Canadian Mental Health Association
Ontario

PRE-BUDGET SUBMISSION 2020

PREPARED FOR THE STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS, ONTARIO

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EXECUTIVE SUMMARY

Canadian Mental Health Association (CMHA) Ontario is pleased to provide our pre-budget submission to the Government of Ontario. CMHA operates at the local, provincial and national levels across Canada. The mission of CMHA Ontario – a not-for-profit, charitable organization funded by the Ministry of Health – is to improve the lives of all Ontarians through leadership, collaboration and the continual pursuit of excellence in community-based mental health and addictions services. Our vision is a society that embraces and invests in the mental health of all people. As a leader in community mental health and addictions, we are a trusted advisor to government and actively contribute to health systems development through policy formulation and recommendations that promote mental health for all Ontarians. We support our 29 community CMHA branches which, together with other community-based mental health and addictions service providers, serve approximately 500,000 Ontarians each year. It is from this perspective that we offer the following recommendations for the 2020 provincial budget:

1. The upcoming investments for the new Mental Health and Addictions Centre of Excellence, within Ontario Health, must focus on establishing core mental health and addictions services, a comprehensive data and performance measurement strategy for the mental health and addictions sector, and quality improvement supports, especially for community-based mental health and addictions agencies.

2. Access to supportive housing is an effective means of addressing the growing alternative level of care needs in Ontario and new investments in mental health and addictions supportive housing – an additional 30,000 supportive housing units – are needed across the province over the next 10 years.

3. Community-based care that enables emergency department diversion is an effective means of ending hallway medicine and new investments in community-based, 24-hour, mental health and addictions crisis programs are urgently needed across Ontario.

4. A base budget increase of three per cent is needed to sustain the service delivery capacity and meet growing demands across the community-based mental health and addictions sector in Ontario.

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INTRODUCTION

Community-based mental health and addictions agencies are integral components to ending hallway medicine and relieving the pressures on hospital emergency departments and inpatient care, as well as the criminal justice and social services systems. Canadian Mental Health Association branches across Ontario offer holistic approaches to care, where clients receive appropriate clinical services as well as supports in areas such as housing and employment to address the social determinants of health.

Many of our services are offered in partnership with other service providers and with multiple government ministries. In fact, CMHAs are key partners within 12 of the 24 Ontario Health Teams announced in 2019 and involved in some capacity in 21 of the 24 teams. A key focus of our work is to address the needs of Ontarians living with substance use and addictions conditions, offering harm reduction programs, rapid access to addiction medicine, withdrawal management and other treatments, services and supports. These perspectives inform our recommendations for the 2020 Ontario provincial budget.

CMHA Ontario and our local branches across the province commend the Ontario government for its commitment to supporting Ontarians living with mental health and addictions issues. In 2019, we were delighted to welcome the new Mental Health and Addictions Division within the Ministry of Health, with a dedicated Assistant Deputy Minister. We're pleased to work in partnership with this division to support the development of a new mental health and addictions strategy for Ontario. Given the many challenges Ontarians face in receiving mental health and addictions services, a strategy that improves these experiences, better connects and integrates care, reduces wait times and ends hallway medicine is welcome as soon as possible. The new mental health and addictions strategy, supported by the unprecedented $3.8 billion investment over 10 years, will help to sustain existing mental health and addictions services to meet the increasing needs of Ontarians, as well as develop new evidence-based, cost-effective services.

For the 2020 Ontario provincial budget, CMHA Ontario recommends that the following four areas be prioritized for new investments.

1. Investing in the new Mental Health and Addictions Centre of Excellence

CMHAs across Ontario commend the provincial government for the new *Foundations for Promoting and Protecting Mental Health and Addictions Services Act*, 2019, which established the Mental Health and Addictions Centre of Excellence (the Centre) within Ontario Health. As was recommended by the Select Committee on Mental Health and Addictions a decade ago, Ontarians deserve provincial leadership and a system-wide approach to receiving connected, accountable and high-quality mental health and addictions care. The proposed aims of the Centre meet these needs well.

CMHAs recommend the upcoming investments for the Centre focus on establishing core mental health and addictions services, a comprehensive data and performance measurement strategy for the sector, and quality improvement supports, especially for community-based agencies.

The immediate objective of the Centre should focus on establishing a core set of provincewide mental health and addictions services that provide seamless programs and support across the lifespan, from children and youth to adults and seniors. All Ontarians should have the same access to the same programs and quality of care regardless of where they live in the province. Another focus should be placed on increasing harm reduction, substance use and addictions treatment programs for Ontarians. Core services will ensure consistent treatment delivery across Ontario, reduce hospital emergency department visits, help individuals navigate the health care system and lead to better health outcomes.

RAAM: A CORE SERVICE TO COMBAT THE OPIOID CRISIS

Important core services for addressing the current opioid crisis include consumption and treatment services sites and rapid access to addiction medicine (RAAM) clinics. Using principles of harm reduction, RAAM clinics provide alternatives for individuals living with substance use issues. There are over 55 RAAM clinics in communities across Ontario where individuals presenting with alcohol or opioid-related conditions are offered evidence-based treatments by an addiction physician, nurse practitioner or another clinician within days. Data from one site which tracked 14 clients suggests that three months after the RAAM clinic opened, visits to local hospital emergency departments decreased by 63 per cent, hospital inpatient treatment decreased by 80 per cent, and withdrawal management services decreased by 97 per cent. Estimated total savings to the health system was approximately $71,000, factoring in clinic expenses.[1] Another site tailored its RAAM model to serve clients visiting emergency departments specifically for problematic alcohol use by creating an alcohol medical intervention clinic. In one year, they saw an 82 per cent reduction in 30-day

visits and revisits, as well as enhanced connections to community supports, with clients reporting reductions in alcohol use, depression, and anxiety.[2] Several CMHAs, including CMHA Brant Haldimand Norfolk, CMHA Middlesex, CMHA Muskoka-Parry Sound, CMHA Peel Dufferin and CMHA Simcoe County provide services through RAAM clinics. In addition, CMHAs across the province support the implementation of consumption and treatment services as cost-effective means for reducing fatal overdoses and preventing illnesses.

The Centre should also prioritize building data infrastructure in the community mental health and addictions sector. Many community-based agencies lack capacity as well as financial and technical resources for data collection. Without valid, comparable, consistent data, we cannot adequately measure performance. And without robust performance measurement indicators, we cannot fully understand gaps in performance or how to improve quality of care. These metrics are also important for provincial accountability. Local data is instrumental for knowing how we're performing within a region, but without robust provincial data, we cannot know how we're performing as a provincewide system. Quality improvement initiatives cannot succeed without this necessary data infrastructure. The first step is to invest in a data strategy for the entire community-based mental health and addictions sector; something the Centre is well positioned to lead.

E-QIP: LEADING QUALITY IMPROVEMENT IN THE SECTOR

Many CMHA branches in Ontario are leading the path to continuous health quality improvement. Often, they're doing this in conjunction with the Excellence through Quality Improvement Program (E-QIP), which is co-led by CMHA Ontario and Addictions and Mental Health Ontario and delivered in close partnership with Ontario Health and the Provincial Systems Support Program at the Centre for Addiction and Mental Health. E-QIP provides quality improvement education, training and resources, and builds capacity within the mental health and addictions sector. Additionally, E-QIP increases data literacy and is working toward the development of common metrics to assess client needs and experiences using our existing data infrastructure. The project ensures dedicated and skilled service providers have support to improve quality of care for clients. E-QIP provides coaching to health service providers to help streamline service delivery and implement cost-effective and efficient methods to enhance service provision.

2. New investments for mental health and addictions supportive housing programs

Supportive housing is an effective means of addressing the growing alternative level of care needs in Ontario. Alternate level of care (ALC) is a system classification used in Canada that's applied when there's a mismatch between the intensity of client care needs and the intensity of services/resources in that setting. This can occur in acute inpatient, mental health, rehabilitation, and chronic or complex continuing care. Therefore, when a client is occupying a bed in a facility and doesn't require the intensity of resources/services provided in that care setting, that client is defined as being ALC.[3]

Data published by the Ontario Hospital Association showed in September 2015, individuals who were designated ALC occupied approximately 14 per cent of all inpatient bed days in Ontario.[4] These individuals were waiting in hospital beds for more appropriate care within the hospital or in the community. A closer look at the data indicated 34 per cent of all ALC clients residing in complex continuing care and mental health beds contributed to 66 per cent of ALC days in hospitals. Of those individuals waiting for 30 days or more, 31 per cent were waiting in a complex continuing care bed and 16 per cent were waiting in a mental health bed.[5]

The issue of ALC has continued to worsen. *Measuring Up 2018*, Ontario's annual report on health system performance, reported in 2016-17, on average, 14.8 per cent of all inpatient hospital beds were occupied by individuals waiting to receive care somewhere else, such as in a long-term care facility or in supportive housing. In fact, 12 per cent of the inpatient days were used by individuals waiting for assisted living.[6] *Measuring Up 2019* confirmed that ALC continued to increase to 15.5 per cent in 2018-19, which is the equivalent of 4,500 hospital beds occupied daily by individuals waiting for care elsewhere.[7]

A 2018 research study in Ontario found that supportive housing has the potential to achieve cost savings over inpatient hospitalization for ALC clients with severe mental illnesses.[8] According to the study, the average cost savings per day was between $140 and $160. This would result in an annual cost savings of approximately $51,100 to $58,400 per bed. The study further demonstrated efficient use of scarce health care resources. For example, suppose an ALC client occupies a hospital bed for one year. If this same client is transitioned to an appropriate supportive housing program in the community, then the vacated psychiatric bed could, for instance, be used by 12 different people for one month each, thereby allowing for more effective use of psychiatric beds.

Investing in supportive housing creates savings across the health care, social services and justice systems. As evidenced by the *At Home/Chez Soi* national housing study led by the Mental Health Commission of Canada, every $10 invested in supportive housing resulted in an average savings of $21.72.[9] Participants in the *At Home/Chez Soi* group saw reductions in their use of services, such as those provided by family physicians, medical specialists including psychiatrists, mental health workers and case managers, and other service providers and outpatient visits to hospitals. In particular, the degree of reduction

in emergency department usage was much sharper among *At Home/Chez Soi* participants compared to those in the control group. Involvement with the justice system was also impacted. For example, there was an overall trend for reductions in arrests during the study period, with greater reductions observed in the *At Home/Chez Soi* participants compared to the control group.

Investing in supportive housing and focusing on the housing-first approach is the first step to recovery from mental illnesses and addictions. Housing with supports offers an individual access to a range of housing options, including rent supplements. Housing with supports can include clinical mental health and/or substance use and addictions supports (such as case management, nursing, assertive community treatment, etc.) and social supports (such as personal support services including homemaking and personal care, life skills, peer support, and employment support, etc.).

Since 2017, CMHAs across Ontario have recommended new investments for an additional 30,000 supportive housing units across the province over the next 10 years. **As housing service providers with deep connections to our local communities, CMHA branches see this as a minimum requirement for Ontario.** We envision this as a starting point in the conversation on supportive housing rather than an end goal. We know from our experience that even with 30,000 additional supportive housing units over 10 years, the demand for supportive housing will continue to exceed supply. Across the province (not just in urban markets), there's a severe shortage of rental properties. Therefore, more capital funds must accompany any additional supportive housing funding. In rural and northern communities, where the housing supply situation is extremely dire, there's a need for purpose-built rental housing in order to meet the demand. Additional dedicated funding is also needed for people with mental health and addictions conditions who are involved with the justice system, since in addition to the stigma of mental illnesses, they also face formidable barriers to housing due to their previous involvement in the justice system.

CMHAs OFFER COMPREHENSIVE SUPPORTIVE HOUSING OPTIONS

CMHAs have a proven track record of leadership in evidence-based programming and best practices in supportive housing programs and can provide critical insight into the local planning process. Collectively, CMHAs provide nearly 30 per cent (5,556 units) of all mental health supportive housing units in the province and more than 20 per cent (580 units) of all units available for people living with addictions issues or concurrent disorders. Services include rent supplements and supports within housing for clients with mental health and addictions issues, as well as the new Community Homes for Opportunity program funded by the Ministry of Health. Many CMHAs also operate a number of safe beds, which are short-term emergency shelter programs for people who have had interactions with the justice system. See Appendix A for a complete list of CMHA housing programs. In 2018, CMHA Ontario, in partnership with Addictions and Mental Health Ontario and the Wellesley Institute, co-developed *Promising Practices: 12 Case Studies in Supportive Housing for People with Mental Health and Addictions Issues* that serve as models for expansion across the province.

3. New investments for community-based mental health and addictions programs that enable emergency department diversion

According to *Mental Health and Addictions System Performance in Ontario: A Baseline Scorecard*, developed by the Institute for Clinical Evaluative Sciences (ICES), from 2006-14, there was a high proportion of Ontarians for whom the hospital emergency department (ED) was the first point of contact for mental health and addictions-related care.[11] One in three adults presenting to the ED for mental health and addictions care didn't have prior physician-based care. ICES found this high proportion may signal less than adequate access to outpatient physician or community-based care. The likelihood of the ED being the first point of contact for mental health and addictions-related care also varied by type of disorder. Individuals with schizophrenia had the lowest rate of first contact in the ED, while those with anxiety and substance-related disorders had the highest. From 2010-12, immigrants and refugees were more likely than non-immigrants to use the ED as the first point of contact for mental health and addictions-related care.

A 2019 report by the Canadian Institute for Health Information found that while Canadians of all income levels are affected by mental health and addictions issues, frequent ED visitors seeking help for mental health and/or addictions issues are nearly four times more likely to live in lower-income neighbourhoods. In addition, about seven per cent of those who visit an ED four or more times a year for mental health and addictions-related care are homeless. Other studies have shown that Canadians living with economic insecurity are more at risk of mental health and/or addictions issues and may have more trouble accessing the care and services they need in the community, while those with stable incomes may be more likely to purchase private care.[12],[13],[14]

According to the Ontario Hospital Association, the growing rates of ALC clients have a ripple effect on the ED, where "backups" worsen and become more frequent.[15] Individuals in the ED face very long wait-times to be transferred to an appropriate hospital bed, and due to the lack of physical space in the ED, the individuals must often wait in a bed in the hallway or another unconventional location.

Investing in community-based care is the key to addressing hospital overcrowding, as community-based services successfully divert clients away from the ED. **CMHAs across Ontario recommend new investments for community-based mental health and addictions care that enables ED diversion as an effective means of ending hallway medicine**. New investments for community-based, 24-hour, mental health and addictions crisis programs are urgently needed across Ontario.

Evidence also indicates that mobile crisis intervention teams (MCITs) are effective in supporting people who are experiencing mental health or addictions-related crisis situations.[16],[17],[18],[19],[20],[21] MCITs are staffed by a uniformed police officer and mental health and addictions worker. These teams co-respond to a person in crisis to ensure timely and direct links with community services and resources, prevent and reduce harms to clients, decrease encounters with and entry into the justice system, and prevent unnecessary ED visits.

CMHAs EFFECTIVELY DIVERT FROM EMERGENCY DEPARTMENT

CMHAs across Ontario provide a wide range of services that effectively divert individuals away from hospital emergency departments. For example, since 2015, CMHA Middlesex has operated the London Crisis Centre 24 hours a day. This crisis centre provides assessment and supportive counselling for immediate crisis issues and makes referrals to other services for ongoing, non-crisis issues. Staff make referrals to treatment and case management services, social and recreational activities, life skills development, vocational and housing supports, withdrawal assessment and telewithdrawal management support. In 2018-19, the crisis centre received 28,398 calls through the support line, 9,994 visits for crisis assessment and response, and 1,495 visits to their crisis stabilization space. This evidenced-based approach is an innovative model for expansion. See Appendix B for a complete list of CMHA emergency department diversion programs across Ontario.

4. New investments for community-based mental health and addictions services

Community-based mental health and addictions care is defined as care provided outside the hospital setting. It includes services and supports provided across the continuum of care, including health promotion, illness prevention, treatment and recovery. It includes not only treatment and crisis response, but also outreach, case management and related services such as housing and employment supports and court diversion programs. Community-based mental health and substance use care identifies the importance of communities in supporting recovery. This philosophy is supported by the fact that individuals receiving care generally prefer to do so within their community, and that for most individuals, formal mental health and addictions services are just one piece of the puzzle.[22]

CMHAs across the province recommend a three per cent base budget increase for the community mental health and addictions sector, which provides front-line services to nearly 500,000 Ontarians annually. CMHA Ontario and our branches have gone without significant budget increases in almost a decade. Without new investments for overall operations, our sector continues to struggle with staff retention, rising costs and administrative expenditures that impact service delivery. A base budget increase is crucial to sustain our service delivery capacity and meet growing demands.

Conclusion

Community-based mental health and addictions care providers like CMHA are essential mechanisms for ending hallway medicine. We're the cost-effective and evidence-based solution to the overburdened emergency departments, hospital overcrowding and the mounting alternative level of care needs in Ontario. CMHAs across Ontario offer holistic approaches to care, where clients receive appropriate clinical services and vital social determinants of health supports such as housing, employment supports and diversion from the criminal justice system. A central focus of our work is supporting the needs of individuals living with substance use and addictions conditions, offering harm reduction programming, rapid access to addiction medicine, withdrawal management and other treatments, services and supports. We're also integral partners in Ontario Health Teams across the province. Our recommendations for the 2020 Ontario provincial budget are focused on advancing community-based mental health and addictions care across the province.

We welcome the ongoing opportunities to partner with the provincial government, Ontario Health and the new Mental Health and Addictions Centre of Excellence to advance health system transformation and address the growing needs of Ontarians living with mental health and addictions issues.

Appendix A: CMHA supportive housing programs in Ontario

Program	Description	Location
Homes for Special Care and/or Community Homes for Opportunity	The Homes for Special Care program provides housing and services to people with serious mental health issues. The program was established in 1964 under the Homes for Special Care Act and was one of the first to provide supportive housing in the community. The Ministry of Health is currently leading an initiative to modernize the nearly 50-year-old Homes for Special Care program into a more client-centred Community Homes for Opportunity program.	Community Homes for Opportunity (first phase of implementation which began in 2019): • CMHA Elgin • CMHA Grey Bruce • CMHA Huron Perth • CMHA Middlesex
Mental health and/or addictions support within housing	Support within housing or supported housing generally refers to individuals living independently in the community who may need some supports, whether on site or off site. Supports include clinical mental health and/or substance use and addictions supports (such as case management, nursing, assertive community treatment, etc.) and social supports (such as personal support services including homemaking and personal care, life skills, peer support, and employment support, etc.).	• CMHA Brant Haldimand Norfolk • CMHA Champlain East • CMHA Cochrane-Timiskaming • CMHA Durham • CMHA Elgin • CMHA Fort Frances • CMHA Grey Bruce • CMHA Haliburton, Kawartha, Pine Ridge • CMHA Hamilton • CMHA Huron Perth • CMHA Kenora • CMHA Lambton-Kent • CMHA Middlesex • CMHA Muskoka-Parry Sound • CMHA Niagara • CMHA Ottawa • CMHA Oxford • CMHA Peel Dufferin • CMHA Sault Ste. Marie • CMHA Simcoe County • CMHA Sudbury/Manitoulin • CMHA Thunder Bay • CMHA Toronto • CMHA Waterloo Wellington • CMHA Windsor-Essex County

Rent supplement and/or rent-geared-to-income	Providing individuals with the financial resources they need to access desirable housing in their community.	• CMHA Brant Haldimand Norfolk • CMHA Champlain East • CMHA Cochrane-Timiskaming • CMHA Durham • CMHA Elgin • CMHA Fort Frances • CMHA Grey Bruce • CMHA Haliburton, Kawartha, Pine Ridge • CMHA Hamilton • CMHA Huron Perth • CMHA Kenora • CMHA Lambton-Kent • CMHA Middlesex • CMHA Muskoka-Parry Sound • CMHA Niagara • CMHA Ottawa • CMHA Oxford • CMHA Sault Ste. Marie • CMHA Simcoe County • CMHA Sudbury/Manitoulin • CMHA Thunder Bay • CMHA Toronto • CMHA Waterloo Wellington • CMHA Windsor-Essex County • CMHA York and South Simcoe
Safe Beds	Short-term emergency shelter program for people who have had interactions with the justice system.	• CMHA Brant Haldimand Norfolk • CMHA Elgin • CMHA Grey Bruce • CMHA Haliburton, Kawartha, Pine Ridge • CMHA Kenora • CMHA Lambton-Kent • CMHA Middlesex • CMHA Niagara • CMHA Simcoe County • CMHA Thunder Bay • CMHA Toronto • CMHA Windsor-Essex County

Appendix B: CMHA emergency department diversion programs in Ontario

Program	Description	Location
24-hour crisis centre	Mental health and addictions professionals provide immediate crisis assessment within this drop-in location and provide intervention and links to community-based clinical and social supports and resources.	• CMHA Middlesex • CMHA Windsor-Essex County
24-hour telephone crisis line	Mental health and addictions professionals triage calls through a confidential crisis line, provide de-escalation, stabilization, support and develop a plan for intervention. If available, a mobile crisis team may conduct an in-person follow-up visit with the caller.	• CMHA Cochrane-Timiskaming • CMHA Elgin • CMHA Haliburton, Kawartha, Pine Ridge • CMHA Halton Region • CMHA Middlesex • CMHA Muskoka-Parry Sound • CMHA Niagara • CMHA Oxford • CMHA Peel Dufferin • CMHA Sudbury/Manitoulin • CMHA Thunder Bay • CMHA Waterloo Wellington
Hospital-to-home case management	Mental health and addictions professionals connect with individuals presenting with mental health and/or substance use concerns in the emergency department and offer support and referrals to community-based resources to reduce emergency department use and rehospitalization.	• CMHA Durham • CMHA Haliburton, Kawartha, Pine Ridge

Mobile crisis response program/Mobile crisis intervention team	A police officer and a mental health and addictions professional respond as partners to mental health or addictions-related crisis situations. The team provides intervention, support, assessment and follow-up. Primary goals are to divert the client from the hospital and the justice system, prevent future crises and allow front-line police officers to respond to other public safety-related calls.	• CMHA Elgin • CMHA Fort Frances • CMHA Grey Bruce • CMHA Haliburton, Kawartha, Pine Ridge • CMHA Halton Region • CMHA Lambton-Kent • CMHA Muskoka-Parry Sound • CMHA Niagara • CMHA Oxford • CMHA Peel Dufferin • CMHA Simcoe County • CMHA Thunder Bay • CMHA Waterloo Wellington
Outreach response	Following a call for service, mental health and addictions professionals respond to an individual in the community, provide assessments, deliver basic supplies (food) and refer the individual to community-based services and resources.	• CMHA Halton Region • CMHA Middlesex • CMHA Niagara • CMHA Peel Dufferin • CMHA Sudbury/Manitoulin • CMHA Windsor-Essex County • CMHA York and South Simcoe
Police referral	Police officers contact CMHA staff after responding to a mental health or addictions-related call for service. CMHA mental health and addictions professionals attend scene after it has been cleared for safety by the police and provide an assessment and support for the client and ensure the individual is diverted from hospital.	• CMHA Cochrane-Timiskaming • CMHA Grey Bruce • CMHA Middlesex • CMHA Muskoka-Parry Sound • CMHA Sault Ste. Marie • CMHA Sudbury/Manitoulin
Walk-in support	Anyone can drop in without an appointment to speak to a mental health and addictions professional, receive counselling and referrals to community-based resources.	• CMHA Durham • CMHA Elgin • CMHA Haliburton, Kawartha, Pine Ridge • CMHA Halton Region • CMHA Middlesex • CMHA Muskoka-Parry Sound • CMHA Niagara • CMHA Oxford • CMHA Sault Ste. Marie • CMHA Simcoe County

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