SUBJECT: Mental Health/Outreach Team Budget 2008-2009 - BOH08039 (City Wide)

RECOMMENDATION:

(a) That the Board of Health approve the 2008-2009 Mental Health/Outreach Program budget.

EXECUTIVE SUMMARY:

The Mental Health Outreach Team (MHOT) has two 100% funded programs. The Community Mental Health Promotion Program (CMHPP) is 100% funded through the Hamilton Niagara Haldimand Brant Local Health Integrated Network (LHIN). The Injection Drug Use Harm Reduction Program (IDU Program) is funded 100% by the Ministry of Health and Long Term Care – AIDS Bureau.

These programs provide long term case management and street outreach services to individuals living with a mental illness, and harm reduction services to reduce risk of transmitting HIV/AIDS. The CMHPP received a 2.25% increase to the base budget and the Harm Reduction Program received a 1.5% increase to the base budget for the 2008/2009 fiscal year.

Services are provided to individuals over the age of 16 who are living with a serious and persistent mental illness or individuals using injection drugs. For many years the Community Mental Health Promotion Program, like other community mental health programs, did not
receive base increases to funding. However, for the past three years there has been a base increase which has prevented any reductions in services. The IDU Program has consistently received a 1.5% increase to its base funding each year. As a result, service has remained the same.

BACKGROUND:

The Mental Health/Outreach Team (MHOT) programs include the Community Mental Health Promotion Program (CMHPP) and the Harm Reduction Program. The CMHPP is 100% funded by the Hamilton Niagara Haldimand Brant LHIN having been transferred to the LHIN from the Ministry of Health and Long Term Care – Mental Health and Addictions Branch in 2007. The Harm Reduction Program is 100% funded by the Ministry of Health and Long Term Care - AIDS Bureau. These two programs complement the other components housed within the MHOT. The Off the Streets Into Shelters Program (OSIS) is 100% funded by the Consolidated Homelessness Prevention Program (CHPP) through the Ministry of Community and Social Services with a fiscal year of January to December. St. Joseph’s Healthcare Hamilton fund and provide two psychiatric nurses to the team on a full time basis. The team includes a Public Health Nurse that is seconded to and paid for by the Housing Division of Community Services.

Public Health Services (PHS) structured the Mental Health/Outreach Team (MHOT) using a capacity building approach. Funding proposals were submitted to various provincial bodies, and PHS became the transfer payment agency, administering three programs in collaboration with partnering agencies. The three MHOT programs are 100% funded by different provincial Ministries and supported by a number of community agencies.

The MHOT is a multidisciplinary team comprising: Public Health Nurses, Psychiatric Registered Nurses, Housing Workers, Social Workers, Minister, Youth Worker, and Harm Reduction Worker. Two consulting psychiatrists are available to provide support to staff as needed. Staff from the partnering agencies are employed by their organization but are located within the MHOT at PHS. They spend some time at the partner agency in order to maintain knowledge of its culture and issues. These partnerships with smaller grassroots organizations in the delivery of outreach services create a team that is diverse in both organizational culture and skill sets. It also promotes a shared culture across multiple agencies, which produces more consistent service.

Outreach staff are seconded from the following community agencies:

- First Pilgrim United Church
- Good Shepherd Centres
- Housing Help Centre for Hamilton
- Salvation Army
- St. Joseph’s Healthcare
- St. Matthew’s House
- Wesley Urban Ministries
ANALYSIS/RATIONALE:

The Mental Health Outreach Team provides a much-needed service for individuals living with a mental illness or homeless. The LHIN (Local Health Integrated Network) continues to be in the process of transitioning the funding and outcome measures responsibilities from the Provincial to the local level. The LHINs across the province are in the process of developing a service agreement that will be implemented in 2009. The service agreements will outline roles, responsibilities and outcome measures for health agencies.

ALTERNATIVES FOR CONSIDERATION:

The Board of Health could decide not to approve the MH/OT 2008/2009 budget but this is not recommended for the following reasons:

1. The Local Health Integrated Network funding constitutes an investment in local support for citizens living with a serious and persistent mental health issue that would otherwise not be possible.
2. The Ministry of Health and Long Term Care – AIDS Bureau funding constitutes an investment at the local level to reduce the risk of HIV/AIDS as a result of injection drug use.
3. 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: MHOT staff work with the Emergency Shelters to assist clients in accessing health, housing and social services. We have a partnership with Hamilton Program for Schizophrenia, Canadian Mental Health Association, and Wellington Psychiatric Outreach Program to assist the older mental health clients we serve to remain in their homes with peer support. The MHOT has several staff secondments from Emergency Shelters, Housing Help Centre and St. Joseph’s Healthcare. In the absence of the MHOT funding these initiatives and programs would lack the resources and capacity to operate.

FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

<table>
<thead>
<tr>
<th>Program</th>
<th>Source</th>
<th>Budget 2008-2009</th>
<th>FTE</th>
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<tbody>
<tr>
<td>Community Mental Health</td>
<td>St. Joseph’s Healthcare</td>
<td>$646,681</td>
<td>5.0</td>
</tr>
<tr>
<td>Promotion Program</td>
<td></td>
<td>$112,000</td>
<td>2.0*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pay staff directly</td>
<td>2.0*</td>
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<tr>
<td>Off the Streets Into the Shelters Program</td>
<td>Ministry of Community and Social Services</td>
<td>$135,730</td>
<td>2.5*</td>
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<tr>
<td>Cold &amp; Heat Alert Supplies</td>
<td>100% Levy</td>
<td>$15,000</td>
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<tr>
<td>IDU Worker Program</td>
<td>MOHLTC and AIDS Bureau</td>
<td>$74,531.00</td>
<td>1.0*</td>
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<tr>
<td>PHN Secondment</td>
<td>Community Services Department</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>983,942</strong></td>
<td></td>
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*Outreach staff, hired by external agencies
**Employment, Housing and Long Term Care
The Local Health Integrated Network will be developing multi-sectoral service accountability agreements (M-SSA) that will need to be executed with health service providers (HPS) in the following sectors: community health centres, community care access centres, community support services, mental health and addiction, if a LHIN is to continue funding the HSP after March 31, 2009. The Community Mental Health Promotion Program as a mental health service will be involved in the M-SSA process.

POLICIES AFFECTING PROPOSAL:

Public Health Services 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. Public Health Services is also the transfer payment for the Ministry of Health and Long Term Care – AIDS Bureau in providing strategies to reduce the transmission of HIV/AIDS in the injection drug use population. Public Health Services is required to implement the Mental Health/Outreach Program in accordance with the Ministry of Health guidelines which stipulate the requirements for the programs. Collaborative Service Agreements for seconded positions are in accordance with corporate purchasing policies.

RELEVANT CONSULTATION:

Public Health Services has consulted with the Finance and Administration Division regarding the preparation of the 2008/09 Mental Health/Outreach budget. PHS has also consulted with Hamilton’s designated Program Consultants from the LHIN and the Ministry of Health and Long Term Care - AIDS Bureau regarding the 2008/2009 budget.

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
Public services and programs are delivered in an equitable manner, coordinated, efficient, effective and easily accessible to all citizens.

Environmental Well-Being is enhanced. ☐ Yes ☑ No

Economic Well-Being is enhanced. ☑ Yes ☐ No
Poverty is reduced.

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