



Canadian Mental
Health Association
Ontario

Maintaining the momentum:

Supporting the community mental health
and addictions sector

2024 Pre-budget Submission



Executive Summary

Canadian Mental Health Association (CMHA) Ontario is pleased to provide our pre-budget submission to Ontario's Ministry of Finance.

CMHA Ontario is a community-based mental health and addictions organization. We work with municipalities, hospitals and first responders to provide high quality services and programs to Ontarians who need our support. Our 27 branches are key partners in the community mental health and addictions system that serves more than a half million Ontarians each year.

The community mental health and addictions sector is essential to an efficient health care system. Our sector serves clients in their communities. The increased demand for our services during the pandemic continues and serving increasingly complex clients has become more difficult. Ontario is facing many crises which intersect with our sector, particularly in mental health and addiction, health human resources, homelessness and housing.

The solution is clear: greater investment in the community mental health and addictions sector. With further stabilization funding and a firm commitment to supportive housing, our sector will help the government address key issues that are impacting communities across the province.

We recommend the 2024 provincial budget provide a seven per cent increase in funding for the community mental health and addictions sector. This equates to a \$110-million increase to base budgets, and a \$33-million commitment to a new Community Supportive Housing Innovation Fund (SHIF). In return, CMHAs will be better equipped to:

- support municipal governments address issues related to homelessness and encampments
- divert people from costly emergency department visits
- reduce police and the justice system involvement with individuals living with a mental health or addiction issue
- provide high-quality community-based services and programs to more Ontarians who need our support
- build a better data infrastructure for the mental health and addictions system to ensure the system is accountable and data-driven
- address health human resource challenges in our branches

CMHA Ontario's 2024 pre-budget request

CMHA recommends the government provide a seven per cent increase for the community mental health and addictions sector. This includes:

- **\$110 million this year as stabilization funding**
- **\$33 million this year as part of a new \$100-million three-year Community Supportive Housing Innovation Fund (CSHIF), available exclusively for the community mental health and addictions sector**
- **the establishment of an inter-ministerial working group to ensure government-decision making around housing with supports is coordinated, accountable and outcomes driven.**

Clients and communities have changed, we need to catch up

In the aftermath of the pandemic, there has been a dramatic increase in mental health and addictions related harms in Ontario, and the nature of client mental health issues are more complex than ever. Frontline mental health and addictions workers have seen firsthand that the needs of the clients require more intensive treatment and resources. We must be innovative in how we reach our clients and where we provide services. Homelessness and encampments, for example, have made it difficult for us to serve clients in the community.

People with mental illness have much higher rates of addiction than people in the general population. At least 20 per cent of people with a mental illness have a co-occurring substance use disorder. We are seeing the intensification of drug poisonings related to opioids and other unregulated drugs continue since the pandemic.ⁱ An increasingly toxic unregulated drug supply, barriers to accessing harm reduction services during the pandemic, and stigma and criminalization related to substance use have all contributed to increase in harms. There was an 81 per cent increase in suspect drug-related deaths in the fall of 2023 compared to the fall of 2019 (before the pandemic)ⁱⁱ The opioid crisis is particularly impacting Northern Ontarians. The five highest rates of opioid overdose deaths by public health unit are all in the north.ⁱ

Client Complexity On The Rise

SPOTLIGHT

We are hearing across the community mental health sector that client complexity has manifested in a variety of ways. Clients have become more difficult to reach because of the housing crisis and may live in precarious environments, making it harder for staff to care for them safely. At one of our branches, when a client was informed they were no longer going to receive housing, staff encountered a violent response and three CMHA workers were injured. Sadly, this is becoming more common. Yet, in the aftermath and despite this particular incident, CMHA staff remained steadfast in the belief that clients should not be portrayed as violent, for fear of perpetuating stereotypes and stigmatizing those living with a mental health or addiction issue. Despite risks, community mental health staff are on the frontlines of care and continue to do the work other parts of the health sector are unable or unwilling to do.

Our work supports hospitals and first responders

Our colleagues in hospitals do extraordinary work but emergency rooms should not be the first point of contact for individuals seeking mental health and addictions care. The community mental health and addictions sector is proud of the work we do to help divert people from hospital, which is a costly form of care. Hospital emergency departments (EDs) are already facing a crisis with staffing and closures. As Ontario's Auditor General indicated in a 2023 report, investing in community mental health and addictions will benefit hospital and community partners.


An analysis of crisis response models from just 10 CMHA branches shows that they have diverted more than **17,700** visits to EDs over the past two years. The average cost for a mental health ED visit in Ontario has been estimated at \$423ⁱⁱⁱ, meaning these branches have **saved the taxpayer \$7.5 million** in hospital costs. We want to expand the availability of these crisis response models across the province. ED diversion not only saves hospitals' time and space, but they allow for paramedics and police officers to get back on the road quicker after responding to a crisis.

CMHA Thames Valley's Mental Health & Addictions Crisis Centre

SPOTLIGHT

Launched in 2016, the Mental Health and Addictions Crisis Centre supports individuals who are experiencing a mental health and addiction crisis in the community. Operated by CMHA Thames Valley, the crisis centre has drop-in services for both individual clients and first responders. The crisis centre has been central to mental health and addictions frontline care in the community, helping people in crisis to get the appropriate support they need. Since opening, the centre has diverted more than 3,000 ED visits. First-responders, such as paramedics and police officers, can drop off clients in crisis in under 10 minutes, making responders quickly available for emergency service response. Moreover, the environment at the crisis centre is trauma-informed and sensitive to mental health-related challenges, rather than the overwhelming conditions of a hospital ED.

Stabilization funding will enable CMHAs to fortify evidence-based community programs like Early Psychosis Intervention (EPI), Assertive Community Treatment Teams (ACTT) and step-down care which help to prevent clients from going to hospital for care.



CMHA Kenora: Early intervention prevents hospitalization

SPOTLIGHT

Assertive Community Treatment Teams provide treatment, rehabilitation and support services to individuals diagnosed with a serious mental illness who have had multiple psychiatric hospitalizations. In Kenora District, close to 350 clients have been served over the past three years. Nearly 80 per cent of clients served by ACTT in that community are diverted from hospitals. ACTT teams are an example of wraparound care that clients can receive in the community which prevents hospital visits.

A PROVINCIAL DATA STRATEGY

Greater investment in the community mental health and addictions sector would also support the expansion and development of cybersecurity and a strong data and digital infrastructure. CMHA branches across Ontario are at the forefront of a data strategy for the sector. Our work in this area supports data and digital initiatives led by the Mental Health and Addictions Centre of Excellence at Ontario Health, which this government tasked with building a comprehensive and connected mental health and addiction system. This is long overdue, and we thank the government for creating the Centre and embedding it within Ontario Health. Our work will help to create an information network that is integrated (across sectors) to deliver high-quality clinical care. Consistent, robust funding will allow us to provide comparable, high-quality data, better share our story, predict where the greatest demand for service will be, and to compare information across the province.

Our work supports municipal partners address the homelessness crisis

People living in encampments or experiencing homelessness do not have access to the social determinants of health that many of us take for granted. And while they may not experience mental health or addiction issues when they first become homeless, facing issues of poverty, food insecurity, isolation, and primary health concerns all contribute to a further deterioration of their mental health. It's no surprise that individuals who are experiencing homelessness are often the most complex to serve.

Tackling the homelessness problem takes policy change at all levels of government, and our sector plays an important role. CMHA Ontario works closely with the Association of Municipalities of Ontario (AMO) and the Municipalities of Ontario Social Service Association (OMSSA), which represent all regional social service providers in the province. This relationship gives us unique insight into the extreme challenges that municipalities are facing when serving community members who are experiencing homelessness.

It is not easy for CMHAs to readily help our municipal partners given we're hindered by limited resources and capacity and are struggling with a health human resource crisis ourselves. Asking us to be part of the solution to homelessness without additional resources is difficult. Providing stabilization funding can help CMHAs hire more street outreach teams or crisis workers and invest in stabilization or transition beds so that we could collaborate with municipal partners to help individuals struggling with homelessness.

Ontario Municipal Social Services Association

SPOTLIGHT

“Housing and homelessness take up 95 per cent of the conversation but only five per cent of the budget” - OMSAA

Housing and homelessness are top of mind issues for municipalities and municipal service providers. Municipal leaders see first-hand the intersections with mental health, addictions, and homelessness. Partnerships between municipalities and community mental health organizations can have a significant impact, with the municipality providing for the bricks and mortar of supportive housing and community agencies providing the mental health and addiction support. One success story this past year was in Sault Ste. Marie. Comprising several agencies, including CMHA Algoma, that offer housing and housing supports, the local Mental Health and Addictions Supportive Housing Committee created 10 units of 24/7 high-needs permanent supportive housing. The outcomes after the first year saw an **85 per cent reduction in police interventions**, a **100 per cent reduction in evictions**, and allowed one individual to move into permanent supportive housing after being in an Alternative Level of Care bed at the local hospital for four years.

Supportive housing is an essential part of the housing solution

The provincial government's focus on affordable housing overlooks an important segment of the housing continuum: housing with supports. Supportive housing helps to reduce homelessness and connects service users with wraparound mental health and substance use supports. Evidence shows that models of housing with support can help a person's journey to recovery from even a severe mental health issue.

Increased funding to create and operate supportive housing programs on the ground across the province is a proven method to help people get off the street and into safe and affordable homes.

To address these issues, we are asking the government to provide a \$33 million investment this year as part of a new three-year \$100-million Community Supportive Housing Innovation Fund (CSHIF).

For this investment to be truly groundbreaking, the funds should be provided to and administered by the community mental health and addictions sector. We are experts in the supportive housing space with many local, collaborative partners including municipalities, private landlords, civic-minded developers and other social service providers. Complemented by a sister fund (the Homeless Prevention Program) from the Ministry of Municipal Affairs and Housing, the CSHIF would provide capital and operating dollars for the development of innovative and evidence-based models of housing with supports.

CREATE INTERMINISTERIAL WORKING GROUP

Currently, several ministries have accountability and funding oversight in the supportive housing space, including the ministries of health, municipal affairs and housing, solicitor general and others. The government has announced funding to build more supportive units without accompanying operating dollars for community agencies to provide the necessary mental health or addictions supports. This model simply doesn't work and our sector can't be expected to use scarce operating dollars to provide in-kind services any longer. **Alongside the Community Supportive Housing Innovation Fund, CMHA Ontario is calling for an inter-ministerial working group to create a provincial strategy to ensure government investments targeting homelessness initiatives and the creation of supportive housing units are coordinated, effective and provide appropriate capital and operating dollars.** CMHA Ontario echoes the calls from the 2021 Auditor General's report, *Value for Money Audit on Housing and Homelessness* which states: any strategy should include specific measurable actions and targets as well as timelines for reporting on progress to the housing and homelessness sector.

Like the COVID-19 Scientific Advisory Table, this interministerial table must include consulting with subject matter experts on supportive housing in community-based mental health and addictions who are outside ministries. This is an opportunity to have public, private and not-for-profit partnership.

We can't meet clients where they are if we have no staff

CMHAs are willing to do their part working with the government's key stakeholders within municipalities, hospitals, first responder and the justice system. Yet, the mental health and addictions sector is struggling with a health human resource (HHR) crisis. Many frontline staff have left due to burnout and low compensation compared to other sectors; the impact is felt on the ground. Our current HHR crisis is the worst in the history of community mental health and addictions.

Low wages contribute to the health human resource crisis we're facing. Our sector supports individuals who can be the hardest to serve yet our staff are among the lowest paid healthcare workers. When compared to others doing the same job in a hospital or in the education system, our staff are often paid 20 to 30 per cent less. Furthermore, a recent study from 10 partners in the community health sector showed that there is a \$2-billion gap in compensation for similar roles between community health and the hospital and education sectors (see Appendix). The study showed the gap is more pronounced among social workers and addictions counselors in community mental health who are compensated more than 40 per cent less.

The impact of Bill 124 should not be overlooked. Ontario nurses were provided a wage increase of 11 per cent following the repeal of Bill 124, and Ontario's Financial Accountability Office is projecting an additional \$2.7 billion in government spending for the hospital sector to account for compensation for staff related to Bill 124. However, there is no earmarking of funds to compensate community health care workers.

Last year's five per cent base budget increase was welcome and allowed us to keep the lights on and give slight pay increases to staff who continue to be drastically underpaid compared to other areas of the healthcare system. We urge the government to maintain momentum this year with another round of stabilization funding for the community mental health and addiction sector, to help address this HHR crisis.

AUGMENT THE HOMELESSNESS PREVENTION PROGRAM (HPP)

The Ministry of Municipal Affairs and Housing announced the HPP in 2021. The HPP aims to streamline and consolidate four ministry programs to provide Ontario's municipal service managers with an additional \$202 million each year to address homelessness. While the additional funding for this program shows the government's commitment to addressing the homelessness crisis and allows municipal service managers to fund the bricks and mortar of supportive housing, it does not include any associated Ministry of Health dollars to pay for mental health and addictions supports within housing. Assisting the homeless population starts with a place to live but supports are vital to help people break the cycle of homelessness.

CMHA BRANCH RECRUITMENT CHALLENGES ^{iv}

The community mental health sector is experiencing staff turnover like never before. Grappling with the challenge of stagnating wages, many of our CMHA branches have staff turnover rates much higher than normal. One of CMHA's biggest branches saw 57 staff resignations in 2022-23 which is 16 per cent of their workforce. This branch is on pace to exceed that number of resignations in 2023-24. Frontline workers in community mental health care for their clients and love what they do, however the discrepancy in pay has made it harder for branches to retain their hard-working staff.



Conclusion

The community mental health and addictions sector is an essential part of an efficient healthcare system that helps Ontarians stay out of hospitals and correctional facilities, among the costliest forms of care. Effective healthcare systems promote the integration of supports with other community-based services, and people struggling with substance use or mental health challenges are best served by community-based programs that have mental health literacy and sensitivity. We work directly with municipalities, hospitals, law enforcement, paramedics and the justice sector to help Ontarians get well and stay healthy within their own communities. We have the knowledge and expertise to provide housing supports which can keep people in homes long-term.

Our recommendations for the 2024 Ontario provincial budget focus on funding supportive housing and stabilizing the mental health and addictions sector. With these investments, our sector can continue to support the government and help all Ontarians.

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ⁱ Office of the Chief Coroner, Ontario. (2023). OCC Monthly Update: Suspect drug opioid related deaths November 2023. [XLSX]. <https://odprn.ca/occ-opioid-and-suspect-drug-related-death-data/>

ⁱⁱ Ontario Drug Policy Research Network. Ontario Opioid Indicator Tool. Toronto, ON; Updated August 2023. DOI: 10.31027/ODPRN.2022.01. Available from: <https://odprn.ca/ontario-opioid-indicator-tool/>

ⁱⁱⁱ Mental Health Emergency Visits and Total Cost in Ontario. National Ambulatory Care Reporting System, from 2018-2019 to 2023-2024. Ottawa, ON: Canadian Institute for Health Information (CIHI); 2024.

^{iv} Data shared with us from just 5 of our branches shows that they have lost nearly 70 people just in the last year alone.

Appendix



Ontario's Community Health Sector Pre-Budget Submission 2024-25

As representatives of 10 provincial community health care associations, spanning 1,300 member agencies, Ontario's community health sector welcomes the opportunity to participate in Ontario's pre-budget consultation process. This provincial budget comes at a critical juncture in Ontario's health care system as the government continues its work to ensure Ontarians can connect to the care they need where they need it most, providing faster access to services, and growing the province's health care workforce.

Notwithstanding these important commitments, Ontario's community health sector is facing a critical staffing crisis, stemming from a widening wage gap between community health care workers and health workers in other sectors. The wage gap has resulted in the community health sector lagging behind by more than \$2 billion, compared to those doing similar work in hospitals and other sectors. As a result, the community health sector is witnessing an exodus of skilled workers to other fields, making it increasingly challenging to recruit and retain essential health workers.

The community health workforce encompasses a range of specialized health care roles, including nurse practitioners (nurses) in primary care, addiction and social workers in mental health organizations, and personal support workers in home and community care and long-term care. This multifaceted workforce cares for patients with highly complex needs that often have multiple severe and chronic conditions, and many patients face barriers to accessing health equitably. These healthcare workers often provide 24/7 service delivery, all while working with limited resources relative to acute care facilities.

These workers play an essential role in Ontario's health care system, ensuring patients receive the right care in the right place. Through a social determinant of health approach and a focus on prevention, where possible, our workforce also aids in reducing the burden on acute care settings, such as hospitals and emergency departments.

Action from the Ontario government is needed to close this gap and secure the stability of Ontario's health care system.

PAY PARITY IN CONTEXT

A new report, the [Ontario Community Health Compensation Market Salary Review](#), presents compensation trends, challenges, and gaps from a study of market compensation within the community health sector.

The report underscores several key findings:

- The community health sector is experiencing significant staffing challenges, including high turnover rates, minimal compensation increases, severe staffing shortages in rural areas, and limited growth opportunities.
- Compensation emerges as the most pressing labour challenge.
- Benchmark jobs in the community health sector are compensated significantly less than similar roles in Ontario's broader public sector, including hospitals, acute care, and the education sector.

Multiple factors contribute to the existing wage gap between community health workers and their counterparts in other health sectors within Ontario. These factors include a lack of investment and funding into the community health sector, legislative compensation restraints particularly imposed by Bill 124, and the rising wages in other health care sectors.

In 2023, staff in the community health sector saw an average salary increase of 1.53%, a stark contrast to the 11% increase awarded to nurses in hospitals and the 8% increase for emergency medical service workers. As a result, the community health sector is witnessing an exodus of its workforce to other sectors, making recruitment and retention of health workers increasingly challenging.

2023 AUDITOR GENERAL'S REPORT

The community health sector frequently serves as the initial point of contact for patients within the health care system, delivering essential and accessible care for Ontarians in their communities and homes. Our sector helps to prevent, manage, and treat various health issues such as chronic diseases, mental health, substance use and social determinants of health.

The findings from the [Ontario Community Health Compensation Market Salary Review](#) are in line with the 2023 Auditor General's report, which highlighted the continued pressures faced by Ontario's hospitals and emergency departments. However, without substantial investments in community care, the burden on Ontario's hospitals will increase exponentially. The Auditor General recommends, among other measures, increasing the capacity and availability of community resources to ensure patients receive the care they need in a timely manner and in the most appropriate setting.

The Auditor General's report also highlights the significant consequences of the pay disparity in long-term care settings, a finding that is consistent with the data from our recently conducted compensation review. The report discusses how the pay disparity between homes and other health care settings has contributed to higher turnover and staff vacancies, which we have seen first-hand.

While the government has committed to strengthening the community health sector, and we acknowledge the actions taken to date, the growing wage gap threatens our ability to deliver the community services Ontarians need and deserve, including primary care, home care, mental health and addictions care, and long-term care, and will impact the ability of the government to achieve its goals in the health system, overall.

A COLLABORATIVE APPROACH

By investing in Ontario's community health sector, we can enhance the quality and continuity of care for Ontarians, as well as reduce the reliance on the province's overburdened hospitals and emergency rooms.

To align our sector's compensation rates with industry standards, calculations have shown that Ontario needs to invest over \$500 million annually over the next five years, which includes a 2.9% annual increase to account for inflation.

We recognize this is not an overnight fix. We are ready to work collaboratively with government to identify a sustainable approach to building and sustaining a workforce that can deliver timely, accessible and high-quality community health services.

CONCLUSION

The community health workforce remains steadfast in its commitment to supporting the health and well-being of Ontarians. However, in light of the rising cost of living, a sustainable approach to addressing the wage gap is critical in ensuring the continued delivery of safe and high-quality community health services. We are ready and willing to work with government to increase funding for the community health sector and connect the people of Ontario to the care they need, in the right place, when they need it most.

ABOUT

The Ontario Community Health survey was a collaborative effort by 10 provincial associations to provide insightful data for community care providers in Ontario.



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