



PeerWorks

Hon. Sylvia Jones
Minister of Health
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Toronto, ON M7A 2J3

Hon. Michael Tibollo
Associate Minister, Mental Health & Addictions
Frost Building South
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December 23, 2022

Dear Hon. Sylvia Jones, and Hon. Michael Tibollo –

I am writing to you, as the Managing Director of PeerWorks (formerly the Ontario Peer Development Initiative), to outline the needs of our community-based peer and family support organizations that are commonly referred to as Consumer Survivor Initiatives (CSIs). As we have written and engaged with your offices before, **we have two pressing needs in our sector**. These have been reflected not only in previous correspondence, but in our 2022 pre-budget submission entitled ***SUPPORT FOR ONTARIO “FRONT-LINE” PEER AND FAMILY SUPPORT ORGANIZATIONS AND CONSUMER/SURVIVOR INITIATIVES (CSIs)*** in December 2021. These priorities are:

1. Instituting an immediate increase to our Transfer Payment Agreement (TPA) with the Ministry of Health from \$300,000 per year to \$1.5 million per year; and
2. Standardizing/centralizing the funding model for all qualifying community-based consumer survivor initiatives (CSIs), which currently rely on the discretion of their respective community's Local Health Integration Networks (LHINs), Canadian Mental Health Associations (CMHAs), or Ontario Health Teams (OHT) and are unable to provide a universal standard of care with the existing model.

PeerWorks has been proud to be the main pan-provincial voice for lived-experience for over 30 years. Founded in 1991 by the provincial government, PeerWorks identified and funded community-based peer support organizations that help those suffering with mental health challenges. Our organizations, referred

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to as Consumer Survivor Initiatives (CSIs) continue to this day providing needed support to a range of consumers including consumers without housing, those discharged from the hospital and seeking help re-integrating into society, those experiencing acute mental health issues, and as an adjunct care resource for those prescribed with long-term mental health and addiction treatments.

PeerWorks has become a resource and advocate for these organizations, as operational funding shifted from our organization to regional distributors such as LHINs, CMHAs and OHTs.

CSIs are unique community assets that run in parallel with, and in support of hospitals, CMHAs, and other clinical peer support programs. They are, however, very distinct and have proven to provide a completely unique experience and value proposition within the MH&A sector. The profile of these organizations, and particularly the “drop-in” nature of their programming, allows them to effectively alleviate wait times in the MH&A sector while ensuring that every Ontarian has an accessible place to go in a time of need. Some highlights of our segment include:

- Operating independently of the formal mental health system by a Board made up exclusively of consumer/survivors;
- Being non-discriminatory in its service offering, and welcoming to people who have not been accepted into the formal mental health and addictions system and those who are sleeping rough;
- Providing a warm alternative to hospitalization, crisis services, increased medication (all of which reduce healthcare costs); and
- Offering pathways to employment and training opportunities for those looking to return to the community but have been suffering from mental health afflictions (i.e., [A-Way Express](#)).

Recent macro-environmental challenges have spiked the need for resources like community-based peer and family support organizations, and many of our organizations are having trouble keeping up and maintaining a standard level of care. These changes necessitate additional funding, as well as a more efficient, centralized funding system.

1) Instituting an immediate increase to the Transfer Payment Agreement that PeerWorks has with the Ministry of Health

PeerWorks enters its 31st year with the least amount of funding it has ever received through its partnership with government. PeerWorks 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 community-based peer and family support in today’s challenging environment, and to **increase PeerWork’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 PeerWorks originally received from the Ministry but has been deemed adequate to help PeerWorks implement its 3-year business plan (attached).

PeerWorks recognizes that its role has evolved since the original funding agreement (PeerWorks was founded to provide funding directly to CSIs originally). However, the need for a single voice for our segment remains, and to better collect, track and analyze data across our CSI network which inevitably

requires resources. Additional funding through the existing Transfer Payment Agreement (TPA) is needed, particularly considering the following points:

- **Pandemic Related Case Surge** – 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 PeerWorks in helping CSIs manage staffing and capacity issues;
- **Health Human Resources** – With the exception of one full-time position for Managing Director, PeerWorks cannot afford to hire any full-time workers, offer benefits or even a competitive wage for part-time workers. Salaries in the healthcare setting continue to rise, with many sector experts and non-clinical staff expecting more money in a system that needs greater retention. The wages for workers in the clinical setting are a target for current discussions with government, however, at the community level, wages are even lower and in need of attention.
- **Opioid Crisis** – people suffering from addiction issues, particularly related to the use of opioids, continues to be a problem in certain regions of the province. PeerWorks continues to be called on by member organizations in need of urgent assistance to help them manage through the crisis;
- **Peer Support Voice During Transformation** – 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. PeerWorks 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
- **Establishing a Standard of Care** – prescribed 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 PeerWorks as it attempts to fulfill its provincewide mandate. To fill the funding gap, PeerWorks 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, PeerWorks is proud to have taken advantage of the following innovative revenue-generating streams in recent years:

- Offering peer-support training programs to clinical institutions;
- PeerWorks 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 PeerWorks has supported at Nipissing University for students with mental health issues.

PeerWorks’ 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 PeerWorks through an increase to its agreement with government from \$300,000 to \$1.5 million, the government will be allied with 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.

2) Standardizing/Centralizing the Funding Model for Community-Based Peer and Family Support Organizations

Currently, PeerWorks' 50 CSIs rely on their local CMHA, LHIN or local hospital to administer their funding in separate and individualized funding flow-through agreements. Previously, PeerWorks controlled the funding allocations for individual CSIs across the province. The current 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 has been felt most acutely. **PeerWorks 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 the larger scope of work associated with the Roadmap to Wellness plan is being implemented.**

As referenced in our previous pre-budget submission, there have been studies released on CSIs that have concluded that these types of organizations have been victims of underfunding for a long time. The most notable of these reports is from 2011 entitled "*Consumer Survivor Initiatives: Impact, Outcomes & Effectiveness.*" This report was conducted by leaders in the space including the Canadian Mental Health Association (CMHA), the Centre for Addictions and Mental Health (CAMH), PeerWorks (formerly OPDI), and Addictions and Mental Health Ontario (AMHO). The specific language used in the findings was that "***underfunding is one of the most significant challenges that CSIs face (pg. 10).***" More disturbingly, the report draws attention to the systemic discrimination against CSIs within the larger healthcare sector. 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. We believe that the main reason for each of these findings can be attributed to the existing decentralized funding model that each of our under-resourced members is forced to confront daily.

In terms of value-for-money, the report includes empirical evidence that every consumer using a local CSI saves the government over \$20,000 in hospital costs. Moreover, the findings published in the government's own Roadmap to Wellness plan 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. Both of these findings 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 highlighted through the experience of Psychiatric Survivors Network of Elgin (PSNE), in Southwest Ontario. When PSNE closed abruptly in 2021 due to a decision to de-fund the organization, the consumers who relied on it were forced to locate and access other services, or were simply left without support. We can assume that some of these consumers were forced to sleep rough and were not readily welcomed into other services. PeerWorks has no knowledge of where the funding that was previously allocated to PSNE was redistributed. It is our feeling that the opportunity to present a case for PSNE's continued operation in the region was not provided. PeerWorks 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 within the above referenced 2011 report from the CMHA, CAMH, PeerWorks and AMHO. These also encompass the more up-to-date experiences of PeerWorks and their members since the report was released:

- PeerWorks recommends that that CSIs receive their funding through any one of the following channels:
 - funding directly to CSIs from Ontario Health;
 - through PeerWorks as both a funder and data collection point. In this instance, PeerWorks 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,
 - if all regional funding needs to go through Ontario Health Teams (OHTs) then from the OHT to the CSI with dedicated and uniform yearly funding.

Under any one of the above models, PeerWorks would also appreciate attention paid to each of the following recommendations that will further enhance peer support delivery in Ontario:

- Allocating a minimum percentage of protected funding for Patient Councils within hospitals, including those undergoing the process of divestment;
- Providing sufficient funding to ensure that CSI staff salaries are competitive within the health care sector, considering 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
- Providing 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. PeerWorks is the main advocacy arm for CSIs and peer support in general, and is looking forward to lending its experience, insights, and breadth of knowledge to future conversations with you, your staff, and the ministry.

3. Conclusion

Thank you for taking the time to review these requests. PeerWorks has the potential to be an even more effective partner to government, as the Roadmap to Wellness gets implemented, and as better coordination and monitoring of province-wide community-based mental health and addictions supports are established. With a tremendous reputation within the community-support sector, as the provincial voice for over 50 CSI and peer support organization members, and a trust that has been built with these stakeholders over 30 years, we feel that our expertise can be better leveraged by government with more funding.

PeerWorks is strongly committed to building a better understanding of and raising the profile of the value that our CSIs provide to Ontarians managing mental health and addictions issues. This is why we are so pleased to be actively engaged with your office and with the office of the Hon. Michael Tibollo, who has said; *“Organizations like the OPDI (PeerWorks) and the many peer support service providers across the*

province provide a critical, foundational piece to our mental health and addictions infrastructure. We will continue to work with the OPDI (PeerWorks) as we implement the Roadmap to Wellness...” – Hon. Michael Tibollo, Associate Minister for Mental Health and Addictions. [PeerWorks’ Release on Mental Health Awareness Week](#), May 7, 2021.

We welcome the opportunity to continue this dialogue to further strengthen the vital role that community-based peer and family support organizations play in Ontario’s mental health and addiction sector.

Yours truly,



Allyson Theodorou
Managing Director at PeerWorks

CC – Kyle McIntyre, Assistant Deputy Minister, Mental Health and Addictions