



City of
Peterborough

To: Members of the General Committee

From: Sheldon Laidman, Commissioner, Community Services

Meeting Date: September 5, 2023

Subject: Funding Update for CMHA and Peterborough Drug Strategy,
Report CSSS23-018

Purpose

A report to update on the funding provided to the Canadian Mental Health Association – Haliburton, Kawartha, Pine Ridge (CMHA) and the Peterborough Drug Strategy (PDS) in 2022. The report also provides options for extending the Mobile Crisis Intervention Team funding.

Recommendations

That General Committee approve the recommendations outlined in Report CSSS23-018, dated September 5, 2023, of the Commissioner of Community Services as follows:

- a) That the Mobile Crisis Intervention Team (MCIT) funding and associated agreement be extended for a full one-year extension to August 16, 2025 at a cost of \$83,500.
- b) That \$53,000 from the 2023 Community Development Program budget be used towards the 2024 costs. The remaining \$30,500 be included in the 2024 budget, and
- c) That the Mayor and Clerk be authorized to sign any required funding extension agreements with CMHA on terms satisfactory to the Commissioner of Community Services and in forms acceptable to the City Solicitor.

Budget and Financial Implications

If an extension is approved, \$53,000 of existing funds from the Community Development Program (CDP) can be used for a 7.5-month extension. These funds will be transferred to the CSP Reserve and used in 2024 for any extension. New funds would be added to the CDP 2024 budget in the following amounts for a longer extension:

- \$30,500 for a 1-year extension
- \$114,800 for a 2-year extension

Background

Report CSSS22-004 approved \$60,000 to the PDS, through Four Counties Addictions Services Team (Fourcast), to purchase a mass spectrometer for the Consumption Treatment Services (CTS) site and \$185,000 to CMHA over two years to support the MCIT program. These funds were taken from City reserves as part of the Peterborough Polices Services (PPS) 2020 budget surplus.

Connection to the Community Safety and Well-being Plan (CSWB Plan)

Support for the mass spectrometer can be linked to the CSWB Plan through:

Priority Area 4	Substance Use & Addictions
Goal 4.1	Strengthen harm-reduction initiatives.
Strategy 4.1.2	Expand overdose prevention, overdose response, Naloxone training, and distribution of harm reduction supplies.

Support for the MCIT can be linked to the CSWB Plan through:

Priority Area 3	Healthcare & Mental Health
Goal 3.3	Enhance timely access to mental health supports.
Strategy 3.3.2	Enhance community-oriented policing and the MCIT program.

The MCIT program is further supported by the Peterborough Ontario Health Team Mental Health and Addictions Working Group. The Working Group recognizes that this program helps people experiencing a mental health crisis to access services quickly and reduce unnecessary interactions with law enforcement, the justice system, and the hospital.

Mass Spectrometer Update

The purpose for acquiring a mass spectrometer for the CTS site was to allow people who use drugs the ability to access fast and detailed information regarding the contents of their drugs. This would promote informed decisions regarding their use. Health professionals and staff at the CTS site are then better able to help service users and

respond to potential medical emergencies such as adverse drug reactions or overdoses.

The information from the mass spectrometer will also assist Peterborough Public Health (PPH) with their surveillance of the unregulated drug supply and support drug alerts.

The mass spectrometer is not currently in operation. Delivery of the equipment was delayed until January 2023 due to supply-chain issues. A number of factors have contributed to the equipment not being in use, these include:

- Underestimation of the complexity and duration of training required. Training started in late February 2023 and is ongoing.
- Delays in scheduling training time with the manufacturer and availability of staff to attend required training.
- Prolonged resubmission process to Health Canada to include drug checking as part of the exempt status as a supervised consumption site. Health Canada approval was received in late June 2023.

PPH staff will continue to support training and capacity building for drug checking. The Health Canada exemption does not allow for non-CTS staff to "handle" drugs therefore the PPH staff are providing support through interpretation and analysis. The goal is to start drug checking in mid-August 2023 as part of a soft launch. This soft launch will facilitate additional training for other staff to gain knowledge and skills for an expanded drug checking schedule. Following the soft launch, a regular schedule will be established with distribution to the general community with specific attention to recreational drug users. As with all other areas of health care, human resources challenges of recruitment and retention are impacting this site and impacting the pace of implementation.

CTS staff and partner organizations are eagerly awaiting the active use of the mass spectrometer as part of their daily operations and services. Other notable developments at the CTS site that are important parts of the drug checking implementation include:

- Establishing a Client Advisory Group to provide input on such things as policies, practices, and hours of operation. They will also assist to improve notification channels in the homeless community when drug poisoning alerts are issued by PPH.
- PPH has developed a database that will interface with the mass spectrometer to provide instantaneous data on drug toxicity to support surveillance and alerts.
- A new office trailer was installed in late June to allow for much needed staff space. The trailer diverts some activities outside the CTS site and provides additional space for drug checking operations. The drug checking policies as approved by Health Canada must occur at 220 Simcoe Street in the approved facility.

Mobile Crisis Intervention Team (MCIT) Update

The MCIT program started in 2011 with 1 Mental Health Worker at CMHA in partnership with the Peterborough Police Services (PPS). This program takes a collaborative approach to reducing serious mental health incidents and compounding crises situations with marginalized populations. MCIT staff provide real time crisis response and proactive intervention. They provide short-term, intensive follow up on referrals and access to appropriate community resources when needed. Clients involved in the program can experience better outcomes, by moving from transactional intersections with service providers to offering longer-term solutions and engagement at the time of escalation. The MCIT engages with individuals and families directly in the community. Their service is immediate and does not use a waitlist referrals system or require clients to attend office appointments. Assessments are in real-time which improves the accuracy and quality of care in the short and long term.

Funding from the City allowed the program to hire a second MCIT worker for a 2-year period starting in August 2022. CMHA's exiting MCIT staff is supported by the Ministry of Health.

Adding a second MCIT staff to the program has resulted in many positive outcomes. Doubling the staff complement has done more than simply double the number of individuals being served, it has also built additional capacity to improve the service, assessments, and treatment of people interacting with police that need mental health services. The following are key outcomes resulting from the program expanding:

- a. An increase of 133 individuals served with 402 follow-up visits with those clients, as shown in Chart 1 below. Each client receives an average of four follow-up visits. These visits help clients accept and adapt to referrals made to local services. PPS are not involved with all follow-up visits.
- b. The program can operate outside of conventional office hours. MCIT staff now provide coverage to the PPS from 9:00 a.m. to 10:00 p.m., Monday to Saturday. This flexibility has increased the accessibility of the program for both clients and PPS.
- c. Greater capacity to collaborate with the Justice of the Peace to establish more effective processes and remove barriers to client services for those experiencing mental health issues. These improved processes have benefited all other service providers and families who interact with the Justice of the Peace related to mental health issues.
- d. New partnership with Ontario Shores Centre for Mental Health Sciences for individuals who require a more specialized level of assessment. MCIT involvement shortens the assessment process which decreases the amount of time spent by PPS at PRHC and repeat mental health calls. This work also improved referral processes and care plan development.

- e. New partnership with the City’s Social Services Division Outreach staff which has resulted in combined outreach to serve shared clients and more effective communication and service to clients.
- f. The rate of referral to local service providers has increased from 89% to 98%. This increase is due to increased availability of staff and ability to connect with other agencies.
- g. Broader mental health support and education with non-MCIT officers at PPS which has improved overall responses to calls involving metal health issues.

Chart 1: MCIT Clients Served in Year 1

	Staff 1	Staff 2*	Total
Individuals Served	186	133	319
Mental Health Assessments	190	102	292
Follow-up visits	658	402	1060

* City funded

The service level discrepancy between the two staff can be attributed to the initial 2-months of training, orientation, and start-up activities at the beginning of the City-funding MCIT staff contract. Once this period passed, each staff serviced a similar number of individuals.

Many of the outcomes noted above may not have occurred if an additional MCIT was not in place for the past year. According to CMHA and PPS, returning to 1 MCIT will result in:

- Reduced availability for consultation
- Less time with clients
- Fewer individuals served
- Less preventative outreach and follow-up
- More time responding to 9-1-1 calls for mental health crisis situations
- Increase in officer time at PRHC
- Increase in avoidable apprehensions of people better served by mental health professional

Peterborough Police Services

The PPS is supportive of the MCIT program and would expand the program to all four platoons if possible. Front-line officers are pleased when the MCIT program is operating

during their shift as they value the service they provide to 911 calls that may involve mental health or social implications.

The PPS are responding to an increasing number of calls related to the Mental Health Act (MHA). In 2023, between January 1st and July 13th there were 1,106 calls to PPS related to the MHA. Of those occurrences, 254 resulted in an arrest. During the same 7-month period in 2022, there were 674 individuals involved in MHA classified occurrences resulting in 147 arrests. This represents a 64.1% increase in MHA occurrences. MHA occurrences in 2022 ranked 14th in type of occurrence at PPS. In 2023, MHA occurrences have risen to 9th highest type of occurrence.

The PPS assigns “tasks” that require action based on the nature of an incident they respond to. Tasks assigned to the MCIT have increased year over year. From January to June 2022, PPS generated 240 MCIT tasks. Over the same period in 2023 there were 340 MCIT tasks generated. This is a 42% increase in tasks.

In 2020, the police delivered 351 individuals to the PRHC emergency room related to the MHA. In 2022 they delivered 448. This is a 27.6% increase over two years. The PPS does not track the amount of time officers spend at PRHC supervising individuals until hospital staff take charge of a patient. Feedback from officers indicates that their time at PRHC is significantly reduced during mental health calls when MCIT staff are involved. MCIT staff are also better equipped to effectively communicate the patient’s situation to assist hospital staff in determining treatment and next steps.

Contract Extension

There is no requirement to extend this program at this time however it would be ideal in order to have it properly in the 2024 operating budget and to allow CMHA to properly plan ahead. The growing demand and positive outcomes of the expanded capacity and new collaborations of the MCIT program warrant funding extension consideration. The current agreement with CMHA will expire on August 16, 2024.

Council report C23-013 Homeless Service Strategy included the following approved clause which attempted to provide some direction on what the City should be funding versus the Province.

- h) That the City will use its funding (municipal, provincial and federal) as it relates to homelessness towards emergency shelter solutions, investing in permanent supportive housing builds, and supporting individuals and families to stay housed through financial supports. Health supports, which are needed to support people who have been homeless to stay housed, are expected to be funded and provided by health agencies, in alignment with the Coordinated Access System;

Despite the above expectation, there is no doubt that this program while health related at its core, is assisting the police in its business and assisting the City in reducing the impacts of mental health on the downtown and the community.

Below are four options considered for extending funding to CMHA for the MCIT program. Staff

1. Extend the service to the end of 2024 at a cost of \$32,000 so that the program can run for the entirety of 2024. This is not recommended as it provides no significant extension and no ability for CMHA to plan for the future of the service.
2. Provide a 7.5 month extension to March 31, 2025 at a cost of \$53,000. This can be accommodated from existing funding in the 2023 Community Development Program (CDP) Budget under the Community Safety and Well-being Plan. This would allow an extension to March 31, 2025 with no impact on the 2024 budget.
3. Provide a full one-year extension to August 16, 2025 at a cost of \$83,500. Using \$53,000 from the CDP budget would reduce this cost to \$30,500.
4. Two-year extension to August 14, 2026 at a cost of \$167,800. Using \$53,000 from the 2023 CDP budget would reduce this cost to \$114,800.

The additional costs noted in Options 3 and 4 represent new funding added to the CDP Budget. If new funding is provided to the MCIT program, an annual update Report will be presented for Council consideration.

Summary

Funding in 2022 to support CMHA and the PDS was earmarked to purchase a mass spectrometer and expand the MCIT program using surplus funds from the 2020 PPS budget. These investments were intended to build capacity in the delivery of mental health and addictions services. After numerous delays, the mass spectrometer was ready for a soft launch at the time this report was being prepared. Expansion of the MCIT program has resulted in system-wide benefits and warrants consideration for additional funding to continue the expanded program.

Submitted by,

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