SUBJECT: Ontario Works Addiction Services (SPH05034) (City Wide)

RECOMMENDATION:

a) That Council approve the Hamilton Ontario Works Addictions Services (OWAS) Implementation Proposal (Appendix A).

b) That all costs associated with the 2006 Implementation Proposal be recovered through 100% provincial funding.

c) That the Mayor and Council correspond with the Ministry of Community and Social Services and request continuation of 100% funding for OWAS in 2007.

d) That a report be provided to Council in October 2006 to report progress to date and the proposed plan for the funding realignment for OWAS for 2007.
EXECUTIVE SUMMARY:

The Ministry of Community and Social Services (MCSS) piloted in 2001 a new Ontario Works Program called the Ontario Works Addiction Services (OWAS) which was designed to assist Ontario Works participants whose addiction to alcohol, illicit drugs or prescription drugs is a barrier to employment. This employment measure is intended to provide more assistance to Ontario Works recipients who present an addiction as a barrier to their ability to participate in Ontario Works employment activities or find and maintain employment.

Hamilton’s Ontario works has developed an implementation proposal, which was submitted to the Ministry of Community Social Services early in October 2005.

The local implementation proposal carries a budget of $1,408,960 in 2006 and involves hiring 11.8 FTE additional staff, including Ontario Works staff and addictions counsellors in Alcohol, Drug and Gambling Services. The program will be 100% funded in 2006 by the province and staff are recommending that Council request the Ministry continue to fund this program at 100% for 2007. Should the Ministry not agree to this extension of 100% funding, staff will reallocate existing funding within the Employment programs to fund the net levy portion of OWAS (approximately $225,000) in 2007.

BACKGROUND:

The Ministry of Community and Social Services (MCSS) invited Consolidated Municipal Service Managers (CMSMs) to submit implementation proposals for provision of local OWAS by October 6, 2005. This report summarizes the history, purpose of OWAS, describes the proposed program. PHCS is also requesting Council approve the implementation proposal, which will enhance the “readiness” for some participants in the Ontario Works program to gain sustainable employment.

ANALYSIS/RATIONALE:

On May 3, 2001, the Ministry of Community and Social Services (MCSS) announced the government’s five-point action plan which was designed to ensure that Ontario Works (OW) is more responsive to the needs of Ontario Works recipients. The final phase of this plan was to implement an Addiction Services initiative which focuses on removing addiction as a barrier to finding and maintaining employment for Ontario Works participants.

This initiative was implemented in phases; phase one included four pilot sites (Algoma, Parry Sound, Prince Edward-Lennoox and Addington, and Thunder Bay) being established in the first year. The second phase expanded the initiative to five additional sites which were Brantford, Muskoka, Peterborough, Stratford, and Sault Ste. Marie.

The Addictions Services Program is considered voluntary for OW participants, that is, individuals may chose to self declare addictions, and then pursue assessment and treatment options. Progressive measures may be introduced for participants who have more than four unexplained absences in treatment. It is recognized that relapse is part of recovery and eligibility for Ontario Works financial assistance is carefully reviewed.
The three major components of Ontario Works Addiction Services are:

- Voluntary identification of an addiction, education sessions about addictions and a screening test for substance abuse.
- Participation in an assessment of substance abuse.
- Participation in a program for the treatment of substance abuse.

In Hamilton, a workgroup was established in February 2004 to explore models that could work within our community, and formulate a client service path that best meets our clients’ needs. The work group consisted of a MCSS Manager, OW Managers, Manager of Community Mental Health, the Van and Outreach Services, Alcohol Drug and Gambling Services (ADGS) Manager and Community Programs Director. The work group met with the provincial consultant for the program, visited Brantford, our closest pilot site, and attended several provincial orientation sessions.

Hamilton’s work group recommended the following process to assist OW clients when addictions have been identified as personal barriers for employment.

- The OW client voluntarily identifies addiction issue with OW case worker and seeks confidential assessment and appropriate follow-up treatment and counselling.
- The OW client attends a Harm Reduction information session. Modelled after the successful “Starting Point” orientation program held by ADGS staff, this will be a series of 2 sessions for clients who are seeking assessment and counselling. These sessions will assist clients to understand addictions, assessment protocols, treatment options, and help them to understand their personal “readiness to change”. Topics will include: Assessing drinking/drug use and life satisfaction, stages of change model, low risk drinking guidelines, community resources for treatment/management of addictions.
- The case managers refers client to a specialized OWAS team of case managers to perform a screening test for substance abuse. This team of specialized case managers will maintain a caseload comprised of harder-to-serve OW participants with addiction barriers. Optimum caseload ratio will be 45:1. The mainstream Ontario Works caseload for Hamilton is expected to be approximately 110:1 in the spring of 2006. The OWAS Case Managers will coordinate activities to ensure that the participant receives a focused, seamless continuum of service, providing supports by maximizing existing resources and providing progress strategies to assist with treatment and relapse should it occur.
- The OWAS case management staff refers the client to ADGS to administer a formal assessment. A plan will be made with the client for appropriate treatment/counselling at either ADGS or other appropriate community based services.
- ADGS and other community partners will work closely with the OWAS Team to ensure monitoring and reporting of outcomes and also to aid in facilitating requests for supports.
The broad principles for implementation of OWAS are:

- A comprehensive, holistic, integrated, interdisciplinary approach.
- Unique needs of Hamilton's OW client profile are met.
- Appropriate and efficient use of available resources.
- Community partnerships strengthened.
- Fit with the mandate of Community Programs Branch (PHCS) to ensure integrated health/social services programs and services.

It is anticipated that the OWAS case managers will be trained and will be able to provide services beginning January 2006. It is anticipated that full implementation of program (eg. 300 participants per month) will not occur until the end of April 2006. It is important that the service be carefully monitored to ensure high quality, wrap around services for these "barri ered" clients. The Hamilton model includes the addition of the Harm Reduction Information Sessions as a way of offering a service to all OW clients who may wish to better understand addictions, the process of assessment and treatment options. It is estimated that up to 2000 clients per year (about 20% of current OW caseload) may choose to learn more about addictions by attending these sessions. This estimate resembles the experience of the pilot sites.

While no formal quantitative evaluation has been done on the original pilot sites, the summative qualitative data supports the initiative. At a June 2005 regional meeting of CMSMs, staff was informed that the Centre for Addictions and Mental Health has been contracted to evaluate the client outcomes of OWAS at the pilot sites. The Brantford pilot site, estimated that about 20-25% of the approximately 200 clients who received supports from the OWAS program, found employment. This was seen as an extraordinary outcome, given that this client group had extremely poor “employability” prior to participating in the program. Three other pilot sites (Thunder Bay, Peterborough and Sault St. Marie) were contacted and reported limited ability to report firm employment outcomes due to limitations in data collection and experience to date. They estimate the employment outcome to be between 5 -10% for OWAS participants for the pilot period.

The proposed Hamilton program will participate in the provincial evaluation, in order to monitor employment outcomes, as well as other important indicators of employability such as progressive participation agreements, housing/family stability, and duration of stay on Ontario Works.

Hamilton will seek to partner its evaluation with other larger urban areas who are approved for OWAS in 2006. Preliminary discussions have already occurred with Niagara. This would provide for a more robust multi-centre evaluation in terms of methodology, numbers of OWAS participants, and would allow for comparisons with other major urban areas.

The provincial OWAS work group did extensive community consultation and identified best practices such as individual screening, intensive training for staff, offering the least intrusive and intensive interventions to clients, dedicating staff in addiction agencies for
OW clients, and offering intensive, personal case management. The early sites did complete a survey with the participants in the piloted Addiction Services Initiative. Results of the surveys were discussed at the Ontario Works Addiction Services Provincial Advisory Committee in May 2005. Most of the participants identified that they felt that their housing situation was far more stable based on participation and supports from the program.

Other client feedback from the pilot sites have included:

“All Addictions Services Initiative helped to alleviate some of the pressure that otherwise would have made me use drugs. I had help with my addiction rather than condemnation for it.”

“My experience at ASI has helped me to believe that I am smart and would be of value to an employer. The group discussions and exchange of experience helped me to see that I am not alone in my downward spiral to being on social assistance.”

“I am my wife’s caregiver at home, but ASI is helping me find a course of interest for me, so that I can work at home”.

“I regret that this program was not available five years ago”.

**ALTERNATIVES FOR CONSIDERATION:**

The design and implementation of OWAS is to be locally determined, and the OWAS workgroup did explore alternate options/methods for its introduction into Hamilton. The provincial consultant during her site visit to Hamilton, commended staff on the work done to date and praised the proposed “local” innovative client service path. She was particularly interested in the inclusion of the harm reduction information sessions which will be made available to all clients.

There are no available local alternatives for the delivery of the OWAS in Hamilton, as PHCS is the designated CMSM for Ontario Works Programs.

The City has an option to not provide the program in 2006 and await MCSS direction regarding the mandatory provision of the program in 2007.

**FINANCIAL/STAFFING/LEGAL IMPLICATIONS:**

MCSS is providing 100% provincial funding for implementation in 2006 of $1,408,960 on an annualized basis. We have estimated that one-time start up costs of $103,560 are required, should this program be approved for immediate start in 2005. We have requested 100% provincial funding for these start-up costs in addition to the annualized implementation budget. The start-up and implementation project funds will support the project during its first year of operation and purchase the training, supplies, accommodations and other program requirements. It also includes 11.8 FTE new staff in Ontario Works, Alcohol Drug and Gambling Services, and Social Development and Early Childhood Services.

In 2007, the program will be cost shared 80/20 for the staffing/administrative component, and 100% provincially-funded for the staff who provide the treatment services for the OW clients. This report is recommending that the province be formally
requested to continue to fund this program at 100% for 2007, however staff is committed to realignment of current funding to support OWAS, if the program proves to have successful outcomes in 2006.

The gross annual projected cost of this initiative is $1.4 M with a net levy impact of approximately $225,000 in 2007. Staff will reallocate existing funding within the Employment programs to fund the net levy portion in 2007, should the evaluation results support continued implementation in 2007.

The staffing ratio plan closely resembles those being developed in Niagara and other surrounding CMSMs.

**POLICIES AFFECTING PROPOSAL:**


**RELEVANT CONSULTATION:**

Strategic Services, PHCS
Alcohol, Drugs and Gambling Services, PHCS
Ontario Ministry of Community and Social Services
Hamilton Addictions Services Coalition (HASC)
Employment and Income Support Branch, PHCS
Niagara Region Ontario Works

**CITY STRATEGIC COMMITMENT:**

By evaluating the “Triple Bottom Line”, (community, environment, economic implications) we can make choices that create value across all three bottom lines, moving us closer to our vision for a sustainable community, and Provincial interests.

**Community Well-Being is enhanced. ☑ Yes ☐ No**
Participation in community life is accessible to all Hamiltonians.

**Environmental Well-Being is enhanced. ☑ Yes ☐ No**
Not applicable

**Economic Well-Being is enhanced. ☑ Yes ☐ No**
Poverty is reduced. OWAS will help support individuals and families by reducing the need for long-term social assistance for participants with addictions.

**Does the option you are recommending create value across all three bottom lines?**

☑ Yes ☐ No

**Do the options you are recommending make Hamilton a City of choice for high performance public servants?**

☑ Yes ☐ No

Not applicable
Hamilton-Ontario Works Addiction Services Implementation Proposal

Please forward proposal to:

MCSS Regional Office
Attention: Regional Director

At the same time, send a copy of the proposal to:

Ontario Works Branch
Ministry of Community and Social Services
Room 434, 880 Bay Street
Toronto, Ontario M7A 2B6
Phone: (416) 326-8205
Fax: (416) 326-9777

Please type information.

Ontario Works Service Manager          City of Hamilton

Mailing Address                        250 Main St East
                                        Hamilton, Ontario
                                        L8N 1H6

Contact Name and Position               Cathy Buffett, Director
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Regional Office                        Mary Burnett, Manager of Municipal Services
                                        Ministry of Community and Social Services
                                        119 King Street West, 7th flr. Hamilton, ON L8P 4Y7
                                        Jeff Hamilton, Program Supervisor
                                        MUNICIPAL SERVICES,
                                        119 King St W, 7th flr. Hamilton, ON L8P 4Y7
Executive Summary

The City Of Hamilton is expressing interest in receiving 100% provincial funding and approval to implement the Ontario Works Addiction Services (OWAS) in 2006. Hamilton is in a unique position for instituting the OWAS program and well positioned for success.

It is the City Of Hamilton's goal to provide effective, integrated employment supports to help participants prepare for, find and keep jobs. Local employment programs in Hamilton are shifting to meet the unique needs of its residents. The introduction of an OWAS will assist in addressing the complex needs of this Ontario Works client group. OWAS will contribute to increased success in the outcomes of Hamilton’s employment programs.

If approved, the OWAS will join the Community Programs Branch of the Public Health and Community Services Department (PHCS). The branch provides a range of interdisciplinary social and public health services to persons who have the most difficult time achieving a basic quality of life because of the many barriers they face. Positioning OWAS within the Community Program Branch will help to ensure its success. This branch administers the following programs:

- Supporting Communities Partnership Initiative (SCPI)
- Residential Care Facilities and Hostels
- Mental Health and Outreach Services
- Special Supports
- Alcohol Drug and Gambling Services (ADGS)

Ontario Works has enjoyed a close working relationship with Alcohol Drug and Gambling Services (ADGS) within the same reporting structure. Networking and communication has increased over the past years. ADGS is funded by the Ministry of Health and Long Term Care and has been in operation since July 1985. ADGS’s trained professionals have assessed more than 1000 clients annually (25% of which are social assistance recipients) and have treated participants concerned with their use of alcohol and/or drug, prescription, over the counter or “street drugs”. They provide motivational feedback in terms of information and options for healthier lifestyle choices. In utilizing a harm reduction philosophy, Hamilton’s ADGS is in keeping with addiction’s best practices.

The Ontario Works Addictions Services Working group (OWAS) acknowledges that clear and consistent communication is imperative for the development of a successful program. As the initiative is developed, we are committed to provide continued feedback and case consultation between our in house case managers, community agencies and the participants. This ensures that goals are mutually established, progress is closely monitored and barriers are minimized.

The City of Hamilton has an existing infrastructure and extensive experience with interdisciplinary community programs. Therefore we can build on the existing
framework and expand departmental and community capacity to provide OWAS using carefully controlled methods. The intent is to implement a program that will benefit OW participants and complement existing employment programming.

About Hamilton
In January 2001, the Towns of Ancaster, Dundas, and Flamborough, the Township of Glanbrook and the Cities of Hamilton and Stoney Creek were amalgamated and became the new City of Hamilton.

Some highlights from Hamilton's Community Profile:
- Hamilton’s population increased by 22,470, or 4.8% from 1996 to 2001, representing an increase over the 3.6% growth rate from 1991 to 1996
- Hamilton has the tenth largest population of all Canadian cities and the fourth largest of all Ontario cities, preceded by Toronto, Ottawa and Mississauga.
- According to the 2001 Census, Italian is spoken by 20,545 Hamilton residents (the most of any non-official language), followed by Polish, German and Portuguese.
- According to the 2001 Census, immigrants comprise 25% of Hamilton's population, and visible minorities comprise 10% of the total population.
- Hamilton’s employed labour force increased by over 10%, while the unemployed labour force decreased by almost 25% between 1996 and 2001.
Public Health & Community Services

Mission Statement

“We provide health, housing, cultural, recreational and social services that promote well being and create opportunities to enhance the quality of life in our community.”

1.1 Plan Development

In February 2004, Hamilton established a comprehensive work group to develop models that could be successful within our community, and formulate a client service path that best suited our clients’ needs. Reoccurring monthly meetings have been an important part of the implementation process to date. The OWAS Working group will continue to meet on a monthly basis during the pilot phase to assist with the implementation plan.

The work group membership:

- MCSS Program Review Manager
- OW Managers (Youth & Newcomers, Employment & Income Support)
- Alcohol, Drug and Gambling Services Manager (Community Programs Branch)
- Special Supports Manager (Community Programs Branch)
- Manager of Community Mental Health/ Van and Outreach Services (The Van provides consultation, assessment and treatment to adults with substance use problems)

The working group has utilized and built on existing resources within the community and province to develop a thorough implementation plan. During the past year, the work group have consulted with the provincial advisor for the ASI and visited an existing ASI Pilot Site - Brantford, which falls within the Hamilton-Niagara Region. The workgroup has also consulted with staff from Niagara concerning possible joint activities for the implementation program. Members have met with the following community partners to inform them of the pending OWAS implementation in Hamilton:

- Hamilton Addiction Services Coalition (HASC)
- Food, Shelter and Housing Committee, Program Advisory Committee
- Hamilton Addictions and Mental Health Network
- Children’s Aid Society of Hamilton
- Community Legal Clinics
1.2 Support from City of Hamilton Council

The Director of the Community Programs Branch, Cathy Buffett, has prepared a draft report for the City of Hamilton Council. In order to receive Council support and endorsement the following are essential components for OWAS:

- A strong evaluation component
- 100% MCSS funding for the pilot
- Capacity within our community addiction services to support the initiative.
- Ability to absorb the 2007 municipal cost share within current local budget allocations.

1.3 Ministry of Health and Long-Term Care-funded substance abuse treatment options located in the City Of Hamilton

Ministry of Health and Long Term Care Addictions programs in Hamilton are represented on a systems basis within the Hamilton Addictions System Coalition (HASC). These services include:

- Wayside House (Men’s Residential Treatment)
- Men’s Withdrawal Management (Hamilton Health Sciences Centre)
- Womankind (Women’s treatment and Withdrawal Services St. Joseph’s Hospital)
- T.A. Patterson (Correctional Services for Addiction and Mental Health)
- New Choices
- Mission Services (Suntrac, Outpatient treatment)
- Alcohol, Drug & Gambling Services (ADGS, City of Hamilton)

This coalition has been kept informed of the potential of this proposal and has agreed to participate in training and consultation in the best interests of OW clients.
2. SERVICE PROVISION

2.1 Profile

Today, Hamilton is an amalgamated department of public health, housing, social services, and culture & recreation services. Through our integration, our department is able to address the determinants of health and well-being in a more holistic manner.

Working together in one department, we are in a better position to influence the social, economic and physical environment, as well as the health services, biological influences and lifestyle behaviours that influence health and well-being. The fact that we are all together within one department also enables us to better coordinate programming for our service recipients.

We strive to achieve our mission through 3 major lines of business:

- Public Health & Children’s Services,
- Employment, Housing & Long Term Care, and
- Culture & Recreation Services

which are supported by

- a Program Policy & Planning Division,
- a Strategic Services Division, and
- Finance and Administrative Services.
Under the guidance of the Senior Director Vicki Woodcox, the Employment, Housing and Long Term Care Division has strengthened its collaboration and sought synergies in order to provide a wide range of holistic services focusing on physical and mental health, addictions, economic, housing, settlement and improved quality of services and accountability.

The Hamilton Consolidated Municipal Service Manager (CMSM) services the City of Hamilton with an approximate population of 490,268.

- 4.6% of this population is in receipt of social assistance (OW/ODSP)
- The average OW caseload in 2005 is 10,400.
- The average number of participants with mandatory requirements for Ontario Works Program was 11,300.
- It is estimated that we will have a 9% increase in our caseload size in 2006 due to OW legislation changes.

Delivery of Ontario Works is divided among three branches; Benefit Eligibility, Employment and Income Support and Community Programs. Although each branch has specific service responsibilities, they work together to provide enhanced, effective and efficient Ontario Works services.

The four objectives of the Ontario Works Program are to:

- Increase the emphasis on employment activities for Ontario Works participants to gain sustainable employment and self-sufficiency
- Streamline the client service path
- Address participant needs in a holistic manner
- Ensure program identity and professional integrity.

City of Hamilton has three accessible OW sites delivering service to the community:

- Central - 250 Main Street East. (Designated office site for the OWAS program.)
- Mountain - 1550 Upper James St
- East - 2255 Barton St East

In the spring of 2005, Hamilton’s Public Health and Community Services opened the Career Development Center (CDC) located in downtown Hamilton at 181 Main Street West, 3rd floor. The CDC provides a leading edge for employment programs and service to Hamiltonians. The centre provides integrated employment and career services in one location. This includes up-to-date labour market information, referrals to employers, job fairs, supports including computers, fax machines, photocopying, and on-site child minding services.

2.2 Current referrals to assessment and/or treatment services and the types of treatment services to which they are referred

Currently, OW participants who identify involvement with an addiction’s program are supported by their OW Case Manager. The participation agreement is reflective of the supports required and the program of attendance. Participants who voluntarily identify an addiction as a barrier are referred to ADGS or another community agency
for assessment and/or treatment. The Addiction Counsellor may, with participant consent, confer with the OW Case Manager, to ensure that available financial supports and services are met.

Other community agencies that provide addiction services programs for OWAS clients are:

- Women Only-Womankind, New Choices, Women’s A. A. Meetings, Women for Sobriety, Cocaine Anonymous.
- Youth Only-Alternatives for Youth, Youth Recovery Awareness Program
- ALL-Alcohol, Drug and Gambling Services, T.A. Patterson (Probation and Parole), Substance Abuse Prevention Program-Centre for Addiction and Mental Health (CAMH)
- Self Help Groups-Alcoholics Anonymous, Alanon and Alateen, Cocaine Anonymous, Narcotics Anonymous and NarAnon

2.3 Estimated prevalence of addiction as a significant barrier to employment in the Hamilton Ontario Works caseload

In reviewing the current caseload, it is estimated that approximately 10-15% of the active participants in receipt of OW suffer from an alcohol or drug addiction. ADGS has confirmed that approximately 124 OW participants and 113 ODSP recipients are already active in their programming; however, we are unable to estimate the number of participants involved in other community addiction programs.

2.4 Estimated number of participants expected to be involved in Ontario Works addiction services from implementation.

The OWAS program will begin slowly and in a stepwise fashion, in order to build capacity and effective working relationships between the intensive case management and treatment programs. It is anticipated that by full implementation 320 participants will be active in the ASI program by the end of June 2006. A estimated 1700 Participants (approximately 17% of the current caseload) may be pre-screened for entry into the program using the following criteria:

- Age: 18-55 yrs
- Length of time on assistance: over 1yr and a cumulative 1yr over the past 3 yrs
- Active participation requirements

In keeping with local data and experience, between 3 and 4% (approximately 320 participants) of our total OW caseload will travel the full client service path through to assessment and treatment. The budget and the service delivery model has been prepared using these assumptions.

3. SERVICE DELIVERY MODEL
3.1 Environmental And Caseload Trends

Hamilton has an ageing population and dwindling labour supply. Hamilton’s population is ageing faster and growing slower than the provincial average. Hamilton’s industry is also more narrowly focused than that of the province. The labour supply will experience a severe shortage particularly in education and health. Labour markets will become much more competitive.

Recent immigrants, visible minorities, aboriginals and youth exhibit unemployment rates that are well above the rate for the labour force as a whole. Hamilton continues to be the third highest destination for refugees and immigrants in the country. Immigration now accounts for approximately 85% of Hamilton’s total population growth and could rise to 100% in the next couple of decades.

Demand has been identified for:
- sector-specific language training
- a shift in employer awareness and attitudes of immigrant skills to increase successful job placement
- Canadian work experience

The Ontario Works pending ODSP caseload continues to increase as does the ODSP caseload in the City of Hamilton. This is a reflection of an aging population and that Hamilton serves as a magnet community for those with physical and mental health issues. This client group and their families require specialized and often costly employment services.

Unemployment levels for youth continue to be higher than the general population. There is a continued need for effective employment interventions that provide links to employers and job opportunities. There is a continued demand for:
- Employment programming for disenfranchised youth
- Employment supports for youth once they have graduated from school
- Need to sustain and expand the employer/education partnership
- Literacy services for high-risk youth under 19 years

In summary the following will address the supply of potential workers to meet Hamilton’s skills shortage:
- Ensuring that the knowledge and skills of workers match the needs of the core clusters of the Hamilton economy
- Enhanced services addressing literacy, basic skills and employment readiness
- Better integration of immigrants into the labour market, creating employer awareness and promotion of immigrant skills
- Increased program access for disenfranchised youth
- Upgrading and skills training for older workers who tend to experience greater re-employment barriers
- Develop a strategy to pool resources and develop collaborative recruitment and retention strategies to support local employers
• Innovative interventions to support employment transitions of persons with disabilities. Create incentives to re-train the disabled
• Uniform standards for client employment services
• Enhanced workplace literacy skills provided by employers
• Availability of affordable child care
• A coordinated, seamless, non-partisan information and referral resource in Hamilton as an initial point of entry to the service system
• Services that provide a broad spectrum of interventions for the unemployed and do not focus on the quickest route to employment, e.g. case management, life skills training, self employment options, financial/social skills training, employment support, budgeting, job retention services
3.2 Client Service Path (Please see detailed explanation in Section 3.3, LOGIC Model)

Application - Document Signing Interview/Participation Agreement Update
Appointment with OW Case Manager

Getting Started
Information
*New Applicants only*

Self identifies
addiction as barrier

Indicator identify addiction
as a possible barrier

Case transferred to OWAS Case
Manager for screening

Harm Reduction
Information
Session

Return to regular
OW Case
Manager or Exit
program

Referred by OWAS
to ADGS for formal
assessment

OWAS Case Manager
- Develops the Individualized Service Plan with participant/ADGS
- Makes referrals to for other supports
- Monitors progress, maintains intensive case
management and ongoing financial eligibility
- Provides after care plan
3.3 Logic Model

3.3.1 OW Case Manager
- First point of contact for participant
- Determines financial eligibility
- Maintains ongoing eligibility and case management
- Provides information on employment supports, including ASI
- Develops participation agreement with mutually agreed on activities
- Schedules new applicants into a “Getting Started” Information Session which is unique to their case type – i.e. sole support, youth (age 18 to 24) or a general employment supports session.
- Refers participants who self identify as having substance abuse problem to OWAS Case Manager
- Pre-screen participants when indicators of substance abuse are present
- Ensures all relevant documents are signed during document signing interview (DSI)

3.3.2 Employment Services Consultant
- Facilitates “Getting Started” Information Session presenting information regarding services and programs available internally and externally to assist with seeking employment
- Provides a brief introduction to OWAS

3.3.3 Addiction Specialist Case Manager
- Conducts screening interview using the CAGE-AID Screening test
- Maintains ongoing eligibility and intensive case management of approximately 45 benefit units with substance abuse barriers
- Interviews participants to develop Individualized Service Plan (ISP) and develop participation agreement
- Schedule ASI/Harm Reduction Information Sessions
- Initiate the referral for the assessment for addiction services
- Case conference with ADGS and other service providers
- Monitor the ISP along with ADGS
- Coordinate activities to ensure that the participant receives a focused, seamless continuum of service, providing supports by maximizing existing resources and providing progress strategies to assist with treatment and relapses if this should it occur

3.3.4 ADGS Addictions Counsellors
- Facilitate the ASI Harm Reduction information sessions (modeled after the successful “Starting Point Program” and “Orientation Group”) for those OW participants. This will be a series of two sessions for participants who are seeking assessment and counseling. These sessions will assist participants to understand addictions, assessment protocols, treatment options, and help them to understand
their personal "readiness to change." Topics will include: assessment drinking/drug use and life satisfaction, stages of change model, low risk drinking guidelines, community resources for treatment/management of addictions.

- Completes a comprehensive assessment using the provincial standardized assessment package
- Develop treatment plan
- Refer to least intrusive treatment and/or facilitate treatment
- Design aftercare program
- Provide case consultations with OWAS Case Manager to develop ISP

3.4 Measures to minimize non-compliance

To date, the local business practice with respect to non-compliance is as follows: Participants who fail to meet participation requirements are given a second opportunity to comply with the activity’s participation requirements, regardless of the reasonableness or unreasonableness to comply the first time.

The Hamilton OWAS Case Managers, through training, will recognize that relapses do occur during the substance abuse treatment and recovery. Outreach, home visits, intensive case management and immediate attention to non-compliant behaviour will assist in preventing the application of the non-compliance policy. Through persistent and assertive outreach, trusting relationships and problem solving the participant will be given the support required to maintain treatment requirements. Progressive measures may be introduced for participants who have more than four unexplained absences in treatment.

Prior to implementing the decision of non compliance, the OWAS Case Manager will consult with the Addictions Councillor and the OW Program Manager. A thorough review of the case file, previous occurrences and number of attempted visits with participant will be reviewed and documented. Non-compliance decisions must be discussed and approved by the Manager of the OWAS program.

3.5 Limit on length of participation in Ontario Works addiction services and provide rationale

It is estimated that a participant could remain in OWAS for a maximum of a 24 months. Each case will require flexible case management and attention based on the treatment plan. Successful supports and early introduction to employment supports will aid in the recovery process and lead to independence.

3.6 Supports Available

Self-sufficiency through successful job placement cannot be achieved for some participants until severe barriers such as addictions are addressed. It is anticipated that OWAS will be an investment for the community. The benefits of the program will be accrued not only by the participants who receive the service but also by to the broader community.
Many employment programs may be accessed by OWAS participants as part of the continuum of employment services:

- Employment Assessment and Referral Centre - a co-ordinated assessment, referral and case management service in partnership with HRSDC
- Pre-employment supports workshops and case management services. Targeted for youth and sole support.
- Skills to Work workshops, case management and purchase of job specific skills training.
- JobsNow - an employment placement and employment retention service pilot project
- LEAP - learning, earning and parenting
- Employment and Community Placements
- Self employment programs in partnership with the City's Small Business Enterprise Centre
- Helping Hands - on the job skills training for landscaping and home maintenance
- There are also a wide range of employment and educational services available in the community.

Some of the employment supports could include the existing life skills program offered presently by Ontario Works Career Development Centre or through any of the community employment agencies. Agencies similar to the Wesley Centre, who deal with individuals with mental health and addictions for employment.

Hamilton’s OW has developed strong linkages with community services and within the internal Public Health and Community Services multi-disciplinary teams to develop an integrated approach to serving participants who often have multiple challenges and needs.

The Van provides public health and mental health services for vulnerable individuals living on the street. Other unique services include:

- Health supports for Youth in Hamilton
- Teen Health Clinic
- Sexual Health Awareness Centre
- Community Health Bus
- Youth Outreach Worker
- Street Health Clinic
- Crisis Lines (24 Hours)- Crisis Outreach and Support Team (COAST), Suicide Crisis Line, Hamilton Distress Centre (Telecare), Wife Assault Line, Sexual Assault Crisis Line, Victim Services of Hamilton-Wentworth
- Information Lines-Drug and Alcohol Registry Treatment (DART), VAN Needle Exchange Program, Elizabeth Fry Society, Community Information Service.
- Hamilton Urban Core Community Health Centre

OWAS will offer a full range of supports to all actively participating individuals. The following is the higher demand benefits:

- Transportation allowance
- Clothing
• Grooming costs
• Special equipment/tools
• Child Care

Funding will be made available for activities that will act as positive substitutes for addiction related behaviours such as:
• Special interest classes within the community (e.g. pottery, cooking classes, yoga, meditation)
• Physical activity programs (e.g. membership fees at the local YMCA, proper clothing to attend these activities)
• Supplies for hobbies (e.g. painting supplies)

Funding will also be made available for additional items/activities required to address other barriers a participant may be facing such as:
• Counseling appointments (marriage, anger management)
• Childcare costs above and beyond the monthly unlicensed maximums
• Supplies for residential rehabilitation (e.g. suitcase)
• Assessment fees to determine learning disabilities

When necessary, payment will be made directly to suppliers, landlords etc, to assist the participant. Where budgeting is an issue for a participant, a referral can be made to a debt counselor which is provided through Hamilton’s Home Management Program or Family Service will assist participants with budgeting or a trusteeship through Salvation Army, Good Shepherd or Mission Services may be considered as an alternative. The participant must sign an approval form for the pay direct process and/or trusteeship to be implemented. It is the intent of the Hamilton OWAS team to encourage independence on the part of our participants.

3.7 Baseline will be established to assess whether enhanced employability is an outcome of participation in Ontario Works addiction services.

The City of Hamilton continually strives to provide residents with programs that are efficient and effective. Evidenced-based decision making ensures that the needs of all residents are met. Research partnerships with post-secondary educational institutions such as McMaster University, Mohawk College and the University of Guelph allow the City to continually improve programs in areas such as public health, social services and business development.

Historically, Public Health and Community Services, inclusive of Ontario Works, has benefited from strong internal evaluation resources which have been recognized for a reputation in excellence. The Program Policy & Planning is one division within PHCS, and has a program entitled Applied Research & Evaluation (AR&E). AR&E develops and coordinates program evaluation and applied research activities across Public Health and Community Services to ensure that existing or planned programs and services provided by the City of Hamilton are responsive and effective. AR&E will be identified for program evaluation support, as it has a long history of supporting Ontario Works evaluation projects. Recent examples include assessments of the
Ontario Works client path and home visits. Evaluation of the Career Development Centre is forthcoming. Within addiction services, AR&E has been working with the City’s Alcohol, Drug and Gambling Services in the evaluation of STEPS (Skills to Enhance Personal Success). The program has had a positive impact providing clients with cognitive skills to help with their addiction problems. This program will be integrated with the OWAS initiative.

At the outset the evaluation of OWAS will benefit from a Program Logic Model approach. This approach was successfully employed in Brantford and has been recommended by the MOHLTC. In so doing, each program component and its respective activities will be described. Both short term and long term objectives will be identified for each program component and their anticipated outcomes. The overall goal is to provide targeted employment assistance and access to treatment for OW participants whose substance abuse is a barrier to employability (e.g., finding and/or keeping a job). This outcome will be measured using a multi-faceted approach including:

- Outcome analysis of caseload changes and participant status changes arising from the OWAS program and comparisons to regular stream participants (e.g., employability, success at employment, increased earnings, caseload changes, community participation, skill development).
- Survey/focus group approaches with OWAS participants and staff regarding satisfaction with the program, suggested changes (e.g., process evaluation).
- Survey/focus group approaches with OWAS participants and staff regarding the perceived benefits and outcomes of OWAS (e.g., quality of life, employment, life skills).
- Survey/focus group approaches with staff to evaluate the success of staff training and preparedness (case identification, assessment and referral, Harm Reduction Sessions).

The Centre for Addiction and Mental Health will be consulted about the evaluation. The Centre has been collaborating with the MOHLTC on the evaluation of the nine (9) existing OWAS pilot sites across the province. A key variable of the study will be to determine the success rate for OWAS program participants compared to the OW regular stream.

Hamilton will seek to partner its evaluation with other larger urban areas (e.g., Ottawa, Niagara). Preliminary discussion with Niagara has resulted in a commitment to share evaluation methodologies and resources. This would provide for a more robust multi-centre evaluation in terms of methodology, numbers of OWAS participants, and would allow for comparisons with other major urban areas.
4.1 Referrals for assessment and treatment collaborative case planning

ADGS will be the addiction treatment agency which will be engaged to partner in this initiative. Referrals will be made by the OWAS case management staff to ADGS to administer a formal provincially recognized addictions screening and decision matrix, including a psycho-social assessment of two sessions (approx 2.5 hours). A plan will be agreed upon with the client for appropriate treatment/counseling at either ADGS or other appropriate community based service. If agreed by consent, the plan will be shared with the OWAS case manager and the client will be referred back to the OWAS case manager for further follow up.

This process will be formalized with jointly developed referral/tracking documents, information sharing protocols, information brochures for participants, regular team meetings and Case Manager Training. Most of these tools are currently under development.

The referral/monitoring process is as follows:

- To ensure adequate protection of clients’ rights to privacy of information, all contact between the OWAS case managers and the Addictions Workers will proceed only with the informed consent (either verbal or written) between OW and ADGS.
- The OWAS Case Manager provides the participant with the contact information and asks them to call directly to set up the first appointment. Then the OWAS case manager will follow up with a formal referral on the participant’s behalf with consent from the client.
- The participant follows through with the referral and reports their attendance monthly on the Monthly Activity Report.
- Direct contact between OW and the ADGS may occur with consent to confirm attendance/participation and provide an assessment summary.
- The ISP and the PA is updated every three months to ensure the appropriateness of activities and match with the addiction assessment and treatment path.

4.2 Partner agencies develop or tailor programs for Ontario Works participants

OWAS Harm Reduction Information Sessions are examples of a program that will be developed to help support the OW participants interested in the OWAS. These group sessions will offer opportunities for the participant to start evaluating next steps and commitment to change.
There is a recognized need for Ontario Works staff to take part in comprehensive training that will enhance their understanding of multiple barriers to employment that require a more intensive, holistic and individualized approach. There is also the need to be sensitive to issues and/or biases that staff themselves may have particularly within the area of addictions.

Hamilton OW training plan for OWAS will begin in the Fall of 2005. The OW Training Coordinator has been involved in many of the OWAS monthly meetings to assist in interpreting training needs for the OW and ADGS staff. In conjunction with fellow staff from Community Mental Health, Mental Health and Outreach Services, Alcohol Drug and Gambling Services (ADGS); a training package has been formulated which will include the components:

<table>
<thead>
<tr>
<th>Course</th>
<th>Timeline</th>
<th>Number of Staff</th>
<th>Job function to attend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivational Interviewing</td>
<td>2 days</td>
<td>228</td>
<td>Case Managers, Employment Consultants, Trainers, Program Managers</td>
</tr>
<tr>
<td>Facilitator: St. Leonard’s Community Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundamentals of Addictions</td>
<td>3.5 hours</td>
<td>228</td>
<td>Case Managers, Employment Consultants, Trainers, Program Managers</td>
</tr>
<tr>
<td>Facilitator: St. Leonard’s Community Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol, Drugs and Gambling Services and programs</td>
<td>1.5 hours</td>
<td>9</td>
<td>ASI Case Managers, Program Manager</td>
</tr>
<tr>
<td>Facilitator: ADGS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hamilton Addiction Services Coalition Services and Programs</td>
<td>1.5 hours</td>
<td>9</td>
<td>ASI Case Managers, Program Manager</td>
</tr>
<tr>
<td>Facilitator: TBD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ontario Works Basics</td>
<td>3.5 hours</td>
<td>3</td>
<td>ADGS Addiction Counsellors, Program Manager</td>
</tr>
<tr>
<td>Facilitator: OW Trainer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid Reinstall for ASI</td>
<td>1 hours</td>
<td>15</td>
<td>ASI Case Managers, Program Managers, ADGS Addiction Counsellors, Case Presenting Officers, Manager of Eligibility Review</td>
</tr>
<tr>
<td>Facilitator: OW Trainer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handling Emotional Involvement and Crisis Situations</td>
<td>1 day</td>
<td>9</td>
<td>ASI Case Managers, Program Manager</td>
</tr>
<tr>
<td>Facilitator: OW Trainer and ADGS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
It is also recommended that further training be engaged to assist with the professional development of the OWAS Case Managers.

- Stages of Change
- Police Services introduction to addictions
- AIDS Awareness and Needle Exchange
- Methadone Treatment Awareness
- Sensitivity training on how to deal with participants with multiple barriers
- Case planning to assist with the development and continued monitoring of the case plan for the initiative
- Crisis Management Training

Preliminary discussions with Niagara have taken place concerning cost sharing of the training plan for the OWAS case managers. Hamilton is willing to host the training, and provide the trainer within our proposed budget. Travel and materials costs would need to be negotiated with attending partners.

OWAS will be a standing item on the bi-monthly staff meeting agenda to allow for OWAS case managers to raise concerns about the initiative and have them addressed. Peer Consultation between ADGS and the OWAS staff is essential to ensure that communication is optimal and any issues identified are dealt with as quickly as possible. This will also provide a clinical forum to debrief difficult situations, boundary issues and/or concerns regarding appropriate treatment planning.

OWAS staff who may encounter personal problems arising from managing an addictions caseload, will be referred to the City’s Employee Assistance Program (EAP). EAP is free and confidential for City employees. It is designed to provide assessment, counselling, and referral services experiencing problems such as:

- Personal and/or job stress
- Marital/relationship issues
- Separation and loss
- Addictions
- Balancing work and home life
- Financial difficulties
- Harassment
- Parenting issues
6.1 Issues management strategy for your Ontario Works addiction services

There is recognition that conflicts may arise with participants, community partners and/or advocates. As with all business processes, staff will respond in a constructive and professional manner incorporating competencies in conflict resolution and problem-solving.

All issues will be documented and reviewed with the Manager of OWAS. It will be the responsibility of the team to maintain an "Issues Log" to track situations that have risen. This will be done in a confidential manner and client names will not be used. The log will exhibit the action taken by all parties and the end result. The Director of Community Programs will be apprised of any outstanding issues and the attempts to resolve the issues. The OWAS Working Group will collaborate on reoccurring or challenging situations.

Hamilton has incorporated a strong evaluation component into the OWAS Program. It will be evaluated continually during the implementation phase measuring effectiveness.

Existing communication contacts lists with the Ministry will be utilized as well as the Ministry extranet site as a clearinghouse to aid in the application of the program and policy direction.

6.2 Communication

A variety of communication vehicles will be used to provide information to participants, agencies and the community as a whole.

a) Participants
   - Employments Supports Profile (check list to assist participant is identifying employment needs)
   - ASI Pamphlet
   - “Getting Started’ Information Sessions
   - Signage in all OW offices and CDC
   - Newsletters
   - Issues Resolution Log

b) Staff and Community Partners
It is the intent of the OWAS Working Group to hold several public forums/meetings to introduce the Ontario Works Addiction Services initiative. The OWAS working group plans to involve many of the community agencies in the service delivery area whom have similar participants. Examples of partnerships that this Ontario Works department has already established through ongoing service delivery are as follows:
   - Community Legal Clinics
• Catholic Children’s Aid Society and Children’s Aid Society
• Probation and Parole
• Emergency Shelters and Hostels
• Hamilton Police Services/ Crisis Outreach and Support Team (COAST)
• ODSP staff
• Hamilton Addiction Services Coalition (HASC)

The OWAS will become a permanent agenda item for front line staff meetings. OWAS Case Managers will be scheduling time with other Case Managers to provide mentorship and information regarding OWAS.

Hamilton OW publishes an internal newsletter for OW staff. This is a venue to publish important updates and information about the changes and developments around the “business” of Ontario Works.

c) Media
The City of Hamilton has access to the Corporate Communications Department which provides in-house strategic communications expertise when dealing with media inquires and/or media releases.

Their objectives are:
• To create a positive image for the City and ensure the reputation of the City is held in favourable regard, both internally and externally.
• To increase public awareness and ensure that relevant information is provided regarding new and existing services.
• To initiate and support proactive media relations by establishing effective media contacts. Monitor the media for coverage and trends.

Further steps will be added to ensure that the MCSS Regional Office and the Provincial ASI Coordinator are apprised of any sensitive media inquiries/articles concerning the OWAS.

6.3 Marketing

The OWAS Director and Manager will consult with PHCS, Strategic Services branch to develop marketing and communication strategies for OWAS. Strategic Services provides a range of services to improve organization performance, fulfill customer needs and create a stimulating and supportive work environment. Glenn Brunetti is the Manager of Marketing and Information Services and will be available to consult with OWAS.

Preliminary discussions have occurred with Niagara concerning the coordination of a shared marketing and communication plan. The City of Hamilton would be pleased to provide a coordinated plan to be utilized in both regions. This would include the development of resource material for training, marketing and participants. Printing and advertisement would be charged to the separate municipal programs.
### 7. BUDGET PACKAGE

City of Hamilton Addiction Services Initiative  
**Draft Oct 5, 2005**

#### OW ASI Team

<table>
<thead>
<tr>
<th>FTE</th>
<th>Position</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Dec 2005</td>
<td>Annual Cost</td>
<td>Annual Cost</td>
</tr>
<tr>
<td>1.0</td>
<td>Manager</td>
<td>8,580</td>
<td>102,940</td>
<td>106,030</td>
</tr>
<tr>
<td>0.6</td>
<td>Case Manager</td>
<td>32,200</td>
<td>386,390</td>
<td>397,980</td>
</tr>
<tr>
<td>0.4</td>
<td>Team Control Clerk</td>
<td>4,390</td>
<td>52,660</td>
<td>54,240</td>
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<tr>
<td></td>
<td>Total Case Management</td>
<td>45,170</td>
<td>541,990</td>
<td>558,250</td>
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#### Addictions Team

<table>
<thead>
<tr>
<th></th>
<th>Position</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
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<tbody>
<tr>
<td>0.2</td>
<td>Management/Administration</td>
<td>2,240</td>
<td>26,900</td>
<td>27,710</td>
</tr>
<tr>
<td>3</td>
<td>ADGS Workers</td>
<td>17,330</td>
<td>207,920</td>
<td>214,160</td>
</tr>
<tr>
<td></td>
<td>Community Treatment/ HASC contracts</td>
<td>50,000</td>
<td>50,000</td>
<td>50,000</td>
</tr>
<tr>
<td></td>
<td>Total Addictions Team</td>
<td>19,570</td>
<td>284,820</td>
<td>291,870</td>
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</table>

#### Other ASI Program Supports

<table>
<thead>
<tr>
<th></th>
<th>Position</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>Trainer</td>
<td>1,120</td>
<td>13,450</td>
<td>13,850</td>
</tr>
<tr>
<td>0.5</td>
<td>Research Asst. - LV 21</td>
<td>2,820</td>
<td>33,870</td>
<td>34,890</td>
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<tr>
<td></td>
<td>Total Other Supports</td>
<td>3,940</td>
<td>47,320</td>
<td>48,740</td>
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#### Operating Costs

<table>
<thead>
<tr>
<th></th>
<th>Staff</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lease</td>
<td>11</td>
<td>2,060</td>
<td>24,750</td>
<td>24,750</td>
</tr>
<tr>
<td>PCs</td>
<td>11</td>
<td>500</td>
<td>5,940</td>
<td>5,940</td>
</tr>
<tr>
<td>Parking passes @ 50/month</td>
<td>7</td>
<td>350</td>
<td>4,200</td>
<td>4,200</td>
</tr>
<tr>
<td>Travel @ $500/yr</td>
<td>10</td>
<td>420</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Training/Conf 1 x 1,500, 1x750, 290x 9</td>
<td>10</td>
<td>410</td>
<td>4,860</td>
<td>4,860</td>
</tr>
<tr>
<td>Phones $40/month</td>
<td>11</td>
<td>440</td>
<td>5,280</td>
<td>5,280</td>
</tr>
<tr>
<td>Operating Expenses 100/month</td>
<td>11</td>
<td>1,100</td>
<td>13,200</td>
<td>13,200</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5,280</td>
<td>63,230</td>
<td>63,230</td>
</tr>
</tbody>
</table>

#### Participants Supports - 115/ month/309 participants

|                           |       | 0             | 441,600       | 441,600       |

#### Starting Point Operating Sessions

| Starting Point Operating Sessions | 2/wk 50 weeks - 20 participants | 0 | 30,000 | 30,000 |

#### Participants Supports

| Participants Supports | 0 | 471,600 | 471,600 |

#### Annual Budget

|                       | 73,960 | 1,408,960 | 1,433,690 |

#### One Time Cost

|                           |       | 7,600     | 22,000     |

#### Total One Time Cost

| Total One Time Cost | 29,600 |

#### First Year Budget

|                       | 103,560 |

#### Funding

| Ministry            | 103,560 | 1,408,960 | 1,208,488 |
| City Levy           | 0       | 0         | 225,203   |

| Total Funding       | 103,560 | 1,408,960 | 1,433,690 |