



**THE REGIONAL MUNICIPALITY OF PEEL
HEALTH SYSTEM INTEGRATION COMMITTEE**

AGENDA

HSIC - 1/2020

DATE: Thursday, February 20, 2020

TIME: 9:30 AM – 11:00 AM

LOCATION: Council Chamber, 5th Floor
Regional Administrative Headquarters
10 Peel Centre Drive, Suite A
Brampton, Ontario

MEMBERS: D. Damerla; J. Downey; A. Groves; C. Fonseca; N. Iannicca; P. Saito;
P. Vicente

ADVISORY MEMBERS: M. DiEmanuele; F. Martino; S. McLeod; S. Smith

Chaired by Councillor Fonseca or Vice Chair Councillor Vicente

1. DECLARATIONS OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. DELEGATIONS

3.1. **Kimberley Floyd, Vice President, Home and Community Care and Liane Fernandes, Vice President, Regional Programs, Central Region LHIN**, Providing an Update on Adult Day Services within the Region of Peel (Related to 4.1)

3.2. **David Smith, Chief Executive Officer, Canadian Mental Health Association Peel Dufferin; Ceri Harnden, Chief Officer, System Integration, Peel Children's Centre**, Regarding Community Mental Health and Addictions Services and Supports Across Peel (Related to 4.2) **(Presentation to be distributed when available)**

4. REPORTS

4.1. Overview of Adult Day Services in Peel (For information) (Related to 3.1)

4.2. Addressing Community Mental Health and Addictions System Challenges in Peel (Related to 3.2)
Presentation by Brian Laundry, Director of Strategic Policy and Performance, Health Services

5. COMMUNICATIONS

6. IN CAMERA MATTERS

7. OTHER BUSINESS

8. NEXT MEETING

Thursday, May 21, 2020, 9:30 a.m. - 11:00 a.m.
Council Chamber, 5th Floor
Regional Administrative Headquarters
10 Peel Centre Drive, Suite A
Brampton, Ontario

9. ADJOURNMENT

FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD 2020/02/20	MEETING NAME Health System Integration
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Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582
E-mail: council@peelregion.ca

DATE SUBMITTED YYYY/MM/DD 2020/02/10
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NAME OF INDIVIDUAL(S) Kimberley Floyd, VP, Home and Community Care, CW LHIN and Liane Fernandes, VP, Regional Programs, MH LHIN

POSITION(S)/TITLE(S)

NAME OF ORGANIZATION(S) Central West LHIN and Mississauga Halton LHIN

E-MAIL Kimberley.Floyd@lhins.on.ca	TELEPHONE NUMBER (905) 796-0040	EXTENSION 7705
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REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED) To provide an update on adult day services within the Region of Peel.

A formal presentation will accompany my delegation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Presentation format: <input checked="" type="checkbox"/> PowerPoint File (.ppt) <input type="checkbox"/> Adobe File or Equivalent (.pdf) <input type="checkbox"/> Picture File (.jpg) <input type="checkbox"/> Video File (.avi,.mpg) <input type="checkbox"/> Other <input type="text"/>
Additional printed information/materials will be distributed with my delegation : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached

Note:
Delegates are requested to provide an electronic copy of all background material / presentations to the Clerk's Division at **least ten (10) business days prior** to the meeting date so that it can be included with the agenda package. **In accordance with Procedure By-law 56-2019 delegates appearing before Regional Council or Committee are requested to limit their remarks to 5 minutes and 10 minutes respectively (approximately 5/10 slides).**
Delegates should make every effort to ensure their presentation material is prepared in an [accessible format](#).
Once the above information is received in the Clerk's Division, you will be contacted by Legislative Services staff to confirm your placement on the appropriate agenda.

Notice with Respect to the Collection of Personal Information
(Municipal Freedom of Information and Protection of Privacy Act)

Personal information contained on this form is authorized under Section 5.4 of the Region of Peel Procedure By-law 56-2019, for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before Regional Council or a Committee of Council. The Delegation Request Form will be published in its entirety with the public agenda. The Procedure By-law is a requirement of Section 238(2) of the *Municipal Act, 2001*, as amended. Please note that all meetings are open to the public except where permitted to be closed to the public under legislated authority. All Regional Council meetings are audio broadcast via the internet and will be posted and available for viewing subsequent to those meetings. Questions about collection may be directed to the Manager of Legislative Services, 10 Peel Centre Drive, Suite A, 5th floor, Brampton, ON L6T 4B9, (905) 791-7800 ext. 4462.

Please complete and return this form via email to council@peelregion.ca

3.1-2

ADULT DAY SERVICES IN PEEL

Central Region LHIN Presentation to Health System Integration Committee

KIMBERLEY FLOYD AND LIANE FERNANDES | FEBRUARY 20, 2020



Ontario Health
Central

Importance of Adult Day Services



Core Focus of Adult Day Programs ^{3.1-4}



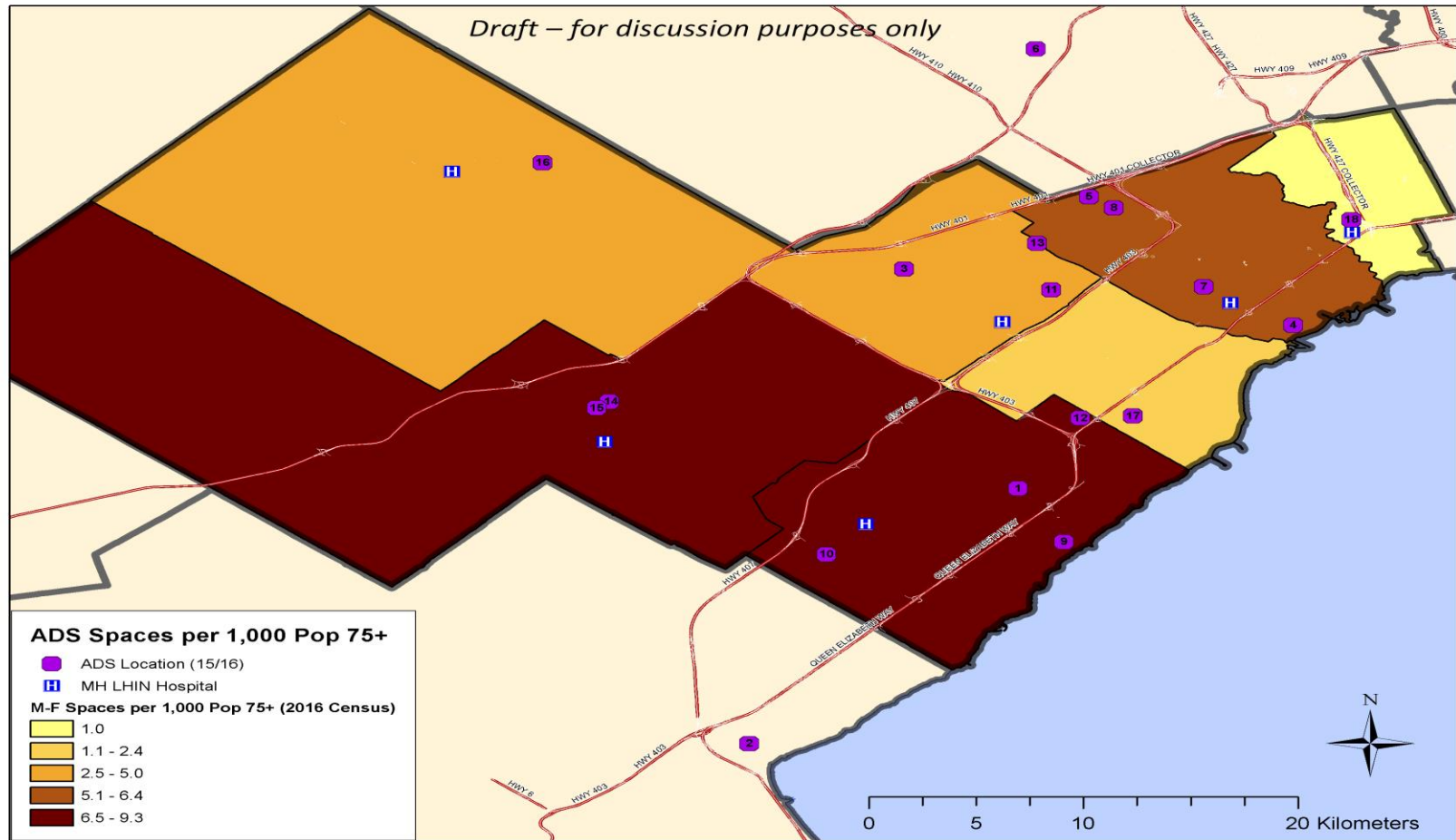
MODEL	ADS PROGRAM DESCRIPTION
Supportive	<ul style="list-style-type: none"> Provides a non-medical care model of service to meet the needs of older adults with physical, cognitive and/or mental health disabilities
Enhanced	<ul style="list-style-type: none"> Targeted to higher needs seniors by providing key supports that will help them to continue living in their community. Staff trained in working with clients who have high care needs due to complex medical/chronic conditions and/or dementia. Additional supports are offered by working closely with primary care and Specialized Geriatric Services (i.e. Geriatric Medicine) to safely manage and support program clients and their caregivers.
Specialized	<ul style="list-style-type: none"> Various stages of Alzheimer’s disease or related dementias, regardless of age. Staff trained in managing responsive behaviours and they work closely with primary care, Specialized Geriatric Services (i.e. Geriatric Medicine) and the Behavioural Supports Ontario Team to safely manage and support program clients and their caregivers. Support and educational services to caregivers either directly or through partnerships with other community partners. Programs have dementia friendly environments that contribute to a calming, accessible, and safe environment.

Action Planning



- Models of Care and Innovation
- Coordinated Access
- Funding
- Capacity Planning

Mississauga Halton LHIN Area Adult Day Programs



Central West LHIN Area ^{3.1-8} Adult Day Programs



- I** Indus Community Services
- A** Alzheimer Society of Peel
- P** Peel Manor
- T** Tall Pines
- V** Vera Davis Centre
- M** Malton Village

Capacity Planning

- Working together to strategically invest in programming



3.1-10 Opportunities for the Future

- Ability to scale clinical supports that align to demand
 - Young onset dementia
 - Hub and spoke adult day programming
 - Full interprofessional team staffing models
- Continue to advocate for funding to meet demonstrated need for services
- Ongoing joint staff and leadership planning among Central Region LHINs and Region of Peel

FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD 2020/02/20	MEETING NAME HSIC
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Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582
E-mail: council@peelregion.ca

DATE SUBMITTED YYYY/MM/DD 2020/01/29
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NAME OF INDIVIDUAL(S) David Smith & Ceri Harnden
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POSITION(S)/TITLE(S) CEO -CMHA Peel Dufferin & Chief Officer, System Integration - Peel Children's Centre

NAME OF ORGANIZATION(S) Canadian Mental Health Association Peel Dufferin & Peel Children's Centre

E-MAIL SmithD@cmhapeel.ca & CHarnden@peelcc.org	TELEPHONE NUMBER	EXTENSION
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REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED) To speak to community mental health & addictions services and supports across Peel.

A formal presentation will accompany my delegation Yes No

Presentation format: PowerPoint File (.ppt) Adobe File or Equivalent (.pdf)
 Picture File (.jpg) Video File (.avi,.mpg) Other

Additional printed information/materials will be distributed with my delegation : Yes No Attached

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Please complete and return this form via email to council@peelregion.ca

Health System Integration Committee Delegation

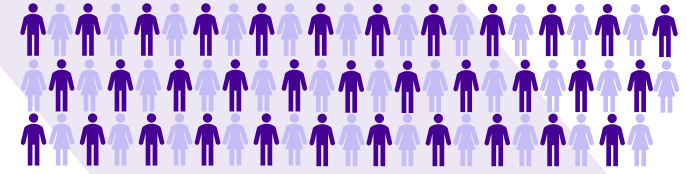
February 20, 2020

David Smith,
Chief Executive Officer,
Canadian Mental Health
Association Peel Dufferin

Ceri Harnden,
Chief Officer, System Integration,
Peel Children's Centre



The Region of Peel is home to 343,000 (12%) of Ontario's child and youth population birth to age 19.



1 in 5 children or youth face mental health challenges.

In Peel, 68,000 children and youth face a mental health challenge.

Less than 1 in 3 will access services.¹

The Region of Peel has an estimated gap of at least 41,000 children/youth under 17, and 18,600 young adults ages 18-24 who need mental health services but are not able to access them.

Left untreated, the challenges worsen and the cost of help increases.

Peel Children's Centre vision is caring communities working together for children, youth and families.

Peel Children's Centre mission is inspiring hope by leading in the delivery of high quality mental health services.

¹ <https://ontariochildhealthstudy.ca/ochs/>



In any given year, 1 in 5 people in Canada will personally experience a mental health problem or illness.¹

In the Region of Peel², that amounts to more than 276,000 people each year.



CMHA Peel Dufferin's vision is mentally healthy people in a healthy society.

CMHA Peel Dufferin champions good mental health for everyone and supports the full participation of those with mental illness and addictions in the life of the community.

In 2018-19 CMHA supported:

21,785 clients through **86,363** visits



591 families served
35 groups delivered



4,954 individuals attended
162 public workshops



3,915 individuals attended
127 presentations and displays

¹ <https://cmha.ca/fast-facts-about-mental-illness>

² <https://www.peelregion.ca/planning/pdc/data/quickfacts.htm>

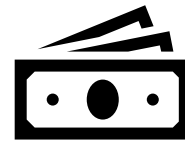
The Region of Peel received \$22.2 million for Children & Youth Mental Health in 2019-20 to provide service to approximately 8800* children and youth.

The Region of Peel is the lowest funded community on a provincial per capita basis in Ontario, receiving \$1 for every \$6 provided to Toronto.

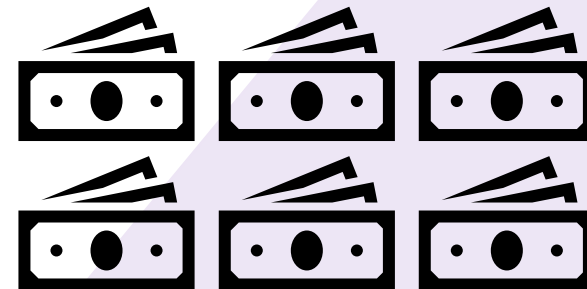
The Region of Peel receives 1/3 of the provincial average.



1.38 Million residents ¹



2.95 Million residents ²



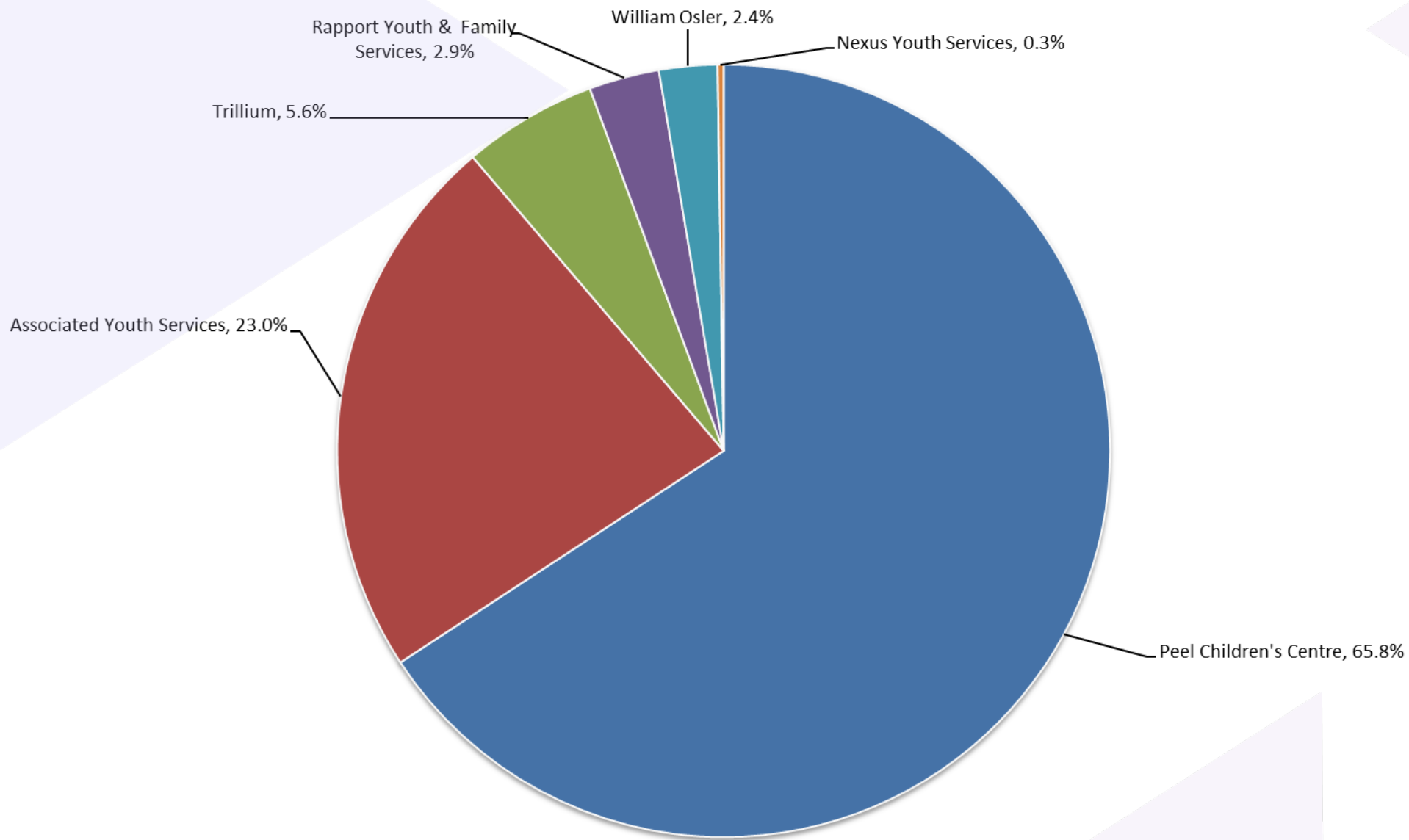
PEEL
CHILDREN'S CENTRE

¹ <https://www.peelregion.ca/planning/pdc/data/quickfacts.htm>

² <https://www.toronto.ca/city-government/data-research-maps/toronto-at-a-glance/>

* Non-unique count

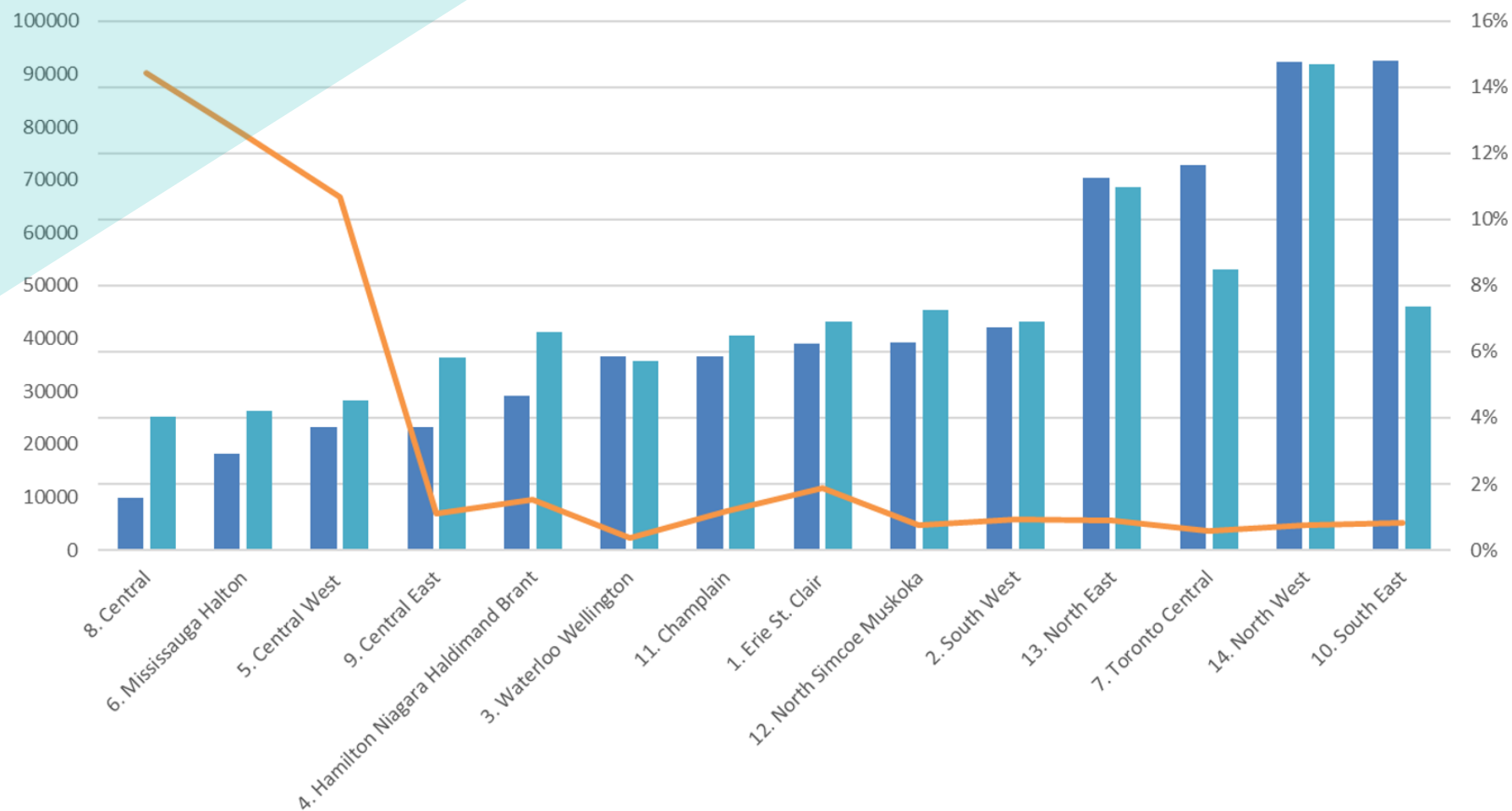
Core Services Providers in Peel - % Total Ministry Funding (Mapped)



Setting the Context

Mental Health Services in Peel compared to Ontario

Comparison of Mental Health Resources and ED Visits across LHINs



Central West and Mississauga Halton have among the lowest per capita Community Mental Health funding and the highest number of residents per long term psychiatric beds.

The ratio of resident to psychiatric bed is:

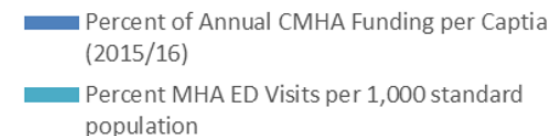
MH – 1:78,649

CW – 1: 66,808

HNHB – 1:9,591

TC – 1:3,549

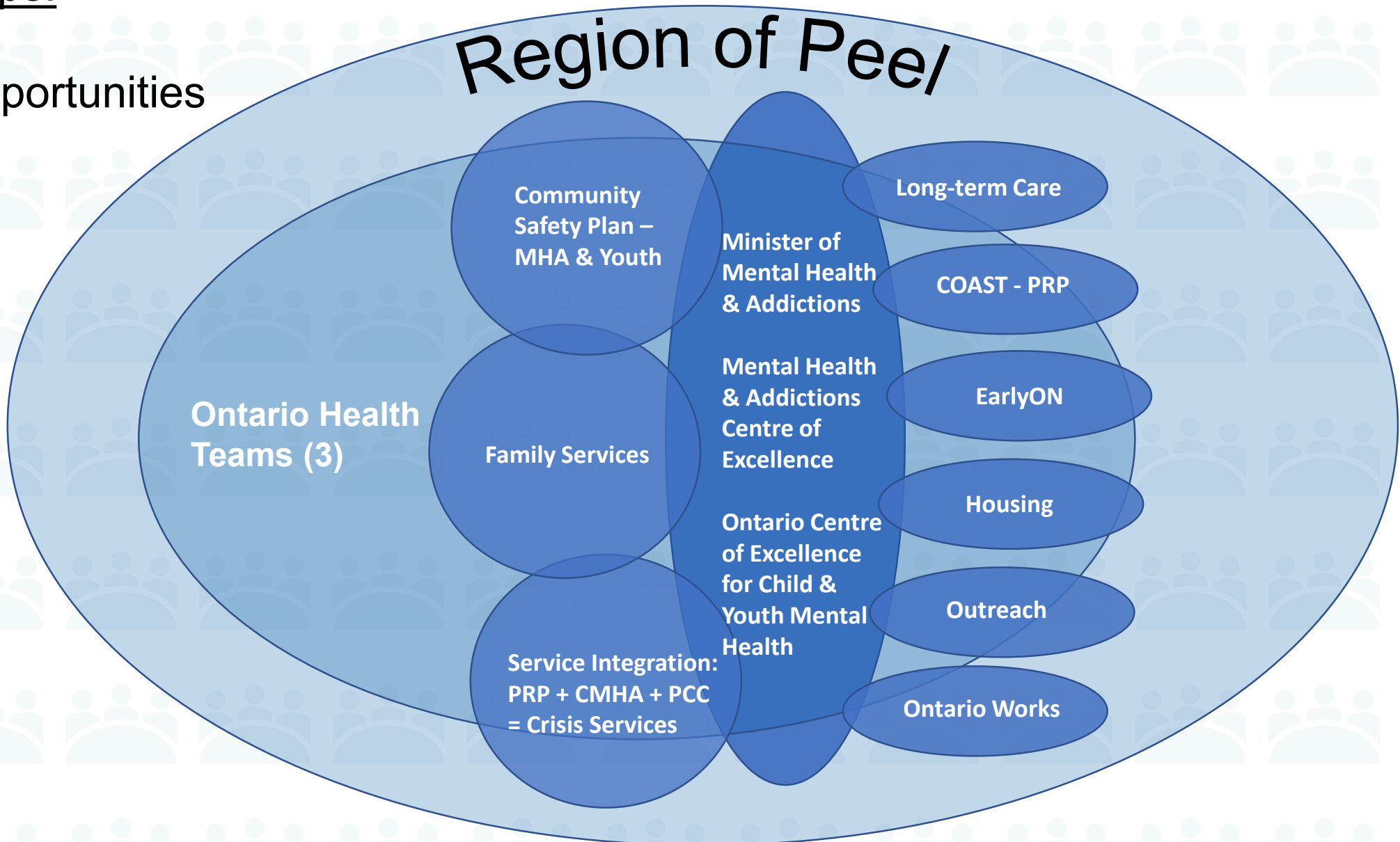
This is in stark comparison to comparison to Hamilton and Toronto:



Ontario Health

Local relationships:

- Themes & Opportunities
- Data
- Infrastructure



Moving forward...

- ✓ We support population-based funding that takes both the social determinants of health and the profile of the population into account
- ✓ Fair share of funding for the Region of Peel
- ✓ Support for multi-sector, multi-agency planning
- ✓ Support for integrated services
- ✓ Support for performance and quality data

For Information

DATE: January 16, 2020

REPORT TITLE: **OVERVIEW OF ADULT DAY SERVICES IN PEEL**

FROM: Cathy Granger, Acting Commissioner of Health Services

OBJECTIVE

To describe the current state of adult day services (ADS) in Peel and explore opportunities to expand ADS programming through funding and integrated care models such as the Seniors Health and Wellness Village at Peel Manor and local Ontario Health Teams.

REPORT HIGHLIGHTS

- Adult day services (ADS) support frail seniors living with physical or chronic disabilities or cognitive impairment including Alzheimer's and other dementias.
- ADS support improved patient and provider experience, and system effectiveness and efficiency, reducing pressure on acute care and alleviating alternate level of care beds that contribute to hallway medicine.
- Six agencies operate 18 programs in Peel, and five of these programs are operated by the Region with funding from the Local Health Integration Networks (LHINs), Regional tax dollars, and client fees.
- The demand for Region of Peel ADS has surpassed supply resulting in a wait list of over 400 people. As demand continues to grow in Peel Region, there will continue to be a need for equity in funding to address the current gap and future need.
- Regional staff continue to pursue funding opportunities to support Peel Manor's redevelopment and ensure ADS expansion reflects growing community need. Existing space at Sheridan Villa provides an opportunity for expansion that is dependent on capital funding for renovations and operating funding.

DISCUSSION

1. Background

Seniors (individuals 65 years and older) are the fastest growing age group in Peel Region. It is estimated that by 2041, the number of seniors will increase by 134 per cent from 177,000 (2016) to 415,000, where one in five Peel residents will be a senior citizen. To meet the needs of an aging population and seniors' increasingly complex health conditions, Local Health Integration Networks (LHINs), and the Region of Peel have invested in home and community care services, including adult day services.

4.1-2

OVERVIEW OF ADULT DAY SERVICES IN PEEL

Adult day services (ADS) provide a range of supports and benefits for frail seniors, which are individuals living with physical or chronic disabilities or cognitive impairment including Alzheimer's and other dementias. This includes exercise, social, therapeutic and recreational activities, such as community excursions, as well as assistance with personal care including eating, toileting and bathing. Onsite clinics for various types of personal and medical care as well as nutritional counselling are also available within ADS.

ADS programs are an important part of a broader portfolio of seniors' services that contribute to reducing pressure on acute care and decreasing the need for alternate level of care beds. ADS programs can support improved patient and provider experience, and system effectiveness and efficiency by:

- Reducing caregiver distress;
- Supporting people to remain living in the community longer;
- Addressing social isolation;
- Providing an opportunity for palliative and end-of-life care planning;
- Reducing preventable emergency department visits and hospitalizations;
- Delaying admission to long term care homes; and
- Providing a cost-effective approach to delivering care.

The Region of Peel's 2018-2022 Term of Council Priority to Enhance Seniors' Supports and Services in Peel, affirms the Region of Peel's role to deliver high quality, sustainable services for seniors and caregivers to optimize their quality of life. Gaps and complexities in the health and social systems in Peel and across Ontario impact seniors and their caregivers when navigating and accessing a range of services that support healthy aging.

The Region, along with the Central West and Mississauga Halton LHINs and other community partners coordinate and provide ADS to meet the needs of some of the most vulnerable residents.

2. Program Access and Service Levels in Peel

Across Peel Region there are a total of six agencies delivering adult day services (ADS) across a total of 18 programs. The Central West LHIN currently funds three agencies that operate eight ADS programs within Peel Region. As one of these three agencies, the Region of Peel operates five ADS programs (funding for Sheridan Villa ADS is transferred from the Mississauga Halton LHIN through the Central West LHIN). The Central West LHIN ADS programs served 735 unique clients with over 249 available weekday ADS spaces and 47 weekend ADS spaces (2017-2018). The Mississauga Halton LHIN currently funds six agencies delivering ADS at 10 programs with 420 weekday program spaces and 119 weekend program spaces.

In addition to funding, the Mississauga Halton and Central West LHIN Home and Community Care have the responsibility of assessing eligibility and referring prospective clients to ADS programs, including those operated by the Region of Peel.

a) Region of Peel Adult Day Services (ADS) Programs

The Region of Peel operates five ADS programs, co-located in each of its long-term care homes, with a total of 762 weekly spaces and 287 registered participants. Over half of

OVERVIEW OF ADULT DAY SERVICES IN PEEL

clients (59 per cent) in Region of Peel ADS have been diagnosed with a cognitive impairment (i.e. dementia) and 71 per cent of current clients have complex care needs.

Regional staff manage waitlists of eligible clients who are referred to programs by the LHINs, and coordinate intake and client navigation. As of January 2020, there are 407 applicants waitlisted for Region of Peel ADS programs. Wait times for the Regional programs range from six to 12 months, with the longest wait times at Tall Pines and Malton Village (12 months). Sheridan Villa's wait times range from six to eight months and Peel Manor has a wait time of six months. The Davis Centre currently does not have a wait list. Clients on the wait list are only able to receive ADS when participants leave or reduce their days of service.

b) Funding for Regional Programs

The Ministry of Health through the Central West LHIN, funds approximately 60 per cent of the Region's ADS operating costs, 30 per cent comes from Regional tax dollars, and the remaining 10 per cent is from client fees. Net Regional operating budget for ADS totalled \$2.4 million in 2020, which is a \$0.3 million increase from the 2019 operating budget. Going forward, if the province does not increase funding by at least inflation, the proportion of Regional funding will slowly increase.

3. Opportunities to Expand the Region's Adult Day Services (ADS)

As the demand for ADS grows in Peel, there will be an expanding need for equitable funding increases to meet demand. The current unmet need, as evidenced by over 400 waitlisted for Region of Peel programs, would require a 70 per cent increase in Regional funding to bridge the current waitlist.

Both the Central West and Mississauga Halton LHINs have identified the need to expand ADS service levels to address waitlists and support needs of clients and their caregivers (i.e. social work, counselling, overnight respite). This planning allows for the considerations that can address affordable programming, transportation and ensure sufficient levels of clinical resources to support clients and their caregivers, within the context of the current population health needs and available investments.

The Region of Peel has planned for future expansion of ADS at the Seniors Health and Wellness Village at Peel Manor in collaboration with the Central West LHIN. This redevelopment will accommodate 90 ADS and eight short-stay respite spaces and is contingent on operational funding from the LHIN or other sources.

Regional staff continue to pursue funding opportunities to support Peel Manor's redevelopment and ensure ADS expansion reflects growing community need. In addition, existing space at Sheridan Villa provides an opportunity for expansion that is dependent on capital funding for renovations and operating funding. Preliminary estimates for renovation cost range between one to two million dollars, depending on the number of potential new funded spaces.

The Region is also actively engaged in all three developing Ontario Health Teams in Peel to ensure that plans for expansion of ADS programs are considered within the planning priorities.

OVERVIEW OF ADULT DAY SERVICES IN PEEL**CONCLUSION**

Adult day services (ADS) serve an important function in the health system by enabling seniors to remain in their homes, alleviating the pressure on caregivers, and decreasing unnecessary emergency department visits and acute care admissions. The Region of Peel is an important part of the ADS network in Peel and continues to work with partners to invest in seniors as part of the Term of Council Priority to Enhance Seniors' Supports and Services in Peel.

Region of Peel staff will report back to council in consultation with system partners on continued opportunities to expand Regional ADS and address existing service gaps.



Cathy Granger, Acting Commissioner of Health Services

Approved for Submission:

N. Polsinelli, Interim Chief Administrative Officer

For further information regarding this report, please contact Brian Laundry, Director, Strategic Policy and Performance, ext. 2514, brian.laundry@peelregion.ca or Donna Kern, Director, Seniors Services Development, ext. 2647, donna.kern@peelregion.ca

Authored By: Cullen Perry and Niyati Salker

DATE: January 16, 2020

REPORT TITLE: **ADDRESSING COMMUNITY MENTAL HEALTH AND ADDICTIONS SYSTEM CHALLENGES IN PEEL**

FROM: Cathy Granger, Acting Commissioner of Health Services

RECOMMENDATION

That the advocacy approach outlined in “Next Steps” of the report from the Acting Commissioner of Health Services, titled “Addressing Community Mental Health and Addictions System Challenges in Peel”, be endorsed.

REPORT HIGHLIGHTS

- One in five Peel residents will experience at least one mental health illness and/or substance use disorder in any given year. Yet only one in three will receive the appropriate care that is required.
- As the health care system transforms, the role of mental health and addictions sector continues to evolve. Peel continues to experience chronic underfunding of mental health and addictions services, and challenges with system integration which directly impacts accessibility and quality of care for residents of Peel across the lifespan.
- On December 12, 2019, Bill 116: *Foundations for Promoting and Protecting Mental Health and Addictions Services Act, 2019* received Royal Assent which recognizes that mental health and addictions care is a core component of an integrated health care system.
- The Region of Peel plays a role in a population-based approach to mental health and addictions by addressing social determinants of health (e.g. income, housing, and employment), promoting good mental health through Public Health programs, and supporting the system through advocacy and community outreach.
- Given the impacts of mental health and addictions in our community, the Region of Peel should strengthen advocacy to address funding inequities and system integration challenges within and across ministries as an imperative to ensure Peel residents have access to services in their time of need and that support a Community of Life.

DISCUSSION

1. Background

As Peel’s population continues to grow, the prevalence of mental health and addictions challenges increases with an estimated one in five Peel residents (276,000 residents) impacted by at least one mental health illness and/or substance use disorder in any given year. Yet, without adequate funding and sufficient availability of services, only one in three Peel residents are expected to receive the treatment that they need which leaves an estimated 184,000 Peel residents (including just over 60,000 children and youth) without the

4.2-2

ADDRESSING COMMUNITY MENTAL HEALTH AND ADDICTIONS SYSTEM CHALLENGES IN PEEL

necessary treatment they need. This gap in services suggests that many residents in Peel lack access to appropriate community supports and services at the right place, at the right time.

a) Mental Health & Addictions System Overview

As the health care system transforms, the mental health and addictions system continues to evolve. In late 2018, children and youth mental health lead agencies were advised that the policy and implementation functions supporting the sector would transfer from the Ministry of Children, Community and Social Services (previously named the Ministry of Children and Youth Services) to the Ministry of Health.

In 2019, the Provincial government announced changes to Cabinet including the creation of the Associate Minister of Mental Health and Addictions Services who is accountable for the funding and oversight of the mental health and addictions system, under the Ministry of Health. In addition, Bill 116: *Foundations for Promoting and Protecting Mental Health and Addictions Services Act* (the Act), received Royal Assent on December 12, 2019. The purpose of the Act is to lay a foundation to support a mental health and addictions strategy in Ontario which recognizes that mental health and addictions care is a core component of an integrated health care system. The Bill enacts two Schedules, the *Mental Health and Addictions Centre of Excellence Act, 2019* and the *Opioid Damages and Health Costs Recovery Act, 2019*.

The creation of the Mental Health and Addictions Centre of Excellence (with oversight from Ontario Health) will:

- Oversee a provincial mental health and addictions strategy;
- Develop clinical, quality and service standards for mental health and addictions;
- Establish and monitor performance metrics across the mental health and addictions system; and
- Provide resources and support to health service providers, integrated care delivery systems and others related to mental health and addictions.

b) Provincial Funding for Mental Health and Addictions System

In 2019, the Province announced a \$3.8 billion commitment over 10 years to build a mental health and addictions system, with an immediate plan to invest \$174 million in 2019-20. These investments included \$30 million for child and youth mental health services and programs. Despite the Province's commitment to invest in the mental health and addictions system, it is unclear what proportion of this funding will support programs and services in Peel. The lack of clarity on how funding will be allocated is also compounded by limited details on timelines and processes to support evidence-informed decision making.

To date, the Central West Local Health Integration Network (LHIN) has received just over \$2 million in base funding with additional fund flowed from the Mississauga Halton LHIN amounting to just over \$2.6 million. Mississauga Halton LHIN has received over \$3 million in funding from the province, with the latest investments in crisis supports (e.g. mobile crisis rapid response team) and psychotherapy. In addition, the Ministry of Health for children and youth mental health received \$1.19 million in new funding with focused

4.2-3

ADDRESSING COMMUNITY MENTAL HEALTH AND ADDICTIONS SYSTEM CHALLENGES IN PEEL

investments in counselling/therapy, intensive services, crisis supports and family capacity building and support services.

c) Local Peel Context

At a local level, service coordination continues to be the responsibility of the Local Health Integration Networks (Central West and Mississauga Halton) for adult services, and the Peel Children's Centre as the lead agency responsible for system planning, integration and coordination for children and youth services. In addition, the Region of Peel also invests in early intervention through EarlyON centres which promotes developmental health, as well as mental health and well-being in very young children. Across Peel, there are many services along the age continuum (i.e. counselling, addictions, family support, etc.) that are provided by both ministry and non-ministry funded organizations (see Appendix I).

The Region of Peel plays a role in a population-based approach to mental health and addictions by addressing social determinants of health (e.g. income, housing, and employment), promoting good mental health through Public Health programs, delivery of other health services such as senior services, long term care and paramedic services, as well as supporting the system through advocacy and community outreach.

2. Current Landscape of Services in Peel

While not unique to the mental health and addictions system, Peel has experienced historical underfunding and challenges with system integration, which continues to have a direct impact on accessibility and quality of care across the age continuum. Table 1 summarizes the considerable gap that Peel receives in comparison to the provincial average in funding per capita.

Table 1. Per-Capita Funding Inequities for the Central West and Mississauga Halton LHINs

Annual per capita funding for LHIN funded adult services aged 15-64 years (2019/2020)*	Central West LHIN	Mississauga Halton LHIN	Ontario average
Mental Health	\$54.23	\$43.31	\$86.36
Addictions	\$11.46	\$10.58	\$20.91

*Community Mental Health FY2018 Ministry-LHIN Performance Agreement (MLPA) Funding with Adjustments and Addictions Program FY2018 MLPA Funding with Adjustments.

The Mental Health Commission of Canada cites that the economic cost from mental health problems and illnesses to the Canadian economy is significant; it is at least \$50 billion per year. While the true economic cost to Peel is unknown, greater investments are required to eliminate the current funding inequity, which has meant Peel residents often face longer wait times when trying to access services. As a consequence of inadequate funding for mental health and addictions services in Peel, the burden is displaced on emergency services (hospitals, paramedic services, police and shelters). For example, in 2017, 21,886 mental health-related emergency department visits were reported for Peel residents, and further, in 2018 Peel Police officers spent over 15,000 hours responding to over 6,000 mental health

4.2-4

ADDRESSING COMMUNITY MENTAL HEALTH AND ADDICTIONS SYSTEM CHALLENGES IN PEEL

requests for assistance (a 37 per cent increase from the preceding year, a rate that is only expected to grow as the population increases).

Additional data (see Appendix I) provides a profile of mental health supports and services available for residents of Peel, however challenges with access, poor transitions for youth to adult services, and navigation of the system remain an issue.

As of November 2019, Connex estimated average wait times for certain community mental health and addictions services funded by the Central West (Brampton, Caledon and Malton) and Mississauga Halton LHINs exceeded the estimated wait times in Ontario across several services as outlined in Table 2. Local community service providers report that specific wait times for case management among adults for counselling are even more pronounced than those captured by Connex.

Table 2. Community Mental Health and Addictions System Challenges in Peel

Key Service Challenges	Wait Times (Days)		
	Central West LHIN	Mississauga Halton LHIN	Ontario
Case Management / Supportive Counselling – Mental Health	98 days	77 days	59 days
Support within Housing – which includes dedicated staff for Mental Health	336 days	312 days	247 days
Centralized / Coordination access	150 days	--	26 days
Day / Night Care Mental Health	150 days	--	45 days

Further, as of August 2019, Peel Children’s Centre reported that 262 children and youth were on a six to twelve month wait list for counselling or therapy-intensive supports in Peel.

3. Community Mental Health and Addictions Round Table

On October 21, 2019, the Region of Peel and the Ministry of Health’s Associate Minister of Mental Health and Addictions co-hosted the Peel Community Mental Health and Addictions Round Table. The round table included 11 mental health and addictions service providers to discuss key challenges and opportunities for community partners to address existing and ongoing concerns within the community mental health and addictions sector in Peel.

Community partners highlighted the need for improvements such as access to services and formal care providers, standardized data and culturally sensitive programs as imperative for maintaining a patient-centred approach, alleviating key system pressures, and addressing hallway health care. Community service providers in Peel also agreed that there was general under-capacity across a broad spectrum of community mental health and addictions services including existing challenges with long wait times. A report detailing the discussion and outcomes of the roundtable is included in Appendix II.

The meeting re-emphasized the importance of Council’s two endorsed advocacy positions (Resolution 2016-958) for addressing funding and system integration challenges:

4.2-5

ADDRESSING COMMUNITY MENTAL HEALTH AND ADDICTIONS SYSTEM CHALLENGES IN PEEL

- **Mental Health and Addictions Funding:** The provincial government should address historical inequities in funding for mental health and addictions services in Peel to support improved access to services within the community and ensure that funding matches community needs and reflects demographic changes.
- **Mental Health System Integration:** The provincial government should integrate mental health and addictions system planning and service delivery to ensure seamless access to services across the entire age continuum (children to seniors) and work across ministries on the basic social needs required for mental health promotion and recovery, such as housing.

4. Next Steps

The Province's commitment to invest \$3.8 billion in the mental health and addictions system, to build the Mental Health and Addictions Centre of Excellence, and to release a new provincial mental health strategy, demonstrates that the Ministry of Health is working to standardize the quality and delivery of mental health and addictions services across Ontario. These developments provide the Region of Peel and its community partners the opportunity to work with the province to build out a system of support that addresses the community needs of Peel. Recommended approaches include:

a) Shared Policy and Advocacy Agenda

While the Region of Peel has taken a leadership role in advocating for mental health and addictions service needs, there remains an opportunity to work with the Province to enhance service delivery in Peel. Building on the community mental health forum, Regional staff will continue to steward and work alongside community partners to coordinate consistent messaging and identify strategic investments that can be shared with the Province to strengthen our community mental health and addictions system in Peel.

b) System Collaboration and Alignment

The Region of Peel is committed to working in partnership with other community mental health and addictions stakeholders to ensure a coordinated and comprehensive approach to meet the needs of Peel residents. Current opportunities for system collaboration through Health Services include:

- **The Peel Region Community Safety and Well-being Plan:** Mental Health and Addictions is an area of early focus of the plan and an Action Table is underway to identify its goals. The Action Table is an example of cross-sector collaboration and coordination among partners who are collectively working to achieve a shared goal for transitional youth/emerging adults and build pathways within the mental health and addictions system.
- **Integrated Drug Strategy:** Public Health is working with stakeholders to develop a strategy that addresses substance use more broadly, expanding the focus beyond opioids (the Opioid Strategy). A stakeholder meeting in January 2020 facilitated a discussion on the vision and roadmap for development of a broader drug strategy.

4.2-6

ADDRESSING COMMUNITY MENTAL HEALTH AND ADDICTIONS SYSTEM CHALLENGES IN PEEL

- **Social Assistance and Mental Wellness Initiative:** Under the purview of the Ministry of Children, Community and Social Services, Ontario Works, Region of Peel was chosen as one of six pilot sites. The time-limited project was launched on May 1, 2019, to assess the effectiveness of providing supervised internet-based Cognitive Behavioral Therapy, as an early intervention for Ontario Works recipients.
- **Home for Good Program:** Region of Peel, Housing Services is working on a collaborative Housing First project that enables housing stabilization with support services for prioritized multi-barriered individuals who are homeless, or at imminent risk of homelessness and who have a high acuity of need.
- **Ontario Health Teams:** Having three Ontario Health Teams providing care to the residents of Peel will provide increased opportunities to strengthen service integration and improve access to services and supports across the populations being served.

c) System Performance Data

A lack of consistent, standardized measurement and reporting of client outcomes across the adult mental health and addictions system inhibits the ability of the sector to improve the care and referral pathways for clients (i.e. improve navigation ease, enhance transitions, build capacity of culturally sensitive supports and services etc.); evaluate programs and delivery models; as well as identify priorities for improving system performance.

With the implementation of the Centre of Excellence, opportunities exist for the Region and community partners to advocate to the Province for improvements to data quality and system performance data to ensure both robust and standardized data is used to monitor and evaluate the performance of the Peel's community mental health and addictions sector as well as the broader system.

CONCLUSION

As the mental health and addictions system continues to evolve, the Region of Peel is well positioned to work with community partners to support the enhancement of Peel's community mental health and addictions services through public policy and advocacy, as well as system collaboration and data coordination.


As an invested partner in the delivery of health services for our community, the Region or Peel will continue to address funding inequities and system integration challenges within and across ministries as an imperative to ensure Peel residents have access to services in their time of need and that support a Community of Life.

**ADDRESSING COMMUNITY MENTAL HEALTH AND ADDICTIONS SYSTEM CHALLENGES
IN PEEL**



Cathy Granger, Acting Commissioner of Health Services

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

APPENDICES

Appendix I – Region of Peel Mental Health Profile

Appendix II – Peel Community Mental Health and Addictions Round Table Summary

For further information regarding this report, please contact Brian Laundry, Director, Strategic Policy and Performance, ext. 2514, brian.laundry@peelregion.ca.

Authored By: Kirsten Barnes and Niyati Salker

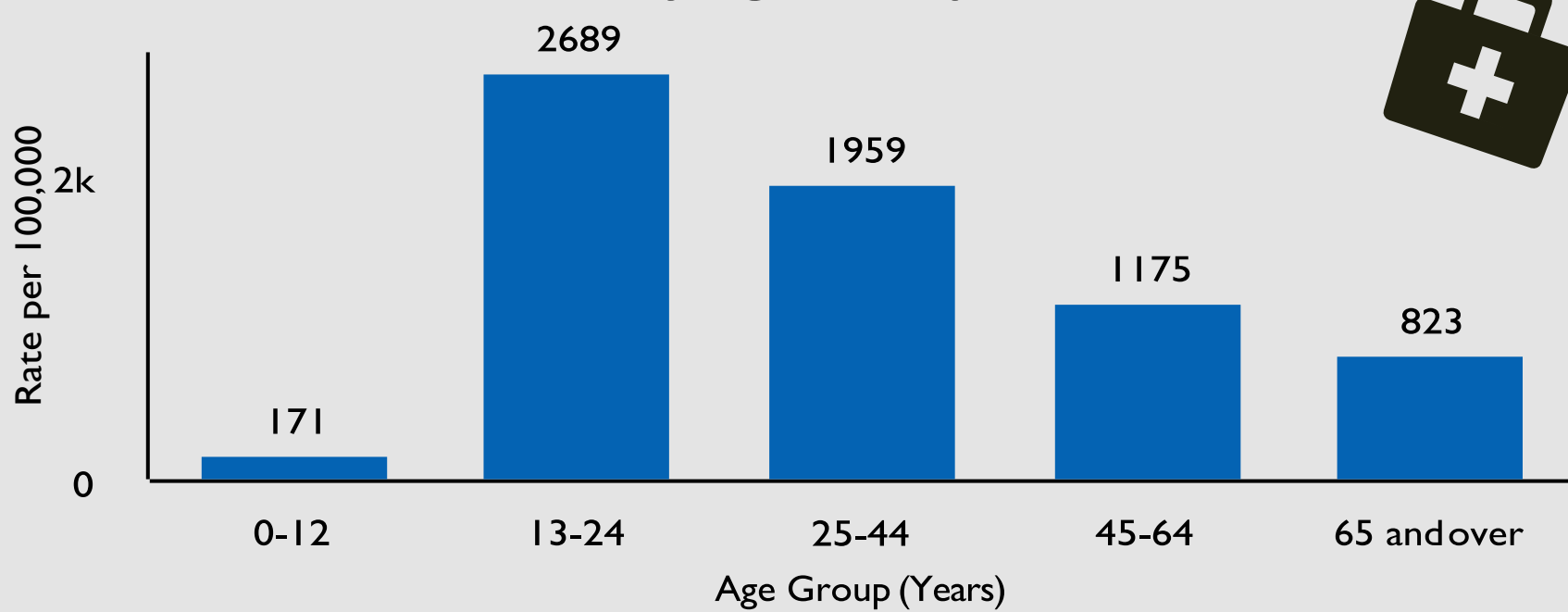
Region of Peel Mental Health Profile

Health Intelligence and Analytics
Health Services, January 2020

This document presents an overview of measures that are intended to profile mental health in the Region of Peel, with highlights of relevant facts and services available.

"**1 in 5 people** in Peel Region will experience a mental health concern at some point in their lifetime."¹

Emergency Department Visits for Mental Health-Related Disorders by Age Group, Peel, 2017²



In 2017, there were **21,886 ED visits** for mental health-related disorders among individuals living in Peel.²

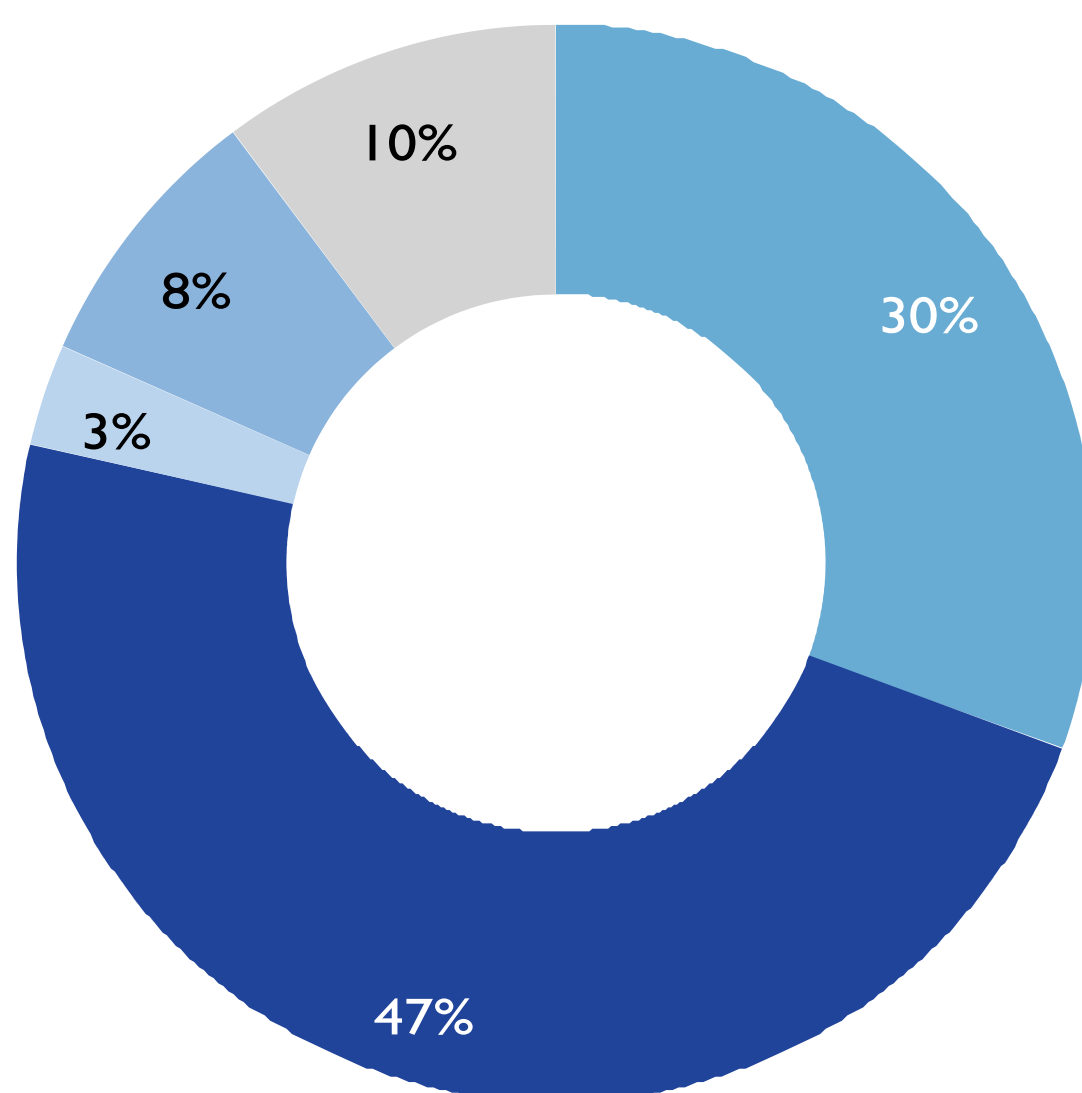
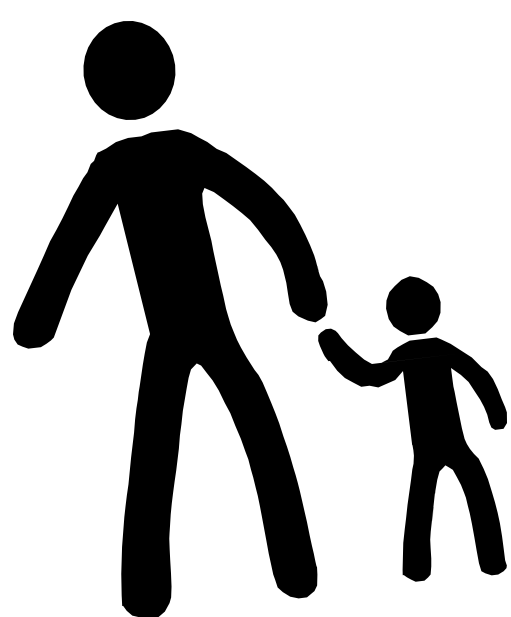
In 2016, **depression** was the most prevalent mental health disorder, with an estimated, **53,000 cases**³

*Note: Rates exclude dementia; includes intentional self-harm and poisonings with undetermined intent when mental health is not the primary diagnosis

Peel Mental Health Organizations⁵

There are approximately **126 organizations** within Peel serving the population.*

Percent of organizations providing age-specific services



■ More than one Age Group (30.61%)
 ■ Adult (47.96%)
 ■ Child (3.06%)
■ Youth (8.16%)
 ■ Senior (10.2%)

Poor transitions from youth to adult mental health services lead to **disengaging** from care in **up to 60% of known cases**.⁴

Most **visits** for mental health conditions were seen by **general practitioners (70%)**, followed by **psychiatrists (20%)** and **pediatricians (3%)** during 2003 to 2016.³



In 2016, **immigrants** visited a physician for mental health-related issues **3 times less frequently** than **non-immigrants**.³

*Note: Not a complete count of every organization, see footnote 5. All numbers reported rounded to the nearest whole number.

APPENDIX I**ADDRESSING COMMUNITY MENTAL HEALTH AND ADDICTIONS SYSTEM CHALLENGES IN PEEL**

References

1. Canadian Mental Health Association. (2015). Quick Guide: Mental Health and Addictions Resources.
2. Prepared by: Population Health Assessment Team, Office of the MOH, Health Services using: National Ambulatory Care Reporting System 2017, IntelliHEALTH Ontario, Ministry of Health and Long-Term Care; and Population Estimates 2017, Statistics Canada; IntelliHEALTH Ontario, Ministry of Health and Long-Term Care; and Age-standardized to the 2011 Canadian population.
3. Region of Peel – Public Health. The Changing Landscape of Health in Peel. A Comprehensive Health Status Report. 2019.
4. Davidson, S. and Cappelli, M. (2011). We've Got Growing Up to Do: Transitioning Youth from Child and Adolescent Mental Health Services to Adult Mental Health Services. Ontario Centre of Excellence for Child and Youth Mental Health.
5. Organizations limited to the following directories: Canadian Mental Health Association. 2018. Quick Guide: Mental Health and Addictions Resources Serving Peel Region, Dufferin County and Surrounding Areas; CentralWesthealthline.ca 2020, Central West Local Health Integration Network, accessed 8 January 2020, < <https://www.centralwesthealthline.ca/listCategories.aspx?id=10027>>; MississaugaHaltonhealthline.ca 2020, Mississauga Halton Local Health Integration Network, accessed 8 January 2020, < <https://www.mississaugahaltonhealthline.ca/listCategories.aspx?id=10027>>; ConnexOntario Mental Health Organization Directory.

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

October 21, 2019

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

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PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

SUMMARY

This report is in follow up to the October 21, 2019, Peel Community Round Table with the Associate Minister of Mental Health and Addictions and community partners who are working to improve the mental health and wellbeing of Peel's residents. The round table was a result of a delegation by Region of Peel staff and representatives of Regional Council at AMO in August 2019. Following AMO, the Region of Peel and Ministry of Health coordinated the round table with 11 service providers (see page 10) invited to participate in the meeting and respond to discussion questions provided by the Ministry (see Appendix I). Through opening remarks Minister Tibollo acknowledged the need for a comprehensive strategy across the life span, that is culturally sensitive and emphasizes local connected programs and services close to home. Minister Tibollo also cited the importance of preventative resources while balancing the needs to support those who are impacted the most.

Among the discussion, there was shared attention by community partners concerning system challenges within the community mental health and addictions sector in Peel. In particular, access to services across the lifespan has been challenging as a result of Peel's rapid population growth and chronic underfunding of programs and services. This report reflects discussion at Peel's community round table to:

- Examine the needs, gaps and opportunities within the mental health and addictions system in the Region of Peel; and
- Identify areas of immediate investment and opportunities to scale up successful programs and services for those in need across the life continuum.

The Region of Peel is encouraged by the work and approach of the Ministry of Health and Associate Minister of Mental Health and Addictions to develop a comprehensive long-term strategy along with the Centre of Excellence for Mental Health and Addictions. The Region of Peel looks forward to continuing to work with community partners and the province to develop a strengths-based mental health and addictions system across the lifespan.

PEEL CONTEXT

- In Ontario, the burden of illness on society for mental health disorders is 1.5 times greater than all cancers combined and seven times greater than all infectious diseases combined.¹
- It is estimated that 1 in 5 people will be impacted by mental health illness and/or substance disorder.² In Peel that means:
 - Over 276,000 Peel residents will experience a mental health and/or substance disorder, including over 62,000 children and youth (0 to 17 years) as well as over 28,000 young adults (18 to 24 years).
- Yet, only 1 in 3 Peel residents will receive the treatment that they need.³ This means that an estimated 184,000 Peel residents (including approximately 60,000 children and youth) will not receive the care that they need.
- Peel continues to experience rapid population growth adding pressure to service levels that are unable to keep pace with demand. Over the last 20 years, the population in Peel has increased by 38% (19% in the last 10 years alone).⁴ By 2041, Peel's population is expected to exceed 1.97 million, representing one of the largest and fastest growing population groups in the Greater Toronto Area.⁵
- Considerations for inclusive and accessible service delivery is important given the diversity within Peel.

¹ Mental Health Commission of Canada. (2012). Opening eyes, opening minds: The Ontario burden of mental illness and addictions report.

² Mental Health Commission of Canada. (2013). Strengthening the case for investing in mental health in Canada.

³ Offord Child Health Studies. (2019). Ontario Child Health Study.

Hamilton Health Sciences. (2019). Hamilton researchers find one in five children have a mental health disorder.

⁴ Peel Data Centre. (2016). <http://www.peelregion.ca/planning-maps/2016-population-dwelling-counts-bulletin.pdf>

⁵ Statistics Canada. (2016). Peel Census Data.

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

- Over half (52%) of Peel’s residents are immigrants, 1.8 times higher than in Ontario (29%).⁶
- Peel has the highest proportion of visible minorities (62%) within service boundaries in Ontario.⁷

Recognizing local challenges related to historical underfunding and lack of system integration, two advocacy positions were endorsed by Peel Regional Council as Regional priorities in November 2016 and continue to be supported.

The Region of Peel recommends:

- That the provincial government should address historical inequities in funding for mental health and addictions services in Peel to support improved access to services within the community and ensure that funding matches community needs and reflects demographic changes.
- That the provincial government should integrate mental health and addictions system planning and service delivery to ensure seamless access to services across the entire age continuum (children to seniors) and work across ministries on the basic social needs required for mental health promotion and recovery, such as housing.

KEY ISSUES IN PEEL

While not unique to the mental health and addictions sector, Peel has experienced historical underfunding and challenges with system integration which directly impacts accessibility and quality of care across the age continuum. The Region of Peel continues to seek opportunities to enhance Peel’s community mental health and addictions services, so Peel residents have access to the necessary supports and services, and the opportunity to experience a greater sense of well-being, belonging and quality of life.

The data below presents a snapshot of what is known about the impact of mental health and addictions issues within Peel.

BURDEN ON EMERGENCY DEPARTMENTS

- Emergency department visit rates have increased over time; between 2003 and 2016, substance related mental health disorders and anxiety disorders had the greatest increase in emergency department visits.
 - Forty-four per cent of children and youth in Peel aged 0 to 24 years did not receive mental health care from a family physician, pediatrician or psychiatrist prior to a visit to the emergency department.⁸
 - Mood and anxiety disorders visits have doubled among individuals aged 14 and younger and those 15 to 24 years old.⁹

MENTAL ILLNESS

- Approximately 53,000 residents in Peel are experiencing depression, it is the most prevalent mental health disorder in Peel.¹⁰
- It is estimated that 25,732 individuals aged 15 and older have experienced anxiety disorders in Peel.¹¹
- Emergency department visits for all mental health disorders have more than doubled among individuals younger than 24 years.¹²

⁶ Peel Data Centre. (2016). Population Infographic.

⁷ Ibid

⁸ Health Quality Ontario. (2018). Measuring up: A yearly report on how Ontario’s health system is performing.

⁹ Canadian Institute for Health Information. (2016).

¹⁰ Canadian Community Health Survey Share File-Mental Health Module, 2015/2016, Statistics Canada. Ontario Ministry of Health and Long-Term Care.

¹¹ Canadian Community Health Survey Share File-Mental Health Module, 2012, Statistics Canada. Ontario Ministry of Health and Long-Term Care.

¹² National Ambulatory Care Reporting System, 2003–2016, Canadian Institute for Health Information (CIHI). IntelliHEALTH Ontario, Ministry of Health and Long-Term Care.

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

- Six per cent of Peel residents (similar to Ontario) aged 15 years and older have had suicidal thoughts in their lifetime.¹³

ADDICTION ISSUES

- In 2016, alcohol was the most commonly reported substance used among Peel residents.¹⁴
- The number of opioid-related deaths increased sharply in 2014 (45 deaths) and again in 2017 (81 deaths). Since June 2017, opioid-related deaths have remained constant, with 41 deaths in the first three months of 2019.¹⁵
- Peel's children and youth mental health providers report an increased number of calls from parents and school personnel who are in need of education and supports both on concurrent disorders and an addiction to gaming which is negatively impacting children's abilities to function.¹⁶

¹³ Canadian Community Health Survey, 2015/2016, Statistics Canada. Ontario. Ministry of Health and Long-Term Care.

¹⁴ Canadian Institute for Health Information. (2016).

¹⁵ Public Health Ontario. (2019). Opioid-related morbidity and mortality in Ontario.

¹⁶ Peel Children's Centre. (2019).

KEY OPPORTUNITIES FOR ACTIONS TO SUPPORT THE MENTAL HEALTH AND ADDICTIONS SECTOR IN PEEL

Sustainable funding, integration of service planning and delivery, access to services and formal care providers, standardized data and culturally sensitive programs are important for maintaining a patient-centred approach, alleviating key system pressures, and addressing hallway health care. For reference, Central West LHIN is responsible for the adult sector for the Brampton and Caledon areas of Peel Region and Mississauga Halton LHIN is responsible for the Mississauga area of Peel Region for the adult sector. Peel Children’s Centre is the lead agency for children’s mental health service across Peel Region. Feedback from local service providers’ perspectives on challenges are summarized below to inform areas of meaningful and evidence informed investments for Peel’s residents (See Appendix I for supplemental notes from the Community Round Table):

Inequitable funding

- Peel’s six children and youth mental health agencies¹⁷ serving children and youth from birth to age 24 years, are grossly underfunded; according to Peel Children’s Centre, Toronto receives six times the funding amount as Peel.
- Counselling and therapy represent the greatest need for core service funding for children and youth.
- Lower per capita funding allocated to both LHINs servicing Peel’s adult (aged 15-64 years) mental health and addictions services;¹⁸ for 2019-2020, Central West and Mississauga Halton LHINs received \$54.23 and \$43.31 respectively for mental health and \$11.46 and \$10.58 respectively for addictions services. This is lower in comparison to Ontario’s average of \$86.36 for mental health and \$20.91 for addictions.¹⁹
- Services and Housing in the Province (SHIP) report that \$23.98 is allocated per client per day. This starkly contrasts to the recommended amount by the Mental Health Commission of Canada who estimated in 2016, a client should receive \$91 to \$127 per day (current calculation accounting for inflation).

Growing waitlists

- As of August 2019,²⁰ 262 children and youth were on a 6-12 month wait list for counselling/ therapy – intensive supports in Peel. As this service requires longer sessions with clients, waitlists are lengthier.
- As of November 2019,²¹ estimated wait times for services funded by the Central West and Mississauga Halton LHINs exceed the Ontario average, especially within the Central West LHIN catchment area- Centralized/Coordination Access at 150 days, Case Management/Supportive Counselling – Mental Health at 102 days and Supports within Housing at 336 days.

Lack of system planning and service delivery

- Historically, planning and coordination of mental health and addictions services has been divided between two “systems” – one for adults (ages 16+ years) and one for children and youth (0-24 years).
- At a local level, oversight has been the responsibility of the Local Health Integration Networks (Central West and Mississauga Halton) for adult services, and the Peel Children’s Centre as Lead Agency for children and youth services.

¹⁷ Associated Youth Services of Peel, Peel Children’s Centre, Nexus Youth Services, Rapport Children & Family Services, Trillium Health Partners and William Osler Health System.

¹⁸ Historically, funding allocation has been reported for adults 20+ years; service utilization is now reported for ages 15-64 years and is starkly underfunded in comparison to the Ontario average.

*Community Mental Health FY2018 MLPA Funding with Adjustments and Addictions Program FY2018 MLPA Funding with Adjustments

¹⁹ Community Mental Health FY2018 MLPA Funding with Adjustments and Addictions Program FY2018 MLPA Funding with Adjustments

²⁰ Peel Children’s Centre. (2019).

²¹ Connex Ontario. (2019).

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

- Given the existing and separate system level planning of children/youth and adult services, transitional aged youth/young adults (18-25 years) are greatly underserved in Peel.
- Seniors' mental health also requires system integration for services depending on the levels of physical and cognitive capacity.
- Lack of integration of mental health and addictions services within primary care (inclusive of family involvement, psychiatry and community support services) has a direct impact on accessibility and quality of care across the age continuum resulting in long waitlists and use of hospital Emergency Departments (ED). For example, in Peel, 32% of adults with a mental health related ED visit did not receive prior care from a physician.²² Moreover, as reported in 2017, Peel Regional Police saw a 37% increase in mental health related calls over the last five years, which is upwards of 16 calls per day.²³
- There is a need to standardize the delivery of programs across multiple service providers in the Central West LHIN (even within the same functional centre) for adults 16 and up. Frequency of contact, duration, location of services as well as the expertise and methodology used to deliver mental health and addictions programs vary across provider and requires consistency.

Absence of a centralized intake

- There is a great need for all mental health and addictions services to have common intake and assessment processes for patients (children, youth and adults), families and clinicians to understand their choices while waiting to receive services and supports.

Lack of access to physicians and psychiatrists and poor integration of psychiatry

- In addition to long wait lists, there is a lack of physicians²⁴, psychologists²⁵, inpatient beds²⁶ as well as low mental health inpatient admissions as reported by the Central West and Mississauga Halton LHINs.

Lack of supports for culturally appropriate/diverse populations

- Both clients and service providers/settlement workers report lack of culturally sensitive supports and services as a barrier for newcomers to Peel as well as staff having a lack of knowledge to provide the right supports and services.²⁷
- Family centred and culturally appropriate approaches within programs/services is very sporadic in supporting persons with mental health and addictions challenges.
- LGBTQ2S, Indigenous and Racialized populations lack appropriate supports and services.

Lack of housing

- Low stock for affordable and supportive housing.

Lack of standardized data

- Lack of measurement and reporting of client outcomes for the entire mental health and addictions system inhibits the capacity to improve the client's care pathway.

²² Health Quality Ontario. (2018). Measuring Up.

²³ Peel Regional Police. (2017).

²⁴ In 2016, the rate of physicians per 100,000 Ontarians was 99.1. The Central West LHIN only has 73.9 physicians per 100,000 people. Meanwhile, in the Mississauga Halton LHIN, there was 91.3 physicians per 100,000.

²⁵ In 2016, there were 24.3 psychologists per 100,000 people in Ontario and 20.5 per 100,000 people in the Mississauga Halton LHIN. However, in the Central West LHIN the rate of psychologists was much smaller in comparison, at only 9.1 per 100,000 people.

²⁶ In 2019, the rate of mental health beds in Ontario is 38.6 per 100,000 people. This represents more than half of available beds in the Mississauga Halton LHIN, at 13.3 per 100,000 and Central West LHIN, at 10.8 per 100,000.

²⁷ Peel Newcomer Strategy Group. (2019). Report on Peel Newcomers.

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

EVIDENCE-INFORMED SERVICES AND PROGRAMS – LOCAL SUCCESS

Highlighted below are evidence-informed therapeutic programs and services that demonstrate success for our residents in Peel region. Direct infusion of investments in these services will improve care, decrease waitlists and wait time, reduce use of emergency departments and address hallway health care. Feedback from local service providers' on evidence-informed services and programs are summarized below to inform areas of investments for Peel's residents.

Psychotherapy: Cognitive Behavioural Therapy (CBT), Dialectal Behaviour Therapy and Trauma-focused CBT

- For children and youth aged 0-24 years, investments in CBT will help to reduce distress and improve the day to day lives of children and youth struggling with the most prevalent mental health disorders (e.g., anxiety, depression, eating disorders, substance use disorders and trauma). These services have produced positive outcomes and have been shown to be cost-effective for children as young as 4, through to youth and young adults.
- For young adults/adults and seniors, investments will help to reduce wait times, making it easier to access care when needed. People are in need of faster, more equitable access to mental health supports that will compliment the medical model, build coping strategies to improve self-management and support recovery.

Rapid Access Addiction Medicine (RAAM) Clinics

- In fiscal year 2018/19, the clinic supported 53% (131 of 248) of clients in Peel Region. Pending funding, RAAM Clinics provided in Mississauga and crisis services in Peel will expand to include the Mobile Crisis Rapid Response Team (MCRRT).²⁸
- Investments of \$1.4 million would enable the opening of four clinics and serve an additional 3,200 visits per annum in Mississauga by funding additional medical supervision, nurse practitioner, nursing, concurrent disorder, psychiatry, and pharmacy services.

24/7 Crisis Walk-in Service

- In line with best practice, access to walk-in crisis services will minimize emergency department visits, mitigate imminent client safety risks, and enable direct connection and referral to appropriate ongoing community-level supports. This service would work within existing partnerships and address the remaining critical gap in crisis services in the Region of Peel. This 24/7 Crisis Walk-In Service would also address a gap in the continuum of walk-in crisis services for adults as this service doesn't currently exist.
- Investments of \$1.43 million would enable 24/7 Crisis Walk-in Service to operate and serve 3,500 visits per annum for crisis support workers, counselling, and intake services.
- An additional \$1.5 million would allow the addition of two more Mobile Crisis Rapid Response Teams (MCRRT) to help reduce apprehensions under the Mental Health Act by approximately 1,000 from the current 6,700 per year, reducing the burden on both police and emergency departments at William Osler Health System and Trillium Health Partners.

In-STED

²⁸RAAM Clinics offer rapid assessments, education, and withdrawal management, to reduce risk and support harm reduction for clients in urgent need of addiction care. MCRRT allows crisis workers to ride along with uniformed officers to respond to live 911 calls involving mental health and addiction crisis. Crisis workers will conduct onsite assessment to de-escalate and support individual's in current crisis.

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

- In fiscal year 2017/18, In-STED²⁹ supported 806 clients. By connecting with clients in the emergency department, it successfully reduced repeat emergency department (ED) visits by 65%.
- Investments of \$3.276 million would allow In-STED to operate across all hospital Emergency Departments in the Region of Peel, 24 hrs per day, 7 days per week and serve 3,454 clients and 21,000 visits per annum.

Stepped Care model

- Since implementation in January 2019, the stepped care model³⁰ has reduced wait time for psychiatric consultations by 80% (from 365 days to 90 days). Furthermore, wait time for psychotherapy reduced by 85% (24 weeks to 2 weeks). Patient participation increased by 138% and as a result more than double the number of unique individuals were served.
- Investments in an additional four to six full time social work staff (\$400,000 to \$600,000) would allow Osler to keep pace with Peel's growing population (approximately 10 % annual growth rate of mental health and addictions patients at Osler) and to meet the unmet need of mood and anxiety in chronic disease patients (i.e. dialysis, diabetes, cancer etc.).
- An investment of approximately \$450,000 per 1,000 patients³¹ in this program would allow the creation of an e-therapy program within the established Stepped Care Program; patients at lower intensities could access treatment interventions remotely without missing school or employment obligations. Further investment would also allow expansion of William Osler Health System's Stepped Care Program to family health teams teaching them to provide lower intensity services (step 1 and 2), while the hospital can accommodate the more complex patients in higher intensity services (steps 3 and 4).

Mental Health and Addiction Supportive Housing Programs

- **SHIP's High Support program**³² - Individuals are successfully housed through direct alternative level of care referrals from institutions like the Centre for Addiction and Mental Health (CAMH) which has in turn increased CAMH's capacity to serve individuals who require acute specialized care. In addition, the High Support program has provided choice-based housing with customized supports which has increased housing stability and has reduced ED visits and re-hospitalizations and will benefit from funding because the High Support provides a safe alternative for individuals with co-occurring complex mental health issues who are struggling to remain housed.
- **SHIP's Housing In Place Team (HIP)**³³ - HIP has resulted in successful choice-based housing placements with high retention rates and a reduction in ED visits and hospitalizations. This is due to a specialized support approach which meets the individual "where they are at". Providing non-traditional supports like community trauma, hoarding, tenancy and financial literacy combined with traditional mental health supports has demonstrated positive outcomes for housing retention and an individual's recovery journey. Investments would assist in program delivery through a housing first needs approach that would support individuals who require housing and supports from using system access points like emergency rooms, EMS services, police services, etc. as well as reducing waitlists. Additional funding could create a preventative proactive extension of HIP that would assist in

²⁹ In-STED facilitates successful transitions to community level supports and services and provides an opportunity for reciprocal knowledge transfer of system navigation between hospital and community health professionals.

³⁰ Adapted from Improving Access to Psychological Therapies (IAPT) from the UK

³¹ Partnership opportunity with CBT Associates – MindBeacon

³² A model of housing designed to assist individuals who are challenged with complex mental health and co-occurring issues which is built on a solid foundation of support for marginalized populations.

³³ Provides supportive housing and intensive case management for people with serious mental health issues and/or those with problematic substance use who are homeless or at risk of homelessness. (e.g. SHIP's Hansen Building).

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

diverting individuals who are on the trajectory towards homelessness due to their mental illness or addiction.

- For the above programs, immediate investments to support 12 complex clients per one full time staff would equate to \$262,800 (\$90,000 per FTE plus \$1,200 per client).
- **Housing and Support Program (HASP)**³⁴ through Trillium Health Partners, HASP would benefit from the development of a subsidy fund to support mental health and addiction patients by allowing access to market valued rental properties. Measured outcomes include drastic reduction of patient homelessness and further reductions in the use of short-term shelters and safe-beds.
- A subsidy fund of \$1,194,000 would provide secure and safe housing for 250 individuals for a 5-year period.

Peer programs/services

- Youth and adult peer support and caregiver peer support models³⁵ can improve system navigation, help families cope while waiting for care or offer additional support post-treatment.
- Peer support services and the involvement of people with lived experience have been shown to be effective in assisting individuals self-manage their mental health needs and generate superior outcomes in terms of engaging “difficult to reach” individuals.

Respite services

- These services³⁶ provide temporary relief for families of children who are struggling with mental health issues or for parents who are experiencing mental health issues that are directly affecting their child/youth’s daily functioning. Services have demonstrated reduced risk of family breakdown and decreased child and family stress. Further investments will provide continued supports; thus, improving the quality of life for parents and children.

Public Health Population Approaches

- A commitment to the promotion of mental health through the Ontario Public Health Standards is foundational to a comprehensive approach to addressing and optimizing mental health within the population. Furthermore, incorporating a harm reduction and public health approach to substance use and addiction allows for a more upstream approach to reduce harm and keep people alive, as well as implement prevention initiatives that support children and youth.

³⁴ While there are many housing options in south central Mississauga, the monthly housing allowance through ODSP of \$464 does not support stable housing in the housing crisis of which Mississauga is facing. The HASP fund would be most beneficial in partnership with the SHIP program.

³⁵ Peers are increasingly becoming recognized as valued members within the care team by numerous mental health and addictions programs nationally and internationally.

³⁶ Services are provided out-of-home and in-home (community-based respite)

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

CONCLUSION

Locally in Peel, mental health and addictions system integration and funding equity remain priorities in achieving a Community for Life for Peel's residents. Addressing funding inequities and system integration for services supported within and across ministries is imperative to ensure seamless transitions between children and youth to adult mental health and addiction services. As the province moves toward the establishment of the Centre of Excellence for Mental Health and Addictions, Peel looks forward to working with the province to improve and sustain Peel's mental health and addictions services through a strengths-based lifespan approach.

Thank you to our Community Mental Health and Addictions Partners that attended the Peel Mental Health and Addictions Round Table and supported the development of this report:

- Central West LHIN
- Canadian Mental Health Association (CMHA) Peel Dufferin
- Hope Place Centre
- Mississauga Halton LHIN
- Peel Addiction Assessment and Referral Centre (PAARC)
- Peel Children's Centre (PCC)
- Peel Regional Police
- Punjabi Community Health Services (PCHS)
- Services and Housing in the Province (SHIP)
- Trillium Health Partners
- William Osler Health System

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

Appendix I – Community Mental Health and Addictions Round Table (October 21, 2019)

Question	Themes
<p>1. What are the key barriers to accessing MHA services in this part of Ontario and what would it take to address these issues?</p>	<p>Barriers for Community Partners</p> <ul style="list-style-type: none"> • Funding inequities <ul style="list-style-type: none"> ○ children and youth services receive 1/3 of funding ○ adult sector underfunded; one of lowest per capita ○ Per Capita funding: overall funding for Central West and Mississauga Halton LHINs are less (\$973 vs \$1900 for Ontario). \$12 million base funding over last 7 years: \$63 for Central West LHIN vs. \$200 Ontario. • Geography of services (rural vs. urban) <ul style="list-style-type: none"> ○ Getting care as close to home • Social determinants of health / poverty • Access points: multiple access points, enter one door; how to get right services at right time <ul style="list-style-type: none"> ○ Child and youth mental health addictions (strengths-based) vs. adult (diagnostic) need to change communications, language, integration • Circle of care -expansion <ul style="list-style-type: none"> ○ family centered approach: how to get family involved when consent and confidentiality becomes an issue • Need wide range of supports (available in one team): family services, intake, case management, etc. • Need to meet people where they are – services can't be prescribed (holistic view) • Lack of psychiatry; psychiatry not community based – needs to be integrated into multidisciplinary teams • Lack of counselling for 18-25 years • Psychotherapy application for under 18 years • Culturally sensitive services <ul style="list-style-type: none"> ○ Cultural sensitivity is needed i.e. Cognitive behavioural therapy (CBT) for South Asian community – is this a good model is being asked (partnered with CAMH on 5-year pilot) ○ Consent/ privacy issues (PHIPPA concerns - look at provincial level since it can be addressed) <p>Barriers for Peel Regional Police</p> <ul style="list-style-type: none"> • Peel Police Resourcing issues upon entry to hospital due to lowest number of mental health beds in Peel (approx. 1 to 70,000 / vs. 1-6,000 province)

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

	<ul style="list-style-type: none"> • Crisis supports: transitions from MCRRT and COAST – present initial issues then reengage with police when there is no one else to call - recidivism • Lack of supportive housing and mental health care – impacts policing downstream • Opportunities <ul style="list-style-type: none"> ○ Collaboration is the goal ○ Best practices: need to look at multidisciplinary teams within each sub-region ○ Alignment: what people need vs. scope of services – there is sometimes a disconnect ○ How do we change genetic makeup of outreach teams? (transitional housing and mental health) - need to expand ○ Community treatment: need to look at alternative dispute resolution, employment, other elements important to an individual etc. ○ Synergy and expansions of MCRRT and COAST programs
<p>2. What do you see as the opportunities and risks in starting to articulate a provincial quality agenda for MHA, for example the introduction of common program and service standards setting out minimum expectations for delivery?</p>	<p>Risks with opportunities to change</p> <ul style="list-style-type: none"> • There is an advantage with having common standards but risk if become too standardized. <p>Addictions sector challenges</p> <ul style="list-style-type: none"> • Cognitive Behaviour Therapy (CBT) - not everyone benefits and can de-skill ability to provide psychotherapy which may lower resilience • Addictions need psychotherapy (which is not funded). Pathologizes situational events • Data – wrong metrics: worker productivity instead of outcomes of patients • Clinicians are tracking on multiple databases • Administration is taking up too many resources (need to determine what matters most from a tracking perspective) • Siloed funding – by functional center within organizations = inefficiency • Unable to cross-pollinate funding within agency – need some flexibility • Mississauga Halton LHIN health service providers got accredited which may be an opportunity for all community agencies • Technology: a challenge; need a digital strategy for the sector <p>Supportive Housing sector challenges</p> <ul style="list-style-type: none"> • Reiterated supportive housing needs • Peel for Zero campaign: list of homeless individuals in community – prioritize those folks (high service users with mental health and addictions challenges); address chronic and high-risk folks

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

	<ul style="list-style-type: none"> • Non-chronic users are creeping up to be chronic system users: need to tackle both groups simultaneously • Cited Housing First model: housing first teams • Assertive Community Teams (ACT) - wrap around services within housing • Enhance Flexible Assertive Community Treatment Teams (FACT) <p>Hospital Sector</p> <ul style="list-style-type: none"> • Brampton is an underserved area – Brampton Civic Hospital sees 400 patients a day (many are mental health patients) • Need to move past reactive approach towards true population approach, prevention approach - housing, harm reduction etc., whereas currently the hospital is seen as a rescue medicine approach <ul style="list-style-type: none"> ○ Need for strong client/patient voice • May be a risk of reducing to lowest common denominator of service delivery for specific populations with innovation (not meeting clients' needs due to need for cultural sensitivity) • Need supports to understand population challenges – i.e. urban versus rural challenges • Need client, patient, caregiver voice representation • Acute care requires more virtual care <ul style="list-style-type: none"> ○ Compensation structure for physicians and psychiatry needs to change to support virtual care (seen some strides on addictions side) ○ Referenced UK's Improving Access to Psychological Therapies (IAPT) programme by Dr. Clark • Stretch funding for mood/anxiety continuum: for lower acuity events • Step care models: level of need to level of service are matched (for mood and anxiety disorders) where clients can receive services that are evidence based in the community – also recommended by Mental Health Commission of Canada <ul style="list-style-type: none"> ○ Brampton Civic Hospital: step 1-4 implemented but digital not implemented because of resources (Scarborough has it) ○ Step care in hospitals should be extended into community
<p>3. What has your community been doing to integrate care across parts of the health system (primary care, acute care, MHA) and across sectors (between the MHA system and schools, social housing providers, social assistance administrators, etc.)? Do you see Ontario Health Teams as providing further solutions to the challenge of integrated care?</p>	<p>Integration Opportunities</p> <p>Local LHINS</p> <ul style="list-style-type: none"> • Ontario Health Teams (OHT): Region of Peel is fully covered <ul style="list-style-type: none"> ○ Partners have collaborated in a new way – continuum of mental health and addictions services will be included ○ Exposure with partners have helped make connections • Mississauga Halton LHIN has been partnering for a healthy community: integrated approach with education, acute care, public health, police, etc., and communities

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

	<ul style="list-style-type: none"> ○ Opioid capacity project; invested in peer supports, residential care ○ Mental health and justice projects with MCRRT program with CMHA Peel Dufferin and Peel Police ○ Important to focus on culturally sensitive model – can't be one size fits all model ○ Health equity is important: constituents challenged with affordability and food security ○ Can't focus on reactive piece alone ○ Mississauga Halton LHIN is collecting data – demonstrating services not addressing all needs in the community <p>Mental Health and Addictions Sector</p> <ul style="list-style-type: none"> ● Three CMHA Peel Dufferin sites are co-located with primary care (integration with physicians and nurse practitioners to support navigating patients) <ul style="list-style-type: none"> ○ Promising outcomes: received care in new ways but participating in FACT Model; will share results with partners ○ RAAM: 5 clinics in Central West LHIN; 3 more clinics to be opened in Mississauga Halton LHIN ○ Dialectal Behaviour Therapy (DBT): working with family health team to start a DBT program for chronic suicidal behaviours <p>Addictions (specific) Sector</p> <ul style="list-style-type: none"> ● Mental health and addictions have been integrated but it is integration with rest of the system that requires improvements e.g. primary care ● Integration with William Osler Health System <ul style="list-style-type: none"> ○ youth withdrawal management program ○ unique partnership with EMS to reduce recidivism and emergency department visits ○ Seniors and homeless populations a focus: need better physical and emotional access to services ○ Co-location opportunities are important and need more of them ○ Opioid strategy integration with physicians is ongoing ● Direct transfer from hospitals: individuals get dropped after going to emergency department ● In-patient addiction treatment transitions
4. What do you see as “easy wins” in the areas of prevention and early intervention among children and youth – things we could be doing, or	<p>Children and Youth Mental Health Sector</p> <ul style="list-style-type: none"> ● Need to determine behavioural issues versus mental health challenges ● Child and youth mental health into Ministry of Health presents new opportunities for collaboration

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

doing differently, that would make a difference in young people's lives?

- Wheretostart.ca (front door access)– Peel Children's Centre has led integration as Lead Agency role which can be leveraged and learned for adult mental health and addictions for alignment
- Need for more crisis services for families to call for under / over 18 years

Young Adults/Adults

- Punjabi Community Health Services - Innovation to bridge access challenges: "meet me where I am program" which embed case workers in faith centres (bringing services where people need them)

Hospital Sector

- Member of Medical Psychiatry Alliance: pilot project for screening youth with diabetes (pediatric cases) are also screened for depression/ anxiety- linking those youth with services (embedded mental health with physical health) – but challenge is screening also requires sufficient/ appropriate services to link them to thereafter
- Partnership is an easy win - partnering with school districts (Peel Children Centre, school board, public health)
- Launching Project Now to reduce child and youth suicide
- Reducing stigma is a key aspect
- Trillium is looking for technology as an opportunity to address mental health needs
- Transitional aged-youth supports: addressing transitions for high need
- Early identification in youth addiction: gaming technology-based addictions which are on the rise (not flagged often) - William Osler Health System has seen 200% increase in addiction gambling; cannabis use risks
- Psychiatry based intervention – early diagnosis and stabilization and navigating to community resources

Peel Regional Police

- School Resource Officer: leveraging officers in prevention and intervention space with integration into school curriculum

Health System Integration Committee:

Addressing Mental Health and Addictions in Peel in the Context of Ongoing Health System Transformation

Brian Laundry

Director of Strategic Policy and Projects Division, Health Services
Region of Peel

Overview

1. **Current State of Health System Transformation**

- Status of Ontario Health & Ontario Health Teams
- Interim Transitional Regions
- Other Legislative Milestones

2. **System Map & Current Challenges**

- Mental Health System Map
- Current system challenges: Integration and Funding

3. **Opportunities for Action** Roundtable (October 2019) key outcomes and next steps

4. **Renewing Advocacy & Region of Peel's Role**

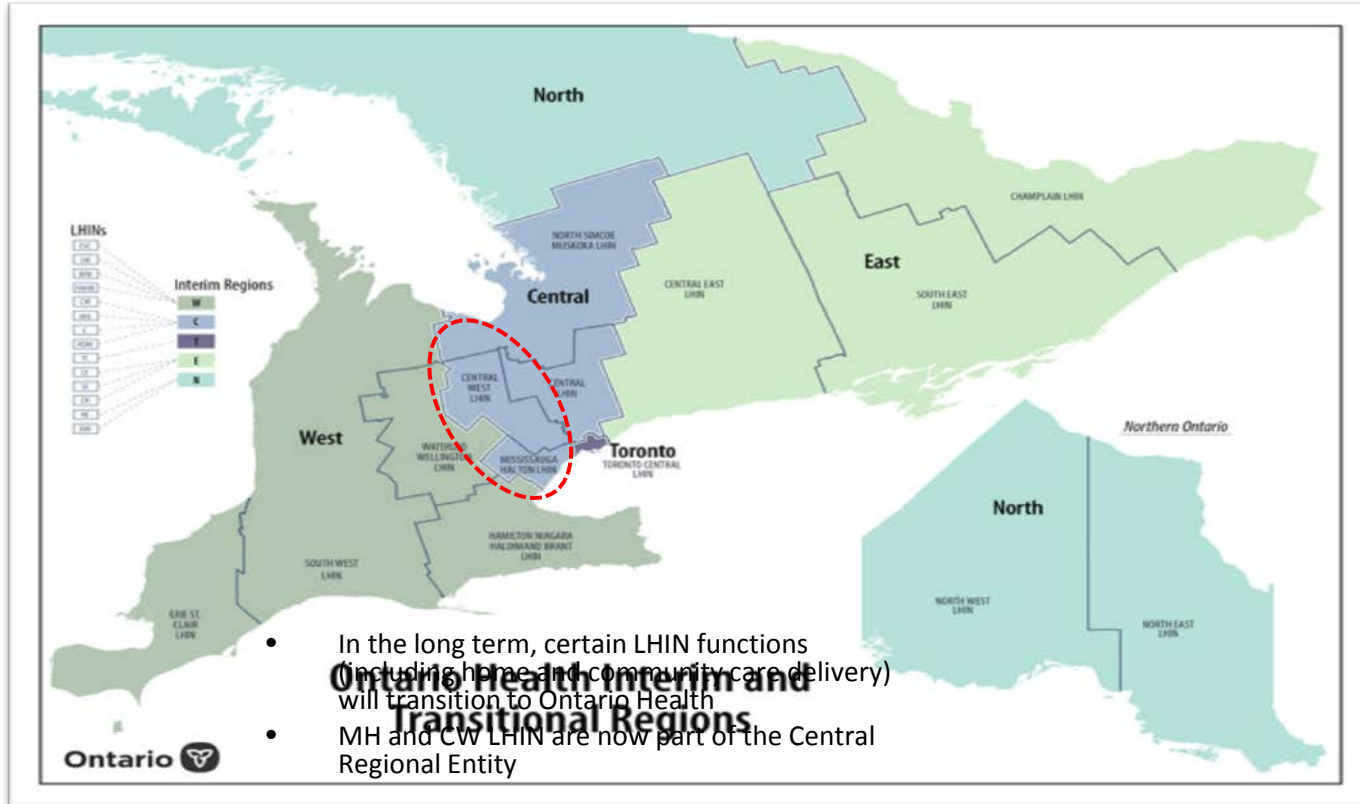
5. **Moving forward on shared commitment**



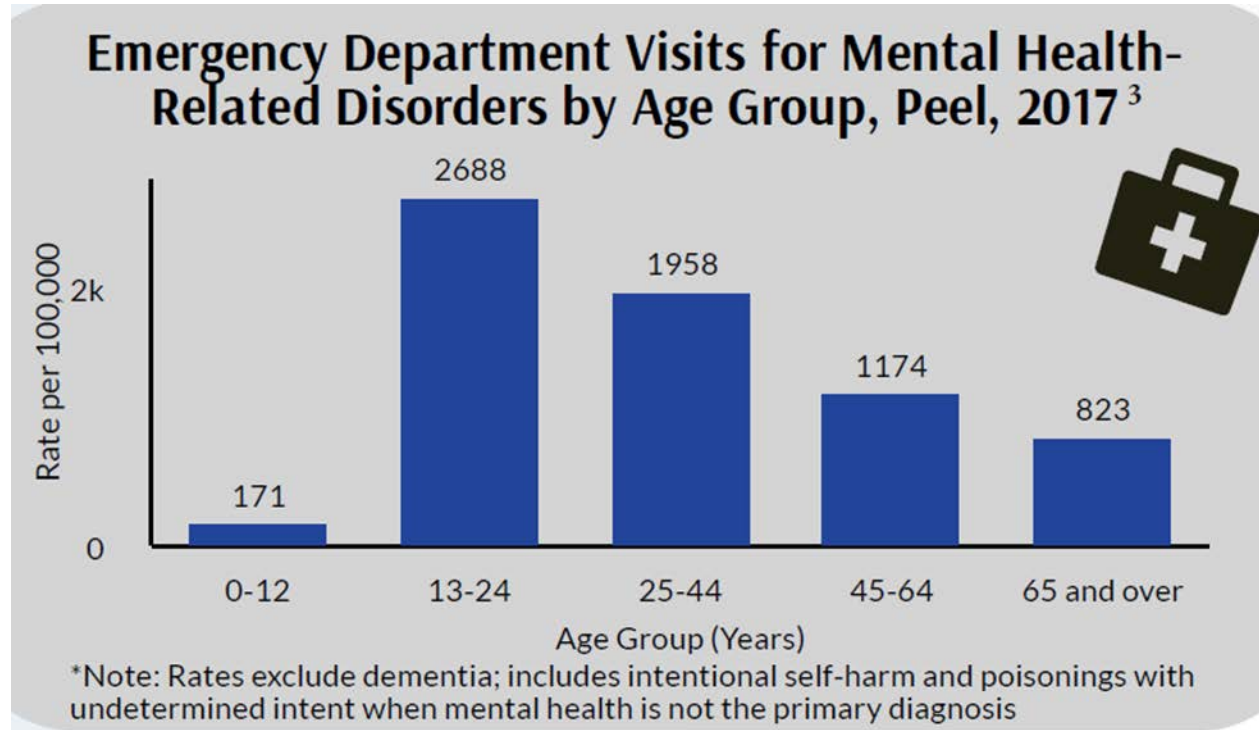
Current State: Health System Transformation



Ontario Health Interim and Transitional Regional Entities



Mental Health and Addictions System



Key Challenges in Peel: Access

Access to Care for People with Mental Illness or Addiction

Some populations in Peel are not receiving timely or appropriate care for mental illness or addiction:

- **32%** of **adults** with a mental-health related Emergency Department visit did not receive prior care from a physician
- **44%** of **children and youth** aged 0 to 24 years did not receive mental health care from a family doctor, pediatrician or psychiatrist prior to a visit to the emergency department

Key Challenges in Peel: Funding

While **Peel is growing faster than the provincial average**, adult mental health & addictions funding in Peel is **lower** compared to other jurisdictions

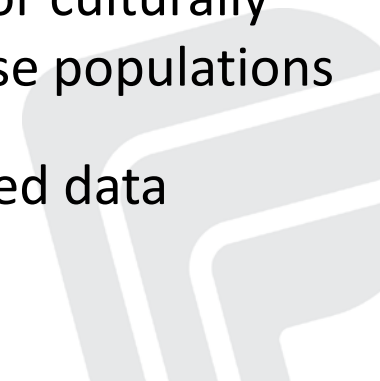
Annual per capita funding for adult services (2019/2020)	Central West LHIN	Mississauga Halton LHIN	Ontario average
Mental Health	\$54.23	\$43.31	\$86.36
Addictions	\$11.46	\$10.58	\$20.91

Key Challenges in Peel: Availability

Average wait times - 2019

Service type	Central West LHIN	Mississauga Halton LHIN	Ontario average
Case Management / Supportive Counselling	98 days	77 days	59 days
Support within Housing (dedicated staff for Mental Health)	336 days	312 days	247 days
Centralized / Coordination Access	150 days	---	26 days

Other Common Barriers in Peel

- Inequitable funding
 - Growing waitlists
 - Lack of system planning and service delivery
 - Absence of a centralized intake (adults)
 - Lack of (supportive) housing
 - Lack of access to physicians and psychiatrists and poor integration of psychiatry
 - Lack of supports for culturally appropriate/diverse populations
 - Lack of standardized data
- 

Region's Role

- The Peel Region Community Safety and Well-being Plan
- Public Health Initiatives (e.g., Integrated Drug Strategy and Mental Health Promotion programs)
- Social Assistance and Mental Wellness Initiative
- Home for Good Program
- Ontario Health Teams



Mental Health and Addictions Roundtable



- Examined needs, gaps and opportunities
- Highlighted evidence-informed therapeutic programs and services

Mental Health and Addictions Roundtable

- Described key issues in Peel
- Identified areas for immediate investment




PEEL COMMUNITY MENTAL
HEALTH AND ADDICTIONS:
ROUND TABLE SUMMARY



Strengthening Advocacy

Opportunity to build on existing advocacy so that:

- The provincial government should **address historical inequities in funding** for mental health and addictions services in Peel
 - The provincial government should **integrate mental health and addictions system planning and service delivery** to ensure seamless access to services across the entire age continuum (children to seniors)
- 

Moving forward: Advocacy

Strengthening Community Mental Health and Addictions Services in Peel:

- ✓ Needs-Based Funding Model for Core Services to meet Local Needs
- ✓ Coordinated Access and Integration (e.g. OHT, Community Safety and Well Being, Opioids Strategy)
- ✓ Quality and Performance Data
- ✓ Continuous Quality Improvement



Questions?



**ADDITIONAL MATERIALS
DISTRIBUTED AT MEETING**

Health System Integration Committee Delegation

February 20, 2020

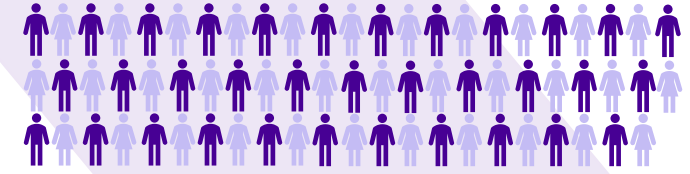
David Smith,
Chief Executive Officer,
Canadian Mental Health
Association Peel Dufferin

Ceri Harnden,
Chief Officer, System Integration,
Peel Children's Centre



3.2-3

The Region of Peel is home to 343,000 (12%) of Ontario's child and youth population birth to age 19.



1 in 5 children or youth face mental health challenges.

In Peel, 68,000 children and youth face a mental health challenge.

Less than 1 in 3 will access services.¹

The Region of Peel has an estimated gap of at least 41,000 children/youth under 17, and 18,600 young adults ages 18-24 who need mental health services but are not able to access them.

Left untreated, the challenges worsen and the cost of help increases.

Peel Children's Centre vision is caring communities working together for children, youth and families.

Peel Children's Centre mission is inspiring hope by leading in the delivery of high quality mental health services.

¹ <https://ontariochildhealthstudy.ca/ochs/>



3.2-4



In any given year, 1 in 5 people in Canada will personally experience a mental health problem or illness.¹

In the Region of Peel², that amounts to more than 276,000 people each year.



CMHA Peel Dufferin's vision is mentally healthy people in a healthy society.

CMHA Peel Dufferin champions good mental health for everyone and supports the full participation of those with mental illness and addictions in the life of the community.

In 2018-19 CMHA supported:

21,785 clients through **86,363** visits



591 families served
35 groups delivered




4,954 individuals attended
162 public workshops



3,915 individuals attended
127 presentations and displays

¹ <https://cmha.ca/fast-facts-about-mental-illness>

² <https://www.peelregion.ca/planning/pdc/data/quickfacts.htm>

 2,000 residents

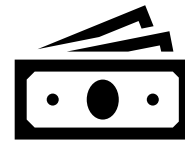
The Region of Peel received \$22.2 million for Children & Youth Mental Health in 2019-20 to provide service to approximately 8800* children and youth.

The Region of Peel is the lowest funded community on a provincial per capita basis in Ontario, receiving \$1 for every \$6 provided to Toronto.

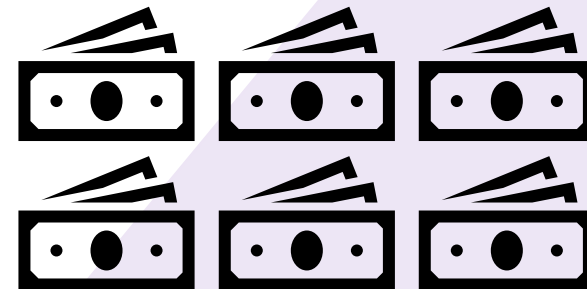
The Region of Peel receives 1/3 of the provincial average.



1.38 Million residents ¹



2.95 Million residents ²



PEEL
CHILDREN'S CENTRE

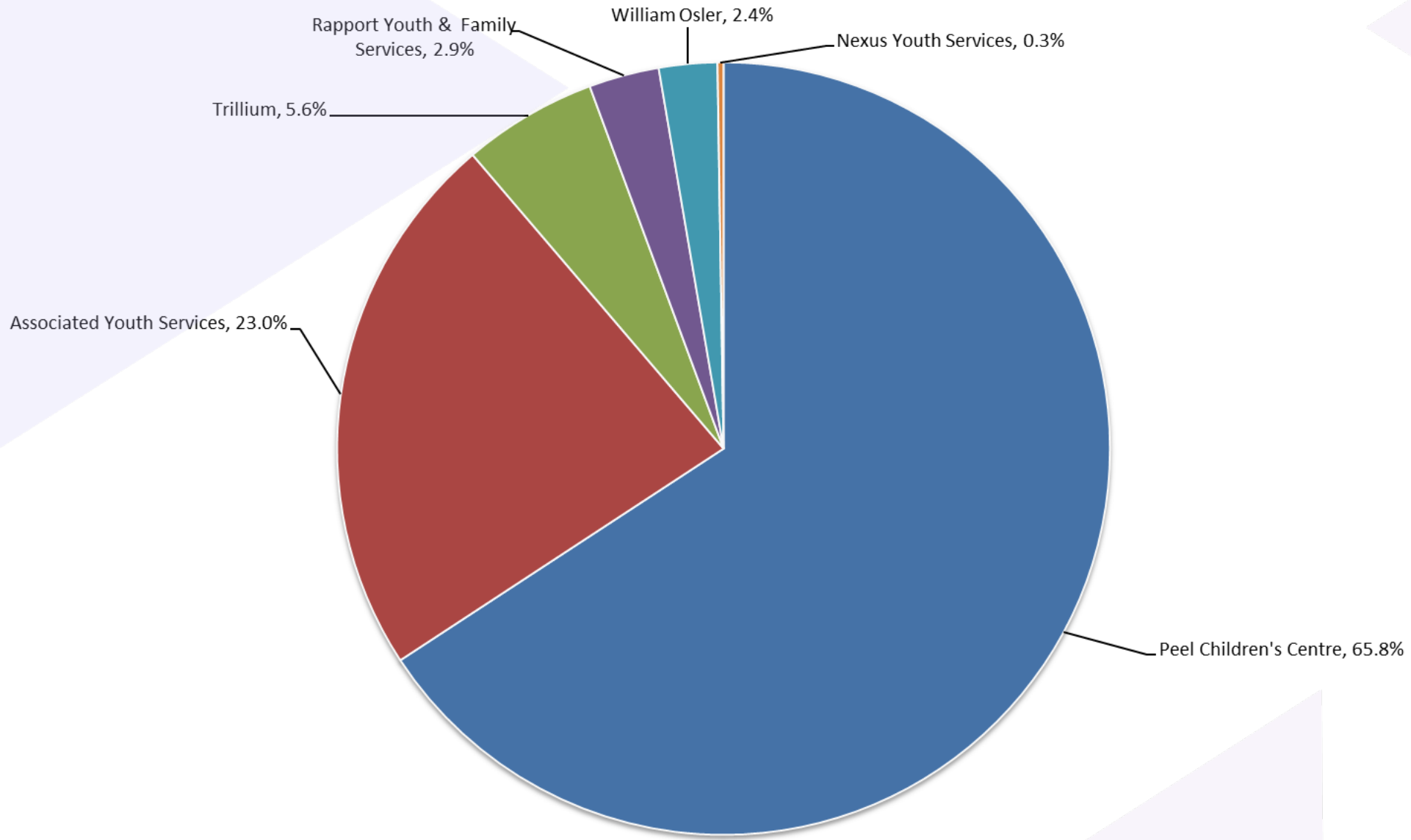
¹ <https://www.peelregion.ca/planning/pdc/data/quickfacts.htm>

² <https://www.toronto.ca/city-government/data-research-maps/toronto-at-a-glance/>

* Non-unique count

3.2-6

Core Services Providers in Peel - % Total Ministry Funding (Mapped)

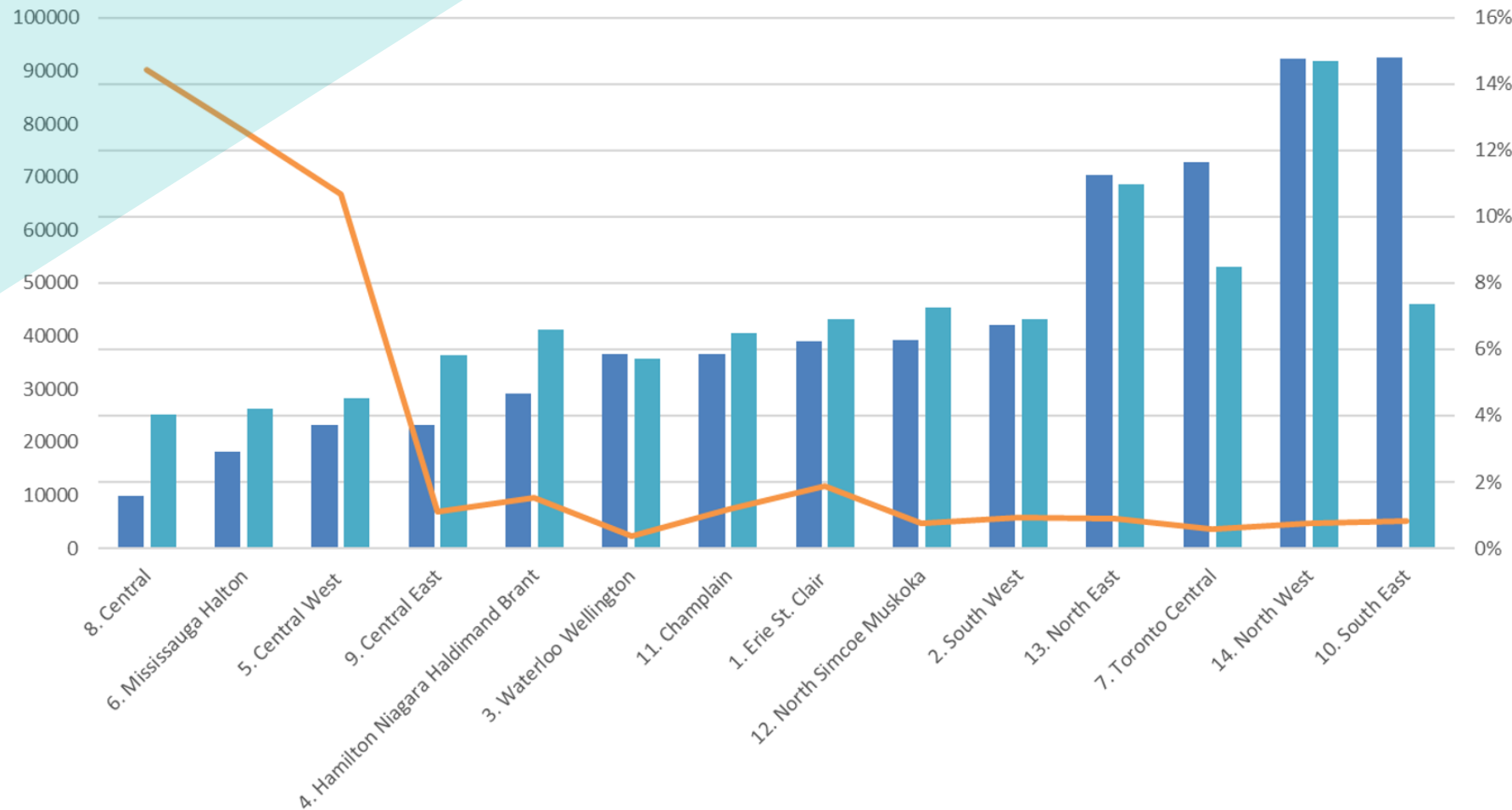


Setting the Context

3.2-7

Mental Health Services in Peel compared to Ontario

Comparison of Mental Health Resources and ED Visits across LHINs



Central West and Mississauga Halton have among the lowest per capita Community Mental Health funding and the highest number of residents per long term psychiatric beds.

The ratio of resident to psychiatric bed is:
MH – 1:78,649
CW – 1: 66,808
HNHB – 1:9,591
TC – 1:3,549

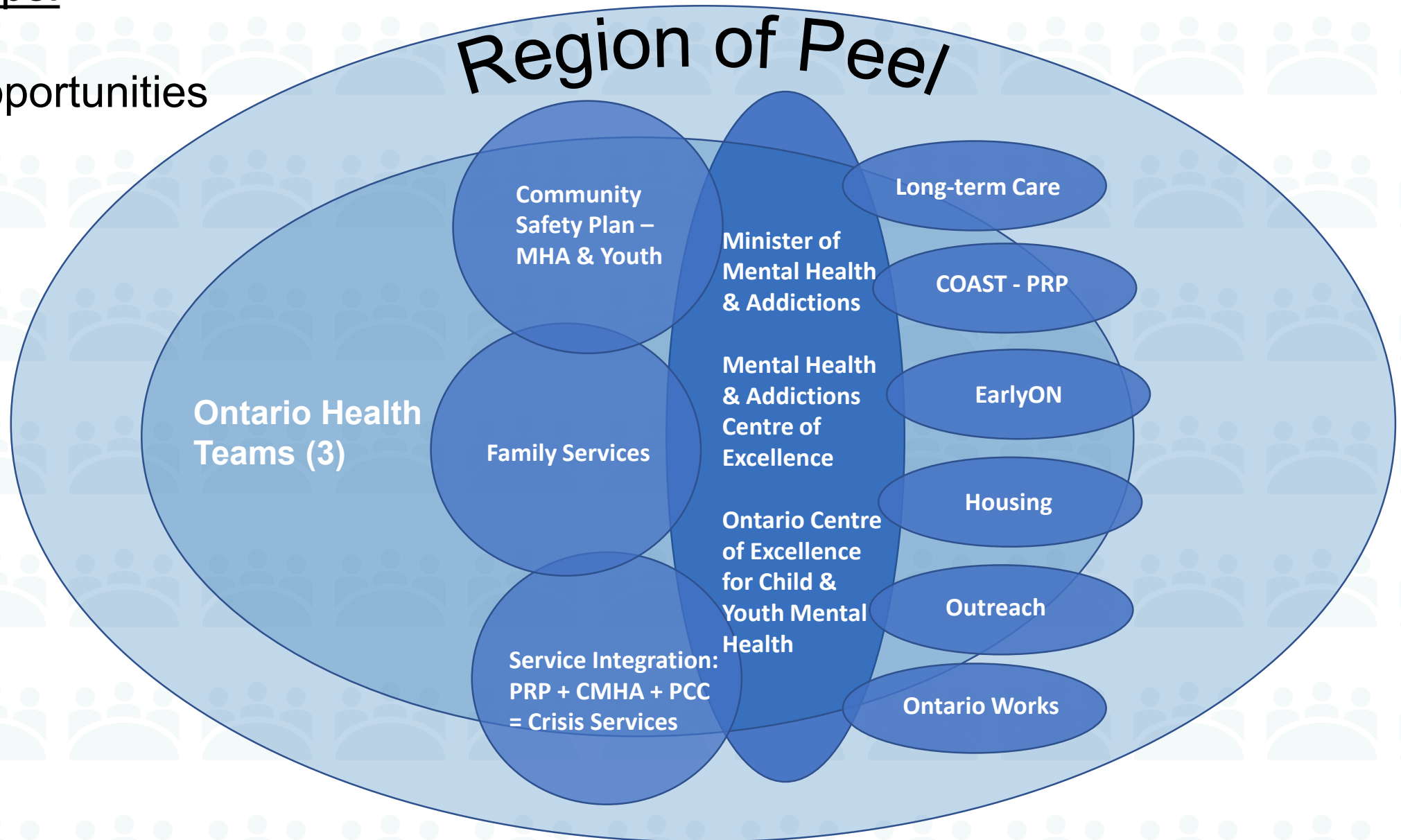
This is in stark comparison to comparison to Hamilton and Toronto:

- Percent of Annual CMHA Funding per Capita (2015/16)
- Percent MHA ED Visits per 1,000 standard population

3.2-8 Ontario Health

Local relationships:

- Themes & Opportunities
- Data
- Infrastructure



Moving forward...

- ✓ We support population-based funding that takes both the social determinants of health and the profile of the population into account
- ✓ Fair share of funding for the Region of Peel
- ✓ Support for multi-sector, multi-agency planning
- ✓ Support for integrated services
- ✓ Support for performance and quality data