



It's Time To Act
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Pre-Budget Submission 2024

Introduction

Asking for help isn't easy. Receiving help should be.

When Ontarians reject stigma and bravely seek mental health and addictions support, they should be met by timely care, where and when they need it.

Budget 2023's 5% baseline increase for the community mental health and addictions sector was a critical first step towards addressing significant health human resource challenges related to compensation and staffing ratios, and also helped to ensure stabilization of services in the face of rising costs due to inflation.

With over 500,000 Ontarians receiving support from the community mental health and addictions sector last year, sustained and predictable public investment is necessary to ensure we are meeting the recovery needs of Ontarians. All the while, the realities our sector continues to face are changing – at a pace that is increasingly challenging to keep up with, let alone get ahead of.

The toxic drug supply is at a crisis point leading to drastic increases in complexity of clients, and unprecedented rates of overdoses. Our sector is facing growing demand for services, and yet our workforce is significantly underpaid and being asked to do more with less – they are burnt out. These challenges are further compounded by the rising cost of living and the lack of affordable housing across the province for both workers and clients alike. If we do not address these challenges immediately, the quality of life for millions of Ontarians will continue to suffer, placing an immense burden on both our workforce and our economy.

A robust and coordinated response is urgently needed to tackle these complex and intersecting crises.

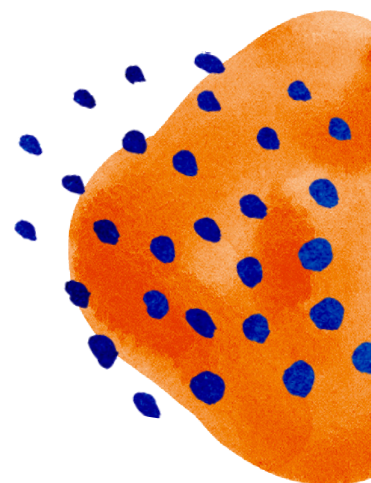
The mental health of Ontarians is [this] government's **number one priority.**

- Doug Ford
Premier of Ontario

On any given day, nearly

1 in 5

Ontarians will struggle with substance use or their mental health.



Budgetary Requests

We are calling on the Ontario government to make the following targeted investments to address the current crisis of care:



1

\$115 million investment in the community mental health and addictions workforce to address wage parity gaps, and the implementation of a long-term Health Human Resources Strategy, inclusive of the mental health and addictions sector, to address turnover and vacancy rates;

2

\$85 million investment to address operational shortfalls, stabilize services, and support community mental health and addictions providers;

3

Support the construction and operation of 40,000 new supportive housing units over 10 years. This equates to an annual investment of approximately **\$1 billion** in capital costs from the federal and provincial governments; and an additional **\$100 million** per year from the provincial government for the operation, upkeep, and staffing of supportive housing and wraparound services.

Wage Parity Gaps

1 The Workforce of Today

The demand for mental health and addictions services in Ontario has never been greater.

The longer Ontarians wait to receive these services, the more complex their needs become. Increases in client complexity necessitate increases in staffing and operational resources. It is incumbent on us to ensure appropriate staffing levels to provide for a safe working environment and support the highest quality of services that Ontarians deserve.

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 services staff.

A targeted \$115 million investment in the community

mental health and addictions workforce is urgently needed to address wage disparities with other sectors and prevent further widening of this gap.

A survey of AMHO members indicated that in 2022/23, **one in five staff left their jobs**, with the primary reasons being due to compensation and burnout. In some regions across this province, community mental health and addictions workers are not making a living wage for their region. A targeted investment into the community mental health and addictions workforce – which includes case managers, peer support workers, social workers, addictions counsellors, psychotherapists and many others – will better compensate hardworking mental health and addictions staff, and enable our sector to address persistent

workforce pressures that are fueling further burnout, turnover, and as a result, longer wait lists.

As noted in the table below, **salaries in other sectors significantly outpace wages in community mental health and addictions. This gap, which can exceed 20%, more than doubles - to 56% - in some instances as staff gain more experience in their field.**

As a result, new graduates use the mental health and addictions sector as a training ground to gain skills and experience, which are then leveraged to obtain higher paying roles in other sectors to advance their career.

Retaining experienced staff is essential for clients with complex needs, mentorship and support for new staff, and to ensure the overall stability of the sector.

Benchmark Job	Median Starting Salary (Hourly) ¹			Median Top Salary (Hourly)		
	Mental Health and Addictions	Education & Acute Care	Difference	Mental Health and Addictions	Education & Acute Care	Difference
Nurse Practitioner	\$54.02	\$55.49	3%	\$51.40	\$64.67	26%
Registered Nurse	\$31.83	\$34.92	10%	\$34.51	\$50.00	45%
Registered Practical Nurse	\$26.74	\$31.07	16%	\$28.37	\$33.09	17%
Social Worker Level 1	\$27.97	\$34.03	22%	\$30.08	\$42.61	42%
Social Worker Level 2	\$30.71	\$36.48	19%	\$32.99	\$51.33	56%

1

The Workforce of Tomorrow

Targeted investments are critical to stabilize the workforce of today, **but the absence of a long-term Health Human Resources (HHR) strategy significantly puts at risk, the viability of the workforce of tomorrow.** While Ontarians value and require publicly funded community mental health and addictions services, **less than one in three Ontarians** feel these services are easy to access.²

That's why AMHO is calling upon the Ontario government to work collaboratively with the sector to develop a long-term HHR Strategy for Mental Health and Addictions.

This long-term HHR Strategy must begin with the development of fair and equitable compensation models. Competitive wages are essential to attract and retain the workforce required to fill widening vacancy gaps across the sector and incentivize employees, especially those with mental health and addictions experience, to remain in the workforce long-term.

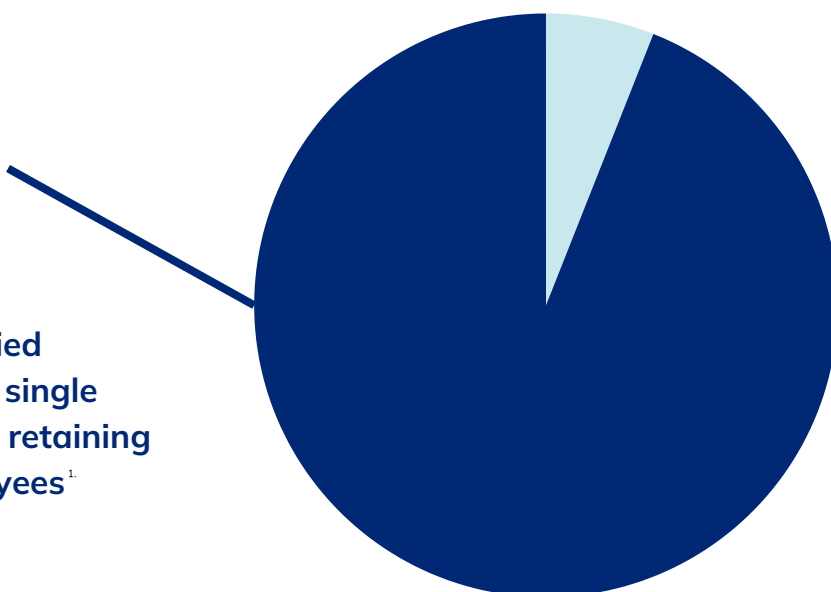
But salaries are only part of the recruitment and retention equation. Training and continuing education initiatives, especially those that align with health system transformation work like the Core Services Framework and

service standards, will further improve the quality of mental health and addictions service delivery, in addition to supporting system improvement in areas like equity, trauma-informed care, and cultural safety.

The government has done a commendable job investing in training programs to support other understaffed and under resourced areas of the healthcare sector. Similar initiatives can be scaled up and leveraged to address staffing needs across the community mental health and addictions sector to ensure we continue to build capacity to meet future needs of Ontarians.

94%

of community health organizations identified compensation as the single biggest challenge for retaining and recruiting employees¹



¹ Eckler Ontario Community Health Compensation Market Salary Review

² Ontario Association of Social Workers, March 7th, 2022. Eighty percent of Ontarians think mental health support vital to move past the pandemic, but less than one-third feel supports are accessible. EIGHTY PER CENT OF ONTARIANS THINK MENTAL HEALTH SUPPORT VITAL TO MOVE PAST THE PANDEMIC, BUT LESS THAN ONE-THIRD FEEL SUPPORTS ARE ACCESSIBLE (newsswire.ca)

2 Sector Stabilization

Skyrocketing operating costs including rent, utilities, programming, and food have left Ontario's overburdened and understaffed mental health and addictions agencies with fewer resources to provide care for those in need. As a result, providers are faced with difficult decisions related to keeping programs open.

At the same time, the system is undertaking many transformation initiatives, and agencies are left with fewer and fewer resources to dedicate to these necessary and yet time consuming initiatives. The focus for providers first and foremost is to treat Ontarians, and ensure every door is the right door.

In the 2023 budget, the provincial government took a step forward to

help stabilize the community mental health and addictions sector. This is a step in the right direction for Ontario.

The sharp rise of inflation has left service providers with diminishing resources to provide Ontarians with community care.

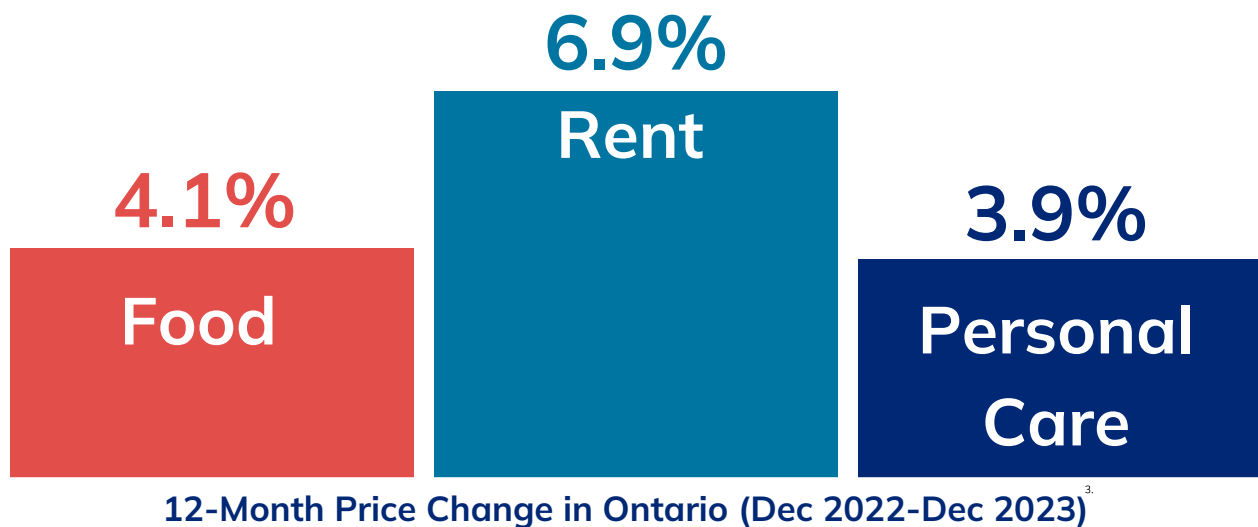
As a result, mental health and addictions agencies are being forced to close programs, reduce the number of beds in the system, and watch services slip further and further out of reach of Ontarians.

A targeted \$85 million investment in the operational budgets of community mental health and addictions providers will have an immediate impact on

operational shortfalls, help stabilize services, reduce the compounding effects of inflation, and better protect the health and well-being of those in need through the provision of continued essential services.

Despite rigorous budgeting, the increasing price of food, shelter, and other basic necessities continues to jeopardize the stability of our sector.

Yearly, predictable operational budget increases are the best way to mitigate against this economic uncertainty, ensure Ontarians continue to have access to the services they need, and support the sustainability of our sector long-term.



³ Latest Snapshot of the CPI, December 2023

3 A Home for Ontario's Vulnerable

Ontario needs more supportive housing. Supportive housing has demonstrated a strong impact on improving client health and wellness outcomes, while decreasing the risk of hospitalization, use of emergency services, and incarceration – presenting tremendous cost avoidance opportunities for the province.

An Ontario-based study indicates that, more than 50% of alternate level of care (ALC) patients remain in psychiatric settings, instead of being discharged to a more appropriate setting, such as supportive housing.⁴

In 2020, one Ontario municipality conducted a cost analysis that demonstrated it could save approximately \$60 million every year by providing supportive housing units and affordable rental units to 3,000 people who were using its emergency shelters.⁵

Despite housing being regarded as one of the most critical social determinants of health, Ontario currently has a limited supply of new supportive housing units, and multi-year waitlists for existing units.

Supportive housing, coupled with wraparound care, programs, and services, has the potential to improve personal, health and

social outcomes for people with complex mental illness and substance use challenges (including those with long histories of hospitalization, trauma, and complex needs).

This is especially important given that an estimated 25-50% of people experiencing homelessness or housing insecurity in Ontario live with a mental health condition.⁶

AMHO is calling on the provincial government to work together with its federal and municipal counterparts to support the construction and operation of 40,000 new supportive housing units over 10 years – or 4,000 units per year.

This equates to an annual investment of approximately \$1 billion in capital costs from the federal and provincial governments ; and an additional \$100 million per year for the operation, upkeep, and staffing of supportive housing and wraparound services from the provincial government.

A strong foundation of supportive housing and wraparound services is one of the best ways to ensure that Ontarians can continue to live safely in their communities long-term. These community-based agencies facilitate important services such as primary care,

employment and training opportunities, recreation, childcare, and legal services.

These results are supported across Canada, in one province:⁷

- **76%** of survey respondents living in supportive housing reported improved overall well-being;
- **43%** reported improved access to employment opportunities;
- **52%** noted improvement in life skills;
- **40%** stated an overall improvement in substance use issues;
- and **95%** of supportive housing residents remained housed after six months.

Equity must also be considered in the delivery of supportive housing services. Indigenous, Black, and racialized people with mental illness and substance use are over-represented amongst those experiencing homelessness and are under-represented in supportive housing.

When housing policy is properly developed, implemented, and adequately funded, it can lay the groundwork for addressing the housing crisis and improving the health and well-being of people who live in Ontario.

⁴ Dale Buttenill et al., "From Hospital to Home: The Transitioning of Alternate Level of Care and Long-stay Mental Health Clients," Centre for Addiction and Mental Health, 2009.

⁵ "Housing and Mental Health", xv Caryn Pearson, Teresa Janz & Je.

⁶ "Housing and People Action Plan: Responding to the COVID-19 Crisis while Planning for a More Resilient Future," City of Toronto, 2020.

⁷ British Columbia Housing Research Centre, "Community Benefits of Supportive Housing," BC Housing, 2022.

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Building a Supportive Future

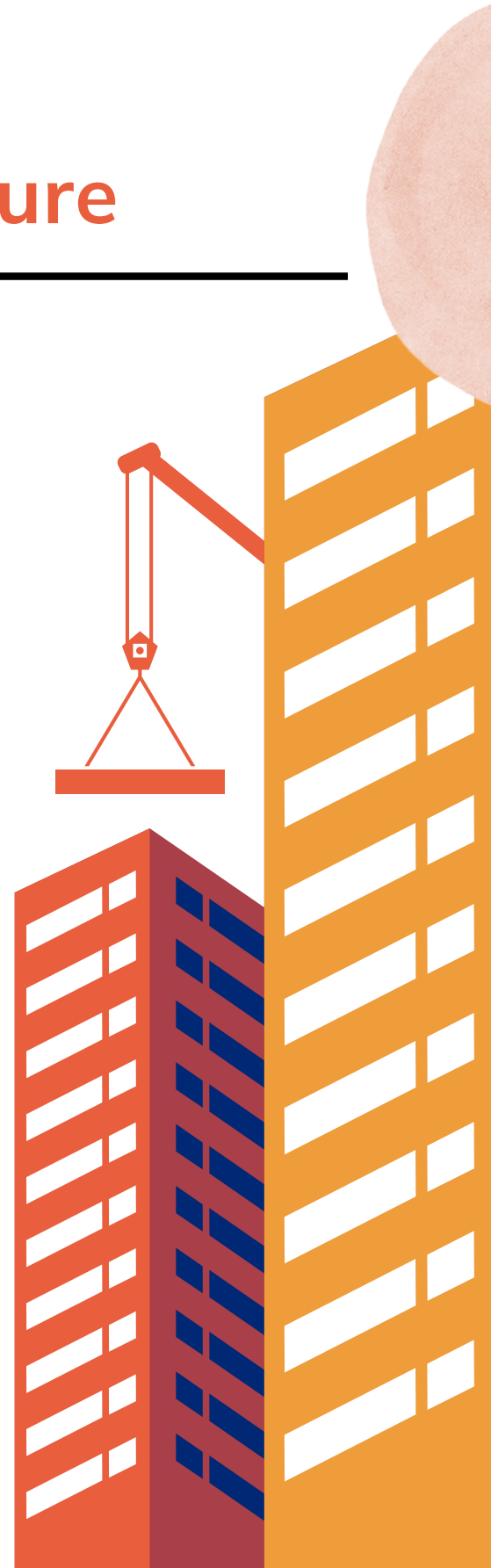
Across the province, supportive housing and wraparound service providers have experienced continuous strain on their ability to meet the evolving needs of their clients. To best support the recovery of people with serious mental illness and substance use challenges, it is critical that housing policy is both aligned and integrated with mental health and addictions policy.

The federal government recently committed to investing \$1 billion over 3 years for affordable housing, aiming to build 7,000 homes by 2028. While this is a good first step, further investment is required to address the lengthy wait lists and demand for affordable and supportive housing here in Ontario.

This includes Ontario's existing supportive housing stock, of which many units need major repairs. AMHO recommends that the provincial government work to identify maintenance and repair costs needed to improve the quality, and ensure the safety, of existing supportive housing supply, and establish a funding envelope to address these costs. The establishment of an emergency maintenance reserve fund could help the government mitigate against future non-budgeted repairs and challenges.

In addition to these financial commitments, AMHO also recommends that the Ontario government:

- Conduct modelling to assess the annual need over the next 3-5 years and commit to working with the federal government and municipalities to address this need;
- Establish a provincial supportive housing secretariat dedicated to the development of new units and improved operation of existing units, to streamline grant application and reporting requirements, and the flow and timing of funds;
- Establish a cross-jurisdictional supportive housing body, consisting of all levels of government, supportive housing providers, and residents; and
- Develop a standardized waitlist management tool, including definitions and target wait times, to be used across the province.



It's Time To Act

When our providers and workforce are appropriately equipped with the tools, opportunities, training, and resources to respond to the mental health and addictions challenges Ontarians are experiencing, the results will translate to increased access to care for clients, families, and communities across Ontario, and a stable workforce to support a system that serves Ontarians where and when they need it.

Ontario needs continued investment in the community Mental Health and Addictions sector.
The Time To Act is now.