

Peel's CSWB Mental Health & Addictions 2023 Provincial Pre-budget Submission

Background

In Peel, over 25 organizations came together to develop Peel's 2020 – 2024 Community Safety and Well-Being (CSWB) Plan, which invests in our community by working upstream and developing equitable responses to emerging issues to reduce the need for crisis responses and ultimately lead to long term change. The Plan identifies three focus areas, family violence, mental health and addictions (MHA), and systemic

discrimination. For each area of focus, action tables have been convened and have developed collective goals, strategies, and outcomes to support the safety and wellbeing of Peel residents.

Through discussions with the community and CSWB partners, MHA has been identified as a clear priority for Peel residents. The MHA action table is focused on promoting mental wellness and improving access to MHA services and supports, particularly for children and youth. CSWB partners at the MHA action table (see Appendix A) work collaboratively to implement strategies to address the insufficient resources and inequitable policies contributing to worsening MHA in Peel.

The historical funding inequities faced by mental health and addictions service providers in Peel Region have only been amplified by the COVID-19 pandemic. For community-based MHA organizations to provide services as part of an accessible and high-performing health care system, increased funding is urgently needed from the Province to recover from the pandemic, respond to increased client complexity and acuity, build community MHA workforce capacity, and increase the availability of supports for Peel residents. Without these critical investments, many Peel residents will continue to suffer through long waitlists, lack of services resulting in increased usage of hospital emergency departments, and an overwhelmed system that simply cannot keep up with the demand. We support the provincial approach to transforming the mental health and addictions services laid out in the Roadmap to Wellness, however significant challenges persist in the absence of immediate resourcing for community-based MHA in Peel. It is crucial that the provincial government accelerate investments in upstream services and supports that address social determinants of health and preventative care.

Recommendations for the 2023 Ontario Budget

We, Peel's CSWB MHA action table, call upon the Province to increase investment in community-based mental health and addictions services. Increased provincial investment will ameliorate much needed mental health and addictions resources and help improve access to critical services in Peel Region for those who need it most. More specifically, we ask the Province to consider implementing the following recommendations.

- 1** Ensure provincial health human resource (HHR) policies and compensation practices are supportive of building and retaining a robust Peel MHA workforce and repeal the *Protecting a Sustainable Public Sector for Future Generations Act, 2019*.
- 2** Increase funding for MHA in Peel to meet population needs, correct for historical underfunding, and tackle unprecedented crisis level demand.
- 3** Provide sustained funding and approvals for consumption and treatment services to combat the drug toxicity crisis impacting Peel.

Recommendation # 1

Ensure provincial HHR policies and compensation practices are supportive of building and retaining a robust Peel MHA workforce and repeal the *Protecting a Sustainable Public Sector for Future Generations Act*.

Mental health and addictions service providers in Peel region continue to be concerned about HHR challenges. Longstanding HHR issues that existed prior to the COVID-19 pandemic were worsened during the pandemic such as large numbers of workers leaving MHA care; increased burnout, stress and fatigue; inadequate compensation levels; and inability to recruit talent.

Provincial policies and compensation practices that support the Peel MHA sector in attracting and retaining talent are important for the sustainability of MHA services in Peel. For example, the *Protecting a Sustainable Public Sector for Future Generations Act, 2019, (Bill 124)*, has increased challenges with retaining and recruiting talent. The compensation restrictions of Bill 124 disproportionately impact the community-based sector by contributing to a staffing exodus, with many staff transitioning to higher paying sectors or private practice. This exodus further burdens service providers aiming to access the right human resources with the appropriate skillset to meet capacity demands.

Other implications of Bill 124 include:

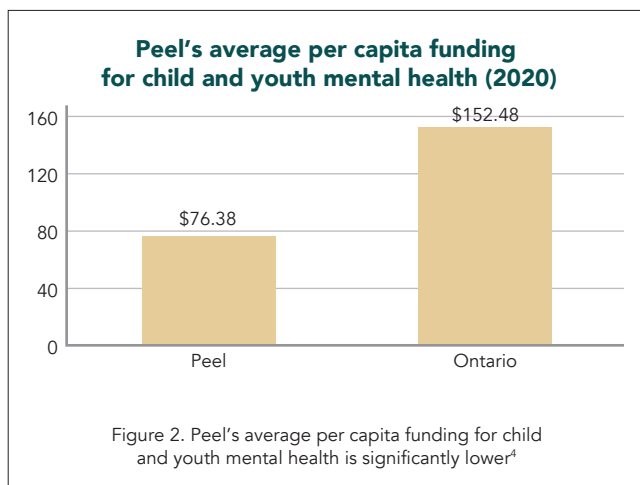
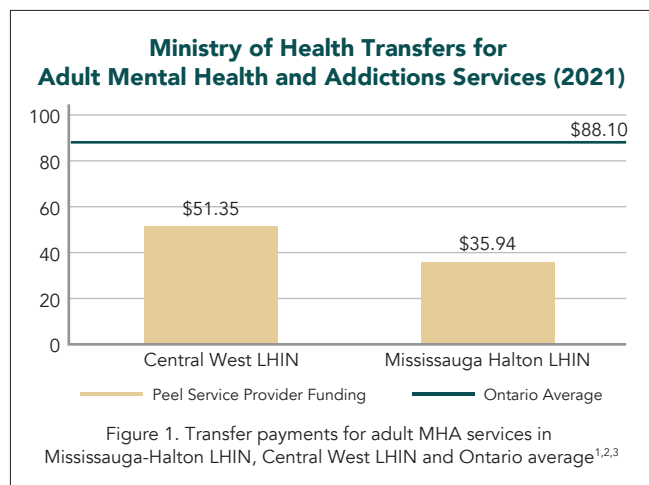
- Increased demands and pressures resulting from a reduced workforce with diminished capacity causing staff burn out, which is further exacerbated by increasing client need and complexity.
- Unionized agencies with recently expired collective agreements are particularly impacted, as they began their three-year moderation period later than their non-unionized counterparts and will be unable to provide adequate cost-of-living increases for many months to come.

The salary grids for Peel’s adult and child and youth mental health (CYMH) community-based MHA sector need to be adjusted upward, and equitably across agencies, to attract and retain the talent required to reduce Peel’s historically long waitlists for services. Increasing capacity by investing in MHA services and increasing access to care closer to home is critical so that growing demand and the complexity of the clients can be met. Community-based HHR investment and provincial policies that support HHR capacity are needed first to allow the MHA sector to increase services and take advantage of provincial program funding increases.

Recommendation # 2

Increase funding for MHA in Peel region to meet population needs, correct for historical underfunding, and tackle unprecedented crisis level demand.

Mental health and addictions funding has not kept pace with the growing population and unprecedented demand for increased access to health care services by the residents we serve. We need (1) population- and needs-based operational funding increases; (2) catch-up funding to correct for Peel’s historical underfunding; and (3) funding for innovative and cross-sectoral approaches to reduce the burgeoning reliance on acute care services and create new models of care for complex clients.



Peel service providers receive less funding per capita for adult MHA supports compared to the rest of Ontario (see Figure 1). This funding inequity also impacts CYMH services wherein Peel’s average per capita funding for child and youth mental health is significantly lower at \$76.38, while average per capita funding in Ontario is \$152.48 (see Figure 2). A population-based funding approach that considers funding needs based on population size and demographics, with adjustments for socio-economic factors and rurality is required. Based on current service demands, Peel needs more funding to ensure no resident is left behind and is provided with the care and support they need.

Immediate opportunities for funding investments in Peel include:

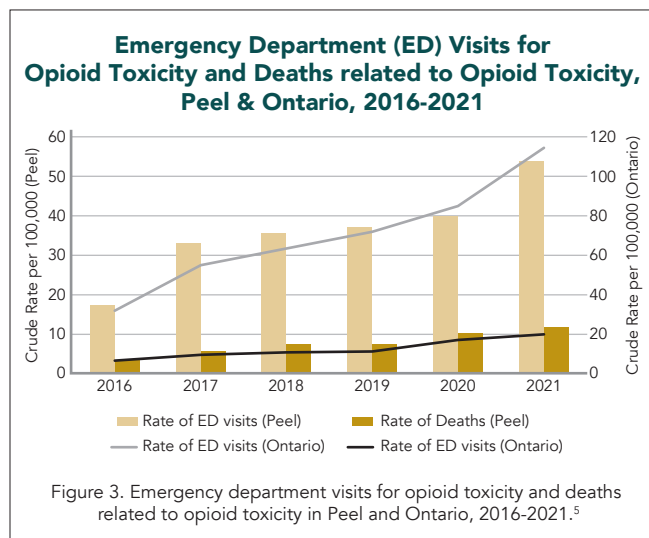
- Crisis support partnerships across the CYMH, adult MHA, police, and hospital sectors to relieve the MHA burden on police and hospital emergency departments (e.g., expand Mobile Crisis Rapid Response Teams (MCRRT) to ~8 units operating daily; implement the 24/7 MHA crisis walk-in). Available MCRRT supports in Peel have resulted in a decrease in police apprehension rates from 70% to 24% when a crisis worker is present.
- MHA assessment and treatment programs to reach high-risk youth and young adults within youth wellness hubs.
- Culturally appropriate MHA services to support newcomers, racialized and Indigenous populations with MHA challenges. Approximately 69% of Peel’s population are racialized and there are more than 104,000 recent immigrants in Peel.
- Integrated health, housing and social supports for our homeless. An estimated 23% of individuals are experiencing homelessness in Peel in part due to an illness or medical condition. An integrated model of care would build upon services introduced during the COVID-19 pandemic that ensured low-barrier access to primary care and expand the model through permanent funding similar to other Ontario jurisdictions.
- Peel’s youth and family peer support worker network capacity as a cost-effective way to help address the gaps in the CYMH service system.

Direct infusion of investments in these services will improve care, decrease waitlists and wait times, and reduce avoidable downstream impacts for emergency departments and in the criminal justice system.

Recommendation # 3

Provide sustained funding and approvals for consumption and treatment services to combat the drug toxicity crisis impacting Peel.

Provincial investments are urgently needed to better equip Peel to respond to the crisis while we continue to develop integrated prevention, treatment, harm reduction and enforcement interventions as part of the Peel Opioid Strategy. Peel is facing a growing drug-toxicity crisis with 655 lives lost due to opioid toxicity in the last five years (2017-2021) and increasing strain on emergency services with 873 emergency department visits for opioid toxicity in 2021 (rate of 53.7 per 100,000; see Figure 3).



76%

Emergency department visits for opioid toxicity increased by 76 per cent, from 2017 to 2021.

135%

Opioid toxicity deaths in Peel rose 135 per cent, from 2017 to 2021.

25-44

Most deaths (54 per cent) since 2017 were among adults aged 25 to 44 years and almost 1 in 6 were among individuals experiencing homelessness.

Partners across the Region of Peel have stepped up to respond to this public health crisis. The Region has approved interim funding for an Urgent Public Health Needs Site. Further, community partners continue work to establish supervised consumption services to meet the immediate need for interventions that prevent opioid toxicity deaths.

Conclusion

Peel’s CSWB partners and members of the MHA action table are grateful for your consideration of these three critical recommendations. We look forward to future opportunities to connect with the provincial government to advance our shared priorities of alleviating the existing barriers to MHA services in Peel.


Nancy Polsinelli
Commissioner of Health Services
Region of Peel


Chief Nishan Duraippah
Peel Regional Police

Appendix A

Mental Health and Addictions Action Table Member Organizations

- Associated Youth Services of Peel
- Canadian Mental Health Association Peel Dufferin
- Home and Community Care Support Services Central West
- EveryMind Mental Health Services
- Malton Neighbourhood Services
- Ministry of Children, Community and Social Services (Ontario)
- Caledon Ontario Provincial Police
- Our Place (Peel)
- Peel Regional Police
- Rapport Youth & Family Services
- Region of Peel – Human Services
- Region of Peel – Public Health
- Sheridan College
- Trillium Health Partners
- United Way of Greater Toronto

¹ Ontario Ministry of Finance (2017). Population Projections for Ontario's 14 Local Health Integration Networks (LHINs) by Age and Sex, 2017-2041. Distributed by Ministry of Health and Long-Term Care, IntelliHEALTH Ontario

² Deloitte LLP. Financial Statements of Central West Local Health Integration Network. Retrieved from: Microsoft Word - 28111 28111 CW LHIN Financial Statements Notes 2021 V2.docx (healthcareathome.ca)

³ Deloitte LLP. Financial Statements of Mississauga Halton Local Health integration Network. Retrieved from: healthcareathome.ca/mh/en/performance/Documents/Mississauga Halton Local Health Integration Network 03312021 Final FS (1).PDF

⁴ Ontario Ministry of Finance (2019/20). Ontario Public Accounts. Child and Youth Mental Health total transfer payments in 2019/20 (pp. 2-220 and 2-223)

⁵ Ontario Agency for Health Protection and Promotion (Public Health Ontario). Technical notes: Interactive opioid tool. 4th revision. Toronto, ON: King's Printer for Ontario; 2023.