FONOM
Federation of Northern Ontario Municipalities

To: Delegation during the ROMA Conference

From: FONOM Board

Date: January 2026

Subject: Implementing a Compassionate Intervention Framework in Ontario
A Proposal for Part V.1 of Ontario's Mental Health Act

Issue

The Federation of Northern Ontario Municipalities (FONOM), representing 110 municipalities across Northeastern Ontario, respectfully requests that the Province introduce a new, self-contained Part V.1, Compassionate Intervention for Severe Substance Use Disorder, within Ontario's Mental Health Act.

FONOM is not requesting that the Mental Health Act be reopened for a comprehensive review. Instead, we are proposing a targeted legislative amendment that creates a narrowly focused healthcare pathway for individuals suffering from severe substance use disorder who have temporarily lost the capacity to recognize their need for treatment and are at significant risk of serious harm.

Ontario has made significant investments in mental health, addiction treatment, supportive housing, homelessness initiatives, and harm reduction. Despite these efforts, municipalities continue to experience increasing overdose deaths, repeated emergency department visits, recurring police interactions, homelessness, and families struggling to obtain help for loved ones before tragedy occurs. The current Mental Health Act was not designed to address these circumstances.

ANALYSIS

Municipal leaders are not requesting additional police powers. They are asking for another healthcare tool.

Across Ontario, emergency departments, police services, Mobile Crisis Intervention Teams, paramedics, physicians, and community agencies continue to respond to the same individuals experiencing repeated addiction-related crises without an appropriate legislative pathway to provide medically supervised intervention. Families often recognize the deterioration of a loved one long before a life-threatening crisis occurs, yet have few options to obtain assistance.

Rather than amending multiple provisions throughout the Mental Health Act, FONOM believes Ontario can achieve its objective by creating a new Part V.1 dedicated exclusively to severe substance use disorder. This approach preserves the integrity of the existing Act while creating a separate, medically led framework that applies only in carefully defined circumstances.

The proposed framework would authorize physician-directed assessment and stabilization, establish clear eligibility criteria, provide independent oversight, protect Charter rights, encourage appropriate family involvement, require discharge planning, and include accountability through annual public reporting. Similar approaches are now being implemented or explored in Saskatchewan, Manitoba, and British Columbia, providing Ontario with valuable experience upon which to build.

To assist the Province, FONOM has prepared an accompanying **Part V.1 Legislative Roadmap** outlining ten practical legislative components for consideration. The Roadmap is intended to support policy development and legislative drafting rather than serve as draft legislation.

RECOMMENDATION

FONOM respectfully requests that the Minister of Health receive the included **Part V.1 Legislative Roadmap** and direct Ministry officials to review the proposed legislative framework.

We further recommend establishing a small working group comprising representatives from the Ministry of Health, the Ministry of the Attorney General, Ontario Health, physicians, addiction specialists, municipal representatives, legal experts, police services, and individuals with lived experience to evaluate the proposal and develop implementation recommendations.

Rather than undertaking a comprehensive review of the Mental Health Act, FONOM recommends introducing a new Part V.1 that establishes a compassionate intervention framework founded on the following principles:

- physician-led assessment and treatment decisions;
- strict eligibility criteria for severe substance use disorder;
- temporary assessment and stabilization;
- judicial oversight and Charter protections;
- appropriate family participation;
- mandatory discharge and recovery planning; and
- annual public reporting on outcomes.

This targeted approach would provide healthcare professionals with another clinical option while maintaining strong legal safeguards and respecting individual rights.

CONCLUSION

Ontario has an opportunity to strengthen its healthcare system by introducing a narrowly focused legislative framework that addresses a significant gap in the Mental Health Act without reopening the Act for comprehensive review.

FONOM believes that creating a new Part V.1 would provide healthcare professionals with another medically led tool to intervene in the most serious cases of severe substance use disorder while preserving the integrity of Ontario's existing mental health legislation. The proposal is intended to save lives, support recovery, reduce pressures on frontline services, and provide families with hope when voluntary treatment is no longer possible.

FONOM respectfully requests that the Minister consider our **Part V.1 Legislative Roadmap**, included, as the foundation for further discussion and legislative development.

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Federation of Northern Ontario Municipalities

Part V.1 Roadmap- Compassionate Intervention for Severe Substance Use Disorder

August 17th, 2026

1. Expand the definition of when a physician may order an involuntary psychiatric assessment

   Ontario's Mental Health Act currently permits involuntary assessment when a physician believes an individual is suffering from a mental disorder that is likely to result in serious bodily harm to themselves or others, or serious physical impairment. However, severe substance use disorder, on its own, generally does not meet this threshold, even when the individual has temporarily lost the capacity to recognize the seriousness of their condition and is at imminent risk of overdose or death. FONOM recommends a targeted amendment to the Mental Health Act to clarify that a severe substance use disorder resulting in a temporary loss of decision-making capacity, combined with a substantial risk of serious bodily harm, may also constitute grounds for involuntary assessment. This single amendment would provide healthcare professionals with an additional, medically led tool to intervene before a preventable tragedy occurs, while maintaining appropriate clinical oversight, due process, and Charter protections.

2. Create a new definition of "Severe Substance Use Disorder"

   To ensure the legislation is applied consistently and only in the most serious circumstances, Ontario should include a statutory definition of "severe substance use disorder" rather than leaving its interpretation solely to the courts. The legislation could specify that a physician may determine an individual meets this threshold based on clear clinical evidence, including repeated near-fatal overdoses, repeated episodes of drug-induced psychosis, multiple emergency department admissions related to substance use, repeated inability to provide for their basic needs or personal safety, or a demonstrated temporary loss of decision-making capacity caused by addiction. By establishing objective clinical criteria in legislation, Ontario can create a narrowly focused framework that provides healthcare professionals with clear guidance while ensuring compassionate intervention is reserved for individuals facing the most serious and life-threatening consequences of addiction.

3. Create a new physician-authorized "Compassionate Assessment Order"

   FONOM recommends that the Mental Health Act authorize a short-term involuntary assessment, rather than immediate involuntary treatment, for individuals who meet the legislated criteria for severe substance use disorder. This assessment period, for up to 72 hours, would provide healthcare professionals with the opportunity to medically stabilize the individual, conduct a comprehensive addiction assessment, complete a psychiatric evaluation, and determine the individual's decision-making capacity. Similar to the existing Form 1 assessment process under Ontario's Mental Health Act, this targeted

amendment would not presume the need for treatment but would instead provide clinicians with the time and authority necessary to determine the most appropriate course of care. Recognizing severe substance use disorder as a qualifying condition for assessment would create an important healthcare pathway while maintaining medical oversight and respecting individual rights.

4. Allow physicians to recommend a short-term Compassionate Treatment Order

FONOM recommends that any authority for involuntary treatment be exercised only after a comprehensive medical assessment has been completed and only where a physician determines that the individual lacks the capacity to make informed treatment decisions, that treatment is medically necessary to prevent serious harm, and that no less restrictive alternative is available. This approach ensures that the decision to authorize treatment remains a clinical determination made by qualified healthcare professionals, rather than a law enforcement decision. By placing physicians at the centre of the process, Ontario can establish a medically led, evidence-based framework that prioritizes patient care, protects individual rights, and ensures intervention occurs only in carefully defined and clinically justified circumstances.

5. Require judicial or independent review very early

FONOM recommends that any compassionate intervention framework include robust legal safeguards to protect individual rights and ensure full compliance with the Canadian Charter of Rights and Freedoms. Saskatchewan's recently enacted legislation provides a useful example by combining medically led assessments with independent oversight and due process protections. Ontario could adopt a similar approach by requiring an independent review within five to seven days of admission, guaranteeing access to legal counsel, providing a clear right of appeal, and mandating regular clinical reviews to determine whether continued intervention remains medically necessary. These safeguards would ensure that any temporary limitation on personal liberty is subject to ongoing scrutiny, transparent oversight, and timely review, reinforcing public confidence that compassionate intervention is both medically appropriate and legally accountable.

6. Set maximum legislative timelines

FONOM recommends that the Mental Health Act establish clear legislative timelines to ensure that any compassionate intervention remains temporary, medically justified, and subject to regular review. The legislation could authorize an initial assessment period of up to 72 hours, followed, where clinically necessary, by a stabilization period of up to 30 days. During this period, mandatory medical reviews should occur at least every seven days to assess the individual's progress, decision-making capacity, and whether the legal criteria for continued intervention continue to be met. Once an individual regains the capacity to make informed treatment decisions or no longer meets the legislative threshold, they should be discharged from the involuntary intervention process. Establishing defined timelines reinforces that compassionate intervention is intended as a short-term healthcare measure focused on stabilization and recovery, rather than long-term involuntary detention.

7. Allow family members to initiate an application

FONOM recommends that Ontario provide families with a formal mechanism to request a Compassionate Assessment Order when they have reasonable grounds to believe that a loved one is suffering from a severe substance use disorder and has lost the capacity to seek treatment voluntarily. Eligible applicants could include a spouse, parent, adult child, or legal guardian, supported by relevant evidence of the individual's condition and the risks they face. The submission of an application would not, in itself, authorize involuntary assessment or treatment. Rather, it would initiate a clinical review by qualified healthcare professionals, with any subsequent intervention requiring medical authorization and, where appropriate, judicial oversight. This approach recognizes that families are often the first to observe the deterioration of a loved one and should have an appropriate avenue to seek help before a preventable tragedy occurs, while ensuring that all treatment decisions remain grounded in medical evidence and legal safeguards.

8. Require discharge planning in legislation

FONOM recommends that the Mental Health Act require comprehensive discharge planning as a mandatory component of any compassionate intervention. The objective of involuntary assessment and stabilization is not simply to address an immediate crisis, but to provide individuals with a meaningful pathway to long-term recovery. Before discharge, healthcare providers should be required to consider and, where appropriate, coordinate ongoing addiction treatment, mental health services, stable housing, access to primary care, and appropriate community-based follow-up supports. This integrated approach recognizes that recovery extends beyond hospitalization and that successful long-term outcomes depend on continuity of care. By embedding discharge planning into the legislation, Ontario can improve recovery outcomes, reduce repeated crises, lessen pressure on emergency departments and first responders, and help individuals transition safely back into their communities.

9. Clarify family information-sharing

FONOM recommends that Ontario clarify the role of families within the compassionate intervention framework by explicitly recognizing their ability, where appropriate and consistent with existing privacy legislation, to participate in the care and recovery process. While respecting the protections established under Ontario's privacy laws, the legislation should clearly affirm that healthcare providers may receive relevant information from family members, involve them in discharge planning and recovery discussions when appropriate, and disclose limited information where permitted under existing legal principles. Families are often the first to recognize when a loved one has lost the capacity to seek help and can provide valuable clinical and historical information that supports informed decision-making. Clarifying these provisions would not diminish an individual's privacy rights but would encourage meaningful family involvement whenever it is legally and clinically appropriate, ultimately strengthening continuity of care and improving recovery outcomes.

10. Require annual reporting

    FONOM recommends that the legislation require Ontario Health to publish an annual report on the implementation and outcomes of the Compassionate Intervention Framework. Transparent reporting will enable the Province, healthcare providers, municipalities, and the public to evaluate the effectiveness of the legislation and support continuous improvement. At a minimum, the report should include the number of compassionate assessments conducted, the number of treatment orders issued, the average duration of interventions, patient outcomes, readmission rates, and, where feasible, measurable indicators such as overdose deaths or serious overdoses prevented. Regular public reporting will promote accountability, inform future policy decisions, and help ensure the framework continues to achieve its primary objective of saving lives while protecting individual rights and improving long-term recovery outcomes.

FONOM

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COMPASSIONATE INTERVENTION IN ONTARIO

A Proposal for Part V.1 of the Mental Health Act

AT A GLANCE

A practical, narrowly focused legislative solution to save lives and support recovery.

1 THE CHALLENGE

People with severe substance use disorder often cycle between emergency departments, police interactions, and homelessness without accessing sustained treatment.

- Repeated overdoses
- Overwhelmed emergency departments
- Strain on first responders and healthcare
- Families unable to intervene before tragedy occurs

2 THE GAP

Ontario's current Mental Health Act does not provide a dedicated pathway for medically led intervention in carefully defined cases of severe addiction.

- Severe addiction alone does not meet the threshold for involuntary assessment
- Physicians have limited legislative tools
- Lives are lost that may otherwise be saved

3 THE PROPOSAL

Add a new, self-contained Part V.1 to the Mental Health Act.

- ✓ Leaves the rest of the Act unchanged
- ✓ Focused only on severe substance use disorder
- ✓ Medically led
- ✓ Strong safeguards and oversight
- ✓ Promotes treatment, recovery and hope

4 THE ROADMAP

FONOM has developed a practical legislative framework outlining **10 key components.**

- Eligibility criteria
- Physician-authorized assessment
- Judicial oversight
- Defined timelines
- Family participation
- Discharge & recovery planning
- Accountability & reporting

(See reverse for details)

5 THE REQUEST

FONOM respectfully asks the Minister of Health to:

- ✓ Receive the attached Roadmap
- ✓ Direct Ministry officials to review the framework
- ✓ Establish a working group with key stakeholders
- ✓ Consider introducing Part V.1, rather than reopening the Act for comprehensive review

This is not about more enforcement. It is about more healthcare options.

A compassionate, evidence-informed approach that protects individual rights, provides hope to families, and supports healthier, stronger communities.

THE GOAL: TREATMENT. RECOVERY. HOPE.

FONOM represents 110 municipalities across Northeastern Ontario.

Stronger Communities. A Healthier North. A Better Ontario.

Together, we can save lives and build a healthier future.

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