Addictions Services Initiative (CS10086) (City Wide)

RECOMMENDATION
(a) That Report CS10086, Ontario Works Addiction Services Initiative, be received.
(b) That the delivery of the Addictions Services Initiative, through the City of Hamilton’s Ontario Works Program, in the amount of $159,474.00 net to cover the cost of 12.5 FTEs, be referred to the 2011 Budget process for consideration.

EXECUTIVE SUMMARY
The Ministry of Community and Social Services (MCSS) has asked if the City of Hamilton is interested in implementing an Ontario Works Addiction Service in 2011. The Ontario Works Addiction Services Initiative (OWASI) is an employment assistance activity intended to provide enhanced services to Ontario Works (OW) participants who present addiction as a barrier to their ability to participate in employment activities and/or find and maintain employment.

The City of Hamilton is well positioned to be successful with this initiative. The additional funding will allow expansion of the current Addiction Services Initiative (ASI) Program to serve a greater number of clients through an intensive case management
approach. Specialized staff responsible for program participants will have lower than average caseloads to enable provision of this type of case management.

Once the ASI Service Plan is approved by MCSS, annualized provincial funding of approximately $985,000.00 will flow to the City beginning in 2011. While some portions of the ASI are funded at 100% provincial funding, others are subject to 18.8% municipal cost sharing. The total net levy impact will be $159,474.00 in 2011 which would require an enhancement to the Community Services Department operating budget.

The service will be voluntary for OW participants who self declare an addiction. Progressive measures will 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 OW financial assistance will be carefully reviewed.

In order to be designated as an Addictions Services site for 2011 and to proceed with potential implementation, MCSS has requested written confirmation by November 2010 from the City of Hamilton Council together with the submission of a service plan. Staff recognize that Council cannot approve this enhancement prior to the approval of the 2011 Budget; therefore, staff have requested an extension from MCSS.

**Alternatives for Consideration – Not Applicable**

**FINANCIAL / STAFFING / LEGAL IMPLICATIONS**

See Appendix B to attached Report CS10086 for a summary of staffing and operational requirements and costs.

**Financial:**
MCSS will provide ongoing provincial funding of approximately $985,000.00 for the staffing, operations and administrative components of ASI Programming. Staff providing the treatment and health services for the OW clients will be funded at 100% provincial funding from this allocation. All other costs will be funded at 81.2% provincial funding matched by 18.8% municipal funding. The gross annual projected cost of this initiative is $1,144,474.00 with a net levy impact of approximately $159,474.00 in 2011. It is anticipated that the municipal contribution towards this initiative will decrease over the next 6 years and, by 2018, the City will not be required to provide cost sharing to this initiative.

It is anticipated that there will be $17,000 savings in Employment Assistance by moving 1.0 FTE Addictions Counsellor to the ASI funding and $48,500 savings in Cost of Administration (CoA) by moving 2.0 FTE OW Case Managers to ASI funding.
Staffing:
7 FTE will be added to the OW complement:
- 5.6 FTE for the OW Case Management component
- 1.4 FTE for the Addictions Counseling component

The T2H Program will also receive a portion of the funding to provide intensive case management to OW participants residing in the shelter system or homeless. T2H will utilize the funding to cover the cost of 1.0 FTE Addictions Counselor and 1.5 FTE Social Workers.

The following chart outlines the staffing requirements:

<table>
<thead>
<tr>
<th>Required</th>
<th>Existing</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 OW Supervisor</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>6 OW Case Managers</td>
<td>2 funded through CoA*</td>
<td>4</td>
</tr>
<tr>
<td>1 Program Secretary</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>3 Addictions Counsellors</td>
<td>2 funded through Employment Assistance 1 funded through T2H (to March 2011)</td>
<td>1</td>
</tr>
<tr>
<td>1.5 Social Workers T2H</td>
<td>1.5 funded through T2H (to March 2011) No</td>
<td>1</td>
</tr>
<tr>
<td>12.5 total</td>
<td>5.5 existing 7 new</td>
<td></td>
</tr>
</tbody>
</table>

*moving 300 OW cases to ASI (average caseload ratio 50:1) will decrease caseload for CoA funded OW Case Managers (average caseload 140:1); therefore, 2 staff can be moved from CoA to ASI

Legal:
Legal Services will be consulted to ensure that protocols and practices of the City of Hamilton ASI plan meet the Personal Health Information Protection Act (PHIPA) legislation.

HISTORICAL BACKGROUND

In 2001, the MCSS implemented the OWASI to assist OW participants whose substance abuse was a barrier to employment. Hamilton’s OW program developed an implementation proposal, which was submitted to the Ministry in October 2005. Unfortunately, Hamilton was not selected as an ASI Delivery Agent at that time.

MCSS is now expanding the OWASI and has asked the City if it is interested in implementing the program in 2011.
The targeted employment assistance activity is intended to provide enhanced services to OW participants who present an addiction as a barrier to their ability to participate in employment activities and/or find and maintain employment.

The broad principles for implementation of OWASI 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; and,
- fit with the vision of the Community Services Department to facilitate integration of programs and services.

The service will be voluntary for OW participants who self-declare an addiction. Participants will be assessed for readiness for treatment and/or stabilization through intensive case management. If accepted into treatment, staff will monitor progressive measures and attendance in the program. It is recognized that relapse is part of recovery and eligibility for OW financial assistance will be carefully reviewed.

<table>
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<tr>
<th>POLICY IMPLICATIONS</th>
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<tr>
<th>RELEVANT CONSULTATION</th>
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Public Health Services, Clinical and Preventive Services Division, Alcohol, Drugs & Gambling Services (ADGS) was consulted on the current ASI Program utilized by the City and the necessary staffing and programming that will be required to ensure the OWASI program is successful.

Community Services Department, Housing and Homelessness Division was consulted on the H2H, T2H and Finding Home programs and the staffing and funding requirements needed to continue the programs.

Ministry of Community and Social Services (MCSS) was consulted on the implementation and funding of the OWASI.

Hamilton Addictions Services Coalition (HASC) was consulted on the strengths and areas for improvement for the current ASI program to ensure the OWASI program meets the needs of this vulnerable sector.
Niagara Region Ontario Works was consulted on their proposed implementation of the OWASI program and the prospect of a future partnership during the evaluation of the program.

**ANALYSIS / RATIONALE FOR RECOMMENDATION**

Centre for Addictions and Mental Health (CAMH) had been contracted to evaluate the client outcomes of OWASI at the pilot sites. The Brantford pilot site estimated that about 20-25% of the approximately 200 clients who received supports from the OWASI program found employment. 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 OWASI participants for the pilot period.

The early sites completed a survey with the participants in the piloted ASIs. 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:

"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 OWASI 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 OWASI 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."

The City is well positioned to be successful with this initiative. We are currently operating a scaled down version of the originally proposed program, in partnership with ADGS, Public Health Services (Appendix A to Report CS10086). This additional funding will allow us to expand our ASI Program and assist a greater number of clients. This program will also allow the City to utilize sustainable and stable funding for the T2H Program, which also provides services to the most vulnerable people of our community.
A. Internal Delivery:

The recommended program will continue to utilize the existing components and service delivery model of the OW/ADGS partnership and will enhance the program by adding an intensive case management approach. This method will ensure that ASI participants receive the right services, in proper sequence and in a timely manner. Specialized staff responsible for participants in the OWASI will have lower than average caseloads to enable the provision of this type of case management.

Additional program components will be added to increase the range of services. These components will grow the program’s ability to effectively meet the objectives of the OWASI program. The components require an increase in staffing to both accommodate the enhanced programming, as well as decrease case loads to assist the specialized needs of individuals participating in the OWASI program.

It is anticipated that full implementation of the program (e.g. 300 participants per month) will not occur until the end of September 2011. It is important that the service be carefully monitored to ensure high quality, wrap around services for these “barriered” clients.

B. External Delivery:

T2H Program was designed to provide services to the most vulnerable people with limited or no attachment to the labour force. Chronically homeless adults often have histories of negative life events which make participating in employment activities difficult. These individuals are often prevented from stabilizing in housing by their health conditions, while their persistent homelessness impedes their access to needed addiction, health and employment services. Consequently, they cycle through costly emergency-driven public systems, including emergency shelters, hospital emergency departments, detoxification centers, and criminal justice facilities, without getting the ongoing care they need to address the very problems that prevent them from exiting homelessness and remaining stably housed in the community (Caton, Wilkins, & Anderson, 2007).

The T2H Clinical Services provide an array of supports to individuals in emergency shelters and supported housing units in the city. It is delivered through Wesley Urban Ministries. It provides support 24-hours a day, seven days a week to those who are experiencing homelessness through an array of services, including personal and addictions counselling and recreation therapy supports. T2H has the capacity to support 420 people, most of whom receive social assistance, with the majority receiving benefits under the OW program.
The proposed Hamilton ASI programming will monitor employment outcomes, as well as other important indicators of employability such as progressive participation agreements, housing/family stability, improved physical and emotional health, and duration of stay on OW.

If the OWASI Program is approved, staff will conduct an evaluation of the outcomes by June 2012. Staff will also partner its evaluation with other comparable urban areas who deliver OWASI activities. Preliminary discussions have occurred with Niagara. This partnership would provide for a more robust multi-centre evaluation in terms of methodology, numbers of OWASI participants, outcomes of the ASI program (e.g. number of participants becoming employed, number of participant being granted Ontario Disability Support Program, number of participants placed in non-compliance, etc.) and would allow for comparisons with other major urban areas.

**ALTERNATIVES FOR CONSIDERATION**

There are no alternatives for consideration to Report CS10086.

**CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)**


**Skilled, Innovative & Respectful Organization**

♦ A skilled, adaptive and diverse workforce, i.e. more flexible staff
♦ More innovation, greater teamwork, better client focus
♦ An enabling work environment - respectful culture, well-being and safety, effective communication

**Financial Sustainability**

♦ Financially Sustainable City by 2020
♦ Delivery of municipal services and management capital assets/liabilities in sustainable, innovative and cost effective manner

**Intergovernmental Relationships**

♦ Influence federal and provincial policy development to benefit Hamilton
Vision:

To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.

Values: Honesty, Accountability, Innovation, Leadership, Respect, Excellence, Teamwork

- Acquire greater share of Provincial and Federal grants (including those that meet specific needs)
- Maintain effective relationships with other public agencies

**Growing Our Economy**
- An improved customer service

**Social Development**
- Everyone has a home they can afford that is well maintained and safe
- Hamilton residents are optimally employed earning a living wage
- Residents in need have access to adequate support services
- People participate in all aspects of community life without barriers or stigma

**Healthy Community**
- Plan and manage the built environment
- An engaged Citizenry
- Adequate access to food, water, shelter and income, safety, work, recreation & support for all (Human Services)

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**APPENDICES / SCHEDULES**

Appendix A to Report CS10086 – Statistics ADGS/OW Partnership
Appendix B to Report CS10086 – Budget and staffing requirements
CURRENT ADGS/OW PARTNERSHIP
2009/2010

The following is a brief summary of the data gathered for the population serviced through the OW/ADGS partnership:

<table>
<thead>
<tr>
<th>DEMOGRAPHICS</th>
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<tbody>
<tr>
<td>Income Status</td>
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<tr>
<td>Employment Status</td>
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<tr>
<td>Education Status</td>
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<tr>
<td>Relationship Status</td>
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<table>
<thead>
<tr>
<th>2009 Stats – Client Contacts</th>
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</thead>
<tbody>
<tr>
<td>Total Client Contacts</td>
</tr>
<tr>
<td>Program Attendees</td>
</tr>
<tr>
<td>Group Sessions</td>
</tr>
<tr>
<td>Individual face to face</td>
</tr>
<tr>
<td>sessions</td>
</tr>
</tbody>
</table>
BUDGET (12.5 FTE)

ADMINISTRATION (81.2%)
Supervisor (1) $97,888.00
OW Workers II (6 x $77,722) $466,332.00
Program Secretary (.6) $37,211.00
Cell phones/BB (7) $2,290.00
Meeting Expenses/mileage $4,590.00
Training/conferences $3,195.00
Total costs for E&IS Staffing $611,506.00
Transition to Homes (SHH)-Social Workers (1.5) $109,532.00
Total OW admin $721,038.00

OPERATING (81.2%)
Supplies $22,226.00
Operating supplies* $5,000.00
Bus passes/tickets $50,000.00
Recreation passes/programs $50,000.00
Total Costs other than Staffing $127,226.00

ADDITION SERVICES (100%)
Addictions Counselors (3) $266,558.00
Program Secretary (.4) $24,807.00
Cell phones (3) $900.00
Meeting Expenses/mileage $1,545.00
Training/conferences $2,400.00
Total cost for Addiction Services $296,210.00

Total Costs $1,144,474.00

* calendars, hygiene kits, Kleenex, water bottles, etc.

Notes on Physical Space
• Important to have the whole ASI team on the same floor, same area
• 2 private offices for interviewing (phones, computers, filing cabinet)
• Training room (group room) to provide Information Group and on-going treatment groups

<table>
<thead>
<tr>
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<th>Gross Budget</th>
<th>Ministry Subsidy</th>
<th>City Levy</th>
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<tbody>
<tr>
<td>Addiction Services</td>
<td>$296,210.00</td>
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<td>$0.00</td>
</tr>
<tr>
<td>Administration</td>
<td>$721,038.00</td>
<td>($585,483.00)</td>
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<td>Operating</td>
<td>$127,226.00</td>
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<tr>
<td>Income Status</td>
<td>98% Ontario Works Participants</td>
</tr>
<tr>
<td>Employment Status</td>
<td>97% Unemployed (other status unknown)</td>
</tr>
<tr>
<td>Education Status</td>
<td>16% Some high school or less</td>
</tr>
<tr>
<td></td>
<td>37% Completed high school</td>
</tr>
<tr>
<td></td>
<td>13% Attended post-secondary</td>
</tr>
<tr>
<td>Relationship Status</td>
<td>88% Single or separated</td>
</tr>
</tbody>
</table>

### 2009 Stats – Client Contacts

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Total Client Contacts</td>
<td>1,218</td>
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<tr>
<td>Program Attendees</td>
<td>334</td>
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<td>Group Sessions</td>
<td>28</td>
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