<table>
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<tr>
<th>TO: Mayor and Members</th>
<th>WARD(S) AFFECTED: CITY WIDE</th>
</tr>
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<tbody>
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<td>Board of Health</td>
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| COMMITTEE DATE: October 21, 2013 |

<table>
<thead>
<tr>
<th>SUBJECT/REPORT NO:</th>
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<tr>
<td>2014-2017 Community Accountability Planning Submission to the Hamilton Niagara Haldimand Brant Local Health Integration Network (BOH13043) (City Wide)</td>
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<table>
<thead>
<tr>
<th>SUBMITTED BY:</th>
<th>PREPARED BY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Richardson, MD, MHSc, FRCPC</td>
<td>Susan Boyd</td>
</tr>
<tr>
<td>Medical Officer of Health</td>
<td>(905) 546-2424 Ext. 2888</td>
</tr>
<tr>
<td>Public Health Services Department</td>
<td>Valine Vaillancourt</td>
</tr>
<tr>
<td></td>
<td>(905) 546-2424 Ext. 3633</td>
</tr>
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| SIGNATURE:                                |

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<th>RECOMMENDATION</th>
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<td>(a) That the 2014-2017 Community Accountability Planning Submission required by the Hamilton Niagara Haldimand Brant Local Health Integration Network to negotiate the new Multi-sector Service Accountability Agreement for Public Health Services, Community Mental Health Promotion Program of the Mental Health and Street Outreach Services, and Alcohol, Drug &amp; Gambling Services programs be approved. There is no net levy impact for these programs;</td>
</tr>
<tr>
<td>(b) That the Medical Officer of Health be authorized and directed to negotiate, in a form satisfactory to the City Solicitor, the 2014-2017 Multi-sector Service Accountability Agreement between the City and the Hamilton, Niagara, Haldimand, Brant Local Health Integration Network, and to execute the agreement;</td>
</tr>
</tbody>
</table>

OUR Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.
OUR Mission: WE provide quality public service that contribute to a healthy, safe and prosperous community, in a sustainable manner.
OUR Values: Accountability, Cost Consciousness, Equity, Excellence, Honesty, Innovation, Leadership, Respect and Teamwork
(c) That the Medical Officer of Health be authorized and directed to negotiate, in a form satisfactory to the City Solicitor, any required amending, ancillary or related agreements, including funding agreements, during the term of the 2014-2017 Multi-service Sector Accountability Agreement, and to execute any amending, ancillary or related agreements, including any related documents and reports required to give effect thereto or required by the Agreement.

EXECUTIVE SUMMARY

The current 2011–2014 Multi-sector Service Accountability Agreement (M-SAA) between the City of Hamilton, Public Health Services (PHS), and the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB–LHIN) expires March 31st, 2014 and must be replaced with a new agreement to take effect on April 1st, 2014. Within PHS, the M-SAA applies to the Community Mental Health Promotion Program (CMHPP) of the Mental Health and Street Outreach Services, and Alcohol, Drug & Gambling Services (ADGS). These programs are 100% funded outside of the City levy and therefore do not have an impact on the net levy.

The HNHB–LHIN requires PHS to submit a board approved Community Accountability Planning Submission (CAPS) for 2014-2017 (Appendix A). The main components of the CAPS include a description of services, and tentative budgets with service targets. This information allows the HNHB-LHIN and PHS to enter into negotiations to finalize and approve services to be provided, service targets expectations, and funding allotments.

Alternatives for Consideration – See Page 7

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial: The HNHB–LHIN has requested that Health Service Providers (HSP) submit balanced budgets using planning assumptions of no increase to base funding and use the budget numbers approved for the 2013-2014 budget year. Operational funds have been used to cover staffing increase costs to submit balanced budgets. However, with CUPE and ONA contract negotiations outstanding, there is potential to have budget pressures in 2015-2016 and 2016-2017. These pressures will not be able to be off-set by operations and would lead to a decrease in services to the community.
Community Mental Health Promotion Program LHIN Funded Budget

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<td>$681,982</td>
<td>$681,982</td>
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*2.0 additional Outreach staff, hired by external agencies

**Staffing:** At this time, the CMHPP staffing will remain the same. There is no potential to submit a deficit budget plan; therefore, potential staffing pressures will be offset by operational lines, where possible.

Alcohol, Drug & Gambling Services

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**Staffing:** ADGS will experience slight budget pressures in staffing if the budget is approved with no increase to base funding. There will be a loss of 0.3 FTE in 2014-2015 which would lead to approximately 294 fewer sessions being offered per year, leading to longer wait times between sessions. There is no potential to submit a deficit budget plan; therefore, staffing pressures would be offset by reductions in part-time staff hours.

**Legal:** Legal will be asked to review the M-SAA and provide feedback prior to the negotiation of the M-SAA. The M-SAA will not be available until after the CAPS has been reviewed by the HNHB–LHIN.

**HISTORICAL BACKGROUND** (Chronology of events)

Accountability for funding and service related targets for the CMHPP and ADGS sits with the HNHB–LHIN. The current 2011–2014 M-SAA between the City of Hamilton PHS, and the HNHB–LHIN will expire March 31st, 2014 and the LHIN requires the...
OUR Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.
OUR Mission: WE provide quality public service that contribute to a healthy, safe and prosperous community, in a sustainable manner.
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submission of a CAPS for 2014-2017. Without this plan, the HNHB-LHIN will not flow funding to CMHPP and ADGS.

Community Mental Health Promotion Program (CMHPP)

CMHPP is one of the 100% funded programs within the Mental Health and Street Outreach Team Service (MHSO). The CMHPP provides long term case management and street outreach services to individuals over the age of 16 who are living with a serious and persistent mental illness.

Over the 2014-2017 time period, the CMHPP CAPS Service Plan will continue to focus on the priorities outlined in the LHIN’s plan, Improving Our Health Care Experience: Integrated Health Service Plan 2010-2013. Priorities include:

- **Patient Flow:** Continue to work with community partners and St. Joseph’s Healthcare Hamilton to minimize duplication of services by designing a common assessment form for the LHIN community mental health agencies and continue to refine our central point of intake, called IntAc (Intensive Case Management Access Coordination) that represents Hamilton Program for Schizophrenia; Canadian Mental Health Hamilton; Wellington Psychiatric Outreach Program and CMHPP.

- **Chronic Disease Prevention and Management:** Continue to work with clients to help them achieve their health goals by building relationships and working with family physicians and the Shelter Health Network for individuals who are homeless. Staff of the program have taken the Tobacco Addiction Specialist Certification through the Canadian Addiction Counselors Certification Federation and participated in additional education related to diabetes. Continue working with the Steps to Health Program to find ways to increase client participation.

- **Mental Health and Addictions:** CMHPP has an Advisory Committee that includes 50% consumers representing both mental health and addictions. The committee is consumer chaired. CMHPP will continue to work closely with the Shelter Health Network to provide primary health care to individuals who do not have family physicians.

- **Enablers for Transformation:** CMHPP was designed on a unique model that brings together service providers and their particular expertise to create a team that can meet the diverse needs of consumers. CMHPP has been working with the Shelter Health Network for a number of years to bring primary care to individuals experiencing homelessness. CMHPP has been a member of the Complex Care Planning Systems Table initiated by St. Joseph’s Healthcare Hamilton, to identify and address the needs of individuals living with a mental illness or addiction and
SUBJECT: 2014-2017 Community Accountability Planning Submission to the Hamilton Niagara Haldimand Brant Local Health Integration Network (BOH13043) (City Wide)  Page 5 of 8

frequently visit the Emergency Departments. CMHPP has been invited to be an Integrated Community Lead as part of the Behavioural Supports Ontario Project (BSO). The BSO project was created to address the needs of the older adult with cognitive impairments due to mental health problems, addictions, dementia, or other neurological conditions who exhibit responsive or challenging behaviours such as aggression, wandering, physical resistance and agitation.

Alcohol, Drug & Gambling Services (ADGS)

ADGS is also HNHB–LHIN funded and helps individuals and families in Hamilton who experience concerns with alcohol, drugs, prescription drugs, and/or problem gambling behavior. Individuals can call, or walk in, to learn about ADGS and community services. The program provides ongoing counseling (individual or group format) to help individuals address addiction issues. Family and friends can access ADGS to receive information, participate in the Family Support Group (co-facilitated with the Hamilton Family Health Team), and the Problem Gambling Program. The Problem Gambling Program also provides prevention and promotion activities in the community and is working on expanding this role.

ADGS CAPS Service Plan for 2014-2017 will address the relevant priorities within the LHIN Integrated Health Services Plan. The priorities include:

- **Patient flow:** Continue to monitor and manage wait times, ensuring gains made over the past 3 years are maintained. One area of focus will be improving transfer of care for individuals who are leaving hospital and would benefit from ADGS programming. Continue to place emphasis on quality care ensuring consistency of service provision to individuals accessing services.

- **Chronic Disease Prevention and Management:** Continue to provide clinic space for the PHS Tobacco Control Program, Smoking Cessation Clinic, and find effective ways to share knowledge and resources between our programs and encourage increased participation of individuals who access ADGS. Integrate the new national low risk drinking guidelines into all levels of care (individual, groups, presentations) to ensure individuals accessing care have access to this information when making decisions regarding use of alcohol.

- **Mental Health and Addictions:** Continue to provide existing concurrent disorders programming, and ensure enhancement of staffing competencies in the area of concurrent disorders. This will allow for quality of care to individuals who experience both mental health and addiction issues. Complete program development within the Crossing Paths group (for people with addictions, mood and anxiety issues) to open access for individuals with gambling concerns.
• **Enablers for Transformation:** Maintain current community partnerships (Wellington Psychiatric Outreach Services, Hamilton Family Health Team, Harm Reduction Program, Sexual Assault Centre Hamilton and Area) and continue to monitor opportunities for new partnerships. Maintain membership at local network planning tables and provide consultation to Public Health members connected to Health Links. Increase feedback from individuals who use services in the areas of program evaluation, experience of ADGS, program development and systems issues. Focus on health promotion activities in the area of gambling to further engage the community and contribute to healthy public policy.

The continued work of both programs is needed to help address the issue of mental health and addiction in the Hamilton community. The LHIN requires completion of the CAPS in which PHS is required to submit a balanced projected three-year budget (2014-2017). The 2014-2017 submissions will need to be approved by the Medical Officer of Health for PHS to receive funding for 2014-2017.

### POLICY IMPLICATIONS/LEGISLATED REQUIREMENTS

The LHIN Act (2006) mandates the HNHB-LHIN to enter into the M-SAA agreements with Health Service Providers (HSP). PHS is the transfer payment agency for the Ministry of Health and Long Term Care in providing case management and street outreach services to individuals living with a mental illness and/or homeless, and outpatient addiction services, and therefore is expected to enter into M-SAA agreements with the HNHB-LHIN.

### RELEVANT CONSULTATION

Not applicable

### ANALYSIS / RATIONALE FOR RECOMMENDATION

A provision in the LHIN Act (2006) includes a recommendation of multi-year funding and planning targets for the provision of Community Mental Health and Addictions Services. To enter into the legal agreement (M-SAA), which approves the multi-year funding with the HNHB-LHIN, the HNHB-LHIN requires the submission of the CAPS. This submission provides the necessary data for the HNHB-LHIN to then enter into negotiations with PHS to finalize and approve services provided, service targets expected and funding allotment. In keeping with this process, PHS is required to submit
a balanced three year projected budget (2014-2017) for the funding provided by the LHIN. The LHIN will have expectations that a quality plan be in place for the programs and that there are performance targets for the proportion of budget spent on administrative costs.

**ALTERNATIVES FOR CONSIDERATION**

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

The Board of Health could decide not to approve the CMHPP and ADGS 2014/2017 CAPS but this is not recommended for the following reasons:

**Financial/Staffing**

The HNHB-LHIN will not flow funding to CMHPP and ADGS at a loss of $1,702,264 and 14.5 FTE, 2 additional FTE hired by external agencies, and 0.5 FTE with Finance and Administration.

**Community Impact**

The HNHB-LHIN funding constitutes an investment in local support for citizens living with a serious and persistent mental health and addiction issues and if funding is not received, 3,870 individuals would not receive service and 11,021 contacts for direct service would be lost. Both programs fulfil a specific mandate and provide unique service delivery models within the addiction and mental health system and this would represent a loss within the community.

A number of highly-effective community collaborative partnerships have been established to assist individuals living with a mental illness, individuals experiencing homelessness and individuals at risk of HIV/AIDS. For example: CMHPP staff work with the Emergency Shelters to assist clients in accessing health, housing and social services. Partnerships have been developed with Hamilton Program for Schizophrenia, Canadian Mental Health Association, and Wellington Psychiatric Outreach Program to explore opportunities that would assist the older mental health clients they serve to remain in their homes. The CMHPP, as part of the Mental Health and Street Outreach Service, work with staff secondments from Emergency Shelters, Housing Help Centre and St. Joseph’s Healthcare Hamilton, St. Matthew’s House, Wesley Urban Ministries, Salvation Army Family Centre. In the absence of the CMHPP funding, these initiatives and programs would lack the resources and capacity to operate.
ALIGNMENT TO THE 2012 – 2015 STRATEGIC PLAN:

Strategic Priority #1
A Prosperous & Healthy Community

*WE enhance our image, economy and well-being by demonstrating that Hamilton is a great place to live, work, play and learn.*

**Strategic Objective**
1.5 Support the development and implementation of neighbourhood and City wide strategies that will improve the health and well-being of residents.

Strategic Priority #2
Valued & Sustainable Services

*WE deliver high quality services that meet citizen needs and expectations, in a cost effective and responsible manner.*

**Strategic Objective**
2.3 Enhance customer service satisfaction.

Strategic Priority #3
Leadership & Governance

*WE work together to ensure we are a government that is respectful towards each other and that the community has confidence and trust in.*

**Strategic Objective**
3.3 Improve employee engagement.
3.4 Enhance opportunities for administrative and operational efficiencies.

APPENDICES / SCHEDULES

Appendix A - Multi-Sector Service Accountability Agreement - April 1, 2014 – March 31, 2017
Community Accountability Planning Submission (CAPS) LHIN Managed Funding
HSP Name: City Of Hamilton
3 Year Plan: 2014-17

IDENTIFICATION

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<tr>
<td>*Service Provider Legal Name</td>
<td>City Of Hamilton</td>
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</table>

Service Provider Address

| Address 1                                | 1 Hughson Street North                      |
| Address 2                                | 4th Floor                                   |
| *City                                    | Hamilton, ON                                |
| *Postal Code                             | L8R 3L6                                     |

Executive Director/CEO

| *Name                                    | Glenda McArthur                            |
| *Position Name                           | Director, Clinical & Preventive Services   |
| *Telephone                              | 905-546-2424 ext 6607                      |
| *Email                                  | Glenda.McArthur@hamilton.ca                |

Finance Contact

| *Name                                    | Elaine Gee                                 |
| *Position Name                           | Business Administrator                     |
| *Telephone                              | 905-546-2424 ext 3544                      |
| *Email                                  | Elaine.Gee@hamilton.ca                     |

Board Chair/Signing Authority

| *Name                                    | Dr. Elizabeth Richardson                  |
| *Position Name                           | Medical Officer of Health                 |
| *Telephone                              | 905-546-2424 ext 3801                     |
| *Email                                  | Elizabeth.Richardson@hamilton.ca          |

Board Co-chair/Signing Authority (if required)

| Name                                     |                                           |
| Position Name                           |                                           |
| Telephone                               |                                           |
| Email                                   |                                           |
## COMMUNITY ACCOUNTABILITY PLANNING SUBMISSION (CAPS) LHIN MANAGED FUNDING

**HSP Name:** City Of Hamilton  
**3 Year Plan:** 2014-17

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### Community Accountability Planning Submission (CAPS) LHIN Managed Funding

**HSP Name:** City of Hamilton  
**3 Year Plan:** 2014-17

#### TOTAL LHIN MANAGED FUNDING

**Return to Main Page**

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<td>MOS FTE: Admin &amp; Support</td>
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<td>JPF FTE: Admin &amp; Support</td>
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<td>JP FTE: Direct</td>
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**Appendix A Io Report BOH-13043 Page 3 of 13**
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<td>Average Cost per FTE - Physician</td>
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<td>Average Cost per FTE - NP</td>
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| Total Worked + Benefit + Purchased Hours Cost | $1,232,926 | $1,256,511 | $1,256,511 | $1,256,454 |
| Total Benefit Contributions | $294,688 | $294,688 | $294,688 | $294,798 |
| Total Gross Compensation | $1,527,614 | $1,551,199 | $1,551,199 | $1,551,252 |

| TOTAL PROGRAM FTE Compensation | $896,872 | $1,051,666 | $1,051,666 | $1,051,874 |

| TOTAL PROGRAM Volunteer Summary | | | | |
| Total # of Volunteers | 0 | 0 | 0 | 0 |
| Total Volunteer Hours | 0 | 0 | 0 | 0 |
| Total Volunteer Hours as % of Total FTE | 0.0% | 0.0% | 0.0% | 0.0% |
Appendix A is missing from the image.
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<td>$8</td>
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<td>Average Cost per FTE - Physician</td>
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<td>$8</td>
<td>$8</td>
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<tr>
<td>Average Cost per FTE - Physician Assistant</td>
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<td>$8</td>
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<td>Average Cost per FTE - DX</td>
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<td>139,782</td>
<td>109,728</td>
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Appendix A to Report BOH13043
Page 13 of 13