MESA INITIATIVE

PROGRAM SUSTAINABILITY PROPOSAL

Introduction

The County of Renfrew remains steadfast in its mission to serve the most vulnerable members of our community with compassion, innovation, and purpose. Our residents face a complex intersection of housing insecurity, mental health challenges, and substance use crises.

The Mesa initiative exists because everyone deserves dignity, care, and an opportunity to thrive. Mesa is not only an emergency response; it is a coordinated, trauma-informed system designed to meet people where they are, when they need it most.

Provincial Partnership

The County of Renfrew is grateful for the Province of Ontario's ongoing support in addressing homelessness, mental health, and addiction. Mesa demonstrates what is possible when municipal innovation and provincial partnership produce measurable, life-changing results.

We invite the Province to move beyond time-limited pilots by providing permanent Community Paramedicine funding for two integrated Mesa teams. Building on Ontario's investments in Lambton, Thunder Bay, and Simcoe County, this funding will sustain Mesa as the mobile outreach, treatment, and system navigation component supporting the long-term success of the Renfrew County HART Hub.

Proposal Summary

The County of Renfrew has a proven record of addressing complex human service challenges through innovation, integration, and collaboration, including the Community Paramedic Program and the Renfrew County Virtual Triage and Assessment Centre (VTAC).

Mesa builds on this legacy by providing integrated, community-based care for people experiencing homelessness, mental health challenges, substance use disorders, and other complex needs. It creates low-barrier pathways to Suboxone and long-acting injectable buprenorphine (Sublocade), supported by coordinated mental health, housing, primary care, and recovery services.

Mesa has evolved beyond a pilot project. It now functions as a core component of the region's integrated health, mental health, and addiction response system. The question is no longer whether the model works. The question is whether Ontario will sustain a proven approach that is already reducing pressure on hospitals, emergency departments, paramedic services, policing, and social services.

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The County is seeking $2.5 million in permanent annual Community Paramedicine funding: $2 million for two integrated Community Paramedic and crisis mental health teams and $500,000 for coordination, data, clinical infrastructure, partnerships, and activities that support the continued success of the Renfrew County HART Hub.

Operating Budget Request

Total Annual Investment: $2.5 million

Category	Description	Funding Required
System Design & Coordination	Support HART Hub success, program coordination, shared data and evaluation, clinical governance, partnerships, and administrative support.	$500,000
Mesa Operations	Permanent funding for two integrated Community Paramedic and crisis mental health teams providing mobile outreach, treatment access, and county-wide response.	$2,000,000

Program Activities and Expansion Priorities

Mesa's priorities are permanent mobile capacity, expanded treatment access, continued HART Hub success, and long-term system sustainability.

Mobile Outreach and Response Expansion

- Sustain two integrated mobile teams of Community Paramedics and crisis mental health workers across Renfrew County.
- Reduce avoidable emergency department use, 911 demand, and police involvement while connecting people to the HART Hub and ongoing care.
- Expand Community Paramedic-led access to evidence-based addiction treatment, including Suboxone and Sublocade, Treat and Refer pathways, prescribing partnerships, and community follow-up.

Transitional and Supportive Housing Partnerships

- Strengthen bridge and supportive housing pathways with Carefor, municipalities, Indigenous partners, and housing providers.
- Provide wraparound supports that promote housing stability and reduce returns to homelessness and reliance on crisis services.

Integrated Data and Evaluation System

- Continue SCATR community-based drug checking to identify emerging substance trends, inform public health and frontline responses, and connect people with treatment and recovery services.
- Strengthen shared documentation and outcome measurement to demonstrate Mesa’s contribution to HART Hub outcomes and quantify avoided system costs.

Wellness and Workforce Support

- Support front-line workforce wellness, resiliency, and retention.
- Maintain consistent trauma-informed clinical and service standards.

Community and System Partnerships

- Strengthen referral pathways with the HART Hub, primary care, hospitals, Ontario Health Teams, mental health and addiction agencies, housing providers, and community organizations.
- Deepen partnership with Algonquins of Pikwakanagan First Nation and other Indigenous partners to provide culturally safe, locally accessible care.

Why it Matters / Why Now

Renfrew County's rural, remote, and geographically dispersed communities face limited access to health and social services. The convergence of mental health challenges, substance use, and homelessness continues to place pressure on emergency systems and community supports.

The County launched Mesa in early 2024 as an evidence-informed pilot coordinating municipal departments and community partners to deliver integrated, community-based care. Today, Mesa supports the success of the Renfrew County HART Hub through mobile clinical outreach, harm reduction, evidence-based addiction treatment, including Suboxone and long-acting injectable buprenorphine (Sublocade) and coordinated connections to housing, primary care, and recovery supports, helping people access treatment closer to home while reducing reliance on emergency services.

Ontario is investing significantly in HART Hubs, addictions treatment, community mental health services, and homelessness response. Yet many people struggling with substance use disorders, mental health challenges, and housing instability continue to encounter barriers accessing those services before they reach crisis. Mesa fills this gap. It is the community-based outreach, engagement, treatment, and navigation model that connects people to care, supports HART Hub success, and reduces reliance on emergency departments, ambulances, hospitals, policing, and other high-cost crisis systems. Without a sustainable mobile response capacity, many of the Province's investments risk being less effective because the individuals most in need of support may never successfully connect with services.

Impacts and Outcomes

Mesa has demonstrated measurable success and system-wide benefits:

- 60% reduction in suspected opioid-related deaths and a 62% decrease in opioid-related emergency department visits when compared to 2024.
- 492 interagency referrals and more than 8,100 documented visits supporting people with complex health and social needs.

- 743 diversions from 911 calls or emergency department visits, representing direct avoided emergency-system use.
- Mesa has demonstrated measurable reductions in emergency department utilization and 911 demand. With an average emergency department visit costing approximately $443 and a single hospital admission averaging approximately $7,500, even modest reductions in acute care utilization translate into meaningful health system savings. While broader savings from avoided ambulance responses, policing, and community support services have not yet been formally quantified, the documented outcomes clearly demonstrate that Mesa is reducing demand on Ontario's highest-cost health system resources.

The request builds on Ontario's three-year Community Health Integrated Care pilot in Lambton County, where a Community Paramedic and Substance Use Navigator provide coordinated mobile care. Renfrew County would adapt this proven approach to its geography, service demands, clinical pathways, and established Mesa partnerships.

Vision for 2026/2027 and Beyond

The County envisions a sustainable, community-based system where people receive timely, coordinated, person-centred support before reaching crisis. With sustained provincial investment, Mesa will strengthen HART Hub success through mobile clinical outreach, evidence-based addiction treatment, SCATR, and strong health, housing, Indigenous, and community partnerships.

This investment will reduce reliance on emergency departments, 911 ambulance responses, policing, and hospitals through earlier community-based intervention, improving access to care, recovery, and better health outcomes for rural residents.

Mesa represents exactly the type of integrated, community-based solution Ontario has been encouraging communities to build. It brings together health care, mental health services, addictions treatment, housing supports, community paramedicine, hospitals, Indigenous partners, and social services into a single coordinated response for individuals with the most complex needs. The results are already evident in reduced opioid-related deaths, fewer emergency department visits, and hundreds of diversions from crisis-based services.

The County of Renfrew is not proposing a new pilot. We are asking the Province to sustain a proven model that is helping Ontario achieve its own objectives for mental health, addictions, homelessness, and health system transformation. Permanent Community Paramedicine funding for Mesa is not simply an investment in one program. It is an investment in a more effective, more compassionate, and more sustainable health system.