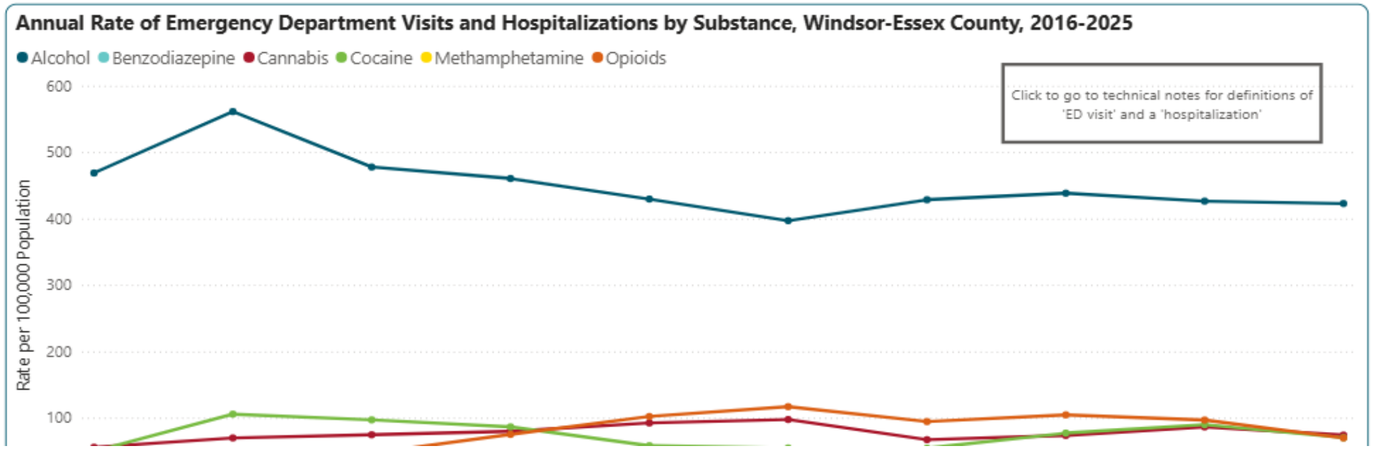
Substance-Related Hospital Visits | Opioids | Alcohol/Smoking

Annual Rates

Select Substance of Interest: All

Select Type: ED visits

Note: To select more than one substance in the dropdown, hold down "control" key when selecting 2nd, 3rd, etc. substance.



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