To: Mayor and Members
   Board of Health

From: Elizabeth Richardson
      Medical Officer of Health
      Public Health Services

Date: November 9, 2007

Re: Mental Health/Outreach Team – Program Update  BOH07060 (City Wide)

Council Direction:
This report is provided in keeping with the Board of Health policy on communication between the Medical Officer of Health and the Board of Health, as outlined in Report PH06038.

Background:

According to the World Health Organization, five of the ten top-ranking causes of lifetime disability are related to mental disorders. This is because mental illnesses typically appear at an early age and usually recur. The economic impact is also appreciable. In 1998, the estimated direct and indirect costs of mental illness in Canada amounted to $14.4 billion - nearly $500 for every Canadian. One in five Canadians (20%) will have a mental illness in their lifetime. 80% of Canadians will be affected by a family member, friend or colleague with a mental illness.

Public Health Services (PHS) structured the Mental Health/Outreach Team (MHOT) using a capacity building approach. Agencies that were already providing service to individuals experiencing homelessness were approached about creating a street outreach team. Funding proposals were submitted to various provincial bodies, and PHS became the transfer payment agency, administering the program in collaboration with partnering agencies. The MHOT currently brings together three programs 100% funded by different provincial Ministries and supported by a number of community agencies. Services are provided to individuals over the age of 16. The programs include the:

- Community Mental Health Promotion Program (CMHPP)
- Off the Streets Into Shelters Program (OSIS)
- Injection Drug Use Harm Reduction Program (IDU Program).
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

**Mandate and Standards:**

The Ministry of Health and Long-Term Care (MOHLTC) has established various programs for the purpose of providing community mental health treatment and support services to the residents of Ontario. Since 1986, PHS was designated by the MOHLTC to be responsible for the implementation and maintenance of the Community Mental Health Promotion Program. Section 9 of the *Health Protection and Promotion Act* recognizes that a Board of Health may provide any other health program or service in any area in the health unit served by the board of health if it is of the opinion that the health program or service is necessary or desirable, having regard to the needs of residents in the area.

The MHOT is expected to provide services within the framework of the following Ministry documents:

Resources: Budget and Source of Funding

<table>
<thead>
<tr>
<th>Program</th>
<th>Source</th>
<th>Budget</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health Promotion Program</td>
<td>MOHLTC – Mental Health and Addictions Branch</td>
<td>$632,451</td>
<td>5.0</td>
</tr>
<tr>
<td></td>
<td>H.O.M.E.S. Program</td>
<td>$112,000</td>
<td>2.0*</td>
</tr>
<tr>
<td></td>
<td>St. Joseph’s Healthcare</td>
<td>pay staff directly</td>
<td>2.0*</td>
</tr>
<tr>
<td>Off the Streets Into the Shelters Program</td>
<td>Ministry of Community and Social Services</td>
<td>$133,070</td>
<td>2.5*</td>
</tr>
<tr>
<td>Cold &amp; Heat Alert Supplies</td>
<td>100% Levy</td>
<td>$15,000</td>
<td>N/A</td>
</tr>
<tr>
<td>IDU Worker Program</td>
<td>MOHLTC and AIDS Bureau</td>
<td>$73,431</td>
<td>1.0*</td>
</tr>
<tr>
<td>PHN Secondment</td>
<td>Employment, Housing and Long Term Care, Community Services Department</td>
<td>n/a</td>
<td>1.0</td>
</tr>
</tbody>
</table>

* Outreach staff, hired by external agencies

Overview of Programs

Community Mental Health Promotion Program (CMHPP)

The CMHPP has been funded 100% since 1986 by the MOHLTC – Mental Health and Addictions Branch to provide long term case management services to individuals who are living with a mental illness. This program received an increase in funding in 1998 to provide street outreach services to individuals who were homeless and living with a mental illness. To prevent duplication of services and in support of having only one community street outreach team, St. Joseph’s Healthcare, and the HOMES program (administered by Good Shepherd), fund additional outreach workers for the team.
Off the Streets Into the Shelters Program (OSIS)

The OSIS was initially funded by the Ministry of Community and Social Services in 2002 at an 80/20 funding split. Since 2006 the program has been funded 100% through the Consolidated Homelessness Prevention Program (CHPP). The OSIS Program meets the CHPP goal of improving access to and connecting households experiencing homelessness with the system of community services. OSIS staff work towards engaging individuals who are homeless and assisting them in accessing health, social and housing services. They distribute heat and cold supplies to individuals who are homeless and to the agencies working with those individuals.

Injection Drug Use Program (IDU)

Hamilton is one of the 16 HIV and IDU (injection drug use) programs 100% funded since 2001 by the MOHLTC – AIDS Bureau. The goal of these programs is to reach injection drug users and link them to prevention/harm reduction services, such as needle and syringe exchange programs, and/or to testing and treatment services with the intent of reducing the transmission of HIV/AIDS. The Harm Reduction Worker works closely with the Health Protection Division Van Needle Exchange Program staff.

Involvement with Community Projects

The MHOT works in partnership with many community agencies to enhance case management and street outreach services to clients living with a mental illness and/or homelessness.

Coordinated Access For Mental Health Intensive Case Management

In the fall of 2006 the MOHLTC asked four of Hamilton’s Mental Health Intensive Case Management agencies to develop a single point of access for referrals. The four agencies include: the Mental Health/Outreach Team; Hamilton Program for Schizophrenia; Wellington Psychiatric Outreach Program and Canadian Mental Health Association – Hamilton Branch. As a result, in the spring of 2007 IntĀc (Intensive Case Management Access Coordination) was created. The four agencies now have one access point where clients and service providers can make referrals. The four case management agencies work together to meet the needs of individuals who are living with a serious and persistent mental illness and require intensive case management services.

Hospitals Shelters Working Group

In 2003 emergency shelter providers in Hamilton decided to proactively address growing concern about the complexity of health issues affecting clients of their facilities. They invited hospital social workers to a meeting to discuss ways that the two systems could work together to build the capacity of both systems to effectively assist individuals experiencing homelessness to transition between shelters and
hospitals. This group has continued to meet and have produced a Toolkit to orientate hospital and shelter staff to the resources available to individuals who are experiencing homelessness. This group also provides an educational walkabout program for students, and staff of health and social service agencies to orientate them to the shelter system.

Street Outreach Coalition (SOC)

The SOC provides a forum for discussion and information-sharing on topics relevant to street outreach services. The group updates wallet size service cards that are given to clients, families, social and health care providers outlining the services available to anyone who is homeless or living in poverty. Approximately 30,000 cards are distributed through 30 community agencies.

Shelter Health Network (SHN)

The SHN is a collaboration of health professionals, social service organizations, programs and funding sources 'glued' together by agreements and shared planning rather than four walls and a common funding source. Problems with health and homelessness are linked to each other. People who are homeless experience poorer health and shorter lives, and being homeless creates barriers to accessing health services. Helping people with both their housing and their health at the same time has a better chance of being effective than trying to help with one at a time. The intent of the SHN is to provide primary care services within shelters to individuals who are homeless and do not have a family physician. The physicians within the SHN bridge the client until arrangements can be made for them to be followed by a regular family physician. The SHN has received direct funding from the MOHLTC to support the physicians working within the shelters.

Hamilton Addiction and Mental Health Network (HAMHN)

The Hamilton Addiction and Mental Health Network is a consortium of voluntary stakeholders committed to working in partnership in the addiction and mental health service system in Hamilton. The work of the network is to plan and facilitate the delivery of an integrated, coordinated, recovery based continuum of services for people aged 16 years and over.

Consumer-Chaired Community Advisory Committee

The MOHLTC – Mental Health and Addictions Branch requires active participation by consumers in program planning activities. To meet this requirement the MHOT Program is advised by a Consumer-Chaired Community Advisory Committee, which meets quarterly and includes both consumers and service agency providers.
How Are We Doing?

i) Impact on the Health of Hamiltonians


<table>
<thead>
<tr>
<th>Program</th>
<th>Notes</th>
<th>2005/06</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health Promotion Program</td>
<td>Contact on average of 19 times during the year</td>
<td>230</td>
<td>219</td>
</tr>
<tr>
<td></td>
<td>Contacted once during the year</td>
<td>1046</td>
<td>997</td>
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<tr>
<td><strong>Total Individuals Served</strong></td>
<td></td>
<td><strong>1276</strong></td>
<td><strong>1216</strong></td>
</tr>
<tr>
<td>Off the Streets Into the Shelters</td>
<td># Households at risk of homelessness</td>
<td></td>
<td>559</td>
</tr>
<tr>
<td></td>
<td># Households living on the street/temporary accommodation</td>
<td></td>
<td>743</td>
</tr>
<tr>
<td></td>
<td># Households moved from street to temporary accommodation</td>
<td></td>
<td>144</td>
</tr>
<tr>
<td></td>
<td># Households moved from temporary accommodation to permanent housing</td>
<td></td>
<td>136</td>
</tr>
<tr>
<td><strong>Total OSIS Individuals Served</strong></td>
<td></td>
<td><strong>1396</strong></td>
<td><strong>1302</strong></td>
</tr>
<tr>
<td>IDU Harm Reduction Program</td>
<td>Includes new and repeat contacts</td>
<td>138</td>
<td>156</td>
</tr>
<tr>
<td><strong>Total IDU Clients</strong></td>
<td></td>
<td><strong>138</strong></td>
<td><strong>156</strong></td>
</tr>
<tr>
<td><strong>Total MHOT Clients</strong></td>
<td>Individual Services Provided</td>
<td><strong>2810</strong></td>
<td><strong>2674</strong></td>
</tr>
</tbody>
</table>

* Note- only total # clients served collected for 2005/06

Providing harm reduction-focused health care on the street is a unique and effective aspect of street outreach. Street outreach workers are able to move between two distinct and usually separate service systems – the healthcare and shelter systems. People who are living with mental illness and experiencing homelessness are at increased risk for communicable diseases, foot and back problems, diabetes, injury, etc. Street outreach workers have access to expertise in both systems, helping to reduce barriers to healthcare. At the same time this increases the capacity of both systems to employ a psychosocial approach in providing care and addresses health issues of individuals experiencing homelessness and mental illness.

This capacity building approach has created a truly integrated team that has proven effective at providing greater access to services and longer periods of stability in housing and in health outcomes. A 2004 evaluation by 4th year nursing students in terms of interaction with partner agencies in the community concluded that the
MHOT performed well in areas such as accessibility, acceptability of the service, timeliness and continuity, ability to deliver services, and overall impressions. Only one area was identified as having room for improvement, and concerned accessibility during off-hours, weekends and stat holidays. The team presently operates 8.30am until 9 pm Monday to Friday. Additional resources and funding would be required to extend operating hours.

The MHOT model introduces a unique and proven solution to the problem of fragmentation of services and low success in working with populations who are most marginalized in society. The MHOT structure is being used as a best practice model as evidenced by the fact that the new Hostels to Homes Program, administered by the Community Services Department, is modelled after the MHOT.

In the summer of 2006 the MHOT conducted a client satisfaction survey and interviewed 10% (n=71) of its clients. Approximately 86% of clients surveyed reported that their involvement with their workers has improved their quality of life. There is no wait time for street outreach services for individuals experiencing homelessness and the intensive case management program has a wait time of approximately two months which is reduced from 12 months 4 years ago.

**Emerging Issues and Opportunities**

In 2005, the MHOT’s Community Mental Health Promotion Program received its first budget increase in over 12 years. Adult community mental health programs throughout the province continue to face a growing demand for services.

The Local Health Integration Networks (LHIN) took over planning and financial responsibilities for adult mental health and addictions from the MOHLTC April 1, 2007. It is unclear how things will change with the LHIN; increasing capacity for working with individuals experiencing mental health problems is one of the priorities for the LHIN. Several recommendations to improve the availability, accessibility and outcomes of mental health services in the former Central South Region were tabled in a report: *Making Recovery Happen*. Some of the proposed recommendations are moving forward, such as:

- many Family Health Teams are building their capacity for early detection of mental health issues among their rostered populations;
- collaborations among mental health and addictions providers are closing the care and quality gaps for persons with concurrent disorders; and,
- Regional Networks of Specialized Care are strengthening supports for people with dual diagnosis (developmental delay and mental illness).

The final selection of the Board of Directors for the newly created Mental Health Commission of Canada has been completed. The selection of the new board members, as well as the chairs of the cross-country network of advisory committees, means the Commission is now formally set to launch its activities. The Federal Government committed $55 million over five years towards a mental health commission. The creation of the Mental Health Commission of Canada was a key recommendation of a Standing Senate Committee report on mental health, mental
illness and addiction in Canada. It is the cornerstone of the Government’s strategy to address mental health issues in Canada.

Summary

The multi-agency multidisciplinary MHOT model provides a range of evidence-based outpatient services for individuals 16 years of age and over who are living with a mental illness and/or homelessness. The MHOT provides these services in collaboration with other local mental health providers and social service agencies. In collaboration with the Hamilton Addiction and Mental Health Network the MHOT strives to identify gaps in service as well as trends that require attention. Clients’ access to services is positively affected by increased levels of communication, cooperation and trust among providers, as well as by delivery of services in an integrated team. A letter from the MOHLTC in 2006 commended PHS for the MHOT’s collaborative approach to service delivery that emphasizes high integration with allied services. This model increases the capacity of the system to respond to the multiple needs of people with serious and persistent mental illness.

Elizabeth Richardson, MD, MHSc, FRCPC
Medical Officer of Health
Public Health Services