

Implementation Details

Prevent children and youth with mental health issues from requiring hospital care and ensure step down care is promptly available by investing in **community-based child and youth mental health** treatment and innovative partnership models

Part of an action plan from the Children's Health Coalition to ensure hospital capacity and provide timely access to care both in the immediate pandemic response and through recovery

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Overview: Community Child and Youth Mental Health

Before the pandemic, there were too many children going to hospital unnecessarily due to service gaps in community-based care. With new data and research predicting that children's mental health has significantly deteriorated as a result of the pandemic, we are at a crisis point. Addressing the significant service gaps in community-based care is critical to preserving capacity in our hospitals.

Long wait times were a challenge for families prior to COVID-19 with 28,000 children and youth waiting for mental health care. For children and youth with serious and intensive needs, wait times could be as long as long as 2.5 years. Now, the situation is worse. Leading international and Ontario researchers are sounding the alarm and warning that children and youth are experiencing significant mental health deterioration and for those that had mental health and addiction issues before the pandemic, the issue is worse. Providers of child and youth mental health care are observing increased client complexity and acuity through the pandemic.

Social isolation, school closures, job losses, grief and a loss of supports through the pandemic is leading to increased mental health needs and often more serious mental health issues. The effects are even more profound for low-income families, children and youth with disabilities, and for racialized, marginalized and vulnerable families. An entire generation of children are at risk if we do not act now to ensure they can access the mental health care and services they need.

Mental health system capacity for children is at risk. Investments are urgently needed now to ensure the system is equipped to manage the current and projected increases in demand for mental healthcare arising from wave 4. And even prior to the pandemic, there were too many preventable visits to hospital for mental health care. We have to do everything we can to prevent as many children as possible from requiring hospitalization, preserve hospital capacity and also, allow for quick discharge to home or other community-based mental health services.

The significant rise of eating disorder cases in hospitals underscores the community-based service gaps that need to be urgently addressed. Children with eating disorders require long-term treatment, along with family supports. This is best provided in community-based settings, however, it has been identified as a service gap for many years. Inaction by multiple governments to build the services required in the community has led to the capacity issues that hospitals now face. Simply building more acute care capacity does not address the real issue, which is the lack of community-based, long-term treatment services where children with ongoing mental health needs are best served.

Every day matters in the life of a child. Timely and equitable access is critical for children's mental health care services. Delays in treatment puts kids at risk over the long term and has life-long consequences and costs to the health care system. As the province faces wave 4 of the pandemic and through recovery planning, the urgency of improving access to children's mental health care must be a top priority of the government.

The Children's Health Coalition has identified the need for an investment of \$15,650,000 in 2021/2022, \$57,045,000 in 2022/2023 and \$58,044,000 in 2023/24 to prevent children and youth with mental health issues from requiring hospital care and ensuring step down care is promptly available by investing in community-based child and youth mental health treatment and innovative partnership models. This investment will:

- Build **intensive treatment and specialized consultation services** to ensure timely access to care by tackling long wait times and gaps in care, with an immediate focus on those with the most serious and intensive needs
- Increase access to **psychotherapy & counselling**, including walk-in therapy, single session and brief services, as well as long-term counselling and psychotherapy. These services are important enablers to preventing needs from worsening or becoming more acute over time
- Increase **family therapy and supports** so that plans of care are as effective as possible when supporting and treating children and youth in the context of their families and caregivers
- Scale **24/7 crisis support services** to ensure children and youth experiencing a crisis have an alternative to going to the emergency department, thereby preserving hospital capacity for when its needed most
- Enable **key processes and functions** in the delivery of mental health treatments and services including, **coordinated access, service coordination, prevention**

Investments in these areas will ensure that **innovative partnership models** are possible between hospital and community when supporting mental health needs on the continuum of care. This is especially critical as children and youth “step down” or transition from hospital to community for their ongoing treatment through wave 4 and beyond.

Table A. Proposed Funding for Community-Based Mental Health to Reduce Pressure on Acute Care and Prevent Hospitalizations

	Funding for Fiscal Year 2021/2022 Jan 1 – March 31	Funding for Fiscal Year 2022/2023	Funding for Fiscal Year 2023/2024	Total
Intensive treatment & specialized consultation services	\$7,689,000	\$20,012,000	\$20,362,000	\$48,064,000
Psychotherapy & counselling,	\$5,151,000	\$22,514,000	\$22,908,000	\$50,573,000
Family therapy & supports	\$877,000	\$3,940,000	\$4,009,000	\$8,826,000
Crisis support services	\$350,000	\$1,396,000	\$1,420,000	\$3,166,000
Key processes and functions				
Coordinated access	\$980,000	\$5,141,000	\$5,231,000	\$11,352,000
Service coordination	\$341,000	\$1,350,000	\$1,374,000	\$3,065,000
Prevention	\$262,000	\$2,692,000	\$2,740,000	\$5,694,000
Total	\$15,650,000	\$57,045,000	\$58,044,000	\$130,739,000

This funding will ensure we **prevent children and youth with mental health issues from requiring hospital care and ensure timely access to community services are available and step down care is promptly available by investing in community-based child and youth mental health treatment.**

Appendix A: Funding required by service area provides a detailed breakdown of the proposed investments in the province's service areas for child and youth mental health.

In alignment with the work at the Provincial Recovery Table, we will monitor and report our progress through the following metrics:

- Wait times by core service
- Wait lists by core service

This proposal will outline emerging data related to mental health needs in the context of the pandemic as well as solutions that will help ensure children, youth and families across Ontario have timely access to critical mental health care and treatment.

Children's health and health care services are intricately connected, and services are delivered in multiple sectors (e.g., hospital, community, home, school). Changes and pressures in one part of the system have profound impacts throughout the system. For example, a lack of timely access to community-based child and youth mental health care for a child with mental illness leads to increased pressures on hospitals as families turn to emergency departments in crisis.

Investing to build capacity in both hospitals and communities now is required so that all kids and families have access to mental health care/treatment and do not end up in crisis. Moving forward, adequate and sustainable funding will facilitate early intervention, in some cases prevent certain health conditions from worsening, and ultimately create the opportunity to achieve the best health outcomes for kids over the long term.

Pandemic Challenges and Impacts on Child and Youth Mental Health

Hospital and community service providers have noted that there has been both a sharp increase in demand and acuity. Before the pandemic, 28,000 children and youth were waiting as long as 2.5 years for mental health care (CMHO 2020). Since the beginning of the pandemic, indicators of more serious mental health issues are emerging and greater needs have been reported by youth, parents and service providers. Our review of current research also predicts a significant increase in demand that we will continue to see beyond the pandemic.

The mental health needs of children, youth and families have never been higher, and a generation of children are at risk:

- **Pre-Pandemic wait times** in community-based mental health can extend up to 2.5 years for specialized services and the average is 92 days for intensive treatment services and 67 days for counselling & therapy; well beyond the clinically appropriate wait times (CMHO, 2020).
- **Overall greater mental health needs** with nearly two-thirds of youth and young people surveyed, reported that their mental health had gotten worsen since the pandemic. Youth from

low-income families and Northern and remote communities reported even worse declines in their mental health (Ramdomski et al, 2020).

- **Pre-Existing mental health diagnoses**, along with socioeconomic and ethnic vulnerabilities predict family financial instability, parental stress and poor parent and child mental health (Sick Kids, 2020).
- **Parents (59%) reporting behavioural changes in their child** ranging from outbursts or extreme irritability to drastic changes in mood, behavior or personality and difficulty sleeping/altered sleeping patterns as well as persistent sadness and more (Ipsos Survey, 2020).
- **Prolonged impacts:** Evidence indicates that the social, emotional, and educational impacts of the pandemic, including prolonged isolation, repeated school closures, hours of screen time and increased stress and fears about the virus, have all had a dramatic effect on both physical and mental health in children and youth (Tombeau Cost et al., 2021; Public Health Ontario, 2020).
- **Increased Needs, but less help sought**, students reported increased feelings of loneliness (55%), boredom (73%), stress (43%) and anxiety (38%). Only 4% reported seeking mental health support (PHO-Compass, 2021).

Current State

Child and youth mental health centres are doing everything they can to provide care for families in their communities. New investments of \$83 million over the past few years have enabled great advances in expanding child and youth mental health walk-in clinics and progress towards what is needed to address long wait times and expand access to services. Over the past year, tremendous gains have been made in innovation by pivoting to online and virtual mental health care options to address public health concerns and directions during the pandemic.

However serious challenges remain for families who are trying to access care. Long wait times persist, and there are huge gaps in care for those with serious and complex mental health issues including eating disorders, as well as for racialized, marginalized and underserved families. Sector funding has fallen by almost 40% in real terms over the past 25 years, and as a result, wait times continue to get worse, especially for children and youth with more serious mental health needs. The pandemic has also exacerbated health human resource challenges in child and youth mental health. Given labour shortages, a system-wide view on new investments is required to ensure we are using our limited specialized workforce where the needs are most urgent.

Our Vision

We envision a future where community child and youth mental health services are equipped to meet kids and families where they are and is well connected with other children's systems including acute mental health care. Services should be co-designed and built up to meet the needs of children, youth and families that are particularly underserved, marginalized and oppressed – including Black families, Indigenous families, Racialized families, Francophone families, low-income families, LGBTQ+ children and youth, and those from rural, remote and Northern communities.

All new investments and actions should prioritize service system building to include a quality common experience with equitable access that puts the mental health needs of infants, children, youth and families at the centre and is built on:

- **Family and youth voice and engagement:** Youth and families voices with lived or living experience of mental illness or addiction contributing to the development of recommendations for service providers and government, that reflect and respond to family experiences of the service system
- **Equity:** Every infant, child, youth and family should have access to care that is culturally relevant and safe. All system change must be achieved through an equity based, anti-racist and anti-oppressive lens.
- **Social determinants of health:** Addressing the social determinants of health appropriately, including housing, is foundational and fundamental to mental health.

The Solution: Building Community-Based Capacity to Preserve Hospital Capacity

The Children’s Health Coalition has identified the critical importance of preventing children and youth with mental health issues from requiring hospital care and ensuring step down care is promptly available by investing in community-based child and youth mental health treatment.

An investment of **\$15,650,000 in 2021/2022, \$57,045,000 in 2022/2023 and \$58,044,000 in 2023/24** acknowledges the critical connection between community and acute mental health care in supporting kids with the most intensive and serious mental health needs. Success in preserving acute mental health capacity in hospitals during wave 4 and beyond is also about ensuring capacity in the community for effective and ongoing mental health care is delivered in the community.

Aligned with the government’s vision to build a connected health care system, including mental health and addictions, this will also help build a well-organized and high-quality system that meets the needs of children, youth, and families. Investment is necessary to address gaps that were there persistent prior to the pandemic. This investment will:

1) Build intensive treatment services and specialized consultation

Ensure timely access to care to tackle long wait times and gaps in care, with an immediate focus on those with the most serious and Intensive needs

Children and youth with significant and complex mental health challenges often require longer term and more intensive, specialized support. Before the pandemic wait times for intensive treatment in the community were too long or not available at all leaving many families turning to hospitals with nowhere else to go, or worse, in a mental health crisis. It is well understood that hospitals alone are not the most appropriate, nor most cost-effective setting for these ongoing treatment needs (see [CIHI/CMHO 2019 paper](#)).

*Service gaps in community for intensive treatment can be alleviated by opening Tier 4 beds at the **Syl Apps Youth Centre**. This would create additional capacity in the system for children and youth with the most serious and significant mental health needs*

Expanding and scaling intensive and live-in treatment for those with the most serious and complex mental health challenges would fill a major gap in the community system now. The most significant gaps in the mental health system for children and youth are in Tier 4 which is predominantly provided by mental health professionals in the community. There also needs to be a special focus on building services in remote, rural, and northern parts of the province that have been particularly underserved making it challenging to consistently and

comprehensively meet the needs of young people and their families. For those who have to travel far from home to get treatment or are left waiting many months before they can get into services, needs can further intensify and prospects for positive outcomes diminish.

At the same time, planning work to is required over the longer-term to build the system of intensive with a particular focus on live-in-treatment programs, which are often a step down from hospital.

2) Increase Access to Psychotherapy and Counselling, including Walk-In Therapy

*Increase access to **Psychotherapy & counselling**, including walk-in therapy, single session and brief services, as well as long-term counselling and psychotherapy. These services are important enablers to preventing needs from worsening or becoming more acute over time.*

Investments to support service delivery will not only address long wait times and preserve hospital capacity over the short term but will also improve access to support the best outcomes possible over the long term. For children and youth with moderate to severe needs to those requiring more intensive, ongoing treatment, there is an urgent need to expand front line services.

Building staffing capacity of mental health professionals in community to deliver critical treatment services families rely on is essential. The range of specialized expertise in child and youth mental health includes psychologists, social workers, child and youth mental health workers, among others, providing inter-professional care to children and youth. Supporting the delivery of counselling and therapy also has lifelong impacts when a need is identified.

Walk-in services are also an important access mechanism in reducing wait times for treatment. Early identification and interventions through walk-in services can prevent needs from worsening or becoming more complex or acute. Child and youth mental health centres have worked to develop responsive and innovative models to provide more timely access to service. Over the last several years, more than 80 child and youth mental health walk-in clinics have opened across Ontario.

A walk-in model is a family's first step into the services that child and youth mental health offers. It provides brief or a single therapy session to children, family and youth who need support and where appropriate, it also offers referrals to other programs and services. Walk-In clinics offer accessible, barrier-free ways to meet the needs of families, with flexible hours and availability and important access mechanism into the system so children and youth get the support they need right time and place. The *Roadmap to Wellness* also prioritizes improving and ensuring easier access as an important part of its plan to build the mental health system. Access is also a provincial priority in the sector as an important

indicator of system quality. Currently the system is building innovation by developing a provincial “Virtual Mental Health Walk-In Clinic”, to provide a virtual option to access walk in services so families will be able to easily access community child and youth mental health services. This will be even more important as needs and demand are increasing now throughout the global pandemic.

3) Building Family Therapy and Supports

*Increase **family supports** so that plans of care are as effective as possible when supporting and treating children and youth in the context of their families and caregivers*

With increased more acute needs being seen in mental since the start of the Covid-19 pandemic, it has never been more important to consider the context of family in the delivery of services. Addressing child and youth well-being and mental health exists within families and also broader support systems. That is why team-based care in child and youth mental health facilitates a wholistic and bio-psycho-social approach, which allows for the delivery of a diversity of services.

Child and youth mental health agencies strive to understand and address the social determinants of health and other external factors impacting wellbeing, while also providing family-centred care, which supports the needs of the whole family. This approach also requires strong intersectoral collaborations to wholistically meet the needs of clients and families. As a result, increasing family supports in the context of child and youth mental health will help achieve the best mental health outcomes over the long term. As a core service provided in the service system, increased investment will aid in the delivery of evidence-based approaches and intervention supporting the family.

SUPPORTING FAMILIES & CAREGIVERS

Build innovative family models to expand capacity for families and caregivers through models like peer support or wrap around supports. This would create additional capacity in the system for children and youth with the most serious and significant mental health needs

4) Crisis Support Services

*Scale 24/7 **crisis support services** to ensure children and youth experiencing a crisis have an alternative to going to the emergency department, thereby preserving hospital capacity when its needed most*

Mental health challenges present at varying levels of urgency. Yet we know that when youth are in crisis, they need support urgently. When crisis support services are insufficient in the community, children, youth, and families turn to the hospital emergency department.

Over the last 10 years, there has been a 71% increase in rate of child and youth mental health hospitalizations and 64% increase in rate of ED visits for children and youth. At same time the rate of hospitalization for every other condition fell by 26% (CIHI, 2020). Yet kids could be served more appropriately and cost-effectively served in community-based settings.

Investment in crisis services in the community is an important part of preserving hospital capacity and ensuring kids have access when needs are urgent.

5) Coordinated Access and Service Coordination and Prevention

*Enable key processes and functions in the delivery of mental health treatments and services including, **coordinated access, service coordination, prevention***

Support for key processes and functions enable the delivery of mental health treatment in community child and youth mental health. These services and processes are a critical part of the delivery of all core services. With heightened awareness about mental health needs increasing, access points to children's mental health services also increase as more youth and families reach out.

Increasing support and coordination at the “front door” is an important part of creating access and efficiency to services or pathways to care and treatment. At the same time, targeted prevention helps children and youth remain mentally healthy. By targeting prevention efforts, we can address things like specific risk factors, needs and focus on specific populations.

Proposal Summary:

In summary, there is increasing need build community-based capacity in child and youth mental health in the province to preserve hospital capacity. This is especially needed in the context of the COVID-19 pandemic and additional anticipated challenges that will only serve to further constrain the limited resources available. Many hospitals and community-based providers are experiencing challenges in delivering timely mental health care, in addition to managing increasingly acute and complex needs.

Appendix A – Summary of Detailed Funding Request by Budget Year, Service Area and Service

Provincial Overview by Year and Service

Service	Detail Codes	Jan 1 - Mar 31/22	2022/23	2023/24	Totals
Intensive Treatment & Specialized Consultation	A353, A355	7,689,151	20,011,424	20,361,624	48,062,199
Psychotherapy & counselling	A348, A349	5,150,898	22,514,129	22,908,126	50,573,153
Family Support & Therapy	A351	877,351	3,940,253	4,009,207	8,826,811
Crisis Services	A350	349,885	1,395,590	1,420,013	3,165,487
Coordinated Access	A352	980,466	5,141,196	5,231,167	11,352,829
Service Coordination	A354	340,545	1,350,206	1,373,835	3,064,586
Prevention	A356	261,822	2,692,497	2,739,616	5,693,935
		15,650,118	57,045,295	58,043,588	130,739,000

Jan 1, 2022 to March 31, 2022											
Service Area	Region	A348 - Brief Services	A349 - Counselling & Therapy	A350 - Crisis	A351 - Family/Caregiver Capacity Building & Support	A352 - Coordinated Access & Intake	A353 - Intensive Treatment Services	A354 - Case Management & Service Coordination	A355 - Specialized Consultation & Assessment	A356 - Targeted Prevention	
Sudbury/Manitoulin	Northern Ontario	-	37,500	-	-	-	37,500	-	-	-	
Nipissing/Parry Sound/Muskoka	Northern Ontario	58,750	42,500	20,000	20,000	-	-	-	15,000	-	
Cochrane/Timiskaming	Northern Ontario	16,750	11,250	-	-	88,250	61,250	88,250	-	-	
Algoma*	Northern Ontario	15,100	28,250	9,000	4,000	17,650	34,750	17,650	3,000	-	
Kenora	Northern Ontario	-	-	-	-	-	-	-	-	-	
Thunder Bay	Northern Ontario	-	50,000	25,000	-	-	75,000	-	-	-	
Lanark/Leeds/Grenville	Eastern Ontario	47,233	47,233	-	-	-	-	-	-	-	
Renfrew	Eastern Ontario	25,000	50,000	-	-	-	60,000	-	-	-	
Ottawa	Eastern Ontario	-	118,687	-	71,316	329,141	1,432,018	-	-	-	
Prescott & Russell	Eastern Ontario	10,000	106,250	-	15,000	-	17,500	-	-	-	
Frontenac/Lennox and Addington	Eastern Ontario	-	101,976	-	-	-	-	-	-	33,992	
Hastings/Prince Edward/Northumberland	Eastern Ontario	-	46,838	-	-	-	-	-	-	-	
Stormont/Dundas/Glengarry	Eastern Ontario	-	31,250	-	18,750	-	200,000	-	-	-	
Dufferin/Wellington	Central	28,370	78,420	25,494	25,494	79,588	109,816	131,040	30,044	-	
Haliburton/Kawartha Lakes/Peterborough	Central	41,607	296,775	20,804	-	-	-	-	-	-	
York	Central	-	146,675	-	24,175	-	62,500	21,643	-	18,750	
Peel	Central	-	388,898	-	127,200	13,113	3,204,655	-	-	25,625	
Durham	Central	-	66,750	-	-	-	-	-	-	-	
Halton	Central	49,885	205,500	45,750	31,350	51,250	89,000	5,500	125,162	18,205	
Simcoe	Central	82,573	109,500	-	-	29,790	-	-	-	-	
Waterloo	Central	-	286,975	71,098	90,275	-	491,756	875	61,785	39,000	
Huron Perth	Western Ontario	21,000	47,750	-	56,250	-	29,500	-	20,000	-	
Middlesex	Western Ontario	31,000	216,250	50,000	254,500	22,750	479,750	5,500	5,750	44,750	
Hamilton	Western Ontario	25,000	44,500	-	-	161,680	127,500	3,250	-	-	
Chatham/Kent	Western Ontario	6,250	50,000	18,750	-	-	25,000	6,250	-	-	
Haldimand/Norfolk	Western Ontario	-	50,000	23,750	31,250	-	-	-	-	-	
Essex	Western Ontario	89,279	371,930	25,827	78,341	50,714	171,664	-	-	-	
Elgin/Oxford	Western Ontario	29,425	101,225	-	10,000	77,291	21,838	46,838	19,895	22,500	
Brant	Western Ontario	-	61,975	14,413	19,450	19,250	52,825	13,750	-	12,000	
Lambton	Western Ontario	-	23,500	-	-	-	20,013	-	-	-	
Grey Bruce	Western Ontario	-	64,500	-	-	-	-	-	7,500	-	
Niagara	Western Ontario	43,602	43,602	-	-	-	21,801	-	-	-	
Toronto	Toronto	817,000	386,618	-	-	40,000	494,132	-	81,250	47,000	
		1,437,823	3,713,075	349,885	877,351	980,466	7,319,766	340,545	369,386	261,822	15,650,118

*extrapolated, outstanding data

April 1, 2022 - March 31, 2023

Service Area	Region	A348 - Brief Services	A349 - Counselling & Therapy	A350 - Crisis	A351 - Family/Caregiver Capacity Building & Support	A352 - Coordinated Access & Intake	A353 - Intensive Treatment Services	A354 - Case Management & Service Coordination	A355 - Specialized Consultation & Assessment	A356 - Targeted Prevention	
Sudbury/Manitoulin	Northern Ontario		150,000				150,000				300,000
Nipissing/Parry Sound/Muskoka	Northern Ontario	235,000	170,000	80,000	80,000				60,000		625,000
Cochrane/Timiskaming	Northern Ontario	67,000	45,000	-	-	353,000	245,000	353,000	-	-	1,063,000
Algoma*	Northern Ontario	60,400	113,000	36,000	16,000	70,600	139,000	70,600	12,000	-	517,600
Kenora	Northern Ontario	-	-	-	-	-	-	-	-	-	-
Thunder Bay	Northern Ontario		200,000	100,000			300,000	-	-	-	600,000
Renfrew	Eastern Ontario	100,000	200,000				230,000				530,000
Ottawa	Eastern Ontario		467,980		285,263	2,329,543	5,714,535				8,797,321
Lanark/Leeds/Grenville	Eastern Ontario	184,625	184,625								369,250
Prescott & Russell	Eastern Ontario	40,000	360,000	-	-	-	-	-	-	-	400,000
Frontenac/Lennox and Addington	Eastern Ontario		346,788							115,596	462,384
Hastings/Prince Edward/Northumberland	Eastern Ontario	-	187,353	-	-	-	-	-	-	-	187,353
Stormont/Dundas/Glengarry	Eastern Ontario		125,000		75,000		800,000				1,000,000
Dufferin/Wellington	Central	109,763	304,968	98,028	98,028	313,316	437,235	524,183	116,849	-	2,002,370
Haliburton/Kawartha Lakes/Peterborough	Central	166,427	1,187,099	83,214							1,436,740
York	Central		586,700		96,700		250,000	86,570		75,000	1,094,970
Peel	Central	-	3,039,186	-	997,599	104,900	2,253,661	-	-	201,000	6,596,346
Durham	Central		267,000								267,000
Halton	Central	199,540	822,000	183,000	125,400	205,000	356,000	22,000	500,649	72,820	2,486,409
Simcoe	Central	574,058	758,000			206,817					1,538,875
Waterloo	Central	-	1,147,900	284,391	361,101		1,967,023	3,500	247,138	156,000	4,167,053
Huron Perth	Western Ontario	86,000	195,000		225,000		122,000		80,000		708,000
Middlesex	Western Ontario	126,000	899,000	200,000	1,024,000	137,000	1,911,000	23,000	23,000	174,000	4,517,000
Hamilton	Western Ontario	100,000	165,000			672,000	521,000				1,458,000
Chatham/Kent	Western Ontario	25,000	200,000	75,000	-	-	100,000	25,000	-	-	425,000
Haldimand/Norfolk	Western Ontario		200,000	95,000	125,000						420,000
Essex	Western Ontario	357,114	1,487,719	103,307	313,362	202,855	686,654	-	-	-	3,151,011
Elgin/Oxford	Western Ontario	117,699	404,898		40,000	309,165	87,353	187,353	79,581	90,000	1,316,049
Brant	Western Ontario	-	247,900	57,650	77,800	77,000	211,300	55,000	-	48,000	774,650
Lambton	Western Ontario		94,000				80,051				174,051
Grey Bruce	Western Ontario		258,000						30,000		288,000
Niagara	Western Ontario	264,228	172,681				88,076	-	-	-	524,985
Toronto	Toronto	3,268,000	1,446,478	-	-	160,000	1,887,319	-	325,000	1,760,081	8,846,878
		6,080,854	16,433,275	1,395,590	3,940,253	5,141,196	18,537,207	1,350,206	1,474,217	2,692,497	57,045,295

*extrapolated, outstanding data

April 1, 2023 - March 31, 2024

Service Area	Region	A348 - Brief Services	A349 - Counselling & Therapy	A350 - Crisis	A351 - Family/Caregiver Capacity Building & Support	A352 - Coordinated Access & Intake	A353 - Intensive Treatment Services	A354 - Case Management & Service Coordination	A355 - Specialized Consultation & Assessment	A356 - Targeted Prevention	
Sudbury/Manitoulin	Northern Ontario	-	152,625	-	-	-	152,625	-	-	-	
Nipissing/Parry Sound/Muskoka	Northern Ontario	239,113	172,975	81,400	81,400	-	-	-	61,050	-	
Cochrane/Timiskaming	Northern Ontario	68,173	45,788	-	-	359,178	249,288	359,178	-	-	
Algoma*	Northern Ontario	61,457	114,978	36,630	16,280	71,836	141,433	71,836	12,210	-	
Kenora	Northern Ontario	-	-	-	-	-	-	-	-	-	
Thunder Bay	Northern Ontario	-	203,500	101,750	-	-	305,250	-	-	-	
Renfrew	Eastern Ontario	101,750	203,500	-	-	-	234,025	-	-	-	
Ottawa	Eastern Ontario	-	476,170	-	290,255	2,370,310	5,814,539	-	-	-	
Lanark/Leeds/Grenville	Eastern Ontario	187,856	187,856	-	-	-	-	-	-	-	
Prescott & Russell	Eastern Ontario	40,700	366,300	-	-	-	-	-	-	-	
Frontenac/Lennox and Addington	Eastern Ontario	-	352,857	-	-	-	-	-	-	117,619	
Hastings/Prince Edward/Northumberland	Eastern Ontario	-	190,632	-	-	-	-	-	-	-	
Stormont/Dundas/Glengarry	Eastern Ontario	-	127,188	-	76,313	-	814,000	-	-	-	
Dufferin/Wellington	Central	111,684	310,305	99,743	99,743	318,799	444,887	533,356	118,894	-	
Haliburton/Kawartha Lakes/Peterborough	Central	169,339	1,207,873	84,670	-	-	-	-	-	-	
York	Central	-	596,967	-	98,392	-	254,375	88,085	-	76,313	
Peel	Central	-	3,092,372	-	1,015,057	106,736	2,293,100	-	-	204,518	6,711,782
Durham	Central	-	271,673	-	-	-	-	-	-	-	
Halton	Central	203,032	836,385	186,203	127,595	208,588	362,230	22,385	509,410	74,094	
Simcoe	Central	584,104	771,265	-	-	210,436	-	-	-	-	
Waterloo	Central	-	1,167,988	289,368	367,420	-	2,001,446	3,561	251,463	158,730	
Huron Perth	Western Ontario	87,505	198,413	-	228,938	-	124,135	-	81,400	-	
Middlesex	Western Ontario	128,205	914,733	203,500	1,041,920	139,398	1,944,443	23,403	23,403	177,045	
Hamilton	Western Ontario	101,750	167,888	-	-	683,760	530,118	-	-	-	
Chatham/Kent	Western Ontario	25,438	203,500	76,313	-	-	101,750	25,438	-	-	
Haldimand/Norfolk	Western Ontario	-	203,500	96,663	127,188	-	-	-	-	-	
Essex	Western Ontario	363,363	1,513,754	105,115	318,846	206,405	698,670	-	-	-	
Elgin/Oxford	Western Ontario	119,759	411,984	-	40,700	314,575	88,882	190,632	80,974	91,575	
Brant	Western Ontario	-	252,238	58,659	79,162	78,348	214,998	55,963	-	48,840	
Lambton	Western Ontario	-	95,645	-	-	-	81,452	-	-	-	
Grey Bruce	Western Ontario	-	262,515	-	-	-	-	-	30,525	-	
Niagara*	Western Ontario	268,852	175,703	-	-	-	89,617	-	-	-	
Toronto	Toronto	3,325,190	1,471,791	-	-	162,800	1,920,347	-	330,688	1,790,882	
		6,187,269	16,720,857	1,420,013	4,009,207	5,231,167	18,861,608	1,373,835	1,500,016	2,739,616	58,043,588

*extrapolated, outstanding data