



## **ONTARIO PEER DEVELOPMENT INITIATIVE**

### **PRE-BUDGET SUBMISSION:**

SUPPORT FOR ONTARIO “FRONT-LINE” PEER AND FAMILY SUPPORT ORGANIZATIONS AND CONSUMER/SURVIVOR INITIATIVES (CSIs)

ONTARIO BUDGET 2022

**December 2021**

## Overview

Through this pre-budget submission, the OPDI hopes to better educate government on the value that the over 50 community-based peer and family support organizations in Ontario have in their communities, and the unique way in which they interact with other stakeholders in our mental health and addictions system. This document will illustrate the challenges that the OPDI faces in maintaining this network of vital “front-line” service providers given the current funding model. Finally, this document will articulate our request that government consider a strengthened partnership with community-based peer and family support, which we feel will ultimately help address challenges in the broader mental health and addictions system.

In our strategic approach to working with government, we are outlining three specific areas or “asks,” where government can help increase capacity within our peer-support network in the short-term. We are framing these asks as an initial step to a longer-term, wholistic solution. These three requests include:

- A one-time, project-specific funding allocation to help the OPDI execute a **data collection and standards setting project** designed to better understand the reach and impact of our member organizations from a statistical and analytics perspective and from this, develop a set of standards for local providers to follow;
- An **increase to the yearly operational funding for the OPDI**, which was initially provided to our organization at an amount of \$3.1M per year from government in 1991, but which has been reduced to just over \$300,000 per year in recent years; and
- **A centralized funding model for community-based peer support providers**, whereby these organizations would no longer have to compete with other entities for the discretionary funding distributed by local Community Mental Health Associations (CMHA), Local Health Integration Networks (LHIN), Hospitals or other entities.

The OPDI commends this government on the attention it has given to mental health and addictions issues since being elected in 2018. The OPDI and its members are encouraged by the work of the Ministry of Health and by the contents of the “Roadmap to Wellness” plan that was released in 2019. Together with government, the OPDI feels that peer support has the potential help make Ontario a global leader in mental health and addiction services.

The following document will provide further information on: a) the OPDI as an organization; b) the unique service offering that our community-based peer and family support members provide; c) the challenges faced by the OPDI and our members within the current government funding model; and, d) our specific funding requests that we hope will be considered in the context of the 2022 Budget.

## **Section 1):**

### **Introduction to the OPDI and Community-Based Peer and Family Support Organizations**

For over 30 years, the Ontario Peer Development Initiative (OPDI) has been the proud voice of lived experience in Ontario by highlighting the achievements and challenges, potential and needs of member peer support organizations and the many individuals who use them. The OPDI's mission is to strengthen and promote diverse peer voices across Ontario through community building, information sharing, collaboration, advocacy and education. In 2021, the OPDI finalized its 3-year business plan which includes working closely with Ontario Health to share information, collect data, standardize care, and improve outcomes throughout the network of our member peer support organizations.

Community-based peer and family peer support service providers fill a critical need in our healthcare system. Across the province, there are over 50 organizations providing ongoing drop-in services for anyone experiencing minor to acute mental health and addiction issues. These vital services “fill the gap” in mental health support by allowing patients the freedom to seek attention immediately from a peer with similar lived experience. There are no waitlists or time limitations to the services provided. Members of these local organizations can continue clinical treatments from psychologists, psychiatrists, primary care practitioners and others, or access peer support as a first step to get help. In many cases, the availability of these centres/services allow people to address mental health issues before more serious, chronic afflictions materialize.

These peer support organizations, most commonly referred to as Consumer / Survivor Initiatives (CSIs) are unique in their profile within Ontario's mental health and addictions sector. Many still confuse CSIs with the broader definition of peer-support and those programs offered in the clinical setting such as a hospital or through organizations such as their local Community Mental Health Association (CMHA) or Local Health Integration Network (LHIN).

CSIs are meant to be fully governed and operated by independent boards staffed by consumer/survivors for consumer/survivors. Organizational independence remains a key feature of CSIs, and their move back towards independence should be the priority for government. All programs are offered from the perspective of self-help, mutual aid, and peer support. When the OPDI was first funded to launch CSIs throughout the province, the intention was to support these organizations and strengthen alternative methods of support in partnership with traditional services offered through the formal mental health system (Trainor, Shepherd, Boydell, Leff & Crawford, 1997).

In 1997, Trainor et al. published the results of their study that demonstrated that people who used CSIs reported significant reductions in their use of inpatient and crisis service, reported fewer hospital admissions, and also reduced outpatient and physician visits. They reported being more involved in the community which resulted in empowerment and an overall acceleration of their journeys to recovery.

In a 2006 report commissioned by the Canadian Mental Health Association – Ontario (CMHA), the Centre for Addiction and Mental Health (CAMH), the OPDI, and the Canadian Federation of Community Mental Health and Addiction Programs (CFCMHA), Consumer/Survivor Initiatives (CSIs) play a critical, yet undervalued, role in Ontario's mental health system. Studies have proven that CSIs support people in

recovery and reduce their use of hospital, crisis, and other expensive services. CSIs represent a way to both ease and enable people's transition from formal mental health services back into the community.

In summary, and to help differentiate between CSIs and clinical peer support programs, **CSIs are unique in their service offering in the following ways:**

- Operated independently of the formal mental health system by a board made up exclusively of consumer/survivors;
- Non-discriminatory in its service offering, and welcomes people who have not been accepted into the formal mental health and addictions system and those who sleep rough;
- Provides a network of peers and friendships thereby reducing the social isolation that is often a key factor in prolonged suffering and in cases of relapse;
- Provides a warm alternative to hospitalization, crisis services, increased medication (all of which reduce healthcare costs);
- Offers pathways to employment and training opportunities for those looking to return to the community but have been suffering from mental health afflictions (e.x., [A-Way Express](#));
- Offers warm, long-term relationships that may begin through hospital visits to suffering patients, and through telephone support and “warm line” services;
- Easing the transition to community living through “connection” programs that introduce long-term clients in the hospital with peers who live independently and who have survived a similar affliction/experience; and
- Reducing participants' use of outpatient services and physician visits, thus reducing the workload of these professionals and reducing wait times in the MH&A sector.

The OPDI represents and supports over 50 of these types of community-based peer and family support organizations across the province. Their services can be accessed in a variety of settings including: dedicated centres offered by local consumer/survivor and peer support organizations; physician offices; community care access centres (CCACs); community mental health associations (CMHAs); hospitals; colleges and universities; police and fire departments. Since they were launched in the 1990s, and as this province faces issues related to increased abuse of opioids, and the recent lockdown due to COVID-19, these organizations have seen a dramatic increase in patronage and referrals from many clinical sources both domestically and from the U.S. CSIs play a vital role in our mental health and addictions system, and the OPDI is proud to represent their voice.

## **Section 2):**

### **Ontario's Roadmap to Wellness Plan and the OPDI**

In 2019, the Ontario government published the “*Roadmap to Wellness*” plan – a 10-year plan to invest in, reform and modernize Ontario's mental health services. The plan was announced with guaranteed funding of \$3.8 billion over 10-years. As a featured recommendation of the plan, the Mental Health and Addictions Centre of Excellence (CoE) was established in 2020 to oversee its implementation. The CoE's mandate includes being **responsible for system management, coordination of services and driving meaningful quality improvements for more consistent patient experiences across the province.**

The OPDI was encouraged by the language used in the plan that both, confirmed the challenges within the current system and the need for better integration with community-based service providers (like CSIs). In highlighting current system challenges, the following areas were discussed in the initial section of the report:

- **Wait times:** Demand for mental health and addictions services exceeds available capacity, often resulting in long wait times for services.
- **Barriers to access:** Ontarians do not know what services exist or where and how to get help.
- **Fragmentation:** Poor coordination across the system results in inefficiencies and poor client and family experience, as people struggle to navigate between services.
- **Funding:** Some of today's funding is based on historical arrangements and is not evidence-based.
- **Uneven quality:** Consistency and quality of services vary from provider to provider, and between regions.
- **Lack of data:** Ontarians, service providers and system planners do not have access to the information they need, limiting effective oversight and accountability.

In each of these areas, the OPDI and their CSI members are already, or have committed to addressing these points directly. With specific reference to the "wait times" challenge, it should be remembered that CSIs function in a unique "drop-in" format that both directly and indirectly impact this systemic challenge. CSIs directly address wait times through their ability to help anyone at any time get the support they need (either in-person or via a "warm line") without an appointment. Indirectly, CSIs divert emergency room and inpatient cases and alleviate wait time structures for those who need to book appointments with a psychiatrist, psychologists or other health professionals.

Further, the Roadmap to Wellness finds that more investment needs to be placed in the community to maximize the value of the public dollars. In its assessment of the current challenges, the plan comments that "Currently in Ontario, services are disconnected and fragmented with significant barriers to access... The result is a system in which people looking for support often struggle to find help, often turning to emergency departments, when ***the fact is that more appropriate and effective care can be provided in community settings.***" (Ontario Ministry of Roadmap to Wellness).

Further to this, the recommendations within the plan as they pertain to community-based support services, and which are complementary of the OPDI's budget asks, includes:

- Upstream investments in areas such as early intervention, traditionally delivered by community organizations, have one of the highest rates of return of any mental health spending and should be a significant area of focus.
- It is difficult to achieve the integration of primary and acute care, and improve client pathways, if the community sector lags in clinical and data capacity.
- Investing in community-based services is the best way to achieve success in ending hallway health care, as these investments help divert people from the hospital.

The OPDI has welcomed the opportunity to work closely with the CoE in the coming months and has been encouraged by the reception that peer-support and lived experience has received thus far.

The OPDI and its over 50 CSIs are eager to continue to share our “front line” experiences working with mental health consumer/survivors – many of whom have been using their local CSI as a “last resort” after being declined care in other settings – with Ontario and the CoE as their work continues. Collectively, our segment of the MH&A sector will look forward to sharing best practices from within specific communities across Ontario experiencing unique and distinct challenges based on their geography and on their 30-years of community service. There is optimism that this partnership will not only help the CoE deliver on its mandate, but ensure that Ontarians get access to improved care, and that the OPDI and its CSIs will continue to be recognized as an important component of the MH&A service landscape for years to come.

### **Section 3):**

## **Funding Model Challenges for Community Based Peer and Family Support**

The OPDI was founded in 1991 (30 years ago), through a Transfer Payment Agreement (TPA) with the Ontario Ministry of Health. The OPDI was originally funded to provide nonservice or alternative models that drew upon the skills and expertise of consumer/survivors to develop unique ways to deal with shared mental health care and other issues (Health Systems Research Unit, 1997). The OPDI continues to support CSIs and affiliates across the province out of a recognition of the public value that this service model provides within Ontario’s mental health and addictions system.

The initial funding agreement between the Ontario ministry and the OPDI was for \$3.1M per year. This funding was reduced over time, to where OPDI is now funded in an amount of just over \$300,000 per year. CSIs themselves have not received any substantial new investment since they were first launched in the 1990s. Many CSIs have lost their funding altogether based on: a) the competitive dynamic for funding between community and clinical providers; b) the inability of CSIs to adequately promote themselves due to lack of resources; and c) the decentralized funding model (i.e., local funding agents of the Ontario government currently decide independently on how to manage resources).

Many CSIs depend on alternative revenue streams to remain operational. One of the options available to them historically have been one-time grants through government funding programs. However, the feeling of the CSI community is that **the government grant program system is not adequate to sustain the sector** for the following reasons:

- 1) **Administratively onerous** – applications for government offered grants have become increasingly time consuming where most CSIs do not have the resources to dedicate to draft and submit a winning application, and then meet reporting requirements after the funding has been awarded;
- 2) **Narrow program focus** – what is needed in the sector is system-wide funding, where typical business functions such as human resources, operations, financial, and data/technology positions are required to keep CSIs afloat and ensure a higher standard of care. Grant programs offered in the past 5 – 10 years have focused on very specific services, which often require the

qualifying CSI to hire additional staff and then let them go when the term of the funding term has concluded;

- 3) **Zero-sum funding approval structure (winners vs. losers)** – grants are competitive in nature and in some cases force different CSIs to work against other, which leads to a negative dynamic where government picks winners and losers and certain regions lose out; and
- 4) **Lack of grant program continuity / little sightline into future grant programs** – CSIs who depend on grant programs have no way of knowing whether the grant they have previously qualified for will be offered again, nor if they will have the same level of funding support, nor if the parameters for eligibility will be the same.

A real example of the problematic funding structure for community-based peer and family support organizations can be showcased through the experience of PSNE in Southwest Ontario. When PSNE closed abruptly due to defunding through a decision made by their local CMHA (Elgin Middlesex), the consumer/survivors who relied on the organization had no place to go. These people were forced to sleep rough and were not readily welcomed into other programs or healthcare settings. It is unknown to the OPDI as to where the funding that was previously allocated to PSNE went, and the sector feels that the opportunity to present their case for remaining open was not appropriately afforded. The OPDI had been working closely with PSNE to develop a case for sustained funding, but was unable to save the organization from being dissolved.

The case for a better funding structure for CSIs can be made through the data collection and analysis efforts that the OPDI is currently working on as part of our 3-year business plan. The OPDI is confident that in the areas of hospitalizations, government savings, and recovery times, that CSIs will be proven to be an extremely valuable asset to Ontarians and government. Currently we know the following, based on dated research (which the OPDI is working to update):

- Empirical evidence provided by the Longitudinal Study went on to show the following:
  - Patients with an average number of 8 days of psychiatric hospitalization in the previous 9 months, reduced this to below 2 days after participating as an active member of a CSI (Longitudinal Study, 2004);
- Before joining a CSI, study participants had a mean number of 48.36 hospital inpatient days. After joining a CSI, these days dropped to 4.29. (Beyond the Service Paradigm: The Impact and Implications of Consumer / Survivor Initiatives, 1997)
- Consumer / survivors participating in a CSI and partnered with a peer mentor “used an average of \$20,300 less per person in hospital and emergency room services during the year after discharge. (Forchuk, 2002)

## **Section 4):**

### **Budget Ask**

The OPDI wants to work with government to help ensure that community-based peer and family support services remain a contributing part of Ontario’s mental health and addictions landscape, and that the level of coordination and services offered by CSIs and PSOs are enhanced to increase their

capacity and effectiveness in the broader system. The OPDI's three requests for the 2022 Ontario Budget are as follows:

1. **Project Funding – Community-level Data Collection and Standards Setting** – OPDI is requesting a one-time transfer of \$500,000 from government for the specific purpose of supporting work in the collection of data and the setting of universal standards for all CSIs and PSOs in Ontario. Ideally, this work will be conducted in conjunction with Ontario Health and the Centre of Excellence for Mental Health and Addictions (CoE) as they pursue similar objectives for each segment of the broader MH&A sector.
2. **Increased Funding for OPDI through the Existing TPA** – the OPDI continues to support CSIs without adequate resources. To date, the OPDI has experienced a reduction of funding of over 900% since its inception. To enhance the functionality of the OPDI, and help the organization better serve its over 50 members while acting as a valued partner to Ontario Health in the implementation of the Roadmap to Wellness plan, the OPDI is requesting a permanent increase to its Transfer Payment Agreement (TPA) to \$1.5 million per year.
3. **Standardize funding for CSIs and PSOs** – the OPDI recommends that government centralizes and standardizes funding for community-based peer and family support organizations (CSIs). A centralized model will help ensure organizational longevity and help make CSIs less dependent on the discretionary, ad-hoc funding arrangements they have with their current providers (CMHAs, LHINs, Hospitals, etc.).

#### **Ask #1 – Data Collection and Standards Setting Project**

OPDI's business plan focusses on the need for the CSIs to share data as a precursor to setting universal standards of care across the segment, and demonstrating a value-for-money model for government. OPDI's work on this has been ongoing, but has been limited in scope and effectiveness due to resourcing. Earlier in 2021, the OPDI commissioned OPTIMUS SBR, a Toronto-based, healthcare focused consulting agency to make a recommendation on a back office integration strategy for its network of CSIs. Given the parallels between the OPDI's objectives and those of Ontario Health and the CoE, the OPDI is requesting a one-time funding allocation to help our organization complete this initiative.

To complete the work that the OPDI wishes to undertake in the data collection and standards setting project area, **our organization is requesting a one-time funding allocation of \$500,000 CAD**. This funding will support OPDI's project by allowing our organization to source a consulting firm that would perform the following functions:

PHASE 1 (identified in the OPTIMUS SBR report):

- Detailed planning, including facilitating agreement on final details of the initial model;
- Develop MOU including SLAs; and
- Technology assessment and integration study;

PHASE 2:

- Identify key data sets required for the mutual objectives of the sector and Ontario Health;

- Extract/collect relevant data from each of OPDI's 50 CSI members based on the prioritized universal data sets;
- Appoint a peer support administrative group to support the work of the consulting firm;
- Technology and equipment upgrades both centrally at the OPDI and within each CSI and PSO; and
- Provide back-office support infrastructure to specific CSIs to facilitate the collection of data over the project period.

With an allocation of \$500,000, the OPDI foresees this work commencing by July 2022, and concluding within 12 months.

This project is a foundational one that will lead to long-term benefits within the mental health and addictions system in Ontario. Specifically, this work will set Ontario and the province's peer and family support segment on a path to success. The partnership being requested will help achieve the following for government, community-based CSIs, and consumers/survivors:

- Reduction in wait times in Ontario's clinical settings;
- Enhancement of trust in the larger system and the creation of a better understanding of the value of peer support;
- Standardization of service quality between each peer and family support provider;
- Better integration between the community and clinical settings for peer support;
- Creation of an evidence-based funding model for community-based peer and family support providers; and
- Creation of a level of oversight and accountability within the sector.

The OPDI is hopeful that the Ontario government is interested in working with our segment on this request. It is critical for the success of community-based peer support organizations, and for the health of the broader MH&A sector that collaboration between government and the community takes place. The OPDI looks forward to sharing information and working closely with Ontario Health and the CoE on developing the terms of reference for the project and ultimately achieving the outcomes outlined in the Roadmap to Wellness plan.

### **Ask #2 – OPDI Operational Budget Increase**

As the OPDI celebrates its 30<sup>th</sup> anniversary this year, it is doing so with the least amount of funding it has ever received through its partnership with government. As mentioned in a previous section, the OPDI was created in 1991 with a funding allotment of just over \$3 million per year. Over time this has decreased to just over \$300,000 per year, or a reduction in funding of over 900% during that period.

We are asking government to recognize the importance of the role that community-based peer and family support has in today's climate, and to **increase the OPDI's funding agreement with Ontario Health to \$1.5 million per year over the next 5 years**. This funding increase still represents less than half of what the OPDI originally received from the ministry, but has been deemed adequate to help the OPDI implement its 3-year business plan. The OPDI recognizes that its role has changed somewhat since the original funding agreement (the OPDI was founded to provide funding to CSIs originally), however, the need for a single voice for our segment remains, and the capacity needs of the CSI community has

increased dramatically since the 1990s. Additional funding through the existing Transfer Payment Agreement (TPA) is needed, particularly considering the following points:

- COVID-19 has dramatically increased the dependence on mental health services including on community-based peer and family support organizations, and has demanded more of the role from OPDI in helping CSIs manage staffing and capacity issues;
- Salaries in the healthcare setting continue to rise, with many sector experts and non-clinical staff expecting more money in a system where more professionals are leaving for other sectors, and where it is becoming increasingly difficult for the OPDI to offer a competitive salary to retain existing staff and attract talent;
- People suffering from addiction issues, particularly related to the use of opioids, continues to be a problem in certain regions of the province. The OPDI continues to be called by member organizations in need of urgent assistance in helping them manage through the crisis;
- Ontario has accelerated its transformation of the province's healthcare system, with a focus on mental health and addictions and the implementation of the Roadmap to Wellness plan. The OPDI has a great responsibility to act as the voice for lived experience in these government-led discussions but has limited resources to contribute while also executing its own business plan and supporting its 50 members; and
- Functions such as data collection, data analysis, reporting, public awareness building, human resources, and deploying peer support training services will take on a heightened importance for years to come (i.e., will not be a one-off project-by-project need).

The current funding allocation does not meet the needs of OPDI as it attempts to fulfill its mandate. To fill the funding gap, the OPDI has adopted an innovative and resourceful approach to diversify its reliance on government funding. These initiatives, while helpful, still have not produced the returns required. However, the OPDI is proud to have taken advantage of the following innovative revenue-generating streams in recent years:

- Offering peer-support training programs to clinical institutions (currently the OPDI is working with Trillium Health in providing them consultation services as they set up their own peer support function);
- OPDI membership drives targeted towards supply chain partners and more well-resourced healthcare providers; and
- Sector specific mental health peer support programs, such as the program that the OPDI has implemented at Nipissing University for students with mental health issues.

The OPDI's business plan calls for further diversification efforts, with anticipated new revenue streams being a part of how the organization plans to leverage the new funding agreement with the ministry. By increasing the operational capacity of the OPDI through an increase to its agreement with government from \$300,000 to \$1.5 million, the government will be securing its partnership with the voice for lived experience in Ontario, while ensuring that the important community-based peer and family support segment continues to play a meaningful role in the province's MH&A sector.

### **Ask #3 – Standardize/Centralize the Funding Model for CSIs**

Currently, the OPDI's 50 CSIs rely on their local CMHA, LHIN or local hospital to administer their funding. Previously, the OPDI controlled the funding allocations for individual CSIs. This de-centralized funding model has resulted in a fragmented and uncoordinated approach to community-based family and peer support services. It has also led to a decreased understanding of what peer support services are available to the public, and has promoted an uneven service quality between providers and regions. Finally, the current funding model has indeed led to the closure of multiple CSIs in critical regions where their absence is felt most acutely. **The OPDI wants to work with Ontario Health to identify an appropriate universal funding model in the short-term that would allow CSIs to remain operational while implementation of the larger scope of work associated with the Roadmap to Wellness plan is being conducted.**

In the report commissioned by the CMHA, CAMH, the OPDI and the OFCMHAP, the recommendation made after defining the CSIs value in relation to reduced hospital times, the cost savings per patient of a consumer / survivor in a peer setting versus a clinical, and in the intrinsic empowerment qualities offered by each CSI, was that they become better funded.

Specifically, the report suggested that the government of the day look at a new funding model as an opportunity to act on the more than 20 years of studies on peer support, and most importantly to recommit to making Ontario a leader in consumer/survivor empowerment. The report ultimately concluded that "underfunding is one of the most significant challenges that CSIs face (pg. 10)." In addition, the report draws attention to the systemic discrimination against CSIs. Many CSIs have lost their independent board of directors and with it their right to receive funding directly from the Ministry of Health, and many more maintain unstable relationships with their CMHA, LHIN, or local hospital. The main reason for each of these findings can be attributed to the existing disjointed, decentralized funding model that each of the existing 50 CSIs have to confront on a daily basis.

Given the findings of this report, which includes empirical evidence that every consumer/survivor using a local CSI saves government over \$20,000 in hospital costs, as well as the findings published in the government's own Roadmap to Wellness plan that concluded that the disconnected and fragmented nature of the current MH&A funding model has led to an increase in higher-cost emergency room visits and hospitalizations should indicate that a better funding formula for CSIs should be looked at.

A real example of the problematic funding structure for community-based peer and family support organizations can be showcased through the experience of PSNE in Southwest Ontario. When PSNE closed abruptly in 2021 due to defunding through the independent decision of their local CMHA (Elgin Middlesex), the consumer/survivors who relied on the organization had no place to go. These people were forced to sleep rough and were not readily welcomed in to other services. It is unknown to the OPDI as to where the funding that was previously allocated to PSNE was redistributed. It is the feeling of the organization that the opportunity to present a case for PSNE's continued operation in the region was not provided. The OPDI had been working closely with PSNE to solve their funding issues by providing administrative support up until this event.

Some of the following recommendations are contained with the CMHA, CAMH, OPDI and OFCMHAP report, but also encompasses the more up-to-date experiences of the OPDI and their members since the report was released:

- OPDI recommends that that CSIs receive their funding through any one of the following channels: a) funding directly to CSI from Ontario Health; b) through the OPDI as both a funder and data collection point of contact across the province. In this instance, the OPDI would operate as an “Innovative Health Team” that is not geographically focused, but whose oversight would span the province focusing on a ‘special population;’ or, c) or if all regional funding needs to go through Ontario Health Teams(OHTs) then from the OHT to the CSI with dedicated yearly funding.
- Allocate a minimum percentage of protected funding for Patient Councils within hospitals, including those undergoing the process of divestment.
- Provide sufficient funding to ensure that CSI staff salaries are competitive within the health care sector, taking into account that consumer/survivor employees have experiential knowledge and skills related to their personal involvement with the mental health system, and that these qualifications are equal in value to traditionally recognized qualifications; and
- Provide dedicated funding programs in addition to base funding for CSIs in need of facility and equipment upgrades.

CSIs require acknowledgment for their valued role and increased funding to continue to fulfill it. Funding for CSIs should not be dependent on regional discretion, and should be supported through a standard yearly budget item defined by the Ontario government. The OPDI looks forward to having this conversation with government in the coming weeks and months and to work together on a standardized funding formula that makes sense.

## **Section 5) – Conclusion**

The OPDI supports the Ontario government and their commitment to reform the MH&A sector in Ontario. The resources that have been recently made available to the sector out of recognition of the effect that COVID-19 has had on the mental health of Ontarians should be commended. The OPDI applauds the work and the findings contained within the Roadmap to Wellness plan and feels that there is great alignment between the objectives of community-based peer and family support providers and the objectives of Ontario Health. The OPDI looks forward to collaborating closely with government as the Roadmap to Wellness plan is implemented and our members are ready and eager to share experiences from the “front lines” of mental health peer support service organizations.

In order to appropriately fulfill the needs of Ontarians, government, and our CSI members, we need to ensure that minimal funding standards are put in place. The OPDI has offered three separate funding requests in this document for government to consider. These include: a one-time, project-based funding agreement for a data collection and standards setting initiative; a funding increase for the OPDI; and a new centralized funding model for CSIs across the province.

The current government has an immediate opportunity to recognize the importance of community-based peer and family support. They have the chance to act on the more than 30 years of studies and recommendations made within those studies to demonstrate leadership by committing to make Ontario a leader in consumer/survivor empowerment. In agreeing to these three funding recommendations, the Ontario government will be solidifying its partnership with an underappreciated, but highly committed and valuable segment of Ontario’s MH&A sector. Members of the OPDI do not only fill critical gaps in

our system, but they provide incredible value-for-money and are true representatives of the front lines of mental health and addiction services.

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