



## WECOSS Treatment and Recovery Working Group Meeting Minutes

**Monday, May 26<sup>th</sup>, 2025 | 1:30 p.m. – 3:30 p.m.**  
**Microsoft Teams**

**Present:** Holly Kettle (ESH), Jennifer Bradt (WECHU), Kamillo Lamosa (ESCC), Judy Lear-Zylstra (HDGH – Co-Chair), Ron Sheppard (WFHT), Alexis Erickson (WECHU), Anastasia Adams (Welcome Centre Shelter), Milvia Mendoza-Ramesar (Salvation Army), Emily McKenna (Welcome Centre Shelter), Michella Mollicone (EMS), Jennifer Bastien (Brentwood Recovery), Brad Williams (Hand in Hand), Kim Larocque (Paws in Recovery), Robert Sandwith (Leamington Centre of Hope), Shaylene Kathiravelu (WEC Housing Corporation – Student).

**Regrets:** Rio Anzolin (WRH), Erica Bassakos (WEOHT), Patrick Kolowicz (HDGH), Kristi Benjamin (Peer Rep.), Melissa Major (MHART), Alison Malott (Peer Rep.), Jacob Riches (Schulich), Ashley Shepley (DWCC), Chris Thibert (Downtown Mission), Kelsey Vasovski (AEGIS Health), Amy Visser (weCHC), Kelly Barill (WECHU – Recorder), EMS-MHART Representative, Diane Quadros (CMHA-WEC), Holly Busi (HCCO), Kristen Stockford (RE:ACT), Kayla Leckonby (Social Worker), Jennifer Cline (WEC Housing Corporation).

**Chair:** Judy Lear-Zylstra

Agenda Item & Minutes	Action Items
1.0 <b>Welcome and Introductions</b> (J. Lear-Zylstra) <ul style="list-style-type: none"> <li>• Welcome to our new members:               <ul style="list-style-type: none"> <li>○ Ashley Shepley, Downtown Windsor Community Collaborative</li> <li>○ Brad Williams, Hand in Hand Support</li> <li>○ Diane Quadros, Canadian Mental Health Association – Windsor-Essex County Branch</li> <li>○ Jennifer Bastien, Brentwood Recovery Home</li> <li>○ Kim Larocque, Paws in Recovery</li> <li>○ Kristen Stockford, RE:ACT</li> <li>○ Robert Sandwith, Leamington Centre of Hope</li> </ul> </li> </ul>	
2.0 <b>Approval of the Agenda</b> (J. Lear-Zylstra) <ul style="list-style-type: none"> <li>• Approved.</li> </ul>	
3.0 <b>Review of Action Items from February 3rd, 2025</b> <ul style="list-style-type: none"> <li>• Remove K. Leckonby from the list of attendees in the October 21<sup>st</sup>, 2024 meeting minutes (A. Erickson).               <ul style="list-style-type: none"> <li>○ Complete.</li> </ul> </li> <li>• Contact E. Dulmage and J. Lear-Zylstra if interested in the vacant Co-Chair position (All).</li> </ul>	

	<ul style="list-style-type: none"> <li>○ Kayla Leckonby (Social Worker) is the new Co-Chair for the TRWG. This will take effect as of the next meeting. Thank you to Kayla for taking on the role.</li> <li>● Contact K. Barill (<a href="mailto:kbarill@wechu.org">kbarill@wechu.org</a>) if interested in WEC Connect wallet cards (All). <ul style="list-style-type: none"> <li>○ Ongoing. A digital copy of the wallet card is also attached to the meeting invite.</li> </ul> </li> <li>● Finalize WECOSS wallet card using TRWG feedback (A. Erickson). <ul style="list-style-type: none"> <li>○ Complete and circulated to the WECOSS membership. A digital copy is also included in the meeting invite.</li> </ul> </li> <li>● Use the gathered information from the meeting to develop a plan to train frontline providers on OAT (Co-Chairs &amp; WECHU). <ul style="list-style-type: none"> <li>○ To be discussed later in the agenda.</li> </ul> </li> <li>● Investigate if your agency has a learning module software system that can accommodate an externally created virtual learning (All). <ul style="list-style-type: none"> <li>○ No follow-up information received from members to date.</li> <li>○ Kim Laroque – PAWS in Recovery will think about this as they establish their program.</li> </ul> </li> <li>● Reach out to RAAM doctors for local expertise on OAT (E. Dulmage) / Share contact information for physicians who may be able to provide local expertise on OAT (All). <ul style="list-style-type: none"> <li>○ Patrick Kolowicz shared a list of addictions physicians with Judy and Alexis. They will refer back to the list when developing OAT training content.</li> </ul> </li> <li>● Connect with suggested agencies to inquire about interest in joining the TRWG for 2025 (Co-Chairs &amp; A. Erickson). <ul style="list-style-type: none"> <li>○ Complete. Welcome again to all new members!</li> </ul> </li> <li>● Reach out to the Co-Chairs and A. Erickson with any other suggestions related to 2025 TRWG membership (All). <ul style="list-style-type: none"> <li>○ Ongoing.</li> </ul> </li> </ul> <p><b>Approval of Minutes from February 3<sup>rd</sup>, 2025 (J. Lear-Zylstra):</b></p> <ul style="list-style-type: none"> <li>● Approved.</li> </ul>	
4.0	<p><b>Meeting Goals (J. Lear-Zylstra)</b></p> <ol style="list-style-type: none"> <li>1. Discuss ongoing work and next steps for the WEC Connect Program and Service Inventory.</li> <li>2. Present work plan for the Expanding Access of Opioid Agonist Therapies (OAT) project.</li> <li>3. Review initial assessment survey and distribution list for the OAT project.</li> </ol>	
5.0	<p><b>WEC Connect Program and Service Inventory (J. Bradt)</b></p> <ul style="list-style-type: none"> <li>● Continue to promote the use of WEC Connect (<a href="https://www.wecoss.ca/wec_connect">https://www.wecoss.ca/wec_connect</a>).</li> </ul>	

	<ul style="list-style-type: none"> <li>• Paid posts/ads are being issued on social media and Google Display.</li> <li>• Currently working on a full update of all services on the inventory, which happens every 6 months. This includes checking 211 for updates and if current, the data is used to update WEC Connect. Services not listed on WEC Connect are updated in consultation with the organizations offering the services.</li> <li>• The WECHU’s Social Worker is also completing outreach to educate the community about WEC Connect. Travels to various community centers to demonstrate use of the inventory on an iPad and to hand out physical resources.</li> </ul>	
6.0	<p><b>2025 Project – Expanding Access of Opioid Agonist Therapies (OAT)</b></p> <p><b>Project Work Plan (A. Erickson)</b></p> <ul style="list-style-type: none"> <li>• An overview of the project work plan on “Expanding Access of Opioid Agonist Therapies” was presented, which will be disseminated with the minutes.</li> <li>• This project will provide training to frontline service providers on OAT to better enable them to identify and support individuals in their care who may benefit from this service.</li> </ul> <p><b>Initial Assessment Survey and Distribution List (A. Erickson)</b></p> <ul style="list-style-type: none"> <li>• The first step for the OAT project is to assess the specific education needs and knowledge gaps of frontline service providers as it relates to OAT. A needs assessment survey will be used to gather input from frontline providers.</li> <li>• A draft of the needs assessment survey was reviewed with the group. As it stands, the plan is to issue the survey to each of the WECOSS committees and the Providers of Addiction Treatment Committee to request participation from frontline providers. Other groups to distribute the survey can also be explored.</li> </ul> <p><b>Group Discussion:</b></p> <ul style="list-style-type: none"> <li>• The survey is targeted to frontline providers at the individual level. Individuals are not expected to complete the survey on behalf of their agency and there is no limit on the number of providers that can participate per agency.</li> <li>• Ron Sheppard recommended eliminating the first Likert-scaled question of the survey (assessing overall understanding of OAT as an evidence-based care option for opioid use disorder), as this was already stated in the survey’s background section. This question was removed.</li> <li>• Other topics/items to consider for inclusion in the survey: <ul style="list-style-type: none"> <li>○ Who OAT is intended for (i.e., those with opioid use disorder)</li> </ul> </li> </ul>	Disseminate meeting presentation with the minutes (A. Erickson)

	<ul style="list-style-type: none"> <li>○ Benefits of OAT for those who meet the criteria</li> <li>○ Medication storage and prescribing process</li> <li>○ Frequency by which individuals would have the opportunity to have discussions with clients/patients in primary care</li> <li>○ Link to WEC Connect and OAT resources directly in the survey for on-the-spot information</li> <li>● A separate survey is linked towards the end of the full survey for individuals to submit their contact information (optional), if interested in being invited to future OAT trainings. This allows individuals to submit their contact information without attaching their survey submission directly back to them. Jenny Bradt and Alexis Erickson agreed that the link to this survey should be included in the end message of the full survey. This will prevent participants from exiting out of the full survey before they submit their response.</li> <li>● Acknowledged that future OAT training sessions should have information on stigma reduction (i.e., reducing potential biases towards OAT).</li> <li>● Acknowledged that the survey is targeted to frontline providers, which includes, but is not limited to, primary care providers. As it stands, questions are not tailored to specific groups of providers.</li> <li>● Suggestions on other groups to receive the survey: <ul style="list-style-type: none"> <li>○ Ron Shepphard: Contact group at WFHT’s Team Health Centre (i.e., all practitioners and team-based groups).</li> <li>○ Kim Laroque: Roots of Hope Committee with CMHA. Kim is currently a member.</li> </ul> </li> <li>● Next step is to modify the survey per group feedback and add it into the WECHU’s online survey platform. A link to the survey will be generated and sent to the specified groups. Members are welcome to forward the survey to others within their organization/network to complete.</li> </ul> <p><b>Organizing Future OAT Trainings</b></p> <ul style="list-style-type: none"> <li>● <b>Are there any members in the group that have capacity within their current role to help facilitate OAT training?</b> <ul style="list-style-type: none"> <li>○ Ron Shepphard – The Windsor-Essex Community Health Centre has an addictions counselor outreach specialist. Windsor Family Health Team also has a nurse health promoter that does outreach to primary care, including their programs on addiction services. These could be options to explore.</li> <li>○ Kim Laroque: Willing to take on proposals to teach and agrees that engaging TRWG members in the delivery of trainings is a good opportunity.</li> <li>○ Judy Lear-Zylstra: Currently does a lot of networking in the community to break down barriers for admissions</li> </ul> </li> </ul>	<p>Add the OAT Training Needs Assessment Survey to the online survey platform and issue it to partners for completion (WECHU).</p> <p>Reconvene with the TRWG once the needs assessment findings are available to share (WECHU).</p>
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	<p>into withdraw management. Part of this involves meetings, tours, and discussions on OAT and what the opportunities are as it relates to OAT.</p> <ul style="list-style-type: none"> <li>○ Robert Sandwith: Will discuss this with the Leamington Centre of Hope at the next staff meeting.</li> <li>○ Jenny Bradt: Suggested creating a master presentation that facilitators can use as a base and modify if needed. WECHU can support with this, but will also need support from providers who are experienced in this area to help generate content.</li> <li>○ Judy Lear-Zylstra: Once the training is delivered a few times, can also have some frequently asked questions with sample answers.</li> </ul> <ul style="list-style-type: none"> <li>● <b>Agencies to Engage for OAT Training:</b> <ul style="list-style-type: none"> <li>○ Discussion was held on how to engage community agencies who do not have an interest in supporting clients who are looking to use OAT.</li> <li>○ Judy Lear-Zylstra: Discussed that the TRWG is providing an opportunity for individuals to learn. It is recognized that there may be educational and comfort gaps when exploring this opportunity. Can still provide the opportunity in hopes that by connecting, there is a chance for them to reconsider, even in their personal philosophies. Many who have preconceived notions/attitudes towards OAT have them because they don't know otherwise. <ul style="list-style-type: none"> <li>▪ OAT is one care option among many others. Many do not choose OAT as the option for them. Some of the longer-term treatment centers that don't provide that opportunity are still having success. Provide them with the freedom of choice and work within that.</li> </ul> </li> <li>○ Ron Sheppard: For individuals who want to add access, removing barriers is critical. Clinics can receive self referrals and clients can self advocate and connect with those services directly. Need to make sure the resources are available to the public for people to access if needed. <ul style="list-style-type: none"> <li>▪ Kamillo Lamosa: Spoke about new service at Erie St. Clair Clinic that allows individuals to reach out 24/7 for information about treatments, education, or further support.</li> </ul> </li> <li>○ Milvia Mendoza-Ramesar – Suggested offering these sessions to clients so that they know what's available for them in the community, like treatments. <ul style="list-style-type: none"> <li>▪ Judy Lear-Zylstra/Alexis Erickson/Jenny Bradt – Could be an addition in the future. Could also look at weaving this into the WEC Connect education/outreach initiative</li> </ul> </li> </ul> </li> </ul>	
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	<p>currently being done with organizations. Involves review of WEC Connect with agencies, which includes listings of various treatment options available. Can explore opportunity to add shelters to the list of outreach locations.</p> <ul style="list-style-type: none"> <li>○ Michella Mollicone: Could start with EMS' CP team for OAT training and depending on the outcome, could potentially offer a training to the fleet.</li> </ul> <ul style="list-style-type: none"> <li>● <b>Training Approaches:</b> <ul style="list-style-type: none"> <li>○ Looking at offering hybrid options, both in-person and virtual.</li> <li>○ Acknowledged that general Ontario Standards for OAT will be reflected in the trainings. At this time, trainings will not address individual guidelines for specific groups (e.g., physicians, clinics, addictions specialists), but there might be opportunities to expand tailored education to these groups in the future.</li> <li>○ Could speak to mitigation/risk-reduction strategies for OAT prescribing and tie this back to the broad standards of care.</li> </ul> </li> <li>● Following discussion, the group did not voice any reservations about moving forward with the project as planned.</li> </ul>	
7.0	<p><b>Community Agency Roundtable (All)</b></p> <ul style="list-style-type: none"> <li>● <b>Welcome Centre Shelter (Emily McKenna)</b> – Now offering NA meetings the first Monday and third Tuesday of every month to community members who are women and who have previously or currently experienced homelessness (or who have been clients with the Welcome Centre before).</li> <li>● <b>Erie St. Clair Clinic (Kamillo Lamosa)</b> – Created a new office in the clinics that allows patients who have lost their job or their housing to use this office to communicate privately, create or update their resume, or print off or apply for jobs. If a patient needs CBT and there is no availability elsewhere in the community, can also start them on treatment until they see a full-time counsellor.</li> <li>● <b>Paws in Recovery (Kim Laroque)</b> – A new addiction treatment center for the 2SLGBTQIA+ community. Offers individualized programs and 12-step groups. Became incorporated on April 2<sup>nd</sup> and will soon have 9 board members. Looking for partnerships or individuals who are interested in working together to address barriers to accessing addiction supports for the 2SLGBTQIA+ community.</li> <li>● <b>Windsor Family Health Team (Ron Sheppard)</b> – 2SLGBTQIA+ outpatient program offered through One Team Recovery is delivered two days per week for half days. Still have spaces available for the program. It is an alternative to the 12-step</li> </ul>	

	<p>program – more CBT-based and includes harm reduction. Also currently working with different providers in the community to increase access to substance use treatment for youth.</p> <ul style="list-style-type: none"> <li>• <b>Leamington Centre of Hope (Robert Sandwith)</b> - Have a drop-in center that serves meals to around 120 individuals each night. Also have a pantry clothing service. <ul style="list-style-type: none"> <li>○ Recently hired a social worker and a wellness coordinator to offer real time counselling and support.</li> <li>○ Also have three transitional homes, one for women and two for men. The men's homes focus on post-treatment housing. Women's housing is a bit more recovery focused.</li> <li>○ Wrapping up completion of a full 60-day, day program consisting of trauma programming and other recovery supports. Partner with Hand in Hand Support on this program.</li> </ul> </li> <li>• <b>Salvation Army Windsor Center of Hope (Milvia Mendoza-Ramesar)</b> – Recently expanded services to couples. There are five rooms available for couples and two rooms available for single men with pets.</li> <li>• <b>Windsor-Essex County Health Unit (Alexis Erickson/Jenny Bradt)</b> – Working on the development of a new drug checking technology service. Also continue to operate the Ontario Naloxone Program and Drug Test Strip Distribution Program to provide naloxone kits/drug test strips to agencies to distribute to their clients. Agencies interested in being a distribution partner can contact Jenny Bradt.</li> </ul>	
9.0	<p><b>Summary of Action Items and Next Steps (J. Lear-Zylstra)</b></p> <ul style="list-style-type: none"> <li>• Disseminate meeting presentation with the minutes (A. Erickson)</li> <li>• Add the OAT Training Needs Assessment Survey to the online survey platform and issue it to partners for completion (WECHU).</li> <li>• Reconvene with the TRWG once the needs assessment findings are available to share (WECHU).</li> </ul>	
10.0	<p><b>Meeting Wrap-Up (J. Lear-Zylstra)</b>  <b>Adjourned: 2:58 p.m.</b></p>	

**Next Meetings:**

- Monday, September 22<sup>nd</sup> from 1:30 p.m. – 3:30 p.m.
- Monday, November 17<sup>th</sup> from 1:30 p.m. – 3:30 p.m.