



Alliance for Healthier Communities Advancing Health Equity in Ontario

Canadian Mental Health Association – Windsor-Essex County Branch's Four-Part Expansion Strategy

Through extensive partnerships, proof of concept testing and a commitment to health equity, Canadian Mental Health Association – Windsor-Essex County Branch (CMHA-WECB) and its partners have employed a four-pronged strategy to facilitate access and attachment to comprehensive primary health care across the Windsor-Essex region. This case study describes their efforts as well as the impact each initiative has made on improving access and attachment to care.

Mobile Medical Support Unit

In collaboration with Erie Shores Healthcare, the Mobile Medical Support Unit has been bringing primary care services to high- priority and underserved communities across the Windsor-Essex region. This mobile unit consists of a transport truck staffed by a multi-disciplinary team that includes a mix of clinicians and interprofessional health care providers. This ensures that individuals in need of primary care are also provided with care for mental health and addictions as well as social work services if needed. As of January 2025, this initiative has supported close to 3800 individuals who otherwise would not have access to primary care in a consistent way.

Shelter Health

Across the Windsor area, the Downtown Mission, Salvation Army, the Welcome Centre, and the Homelessness and Housing Help Hub (H4) are four shelters that support people who are experiencing homelessness or are precariously housed. CMHA-WECB along with Shelter Health Associates, The City of Windsor and Windsor Regional Hospital, have delivered primary care within all four of these spaces. This includes running a sexual health clinic, supporting the lower limb preservation program, and facilitating referrals to footcare. With the main H4 site operating seven days a week, this team of providers had over 3400 interactions with individuals in less than a year. This, in turn, has helped to divert these individuals from the emergency department, as evidenced by a decrease in the number of unhoused individuals accessing the emergency department.

Those that are unhoused are equally deserving of primary care as those that are housed and have access to services and can drive to them.

*– Nicole Sbrocca
CEO, CMHA-WECB*

Nurse-Practitioner Primary Care Expansion

CMHA-WECB has expanded the number of nurse practitioners (NPs) within its own Community Health Centre, further strengthening access to integrated primary care, with innovative pathways linked to The Youth Wellness Hub, social housing, underserved communities and those that have been on the Health Care Connect waitlist. In addition, CMHA-WECB and the Windsor-Essex Community Health Centre have collaborated to increase the number of NPs within the county, successfully drawing down existing primary care waitlist within that region.

Mental Health and Addictions

The last piece of CMHA-WECB's expansion work has focused on attaching unattached individuals who present at the emergency department and inpatient unit at Windsor Regional Hospital, or the Hôtel-Dieu Grace Healthcare (HDGH) Mental Health and Addiction Urgent Crisis Centre (MHAUCC). A team of CMHA primary care providers are co-located within shared hospital spaces, adjacent to the emergency departments. This creates a discharge pathway and referral process for individuals presenting there that meets the quality standard of attaching to primary care and doing follow-up within seven days of discharge.

Key Facilitators

In a relatively short period of time, CMHA-WECB and its partners have made massive strides towards their goal of equitably attaching individuals to team-based care. They credit three key factors for the success seen by their Shelter Health model:

- Use of data to understand the need and demographics of those lacking supports and needing attachment.
- Strong governance structures.
- A shared electronic medical record (EMR) system.

Within their shared EMR, an ambulatory outpatient module was built to allow easier navigation of care pathways between the emergency departments and shelters. Emergency department physicians can see what care has been provided at the shelter; likewise, shelter physicians can see what has happened on the emergency or inpatient side. For example, a client experiencing homelessness presents to the shelter, receives care, and down the road shows up at the emergency department. The emergency department team, through the shared EMR, can see precisely what care was provided at the shelter and can discharge the client directly back to the shelter health team for ongoing care.

Through their work, CMHA-WECB and its partners have scaled and amplified their reach to provide access and attachment to high quality, person-centred interprofessional primary care. This has both reduced emergency department visits and improved population health for individuals living in the Windsor-Essex region.

