



The Regional Municipality of Durham

COUNCIL INFORMATION PACKAGE

July 17, 2020

Information Reports

- 2020-INFO-70** Commissioner of Works – re: Environmental Assessment Trigger for the Mixed Waste Pre-sort and Anaerobic Digestion Project
(Note: this item relates to the Municipality of Clarington’s correspondence as contained in Item 3 under Durham Municipalities Correspondence)

Early Release Reports

There are no Early Release Reports

Staff Correspondence

There is no Staff Correspondence

Durham Municipalities Correspondence

1. **Township of Scugog** – re: Resolution passed at their Council meeting held on June 29, 2020, regarding Interim Control By-Law – Cannabis Cultivation & Production Facilities
2. **Municipality of Clarington** – re: Resolution passed at their Council meeting held on July 6-7, 2020, regarding the Waiving of Overage Charges on LTE Network for Rural Mobile Phone Subscribers
3. **Municipality of Clarington** – re: Resolution passed at their Council meeting held on July 6-7, 2020, regarding Anaerobic Digestion
(Note: This item relates to Report #2020-INFO-70 of the Commissioner of Works)
4. **City of Oshawa** – re: Resolution passed at their Council meeting held on May 25, 2020, regarding the Timing of the Payment of Development
5. **City of Oshawa** – re: Resolution passed at their Council meeting held on June 22, 2020, regarding COVID-19 Funding

Other Municipalities Correspondence/Resolutions

1. **Regional Municipality of Peel** – re: Resolution passed at their Council meeting held on June 25, 2020, regarding Mental Health and Addictions System Needs in Peel
2. **Township of Perth South** – re: Correspondence addressed to Agricorp, Board of Directors, dated July 9, 2020, regarding Farm Property Class Tax Rate Program

Miscellaneous Correspondence

There is no Miscellaneous Correspondence

Advisory Committee Minutes

There are no Advisory Committee Minutes

Members of Council – Please advise the Regional Clerk at clerks@durham.ca, if you wish to pull an item from this CIP and include on the next regular agenda of the appropriate Standing Committee. Items will be added to the agenda if the Regional Clerk is advised by Wednesday noon the week prior to the meeting, otherwise the item will be included on the agenda for the next regularly scheduled meeting of the applicable Committee.

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If this information is required in an accessible format, please contact 1-800-372-1102 ext. 3540.



The Regional Municipality of Durham Information Report

From: Commissioner of Works
Report: #2020-INFO-70
Date: July 17, 2020

Subject:

Environmental Assessment Trigger for the Mixed Waste Pre-sort and Anaerobic Digestion Project

Recommendation:

Receive for information

Report:

1. Purpose

1.1 The purpose of this report is to provide information on the applicability of an Environmental Assessment (EA) requirement for the Mixed Waste Pre-sort and Anaerobic Digestion Project (Project).

2. Background

2.1 In March of 2007, the Ontario Government enacted Ontario Regulation (O. Reg.) 101/07, the Waste Management Projects Regulation, made under the EA Act. The purpose of O. Reg. 101/07 was to bring greater clarity to what waste projects are designated as an undertaking under the EA Act and to establish new EA requirements for waste projects consistent with the potential significance of such projects.

2.2 The Regional Municipality of Durham (Region) reviewed O. Reg. 101/07 as well as the accompanying Guide to Environmental Assessment Requirements for Waste Management Projects at the outset of this Project to determine which process

stream would apply to the Region's proposed facility. That review indicated that an EA is not required for the Project.

- 2.3 The Region was copied on a letter to the Minister of the Environment, Conservation and Parks from the Municipality of Clarington dated July 9, 2020. (Refer to correspondence from the Municipality of Clarington regarding Anaerobic Digestion as contained in Item 3 of the Durham Municipalities Correspondence Section of the July 17, 2020 Council Information Package.) That letter requests an order from the Ministry of the Environment, Conservation and Parks (MECP) prohibiting the Region from proceeding with the Project until a "full and proper Environmental Assessment (EA) can be conducted".

3. EA Requirements

- 3.1 The Region has had several discussions with MECP staff and followed up in writing regarding EA requirements in September 2019.
- 3.2 The MECP provided the following information in a March 2020 response letter:
- "In accordance with subsection 11(1)4 of O. Reg. 101/07 (Waste Management Projects) made under the Act, the establishment of a new waste disposal site at which waste would be handled, treated or processed and that would transfer less than 1,000 tonnes of waste per day for final disposal does not trigger provincial environmental assessment requirements."
- 3.3 The estimated forecast of residual waste that will be sent off site from the facility for final disposal will be under the 1,000 tonnes per day (average) threshold.
- 3.4 The Region's subsequent correspondence to the MECP dated July 15, 2020 (Attachment #1 and #2), provides a Project update and references the July 9, 2020 letter from the Municipality of Clarington to the MECP.

4. Conclusion

- 4.1 Residual waste for final disposal from this Project will not exceed 1,000 tonnes per day and therefore does not trigger the Provincial environmental assessment requirements.
- 4.2 The Regional Municipality of Durham has been in discussions with the Municipality of Clarington to understand the concerns and provide mitigation where possible. The Regional Municipality of Durham will continue to participate in discussions in an effort to resolve any perceived issues with the project.

- 4.3 Through design, the facility will be constructed to be compatible with other land uses in the Energy Park and through strict operating standards all potential environmental impacts will be negated.
- 4.4 This report has been reviewed by Legal – Corporate Services Department and the Planning and Economic Development Department.
- 4.5 For additional information, please contact Gioseph Anello, Director, Waste Management Services, at 905-668-7711 extension 3445.

5. Attachments

Attachment #1: Correspondence dated July 15, 2020 from Gioseph Anello, Director, Waste Management Services, The Regional Municipality of Durham, to Ms. Kathleen O’Neill, Director, Environmental Assessment, MECP, regarding Environmental Assessment for Organics Management Project.

Attachment #2: Correspondence dated July 15, 2020 from Elaine Baxter-Trahair, Chief Administrative Officer, The Regional Municipality of Durham, to the Honourable Jeff Yurek, M.P.P., Minister of Environment, Conservation and Parks, regarding Environmental Assessment for Organics Management Project.

Respectfully submitted,

Original signed by:

Susan Siopis, P.Eng.
Commissioner of Works



Sent via standard mail and email (kathleen.oneill@ontario.ca)

July 15, 2020

Kathleen O'Neill, Director, Environmental Assessment
Environmental Assessment and Permissions Division
135 St. Clair Avenue West
Toronto, Ontario M4V 1P5

**The Regional
Municipality of
Durham**

Works Department

605 Rossland Rd. E.
Level 5
PO Box 623
Whitby, ON L1N 6A3
Canada

905-668-7711
1-800-372-1102
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durham.ca

Dear Ms. O'Neill:

**RE: Mixed Waste Pre-Sort and Anaerobic Digestion Project
The Regional Municipality of Durham**

As a follow up to our letter of September 25, 2019, inquiring about Environmental Assessment Act (Act) requirements for the Regional Municipality of Durham's (Durham Region) proposed integrated waste management facility to manage organic waste materials, we wish to provide an update on the project. We note the recent Municipality of Clarington (Clarington) correspondence to Minister Yurek, dated July 9, 2020, requesting an Environmental Assessment (EA) for this project.

The Ministry of the Environment, Conservation and Parks (MECP) responded to our September 2019 inquiry through your letter dated March 20, 2020 and stated that:

"In accordance with subsection 11(1)4 of O. Reg. 101/07 (Waste Management Projects) made under the Act, the establishment of a new waste disposal site at which waste would be handled, treated or processed and that would transfer less than 1,000 tonnes of waste per day for final disposal does not trigger provincial environmental assessment requirements."

K. O'Neill, Director, EA, MECP
EA for Organics Management Project
Durham Region
July 15, 2020
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The MECP also indicated that further details regarding the Project would be required for the MECP to confirm the applicable requirements, such as renewable energy approval or Environmental Compliance Approval (ECA), for the facility. To date, Durham Region has approved a project that includes:

- A Mixed Waste Pre-sort, that will remove organics, recyclables and non-combustibles from the curbside and multi-residential garbage streams;
- A wet anaerobic digester that will process both the Source Separated Organics along with the Facility Separated Organics from the Mixed Waste Pre-sort; and
- The treatment of the resultant biofuel to create a Renewable Natural Gas suitable for injection into the grid.

The residual waste from this project will be processed at the Durham York Energy Centre (DYEC) or if non-combustible, sent to landfill.

Durham Region appreciates the MECP's support for this project that will manage and divert our municipal waste, specifically organic waste materials, effectively from final disposal. The implementation of this project will provide Durham Region with capacity to 1) manage our organic waste, 2) meet the waste disposal requirements of our growing population, 3) defer the need for a DYEC expansion, 4) increase diversion, 5) facilitate a circular economy, and 6) improve our climate change performance.

Durham Region recently approved the siting of the proposed facilities on the lands adjacent and to the west of the DYEC. Clarington has indicated that they are an unwilling host for this project and have requested that the MECP direct the completion of an EA for this project. We have been in discussions with Clarington to understand the concerns and provide mitigation where possible. We will continue those discussions in an effort to resolve any perceived issues with the project. The Region can confirm that the design process will ensure that the facility will be compatible with other land uses in

K. O'Neill, Director, EA, MECP
EA for Organics Management Project
Durham Region
July 15, 2020
Page 3 of 3

the Energy Park and through strict operating standards all potential environmental impacts will be negated.

Durham Region is available to meet with the MECP to further discuss the project and the Municipality of Clarington concerns. Should you require additional information, please do not hesitate to contact me directly at 905-668-7711 ext. 3445 or gioseph.anello@durham.ca.

Sincerely,

Original signed by:

G. Anello, M.Eng., P.Eng., PMP
Director, Waste Management Services

- c. H. Malcolmson, Director, Environmental Permissions, MECP
- C. Dugas, Manager, York Durham District Office, MECP
- A. Evers, Manager (Acting), Environmental Assessment Services, MECP
- P. Martin, Supervisor, Air, Pesticides, and Environmental Planning, MECP
- P. Dunn, Senior Environmental Officer, York Durham District Office, MECP
- M. Keyvani, Senior Project Manager, Environmental Permissions Branch, MECP
- E. O'Leary, Environmental Resource Planner & EA Coordinator, Air, Pesticides, and Environmental Planning, MECP
- G. Battarino, Special Project Officer, Project Coordination, MECP
- M. Neild, DYEC Plant Manager, Covanta
- A. Huxter, Environmental Specialist, Covanta
- M. Cant, Principal, Vice-President, GHD
- V. Shortreed, Senior Environmental Engineer, GHD
- S. Siopis, Commissioner, Works, Durham Region
- J. Hunt, Director, Legal Services, Durham Region



July 15, 2020

The Honourable Jeff Yurek, M.P.P.
Minister of Environment, Conservation and Parks
Via E-Mail: minister.mecp@ontario.ca

**The Regional
Municipality of Durham**
Office of the Chief
Administrative Officer

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Elaine Baxter-Trahair
B.M. Edu, MBA
Chief Administrative Officer

Dear Minister Yurek:

**RE: Mixed Waste Pre-Sort and Anerobic Digestion Project
 Regional Municipality of Durham**

The Regional Municipality of Durham (the Region) was copied on a letter sent to you from the Municipality of Clarington (Clarington) dated July 9, 2020. In that letter Clarington requests an order from your office prohibiting the Region from proceeding with a Mixed Waste Pre-sort and Anaerobic Digestion facility (Project) until an a “full and proper Environmental Assessment can be conducted”.

As background information, the Region has approved a Project that includes:

A Mixed Waste Pre-sort, that will remove organics, recyclables and non-combustibles from the curbside and multi-residential garbage steams;

A wet anaerobic digester that will process both the Source Separated Organics along with the Facility Separated Organics from the Mixed Waste Pre-sort; and

The treatment of the resultant biofuel to create a Renewable Natural Gas suitable for injection into the grid.

The residual waste from this Project will be processed at the Durham York Energy Centre (DYEC) located immediately adjacent to the Project site.

In preparation for the Project, the Region had several conversations with Ministry of the Environment, Conservation and Parks (MECP) staff and provided written correspondence to Ministry staff (September 25, 2019), regarding the Environmental Assessment Act (Act) requirements for the Project. The Ministry of the Environment, Conservation and Parks (MECP) responded to that inquiry through a letter dated March 20, 2020 and stated that:

“In accordance with subsection 11(1)4 of O. Reg. 101/07 (Waste Management Projects) made under the Act, the establishment of a new waste disposal site at which waste would be handled, treated or processed and that would transfer less than 1,000 tonnes of waste per



day for final disposal does not trigger provincial environmental assessment requirements.”

The Region's Project will not exceed 1,000 tonnes of waste per day for final disposal.

**The Regional
Municipality of Durham**
Office of the Chief
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The Region is proposing a fully integrated waste management system that will manage and divert our municipal waste, specifically organic waste materials, effectively from final disposal. The implementation of this project will provide Durham Region with capacity to manage our organic waste, meet the waste disposal requirements of our growing population, delay the need for a DYEC expansion into the future, increase diversion, facilitate a circular economy and improve our climate change performance.

We appreciate the Ministry's support of this project and look forward to showcasing this Project, the first of its kind in terms of the full integration of a waste management system in Ontario.

Elaine Baxter-Trahair
B.M. Edu, MBA
Chief Administrative Officer

We have been in discussions with the Municipality of Clarington to understand the concerns and provide mitigation where possible. We will continue those discussions in an effort to resolve any perceived issues with the Project. The Region can confirm that through design, the facility will be compatible with other land uses in the Energy Park and through strict operating standards, all potential environmental impacts will be negated.

Durham Region is available to meet with the MECP to further discuss the project. Should you require additional information, please do not hesitate to contact me directly at 905-668-7711, extension 3000 or Gioseph Anello at extension 3445 or Gioseph.anello@durham.ca.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Baxter-Trahair', with a long horizontal flourish extending to the right.

Elaine Baxter-Trahair
Chief Administrative Officer

Cc Lindsay Park, MPP Durham
June Gallagher, Deputy Clerk, Municipality of Clarington
Susan Siopis, Commissioner, Works, Region of Durham
Ralph Walton, Regional Clerk, Region of Durham



July 10, 2020

Ralph Walton, Regional Clerk
Region of Durham
Sent via email to: clerks@durham.ca

Re: Interim Control By-Law – Cannabis Cultivation & Production Facilities

Dear Mr. Walton:

Please be advised that at the last regular meeting of the Council of the Township of Scugog held June 29, 2020, the above captioned matter was discussed and the following resolution was passed:

“THAT Report DEV-2020-024, dated June 29, 2020, entitled “Interim Control By-law – Cannabis Cultivation and Production Facilities” be received;

THAT the Interim Control By-law, included as Attachment 1 to Report DEV-2020-024, be approved;

THAT the Clerk provide notice of passing of the Interim Control By-law in accordance with Section 38 of the Planning Act; and

THAT the Clerk forward a copy of Report DEV-2020-024 and Council’s Resolution to the Region of Durham.”

A copy of Report DEV-2020-024 is included for your reference. Should you require anything further regarding this matter, please do not hesitate to contact Robin Prentice, Manager of Planning at 905-985-7346 ext. 100.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'John Paul Newman', is written over a horizontal line.

John Paul Newman
Director of Corporate Services/Municipal Clerk

Encl.

cc: Robin Prentice, Manager of Planning

Township of Scugog Staff Report

To request an alternative accessible format, please contact the Clerk's Department at 905-985-7346.

Report Number: DEV-2020-024

Prepared by: Robin Prentice, MCIP, RPP Manager of Planning
Jamie Robinson, BES, RPP, MCIP | MHBC Planning

Department: Development Services - Planning

Report To: Council

Date: June 29, 2020

Reference: Strategic Direction No. 6: Community Engagement
DEV-2018-033 Cannabis Strategy Background Report

Report Title: Interim Control By-law - Cannabis Cultivation & Production Facilities

Recommendation:

1. **That** Report DEV-2020-024, dated June 29, 2020, entitled "Interim Control By-law – Cannabis Cultivation and Production Facilities" be received;
 2. **That** the Interim Control By-law, included as Attachment 1 to Report DEV-2020-024, be approved;
 3. **THAT** the Clerk provide notice of passing of the Interim Control By-law in accordance with Section 38 of the Planning Act; and
 4. **That** the Clerk forward a copy of Report DEV-2020-024 and Council's Resolution to the Region of Durham.
-

1.0 Background:

The purpose of this Report is to provide Council with an Interim Control By-law (Attachment 1) for consideration and passing that will have the effect of prohibiting the development of any new cannabis cultivation and production facilities on certain lands within the Township until the Township has had an opportunity to complete its study and review of cannabis-related land uses that has been initiated, and consider implementing Official Plan policies and Zoning By-law regulations.

1.1. Township Zoning By-law & Cannabis Act

The Township of Scugog Zoning By-law 14-14, as amended (“Township Zoning By-law”), was passed by the Council of the Corporation of the Township of Scugog on March 17, 2014 and approved and modified by the Ontario Municipal Board on September 29, 2014.

On October 17, 2018 the Cannabis Act came into effect which legalized the cultivation, production, and use of cannabis for recreational purposes. While the licensing of commercial cannabis production falls under federal jurisdiction, regulating the location of cannabis facilities (cultivation and/or production) is done, in part, through the Township Zoning By-law 14-14, as amended.

At the time the Township Zoning By-law was prepared and enacted, the cultivation and production of cannabis for recreational purposes was not contemplated as a legal land use, and therefore the Township Zoning By-law contains no reference to cannabis. Cannabis cultivation and production facilities are not specifically defined or identified as a permitted use and there are no performance standards in the Township Zoning By-law to address land use planning considerations, such as compatibility with other permitted uses in the Township Zoning By-law.

As cannabis is a crop that is grown, the growing of cannabis is captured by the Agricultural Use definition in the Township Zoning By-law. Agricultural uses are permitted in a number of zones in the Township Zoning By-law as-of-right and as a result, under the current framework of the Township Zoning By-law, cannabis cultivation would be permitted in any zone that permit agricultural uses. Cannabis production facilities would currently be interpreted as a manufacturing, processing, assembly or fabrication plant and directed to industrial zones.

Since the Cannabis Act came into effect, and particularly in recent months, the Township has received an increasing number of enquiries regarding potential locations for cannabis cultivation and production facilities, as well as an increasing number of complaints regarding already established cannabis operations within the Township.

1.2. Background Report and Review

In 2018, the Township retained MHBC Planning to prepare a Background Report reviewing options to regulate legal cannabis production facilities within the Township.

On September 17, 2018, staff report DEV-2018-033 and the Background Report were received by Council, and the following resolution was passed:

“THAT Report DEV-2018-033 “Cannabis Strategy Background Report”, be received;

THAT Staff be authorized to prepare draft amendments to the Scugog Official Plan, Zoning By-law 14-14, and the Site Plan Control By-law, to regulate the siting and design of cannabis production facilities, as well as draft language to be included in the new Development Charges By-law regarding a charge for cannabis production facilities; and,

THAT the draft amendments be forwarded to Council for review and consideration in early 2019, prior to Staff conducting a public open house.”

Township staff and the consulting team continue to review and prepare draft policy documents however, the required public consultation process has been delayed because of the Covid-19 Emergency.

In order to allow for time to properly complete this review and implement land use control measures that effectively regulate the siting and design of cannabis cultivation and production facilities, an Interim Control By-law is being proposed. This Interim Control By-law would prohibit development of cannabis cultivation and production facilities within the Township for a period of one (1) year and may be extended as detailed in the following section of this Report.

2.0 Discussion:

2.1. Overview of Interim Control By-laws

Due to the recent pressure to establish cannabis cultivation and production facilities, a number of municipalities have enacted interim control by-laws. Some of these municipalities include the Town of Pelham, Town of Georgina, Township of Oro-Medonte and the Township of Brock. The effect of an Interim Control By-law is to put a temporary freeze on certain land uses while a municipality is studying or reviewing associated land use policies. The basis for the use of this regulatory tool is provided in Section 38(1) of the Planning Act and states that:

Where the Council of a local municipality has, by by-law or resolution, directed a review or study be undertaken in respect of land use planning policies in the municipality or in any defined area or areas thereof, the Council of the municipality may pass a by-law (herein referred to as an interim control by-law) to be in effect for a period of time specified in the by-law, which period shall not exceed one year from the date of passing thereof, prohibiting the use of land, buildings or structures within the municipality or within the defined area or areas thereof for, or except for, such purposes as are set out in the by-law.

Based on the ongoing study to establish Official Plan policies and Zoning By-law regulations to implement and regulate cannabis facilities within the Township, it is Staff’s recommendation for Council to pass the Interim Control By-law which has been included as Attachment 1 to this

Report. The proposed Interim Control By-law would not apply to the entire Township, and cannabis production facilities would continue to be permitted in Industrial Zones.

As identified in Section 38(1) of the Planning Act, once enacted, the Interim Control By-law would be in effect for up to one (1) year, following which the Township may, if necessary, extend the Interim Control By-law for another year.

The initial passing of the Interim Control By-law may only be appealed by the Minister, within sixty (60) days of the date of passing of the By-law. However, should Council decide to extend the duration of the By-law past one (1) year, then the extension of the Interim Control By-law could be appealed by any person or public body that received notice in accordance with Section 38(4.1) of the Planning Act.

While the Interim Control By-law is in effect, it will be the responsibility of the Township to complete the cannabis background study which may include the implementation of policies in the Official Plan and regulations in the Township Zoning By-law to regulate cannabis facilities. If the Interim Control By-law expires prior to Council passing a By-law under Section 34 of the Planning Act, then the provisions of the Zoning By-law that applied prior to the Interim Control By-law will once again apply.

Should an Interim Control By-law be passed by Council, it is noted that any legally existing cannabis operations are permitted to continue. The onus will be on the proponent to demonstrate that a cannabis operation was existing prior to the implementation of the Interim Control By-law.

Furthermore, the prohibition of the development of cannabis cultivation and production facilities within the Township is not intended to extend to the cultivation of cannabis for personal use, being no more than four plants.

2.2. Region of Durham Official Plan

As it relates to the cultivation and production of cannabis, the Durham Regional Official Plan broadly supports economic development and the protection of agricultural lands. The Regional Official Plan would permit cannabis cultivation and production facilities in rural, agricultural, and employment areas. However, like the Township, the Region does not have any specific policy that directly addresses cannabis cultivation or production.

As such, implementing an Interim Control By-law to allow for the review of cannabis cultivation and production facilities in the Township to consider and establish appropriate land use controls to be implemented, is prudent.

3.0 Financial Implications:

There are no financial implications identified at the present time. Future financial implications could occur as a result of enforcement of the Interim Control By-law.

4.0 Communication Considerations:

As per Section 38(3) of the Planning Act, there are no requirements to provide notice or hold a public meeting prior to the passing of an Interim Control By-law. The Township Clerk shall, in the manner and to the persons and public and containing the information prescribed, give notice of the passing of an Interim Control By-law within thirty (30) days of the passing of the By-law.

5.0 Conclusion:

The purpose of this Report is to provide Council with background information regarding cannabis facilities and Interim Control By-laws, and to provide an Interim Control By-law for consideration. The Interim Control By-law proposes to establish a temporary freeze on the development of new cannabis cultivation and production facilities on certain lands in the Township. The effect of such action would be to provide the Township time to complete the ongoing cannabis land use study and consider the implementation of land use controls to effectively regulate the siting and design of cannabis facilities in the Township.

Staff recommend that Council approve the recommendations outlined in this Report.

Respectfully Submitted:

Reviewed By:



Robin Prentice, MCIP, RPP
Manager of Planning

Kevin Heritage, MCIP, RPP
Director of Development Services

Attachments:

ATT-1: Draft Cannabis Interim Control By-law

THE CORPORATION OF THE TOWNSHIP OF SCUGOG

BY-LAW NUMBER 42-20

**BEING A BY-LAW PASSED PURSUANT TO SECTION 38 OF
THE PLANNING ACT TO IMPOSE INTERIM CONTROL ON
THE USE OF LANDS, BUILDINGS AND STRUCTURES WITHIN
THE GEOGRAPHIC BOUNDARIES OF THE TOWNSHIP OF
SCUGOG (CANNABIS)**

WHEREAS Section 38 of the Planning Act, R.S.O. 1990, as amended, provides that where the Council of a local municipality has by By-law or resolution, directed that a review or study be undertaken in respect of land use planning policies in the Township or in any defined area or areas thereof, the Council of the municipality may pass a By-law to be in effect for a period of time specified in the By-law, which period shall not exceed one year from the date of passing thereof, prohibiting the use of land, buildings or structures within the Township or within the defined area or areas thereof, or except for, such purposes as are set out in the By-law;

AND WHEREAS the Government of Canada has legalized the cultivation of cannabis for recreational purposes subject to a cultivation licence issued by Health Canada and compliance with municipal zoning requirements;

AND WHEREAS the cultivation of cannabis for recreational purposes was not contemplated as a legal land use when Township Zoning By-law 14-14 was drafted and enacted;

AND WHEREAS Township Council has directed staff to undertake a review of the potential impacts on sensitive land uses and the options to regulate the cultivation of cannabis through Township land use planning documents;

AND WHEREAS, the Council of the Corporation of the Township of Scugog deems it necessary to enact this Interim Control By-law to provide the Township time to complete the review referenced above in order to ensure that any cannabis cultivation or production facility is appropriately sited and designed;

NOW THEREFORE THE COUNCIL OF THE CORPORATION OF THE TOWNSHIP OF SCUGOG enacts as follows:

1. In this By-law:
 - (a) "Act" means the Planning Act, R.S.O. 1990, c. P13 as may be amended from time to time;
 - (b) "Township" means The Corporation of the Township of Scugog;
 - (c) "Cannabis Production" means any land, building or structure used for growing, producing, processing, testing, destroying, storing, packaging and/or shipping of cannabis, licenced by Health Canada under the Cannabis Act. A Cannabis Production Facility does not include the growth, production or processing of four or fewer cannabis plants on a lot for personal use and does not include the retailing of cannabis or cannabis products under a retail operator license issued under the Cannabis License Act, 2018;
2. Notwithstanding the permitted uses, accessory uses and regulations of the Township's Zoning By-law 14-14, as amended, no person shall within the Cannabis Interim Control Area as described in Section 3, use any land, building or structure for any cannabis production, except for a use that

lawfully existed on the date of the passage of this By-law as long as it continues to be used for such purposes.

3. The Cannabis Interim Control Area shall include all lands within the following Zones in Zoning By-law 14-14, as amended: Agricultural (AG); Oak Ridges Moraine-Agricultural (ORM-AG); Environmental Protection (EP); Oak Ridges Moraine-Environmental Protection (ORM-EP); Recreational (RE); and Oak Ridges Moraine-Recreational (ORM-RE).
4. This By-law shall remain in effect for a period of one (1) year from the date of its enactment, unless otherwise extended in accordance with the provisions of the Act.
5. This By-law shall be known as the "Cannabis Interim Control By-law".

READ a first, second and third time and finally passed this 29th day of June, 2020.

MAYOR, Roberta A. Drew

CLERK, John Paul Newman



If this information is required in an alternate format, please contact the Accessibility Co-ordinator at 905-623-3379 ext. 2131

July 10, 2020

Ian Scott, Chair & Chief Executive Officer
Canadian Radio-television and Telecommunications Commission (CRTC)
Ottawa, ON K1A 0N2
Via E-mail: info@crtc.gc.ca

Dear Mr. Scott:

Re: Waiving of Overage Charges on LTE Network for Rural Mobile Phone Subscribers

File Number: PG.25.06

At a meeting held on July 6-7, 2020, the Council of the Municipality of Clarington approved the following Resolution #GG-198-20:

That the following resolution from Ralph Walton, Regional Clerk/Director of Legislative Services, regarding Waiving of Overage Charges on LTE Network for Rural Mobile Phone Subscribers, be endorsed by the Municipality of Clarington:

Whereas many Rural Communities do not have access to broadband Internet and use the LTE Network as a bridge to the Internet;

And whereas during the COVID-19 Health Emergency, the ability to access the Internet is an essential service that enables the Public to have reliable up to date information from various levels of government;

And whereas during this crisis those without Broadband Internet access risk excessive overage charges through the LTE Network;

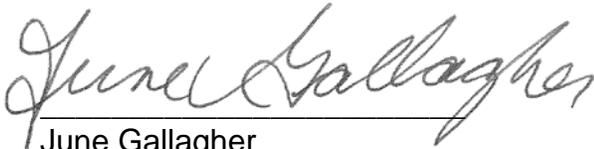
Now therefore be it resolved that Council for the Region of Durham recommends that the CRTC take the necessary action to direct Mobility providers to waive overage charges for those customers that do not have access to Broadband Internet during the COVID-19 Health Care Crisis; and

CORPORATION OF THE MUNICIPALITY OF CLARINGTON

40 TEMPERANCE STREET, BOWMANVILLE, ONTARIO L1C 3A6 905-623-3379 www.clarington.net

That copies of this motion be sent to Ian Scott, Chair and CEO for CRTC, Honourable Steven Guilbeault, Minister for Canadian Heritage, all Durham MPs, the CEO's for Rogers, Telus and Bell, and the local area municipalities.

Yours truly,



June Gallagher
Deputy Clerk

JG/cm

- c. The Honourable Steven Guilbeault, P.C., M.P., Minister for Canadian Heritage – PCH.info-info.PCH@canada.ca
The Honourable Philip Lawrence, P.C., M.P. - Philip.Lawrence@parl.gc.ca
The Honourable Erin O'Toole, P.C., M.P. - Erin.OTOole@parl.gc.ca
Joe Natale, President and Chief Executive Officer of Rogers - joe.natale@rci.rogers.com
Darren Entwistle, President and Chief Executive Officer of Telus - darren.entwistle@telus.com
Mirko Bibic, President and Chief Executive officer of BCE and Bell Canada - executive.office_relations.clients@bell.ca
Ralph Walton, Regional Clerk/Director of Legislative Services, The Regional Municipality of Durham - clerks@durham.ca

Clarington

If this information is required in an alternate format, please contact the Accessibility Co-ordinator at 905-623-3379 ext. 2131

July 9, 2020

The Honourable Jeff Yurek, M.P.P.,
Minister of Environment, Conservation and Parks
Via E-Mail: minister.mecp@ontario.ca

Dear Minister Yurek:

Re: Anaerobic Digestion

File Number: PG.25.06

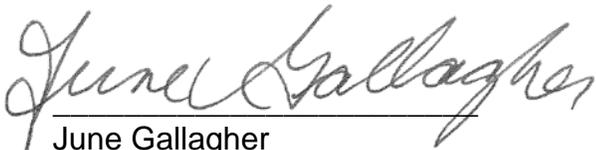
At a meeting held on July 6-7, 2020, the Council of the Municipality of Clarington approved the following Resolution #GG-244-20:

That Clarington Council advise our Member of Provincial Government, Lindsey Park, of Council's declaration of being an unwilling host to the planned recycling plant and anaerobic digestion proposal on Megawatt Drive;

That Council ask the Provincial Government, and our MPP, to place a 'hold' on the proposed site until a full and proper Environmental Assessment (EA) can be conducted; and

That the Minister of Environment, Conservation and Parks be requested to pass an order prohibiting the Region of Durham from proceeding with the planned recycling plant and anaerobic digestion facility until the EA is completed to the satisfaction of Clarington Council.

Yours sincerely,



June Gallagher
Deputy Clerk

JG/cm

- c. The Honourable Lindsey Park, M.P.P., Durham - lindsey.park@pc.ola.org
Ralph Walton, Regional Clerk/Director of Legislative Services, The Regional Municipality of Durham - clerks@durham.ca

CORPORATION OF THE MUNICIPALITY OF CLARINGTON

40 TEMPERANCE STREET, BOWMANVILLE, ONTARIO L1C 3A6 905-623-3379 www.clarington.net



OSHAWA
ONTARIO, CANADA

OFFICE OF THE MAYOR

CITY OF OSHAWA
50 CENTRE STREET SOUTH
OSHAWA, ONTARIO
L1H 3Z7
TELEPHONE (905) 436-5611
FAX (905) 436-5642
E-MAIL: mayor@oshawa.ca

MAYOR DAN CARTER

June 3, 2020

John Henry
Chair, Region of Durham

Chris Braney,
Chair, Durham Region School Board

Janice Oldman
Chair, Durham Region Separate School Board

DELIVERED BY E-MAIL

Re: Timing of the Payment of Development

Dear Sirs:

During these uncertain times, our businesses have experienced a great ordeal. While, the pan-Regional economic recovery team has been able to provide assistance to our local businesses and workforce to help endure this pandemic, there is still much to do. These extraordinary times have tested us as a community and we are proud of the resilience we have witnessed in Oshawa and across Durham.

Despite the government and community support offered to our businesses, local economic recovery is likely to be a lengthy process. While Oshawa has a significant pipeline of approved and pending development applications, we are very concerned about losing momentum if projects are delayed or cancelled.

In May, Oshawa established the Mayor's Economic Recovery Task Force to advise the City on issues affecting companies' ability to cope, re-open and transform their operations. The Task Force is composed of a broad range of small and large companies, the Chamber of Commerce, the Business

Improvement Association (B.I.A.), the development and real estate community, financial institutions and our post-secondary educational institutions.

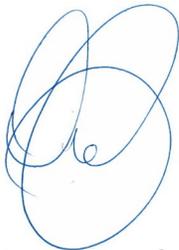
The development community has expressed their interest in moving forward with construction but are concerned about overall market demand and their ability to finance projects moving forward. The Task Force identified an opportunity to help stimulate new construction by reducing the early financial requirement related to a project. The Task Force believes that delaying the payment of residential and non-residential development charges to the time of building occupancy would have a positive economic impact.

On May 25, 2020, Oshawa City Council approved a resolution regarding this matter (a copy of the full resolution is attached). The recommended actions included:

- Directing staff to work with the Region of Durham and the School Boards to advance changes to all our respective development charges by-laws/policies to delay the payment of residential and non-residential development charges to the time occupancy of a building is provided rather than at the time the building permit is issued for a limited time in order to help economic recovery in the Region and report back to the Finance Committee

Oshawa City Council respectfully requests your consideration of this matter.

If you need further assistance concerning the above matter, please contact Warren Munro, Commissioner, Development Services Department at the address listed below or by telephone at 905-436-3311.



Mayor Dan Carter
City of Oshawa

Cc:

Elaine Baxter-Trahair, CAO, Durham Region

Chris Braney, Chairperson, Durham District School Board

Janice Oldman, Chair of the Board and Trustees Durham Region Separate School Board

Attachment

Oshawa City Council considered the above matter at its meeting of May 25, 2020 and adopted the following recommendation:

“Whereas the Province of Ontario, the Region of Durham, and other Regional local municipalities have declared a state of emergency regarding the COVID-19 pandemic; and,

Whereas the COVID-19 pandemic has had unprecedented economic impact on the local economy; and,

Whereas it is appropriate to consider providing an incentive to the development community which has been impacted negatively by the COVID -19 pandemic; and,

Whereas low-rise residential development can take from 8 to 12 weeks from the issuance of a building permit to occupancy by residents; and,

Whereas non-residential development and mid to high-rise residential development can take from 18 to 24 months from the issuance of a building permit to occupancy by commercial tenants or residents as the case may be; and,

Whereas it is appropriate to consider providing a financial incentive to the development community as a result of the economic hardships of the COVID-19; and,

Whereas on May 8, 2020, the Mayor’s Task Force on Economic Recovery requested Council, the Region and School Boards to consider changing the timing of the payment of development charges to when occupancy of a building is provided rather than when the building permit is issued for a limited time to advance economic recovery in the Region;

Therefore, that Council direct staff to work with the Region of Durham and the School Boards to advance changes to all our respective development charges by-laws/policies to delay the payment of residential and non-residential development charges to the time occupancy of a building is provided rather than at the time the building permit is issued for a limited time in order to help economic recovery in the Region and report back to the Finance Committee.”

June 3, 2020

Re: Timing of the Payment of Development

Attachment

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Whereas the COVID-19 pandemic has had unprecedented economic impact on the local economy; and,

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Whereas it is appropriate to consider providing a financial incentive to the development community as a result of the economic hardships of the COVID-19; and,

Whereas on May 8, 2020, the Mayor’s Task Force on Economic Recovery requested Council, the Region and School Boards to consider changing the timing of the payment of development charges to when occupancy of a building is provided rather than when the building permit is issued for a limited time to advance economic recovery in the Region;

Therefore, that Council direct staff to work with the Region of Durham and the School Boards to advance changes to all our respective development charges by-laws/policies to delay the payment of residential and non-residential development charges to the time occupancy of a building is provided rather than at the time the building permit is issued for a limited time in order to help economic recovery in the Region and report back to the Finance Committee.”



OSHAWA
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FAX (905) 436-5642

E-MAIL: mayor@oshawa.ca

MAYOR DAN CARTER

June 3, 2020

John Henry
Chair, Region of Durham

DELIVERED BY E-MAIL

Re: Development of a Durham Region Community Improvement Plan to Provide Incentives for Development in Durham Region Downtowns

Dear Chair Henry,

During these uncertain times, our businesses have experienced a great ordeal. While, the pan-Regional economic recovery team has been able to provide assistance to our local businesses and workforce to help endure this pandemic, there is still much to do. These extraordinary times have tested us as a community and we are proud of the resilience we have witnessed in Oshawa and across Durham.

Despite the government and community support offered to our businesses, the local business community still face continuing stress. We are also very concerned about losing the momentum created over the last few years with respect to new development in the core.

The City has been implementing Community Improvement Plans (CIP) offering financial incentives to businesses and developers challenges for a number of years. Up to now, the Region's involvement in CIPs has been through your Regional Revitalization Plan, which has had limited up-take.

We believe that it would be more expedient and effective for the development community to be able to apply for development grants such as an Increased Assessment Grant directly with the Region of Durham through a Regional Community Improvement Plan aligned with Oshawa's program. A Regional CIP the program could be highly beneficial for the business community and their

recovery efforts. In addition, a Regional Community Improvement Plan would to help achieve certain planning objectives of the Regional Official Plan such as but not limited to the minimum density target of 200 persons/jobs for Urban Growth Centres.

In May, Oshawa established the Mayor's Economic Recovery Task Force to advise the City on issues affecting companies' ability to cope, re-open and transform their operations. The Task Force is composed of a broad range of small and large companies, the Chamber of Commerce, the Business Improvement Association (B.I.A.), the development and real estate community, financial institutions and our post-secondary educational institutions.

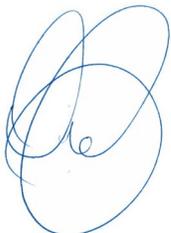
The Task Force identified opportunities to use CIP programs to help restart the economy. They recommended that Council request the Region to become more active in providing financial incentives to aid recovery and ensure a strong pipeline of development in the core moving forward

On May 25, 2020, Oshawa City Council approved a resolution regarding this matter (a copy of the full resolution is attached). The recommended actions included:

- That Oshawa request the Region of Durham to investigate the development of a Regional Community Improvement Plan to encourage development in key strategic areas of the Region including Urban Growth Centres and downtowns with incentives such as but not limited to an Increased Assessment Grant or a Regional Development Charge Grant.”

Oshawa City Council respectfully requests your consideration of this matter.

If you need further assistance concerning the above matter, please contact Warren Munro, Commissioner, Development Services Department at the address listed below or by telephone at 905-436-3311.



Mayor Dan Carter
City of Oshawa

Cc:

Elaine Baxter-Trahair, CAO
Brian Bridgeman, Commissioner, Planning and Economic Development
Simon Gill, Director, Economic Development
Region of Durham: clerks@durham.ca

June 3, 2020

Re: Development of a Durham Region Community Improvement Plan to Provide
Incentives for Development in Durham Region Downtowns

Attachment

Oshawa City Council considered the above matter at its meeting of May 25, 2020 and adopted the following recommendation:

“Whereas the City of Oshawa has been a longstanding leader in Ontario in the development of Community improvement Plans and related development incentives; and,

Whereas the City has developed 6 Community Improvement Plans since 2000 to help achieve planning goals and objectives in certain areas of the City of Oshawa; and,

Whereas the Community Improvement Plans have been well received by the development community as a useful tool to help encourage development that may not otherwise occur; and,

Whereas the upper-tier municipalities like the Region of Durham also have the ability to establish community improvement plans; and,

Whereas although Durham Regional Council has the legislative authority to develop a Community Improvement Plan, the Region instead chose to establish the Regional Revitalization Plan (RRP) which requires an agreement between the City and the Region, not the developer; and,

Whereas it would be more expedient and effective for the development community to be able to apply for development grants such as an Increased Assessment Grant directly with the Region of Durham through a Regional Community Improvement Plan; and,

Whereas a Regional Community Improvement Plan would to help achieve certain planning objectives of the Regional Official Plan such as but not limited to the minimum density target of 200 persons/jobs for Urban Growth Centres; and,

Whereas other Regional Municipalities in Ontario including Niagara and Waterloo Regions have had long standing Regional Community Improvement Plans with financial incentives to encourage development in strategic areas to promote smart growth; and,

Whereas the Province of Ontario, the Region of Durham and other Regional local municipalities have declared a state of emergency; and,

Whereas the COVID-19 pandemic has had an unprecedented impact on the local economy, and,

Whereas on May 8, 2020 the Mayor's Task Force on Economy Recovery asked the City to consider requesting the Region to establish a Regional Community Improvement Plan to help advance economic recovery in the Region;

Therefore, that the Region of Durham be requested to investigate the development of a Regional Community Improvement Plan to encourage development in key strategic areas of the Region including Urban Growth Centres and downtowns with incentives such as but not limited to an Increased Assessment Grant or a Regional Development Charge Grant.”

File: A-2100

June 26, 2020

DELIVERED BY EMAIL

The Right Honourable Justin Trudeau,
Prime Minister of Canada
Email: justin.trudeau@parl.gc.ca

The Honourable Doug Ford,
Premier of Ontario
Email: premier@ontario.ca

Re: COVID-19 Funding

Oshawa City Council considered the above matter at its meeting of June 22, 2020 and adopted the following recommendation:

“Whereas on March 11, 2020, the World Health Organization and the Canadian Government declared COVID-19 a global pandemic; and,

Whereas on March 12, Ontario ordered schools closed and by March 17, began a more extensive shut down; and,

Whereas the pandemic has led to the closure of public spaces and the cancellation of events around the world throughout the country our province and right here within our own community, causing great stress on the arts sector; and,

Whereas local cultural organizations such as the Oshawa Folk Arts Council representing over 13 member clubs and organizations, as well as the many local service groups such as the Oshawa Rotary Club, have all been forced to cancel major events (i.e. Fiesta Week; Rib Fest; etc.) which historically contribute in large part to the fundraising and operational financing efforts of these sociocultural entities; and,

Whereas the Government of Canada and the Province of Ontario have committed they through the Canada Council for the Arts will continue to work with the Government of Canada, as well as provincial, territorial, and municipal partners, to ensure the strength of the sector; and,

Whereas at present, the Canada Council's for the arts priorities as are our collective governing priorities are to ensure the health and safety of people across Canada and around the world and to work towards the sustainability and recoverability of the arts sector; and,

Whereas a significant period has past without further indication as to what tools, funding measures, or financial support our local social cultural, service clubs, and children/youth minor sporting originations can readily access to help support their operating costs and programming,

Therefore be it resolved:

1. That the Federal, Provincial, and Regional Government help local municipalities assist their local social cultural, service clubs, and children/youth minor sporting originations with clear and definitive relief funding programs directed to help sustain the afore mention groups through these trying times inflected on them by the affects of COVID-19; and,
2. That a copy of this resolution be sent to the Prime Minister of Canada, the Premier of Ontario, all Ontario Municipalities, all Members of Provincial Parliament, all Members of Parliament and Association of Municipalities of Ontario and Federation of Canadian Municipalities."

Oshawa City Council respectfully requests your consideration of the above noted matters.

If you need further assistance concerning this matter, please contact Ron Diskey, Commissioner, Community Services Department at the address listed on Page 1 or by telephone at 905-436-3311.



Mary Medeiros
City Clerk

/fb

- c. Association of Municipalities of Ontario
Federation of Canadian Municipalities
Members of Parliament and Members of Provincial Parliament
Ontario Municipalities

July 10, 2020

Honorable Christine Elliott
Deputy Premier and Minister of Health
College Park, 5th Floor
777 Bay St.
Toronto, Ontario
M5G 2K8

Nando Iannicca
Regional Chair & CEO

Dear Hon. Minister Elliott,

10 Peel Centre Dr.
Suite A, 5th Floor
Brampton, ON L6T 4B9
905-791-7800 ext. 4310

Re: Responding to the Mental Health and Addictions System Needs in Peel

I would like to begin by thanking the Province and your government for continuing to make the mental health and addictions system a priority for all Ontarians. The Region of Peel along with our community mental health and addictions system partners welcome the Province's *Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System* and look forward to working in collaboration with Ontario Health and the Mental Health and Addictions Centre of Excellence to inform the ongoing implementation of the *Roadmap to Wellness* from a local community-based lens.

In Peel, an estimated 276,000 residents will experience a mental health and/or substance disorder in a given year. Yet, only one in three Peel residents are able to receive the treatment that they need. This leaves an estimated 184,000 Peel residents (including just over 60,000 children and youth) without the necessary treatment and appropriate community supports. These disparities are a symptom of historical funding challenges for the mental health and addictions system in Peel.

Without a population needs-based funding model that responds to local needs, Peel residents will continue to experience growing wait lists, especially among youth and young adults aged 18 to 25 years (the transitional years) who are greatly underserved and require continuity of care as they transition into adulthood. Similarly, per capita funding allocated to Peel's adult mental health and addictions services (for those aged 20 years+) has continued to rank well below the provincial average. These issues and corresponding solution opportunities were highlighted and shared at the Peel Community Roundtable with Minister Tibollo in the Fall of 2019.

In support of our community and the implementation of the Roadmap locally, I would like to draw your attention to the recent resolution and attached report which was approved by Regional Council on June 25, 2020:

Resolution Number 2020-507

That the advocacy as outlined in Section 4 (Key Priorities for Action) in the report from the Acting Commissioner of Health Services, titled "Responding to the Mental Health and addictions Needs in Peel" be endorsed;

Nando Iannicca
Regional Chair & CEO

10 Peel Centre Dr.
Suite A, 5th Floor
Brampton, ON L6T 4B9
905-791-7800 ext. 4310

And further, that the Region of Peel request that the Province immediately approve and implement the new population-based funding formula for children and youth mental health services;

And further, that the Region of Peel request the Province to immediately establish and implement the same population-based funding formula for adult mental health and addictions services;

And further, that the Region of Peel continue to engage the Province to ensure that appropriate funding is provided for the additional system pressures that have resulted from COVID-19;

And further, that staff work with community partners to develop a targeted awareness and advocacy campaign that illustrates the experiences of children, youth and adults who face challenges accessing mental health and addictions services to support advocacy efforts for equitable funding for services in Peel;

And further, that the Regional Chair, on behalf of Regional Council, write a letter to the Minister of Health, and the Associate Minister of Mental Health and Addictions, to advocate for implementation of the population based funding formula;

And further, that a copy of the subject report be forwarded to the Minister of Health, Associate Minister of Mental Health and Addictions, President and CEO of Ontario Health, Transitional Regional Lead for Ontario Health (Central Region) and CEO for the Central, Central West, Mississauga Halton and North Simcoe Muskoka Local Health Integration Networks, local Members of Parliament, local Members of Provincial Parliament and local municipalities in the Greater Toronto and Hamilton Area

The Region looks forward to working in close partnership with the Province to strengthen Peel's community mental health and addictions system and would be pleased to continue this important conversation to support some of our most vulnerable residents in Peel and around the province. Together, with your government and our community system partners, I believe we can work together to address existing challenges and build an accessible and sustainable mental health and addictions system that will support our residents in their time of need.

Kindest personal regards,



Nando Iannicca,
Regional Chair and CEO

CC:

Hon. Michael Tibollo, Associate Minister of Mental Health and Addictions
Matthew Anderson, President and CEO of Ontario Health
Donna Cripps, Transitional Regional Lead for Ontario Health (Central Region)
Maninder Sindhu, MP Brampton East
Ruby Sahota, MP Brampton North
Sonia Sidhu, MP Brampton South
Kamal Khera, MP Brampton West
Kyle Seeback, MP Dufferin-Caledon
Omar Alghabra, MP Mississauga Centre
Peter Fonseca, MP Mississauga East-Cooksville
Iqra Khalid, MP Mississauga-Erin Mills
Sven Spengemann, MP Mississauga-Lakeshore
Navdeep Bains, MP Mississauga-Malton
Gagan Sikand, MP Mississauga-Streetsville
Sara Singh, MPP Brampton Centre
Gurratan Singh, MPP Brampton East
Kevin Yarde, MPP Brampton North
Prabmeet Sarkaria, MPP Brampton South
Amarjot Sandhu, MPP Brampton West
Sylvia Jones, MPP Dufferin-Caledon
Natalia Kusendova, MPP Mississauga Centre
Kaleed Rasheed, MPP Mississauga East-Cooksville
Sheref Sabawy, MPP Mississauga-Erin Mills
Rudy Cuzzetto, MPP Mississauga-Lakeshore
Deepak Anand, MPP Mississauga-Malton
Nina Tangri, MPP Mississauga-Streetsville
Nicole Cooper, Town Clerk, Town of Ajax
Michael de Rond, Town Clerk, Town of Aurora
Peter Fay, City Clerk, City of Brampton
Becky Jamieson, Clerk, Township of Brock
Kevin Arjoon, City Clerk, City of Burlington
Laura Hall, Acting Town Clerk, Town of Caledon
Anne Greentree, Municipal Clerk, Municipality of Clarington
Ralph Walton, Regional Clerk, Regional Municipality of Durham
Fernando Lamanna, Town Clerk, Town of East Gwillimbury
Rachel Dillabough, Town Clerk, Town of Georgina
Graham Milne, Regional Clerk, Regional Municipality of Halton
Clerk, Town of Halton Hills
Clerk, City of Hamilton
Kathryn Moyle, Clerk, Township of King
Kimberly Kitteringham, City Clerk, City of Markham
Meaghan Reid, Deputy Clerk, Town of Milton
Diana Rusnov, City Clerk, City of Mississauga
Lisa Lyons, Town Clerk, Town of Newmarket
V. Tytaneck, Town Clerk, Town of Oakville
Mary Medeiros, City Clerk, City of Oshawa



Susan Cassel, City Clerk, City of Pickering
Stephen Huycke, City Clerk, City of Richmond Hill
JP Newman, Clerk, Township of Scugog
Ulli S. Watkiss, City Clerk City of Toronto
Todd Coles, City Clerk, City of Vaughan
Christopher Harris, Town Clerk, Town of Whitby
Christopher Raynor, Regional Clerk, Municipality of York Region
Nancy Polsinelli, Interim CAO, Region of Peel
Cathy Granger, Acting Commissioner of Health, Region of Peel

Nando Iannicca
Regional Chair & CEO

10 Peel Centre Dr.
Suite A, 5th Floor
Brampton, ON L6T 4B9
905-791-7800 ext. 4310

REPORT TITLE: Responding to the Mental Health and Addictions Needs in Peel

FROM: Cathy Granger, Acting Commissioner of Health Services

RECOMMENDATION

That the advocacy as outlined in Section 4 (Key Priorities for Action) in the report from the Acting Commissioner of Health Services, titled “Responding to the Mental Health and Addictions Needs in Peel” be endorsed;

And further, that the Region of Peel request that the Province immediately approve and implement the new population-based funding formula for children and youth mental health services;

And further, that the Region of Peel request the Province to immediately establish and implement the same population-based funding formula for adult mental health and addictions services;

And further, that the Region of Peel continue to engage the Province to ensure that appropriate funding is provided for the additional system pressures that have resulted from COVID-19;

And further, that staff work with community partners to develop a targeted awareness and advocacy campaign that illustrates the experiences of children, youth and adults who face challenges accessing mental health and addictions services to support advocacy efforts for equitable funding for services in Peel;

And further, that the Regional Chair, on behalf of Regional Council, write a letter to the Minister of Health, the Associate Minister of Mental Health and Addictions, to advocate for implementation of the population based funding formula;

And further, that a copy of the subject report be forwarded to the Minister of Health, Associate Minister of Mental Health and Addictions, President and CEO of Ontario Health, Transitional Regional Lead for Ontario Health (Central Region) and CEO for the Central, Central West, Mississauga Halton and North Simcoe Muskoka Local Health Integration Networks, local Members of Parliament, local Members of Provincial Parliament and local municipalities in the Greater Toronto and Hamilton Area.

REPORT HIGHLIGHTS

- On March 12, 2020, Regional Council approved the Health System Integration Committee Recommendation HSIC-2-2020 that endorsed the advocacy approach outlined in the report titled “Addressing Community Mental Health and Addictions System Challenges in Peel”.

Responding to the Mental Health and Addictions Needs in Peel

- On March 3, 2020, the Province released *the Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System* which establishes the foundation for future investment and system improvements to guide the sector.
- Through the *Roadmap to Wellness*, the Province aims to address key challenges in the broader mental health and addictions system, many of which reflect key priorities for Peel, including extremely long wait times, issues with accessing services, uneven service quality, fragmentation and poor coordination of services.
- Since the release of the Roadmap, the Province, Region of Peel (Region) and health system partners have had to adjust to new challenges resulting from the COVID-19 pandemic. Recently, the provincial government announced up to \$12 million in emergency funding to expand online and virtual mental health supports for all Ontarians and specific services for frontline essential workers.
- Addressing challenges with social isolation, anxiety, mental health and addictions, and other inequities is especially critical during COVID-19. The Region has mobilized quickly to participate with community mental health and addictions system partners, leveraging local programs and initiatives such as Peel's Community Safety and Well-Being Plan, Home for Good Program, local Ontario Health Teams, and the Region's Community Response Table.
- The Region is committed to work collaboratively with community mental health and addictions service partners to implement the Province's Roadmap and continue advocating for investment to address gaps, ensure funding equity, and improve mental health and addictions service integration in Peel.

DISCUSSION

1. Background

On March 12, 2020 Regional Council approved Recommendation HSIC-2-2020 that endorses the advocacy approach brought forward at the February 20, 2020 Health System Integration Committee meeting titled "Addressing Community Mental Health and Addictions System Challenges in Peel". This report was also accompanied by a delegation from the Canadian Mental Health Association Peel Dufferin and the Peel Children's Centre. While the report detailed provincial directions and recent developments regarding investments in the mental health and addictions sector, the delegation noted immediate and ongoing challenges in the system, which have exacerbated during the current COVID-19 pandemic.

As highlighted to the Health System Integration Committee, the prevalence of mental health and addictions challenges in Peel has continued to parallel population growth. It is estimated that one in five people will be impacted by a mental health illness and/or substance disorder in any given year.¹ In Peel, this means an estimated 276,000 residents will experience a mental health and/or substance disorder. Yet, only one in three Peel residents received the treatment that they need leaving an estimated 184,000 Peel residents (including just over 60,000 children and youth) without the necessary treatment and appropriate community supports.²

In 2013, the Mental Health Commission of Canada projected serious economic and social consequences for failing to invest in mental health. Since then, research has shown that

¹ Mental Health Commission of Canada. (2013). Strengthening the case for investing in mental health in Canada.

² Offord Child Health Studies. (2019). Ontario Child Health Study.

Responding to the Mental Health and Addictions Needs in Peel

building capacity within mental health and addictions services can mitigate the downstream burden on hospitals, social welfare and the criminal justice system.³ In 2017, the Mental Health Commission of Canada reported that mental health problems often begin in childhood and adolescence, if left untreated, they can persist through to older age which results in human and economic impacts³. As an example, a study on child and youth mental health programs (i.e. the Better Beginnings, Better Futures Program) in Ontario have shown that investments over a four-year period generated almost \$938 in savings per individual across publicly funded services (including social welfare, family physician visits and impact on grade repetition).³ This is the precise reason why the Region of Peel is committed to ensuring fair, sustainable and equitable funding to ensure Peel residents do not experience challenges in accessing services that may exacerbate existing mental health and addictions challenges.

Given the recent challenges with the COVID-19 pandemic, existing disparities and system pressures will likely be further amplified and underscore the urgency for continued efforts to ensure that there is adequate and appropriate mental health and addictions supports to address the unique needs in Peel.

2. Overview of the Provincial Mental Health and Addictions Strategy: Roadmap to Wellness Plan

a) Provincial Roadmap for the Mental Health and Addictions System

On March 3, 2020, the Province released the “Roadmap to Wellness: A Plan to Build Ontario’s Mental Health and Addictions System” (Roadmap) which establishes the foundation for future investment and system improvements.

To support the implementation of the Roadmap, the Ministry of Health (Ministry) also established the Mental Health and Addictions Centre of Excellence, which is responsible for providing leadership to ensure the effective implementation of the Roadmap. Implementation of the Roadmap is centered on the following four pillars that will support the delivery of services Ontarians require across their lifespan:

- i) Improving quality: by identifying service gaps, establishing performance metrics, and setting service-level indicators.
- ii) Expanding existing spaces: including child and youth health services (youth hubs) to create an integrated continuum of services.
- iii) Creating innovative solutions: using best practices to inform the design of programs to address current gaps in care (including the provinces Mindability Cognitive Behavioural Therapy program).
- iv) Improving access: by streamlining and coordinating supports through a toll-free number, website with an online chat function, access to in-person supports, and ongoing collaboration with Ontario Health Teams. As part of the Province’s Roadmap, an initial investment of \$20 million in immediate funding will be used to launch the Mindability Cognitive Behavioural Therapy program.

b) Recent Provincial and Federal Announcements

³ Mental Health Commission of Canada. (2017). Strengthening the case for investing in Canada’s mental health system: Economic Considerations.

Responding to the Mental Health and Addictions Needs in Peel

As part of the Province's Roadmap, an initial investment of \$20 million in immediate funding will be used to launch the Mindability Cognitive Behavioural Therapy program. The province has made additional investments in recognizing the toll that the COVID-19 pandemic is taking on mental health. The Ontario government established a Mental Health and Addictions COVID-19 Response Table on May 5, 2020 to help mitigate the negative impact of COVID-19 on accessing public mental health and addictions services. The Response Table is currently identifying concerns, implementing quick solutions, supporting virtual care, and sharing best practices to ensure issues impacting the mental health and addictions system are addressed quickly.

Emergency funding of up to \$12 million will be used to immediately expand online and virtual mental health supports. This funding will help mental health agencies hire and train more staff, purchase necessary equipment and technologies, and expand services on a range of platforms including:

- Bounce Back: A guided self-help program for youth over 15 and adults through online videos and phone coaching supports.
- Kids Help Phone: which has seen a 24/7 virtual professional counselling, information and referrals to youth.
- Internet-based Cognitive Behavioural Therapy supported by therapists.
- Online Cognitive Behavioural Therapy for frontline health care workers experiencing anxiety, burnout or post-traumatic stress disorder.
- Training for Cognitive Behavioural Therapy-based interventions for frontline workers, including Telehealth and emergency departments, to better support individuals experiencing acute anxiety due to the pandemic.

The government has also presented \$2.6 million to Ontario Provincial Police (OPP) to hire new psychologists and mental health workers to support OPP personnel.

The federal government has announced \$240.5 million funding to develop, expand, and launch virtual care and mental health tools to support Canadians. Some of this funding has been used to support the Wellness Together Canada tools which offers self-guided courses, resources, group coaching, community of support, and phone or chat counselling with a dedicated line specific for frontline workers.

While recent investments are a step in the positive direction, the current and historic provincial funding formula does not adequately meet the level and pace of need in Peel (described in Appendix II). Current provincial funding is based on the previous year's funding amount with a set percentage increase that does not reflect the dynamic nature of population-based needs. While the Province has devised a population-based funding formula for the child and youth mental health and addictions sector, this model has not been formally released nor has a similar model been developed for the adult mental health and addictions sector, highlighting the need for continued sector advocacy to achieve a fair share of funding for Peel.

3. Current Community Responses in Peel

Addressing challenges with social isolation, anxiety, mental health and addictions, and other inequities is especially critical during COVID-19 to reduce further impacts to the mental health and well-being of residents in Peel. As COVID-19 protective measures are put in place, some programs have been put on hold while waitlists continue to grow. Additionally,

Responding to the Mental Health and Addictions Needs in Peel

there are concerns for the well-being of frontline and health care workers in positions of high risk as well as vulnerable populations with limited access to social supports.

The Region has mobilized quickly to participate with community mental health and addictions system partners through a coordinated approach, leveraging local programs and initiatives as highlighted in the Health System Integration Committee Report (i.e. Peel's Community Safety and Well-Being Plan, Home for Good Program and local Ontario Health Teams). Community partners are working to foster supportive environments, transform care pathways and mitigate risk for crisis situations by:

- Increasing opportunities for social connectedness, especially among youth i.e. through local Peel initiatives such as the Youth Empowering Students for Mental Health (YES4MH) initiative for secondary school students, Project Now to address suicide prevention, and the Malton Youth Wellness Hub to co-locate related services to support youth well-being.
- Improving system navigation for mental health and addictions services while supporting nurses and mental health support staff that have been an integral part of community responses to vulnerable persons needing isolation.
- Addressing needs around client-centered care pathways (particularly transitional points between youth and adult system) and ensuring timely access to mental health and addictions services.
- Outreach supports through Canadian Mental Health Association Peel to advise shelters on isolation and recovery best practices.
- Local agencies are increasing capacity to deal with increased service inquires and crisis calls through virtual counselling and other supports. These demands have been met from resourcing in other parts of the mental health and addictions services.
- The Region established a Community Response Table (with over 90 virtual partners) where community organizations and municipal partners can share information and problem-solve together to meet the needs of vulnerable residents. The table has compiled a list of mental health and well-being supports that are available to provide mental health, stress and anxiety supports in the community. Many of these resources are updated and promoted through outreach by the Community Response Table.

4. Key Priorities for Action

COVID-19 has exacerbated existing pressures within the mental health and addictions system in Peel. The Region will continue to work with local stakeholders through an enhanced advocacy approach to build on recommendations from the Peel Community Mental Health and Addictions Round Table (October 2019), in addition to addressing needs identified through COVID-19.

As reported to the Health System Integration Committee, local priority areas (summarized in Appendix I, along with priorities outlined in the Roadmap) require focused advocacy efforts through a coordinated approach with sector partners.

Key advocacy priorities will include:

- Sharing recommendations with the Associate Minister of Mental Health and Addictions, Hon. Michael Tibollo, to address existing underfunding, especially for child and youth up to age 25, including counselling and therapy (see Appendix II for overview of key funding issues and requests identified by the partners present at the

Responding to the Mental Health and Addictions Needs in Peel

October Round Table) as well as updated funding formulas for the adult population to reflect needs in Peel;

- Identifying and working with local Members of Parliament (MPs) and local Members of Provincial Parliament (MPPs) to champion the issues and inequities within Peel's mental health and addictions sector which contribute to growing waitlists (that currently exceed the provincial average) along with other social impacts;
- Working through community partnerships (i.e. Community Response Table, Community Safety and Well-being Plan, and/or local Ontario Health Teams) and neighbouring Greater Toronto and Hamilton Area municipalities to develop a shared advocacy strategy including the development of a targeted public awareness campaign to showcase the value in investing in mental health and addictions services and raise awareness on existing mental health and addictions disparities that do not account for population growth in Peel; and
- Engaging the Province to target any and all mental health and addictions investments to Peel's community-based service system to address the mental health and addictions needs that are now being exacerbated to crisis levels by the COVID-19 pandemic including the need for enhanced mobile outreach, support for frontline workers, capacity to support self-isolation for homeless with mental health and addictions, and issues related to domestic violence.

RISK CONSIDERATIONS

Due to the ongoing response to COVID-19, the Province has yet to identify funding for mental health and addictions services that would address ongoing gaps and needs in Peel. While a formal Provincial budget expected in the Fall (2020) may contain new announcements, there will likely be financial challenges following the COVID-19 pandemic that may impact funding levels for local mental health and addictions programs and services.

Furthermore, there are few details regarding the next phase of Ontario Health Team implementation which will impact the transfer of funding accountability from LHINs to Ontario Health, and consequently the ability to effectively advocate for equitable funding allocations for mental health and addictions services. Staff continue to monitor provincial investments along with relevant policy implications for equitable funding and integration of community mental health and addictions services in Peel.

CONCLUSION

As the Province moves towards system recovery and readiness to implement the Roadmap, there is an opportunity for the Region and its community partners to engage with the Province to address funding equity and improved mental health and addictions services integration.

The Region of Peel will continue to work alongside community partners to support Peel's community mental health and addictions services through enhanced public policy and advocacy, as well as system collaboration and data coordination.

APPENDICES

Appendix I - Opportunities for Peel within the New Provincial Mental Health and Addictions Strategy

Appendix II - Addressing Community Mental Health and Addictions System Challenges in Peel

Responding to the Mental Health and Addictions Needs in Peel

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

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Reviewed and/or approved in workflow by:

Department Commissioner and Division Director.

Final approval is by the Chief Administrative Officer.



N. Polsinelli, Interim Chief Administrative Officer

**Appendix I
Responding to the Mental Health and Addictions Needs in Peel**

Key Priorities identified at the Peel Mental Health and Addictions Round Table	Key Opportunities within Provincial Mental Health and Addictions Priorities in Roadmap
<p>Inequitable funding for the following:</p> <ul style="list-style-type: none"> ● Counselling and therapy core services for youth and adults ● Services specific to children and youth mental health ● Adult mental health and addictions services ● Supportive housing allocation 	<ul style="list-style-type: none"> ● Province acknowledges that some of today's funding is based on historical arrangements ● Note that consistency and quality of services vary from provider to provider, and between ● Centre of Excellence will deliver evidence-based services and clinical care to provide more ● Better organize the system to provide high-quality and evidence-based services across a p ● Framework and standards to define core provincially-funded services, ensure consistency ● funding to address any gaps and equity. ● Framework to also leverage work on children and youth core services. ● Planning to expand services including implementing Mindability, a cognitive behavioural th ● by OHIP, and addictions services.
<p>Growing waitlists</p>	<ul style="list-style-type: none"> ● Province acknowledges that the demand for mental health and addictions services exceed ● resulting in long wait times for services. ● Framework will help match Ontarians to right core services more quickly with goal to get O ● care in a timely manner. ● By expanding and adding new programs, the province hopes to see a decline in waitlists f
<p>Lack of system planning and service delivery</p>	<ul style="list-style-type: none"> ● Province acknowledges that there is poor coordination across the system results in ineffici ● family experience, as people struggle to navigate between services. ● Centre of Excellence will deliver evidence-based services and clinical care to provide more ● Support and resources to Ontario Health Teams to connect patients to the types of service ● navigation. ● Work with people with lived experience, service providers and researchers to ensure their ● Framework to develop a level of needs approach to link providers across various care sett ● Coordinate access to services by developing a website with an online chat function, client ● wide number where Ontarians can call to access crisis counselling, screening and referral ● services, and to learn more about services.
<p>Absence of centralized intake</p>	<ul style="list-style-type: none"> ● Province acknowledges that Ontarians do not know what services exist or where and how ● Centre of Excellence will establish a single point of accountability and oversight. ● Support and resources to Ontario Health Teams to connect patients to the types of service ● navigation.

**Appendix I
Responding to the Mental Health and Addictions Needs in Peel**

Lack of access to physicians and psychiatrists and poor integration of psychiatry	<ul style="list-style-type: none"> • Province acknowledges that that consistency and quality of services vary from provider to regions. • Centre of Excellence's Framework to develop a level of needs approach to link providers a
Lack of supports for culturally appropriate/diverse populations	<ul style="list-style-type: none"> • Plan will work to include services for Indigenous people and communities, and the francophone
Lack of housing	<ul style="list-style-type: none"> • Supportive housing investments will alleviate pressures on acute care settings by delivering services as people living with mental health and addictions challenges transition from hosp
Lack of standardized data	<ul style="list-style-type: none"> • Province acknowledges that Ontarians, service providers and system planners do not have they need, limiting effective oversight and accountability. • Centre of Excellence will be responsible for standardizing and monitoring quality while crea indicators and shared infrastructure to disseminate evidence and findings

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

October 21, 2019

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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.

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), Dialectical 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.

- 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)

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

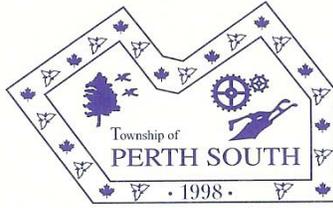
	<ul style="list-style-type: none"> • Non-chronic users are creeping up to be chronic system users: need to tackle both groups simultaneously • Cited Housing First model: housing first teams • Assertive Community Teams (ACT) - wrap around services within housing • Enhance Flexible Assertive Community Treatment Teams (FACT) <p>Hospital Sector</p> <ul style="list-style-type: none"> • Brampton is an 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 <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
<p>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>	<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

<p>doing differently, that would make a difference in young people’s lives?</p>	<ul style="list-style-type: none"> • 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 <p>Young Adults/Adults</p> <ul style="list-style-type: none"> • 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) <p>Hospital Sector</p> <ul style="list-style-type: none"> • 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 <p>Peel Regional Police</p> <ul style="list-style-type: none"> • School Resource Officer: leveraging officers in prevention and intervention space with integration into school curriculum
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Corporation of the Township of Perth South
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Telephone 519-271-0619
Fax 519-271-0647

July 9, 2020

Agricorp
Attn: Board of Directors
1 Stone Road West
Box 360 Stn Central
Guelph, ON N1H 8M4

Re: Farm Property Class Tax Rate Program

Dear Board of Directors

The Farm Property Class Tax Rate program was developed by the province to support agriculture in Ontario. Through this program, farmland owners receive a reduced property tax rate. Eligible farmland is taxed at no more than 25% of the municipal residential tax rate. This program is administered by Agricorp, the Municipal Property Assessment Corporation (MPAC), and municipalities with farmland assessment within their municipality.

The Assessment Roll is returned by MPAC in December of each year for the following year. It is important that the assessment roll values on the returned roll received from MPAC are accurate as these values are used as the basis for the calculation and distribution of taxes. However, we have found that the 2020 Assessment Roll as returned

by MPAC requires many adjustments in the form of Tax Incentive Adjustments (TIA) for the Farm Property Class Tax Rate Program, each of which result in taxation write-offs for the Township.

The TIAs are required to transfer properties which have become eligible for the Farm Property Class Tax Rate Program from the Residential Class back to the Farmland Class. It is our understanding that the large number of TIAs that are processed by MPAC are necessary due to the number of farm properties that have sold their property, made a change to the ownership of the property, or failed to submit paperwork to Agricorp by the required deadline.

The result is that the Assessment Roll is returned with an overstated Residential Class assessment and an understated Farmland Class assessment and when used in the determination of the Residential Tax Rate at budget time results in a rate that is less than it would otherwise be. In addition, taxation write-offs of 75% of the residential amount must be refunded. These refunds are required for the current year, and in some instances, in the prior year as well, placing a financial burden on municipalities.

While these adjustments are not new, they certainly seem to be increasing in volume in more recent years and we anticipate that they will continue to increase as baby-boomer farmers continue to retire and sell their farmland.

In 2020 Perth South had \$34,606,000 of Farmland Class assessment transferred to Residential Class assessment. As a result of this transfer the total write-off is \$213,550.86 of which \$107,041.20 is Perth South's portion, \$66,799.27 is Perth County's portion and \$39,710.39 is the School Board's portion. While a tax write-off of \$107,041 may not seem like a large amount for many municipalities, in Perth South is it significant and would require a 3% levy increase to offset this amount.

Perth South is also concerned with the impact that these "misclassified" properties may be having on information used by other provincial departments. For example, the classification of Farmland assessment as Residential assessment negatively impacts the

Ontario Municipal Partnership Fund (OMPF) calculation, specifically the Farm Area Measure, which could result in a financial loss in the form of reduced grant funding for the year. Despite the fact that there has been no development on farmland, Perth South's Farm Area Measure decreased from 91.7% to 90.8% in 2020, a decrease attributed to the transferring of property from the Farmland Class to the Residential Class. If the Farm Area Measure were to fall below 90% Perth South would incur a loss in grant funding, a loss we simply cannot afford. And should such a loss occur there does not appear to be a mechanism to allow for the correction of the OMPF allocation following the transfer of assessment back from Residential Class to Farmland Class.

It should also be recognized that the levy costs imposed on municipalities for maintenance and administration costs of conservation authorities is also impacted by this transfer of land from the Farmland Class to the Residential Class. The apportionment of costs is determined by multiplying Current Value Assessment (CVA) in the Residential Property Class by a Factor of 1 and multiplying the CVA in the Farmlands Property Class by a factor of .25. The inclusion of assessment from the Farmland Property Class in the Residential Property Class artificially increases our proportionate share of maintenance and administrative costs and represents another unreconcilable calculation for which we are financially penalized.

The current process places an administrative burden on municipalities and diverts staff time from other administrative work that we simply do not have to spare. In recent years the provincial government has been working with municipalities and other partners to improve service delivery and efficiencies. As part of their review, *Managing Transformations: A Modernization Action Plan*, there was a focus on strong leadership by the government to work with ministries and various partners to strengthen horizontal coordination and establish a renewed focus on improving the efficiency, productivity and outcomes of the Broader Public Sector, while at the same time delivering the most efficient Ontario Public Services possible. A similar review of the delivery of this program may be very beneficial.

Perth South understands that the province and MPAC need to ensure that each farm operation meets the requirements of the Farm Property Class Tax Rate Program, but we feel that there must be a more efficient and effective way for this to be achieved. Perth South would like to be part of the solution and suggests that all stakeholders to the Farm Property Class Tax Rate Program review the current program in an effort to find efficiencies and ultimately, a less disruptive classification process.

Yours Truly,

A handwritten signature in black ink, appearing to read "Robert C. Wilhelm", is centered on the page. The signature is written in a cursive style and is set against a light, textured background.

Mayor Robert Wilhelm
Township of Perth South

Cc: Hon. Vic Fedeli, Minister of Finance
Hon. Ernie Hardeman, Minister of Agriculture, Food and Rural Affairs
Randy Pettapiece, MPP Perth Wellington
Board of Directors, Municipal Property Assessment Corporation (MPAC)
Board of Directors, Rural Ontario Municipalities Association (ROMA)
County of Perth
Ontario Municipalities