PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

October 21, 2019

Region of Peel
working with you

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

Contents

SUMMARY 2

KEY ISSUES IN PEEL 3

KEY OPPORTUNITIES FOR ACTIONS TO SUPPORT THE MENTAL HEALTH AND ADDICTIONS SECTOR IN PEEL 5

EVIDENCE-INFORMED SERVICES AND PROGRAMS – LOCAL SUCCESS 7

CONCLUSION 10

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.

- 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.

- 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 agencies[17] 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).

- 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 physicians[24], psychologists[25], inpatient beds[26] 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.

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

[28]RAAM 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.

- In fiscal year 2017/18, In-STED[29] 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 model[30] 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 patients[31] 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).

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 models[35] 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 services[36] 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)

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

1. What are the key barriers to accessing MHA services in this part of Ontario and what would it take to address these issues?	**Barriers for Community Partners**
	• Funding inequities
	  ○ 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)
	  ○ 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
	  ○ Child and youth mental health addictions (strengths-based) vs. adult (diagnostic) need to change communications, language, integration
	• Circle of care -expansion
	  ○ 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
	  ○ 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)
	
	Barriers for Peel Regional Police
	• 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)

	• 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**
	  ○ 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

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?	**Risks with opportunities to change** • There is an advantage with having common standards but risk if become too standardized. **Addictions sector challenges** • 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 **Supportive Housing sector challenges** • 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

	• 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)
	
	Hospital Sector
	• Brampton is an underserviced 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
	  ○ 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
	  ○ 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
	  ○ 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

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?	**Integration Opportunities**
	Local LHINs
	• Ontario Health Teams (OHT): Region of Peel is fully covered
	  ○ 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

	○ 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 **Mental Health and Addictions Sector** • Three CMHA Peel Dufferin sites are co-located with primary care (integration with physicians and nurse practitioners to support navigating patients) ○ 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 **Addictions (specific) Sector** • 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 ○ 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	**Children and Youth Mental Health Sector** • Need to determine behavioural issues versus mental health challenges • Child and youth mental health into Ministry of Health presents new opportunities for collaboration

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