Alcohol, Drug & Gambling Services (ADGS), Public Health Services (PHS), is an outpatient addiction treatment program that is 100% funded, by provincial funds. The majority of funding is received from the Ministry of Health and Long-Term Care, Local Health Integration Network (LHIN). ADGS is funded to provide the following programs:

- Alcohol and Drug Program
- Problem Gambling Program
- Choices & Changes
- Remedial Measures (Back on Track)
- Social Work secondment to Ontario Works

The Alcohol and Drug Program works with individuals 23 years and older, while the Problem Gambling Program works with individuals 12 years and older. Both programs are mandated to provide information services, assessment, referrals, and outpatient counselling. The Problem Gambling Program has the additional mandate to provide prevention and promotion activities. ADGS provides services to individuals in Hamilton who experience concerns with alcohol, street drugs, prescription medications, and gambling. The program provides outpatient services to approximately 1,500 individuals each year and answers approximately 1,200 information requests annually.
Background information

Hamilton is one of the few locations in Ontario where an outpatient addiction program is operated within a public health unit. There has been a provincial trend based on best practices, to integrate mental health and addiction services. Integration is focused both at a service-level (e.g. in a single site or across multiple providers working collaboratively) and/or at systems-level (e.g. securing resources, joint planning, cross training) (Health Canada 2002; Canadian Executive Council on Addictions). The Hamilton Niagara Haldimand Brant LHIN supports the integration and linkages of addictions and mental health services to support individuals. Given the direction towards integration of mental health and addictions, PHS undertook a review of the program (i.e. situational assessment).

Situational Assessment

This review was designed to provide ADGS and Public Health Services with information on the advantages and disadvantages of the present organizational position and service delivery in Hamilton and consideration of alternative models of service delivery.

The review was conducted by the Applied Research and Evaluation, Planning and Continuous Improvement Division. The information for this review was gathered from the following sources: 1) background literature and data from the Canadian Community Health Survey (CCHS, 2007); 2) ADGS program information; and 3) interviews with key addiction and/or mental health stakeholders, at local and provincial levels.

Key Findings

Clients who accessed services were overall very satisfied with services. Positive comments were related to the skill and knowledge of staff, as well as, staff being approachable and supportive. Clients reported areas for improvement included: reduce waiting times; increasing awareness of the programs; and, offering more programs.

Staff believed they were conducting work of high standards and acknowledged that there were gaps in services. Some of the service gaps identified by staff included: lack of services for clients’ family members, marginalized populations, need for prevention work in regards to alcohol and drugs, and no childcare for clients.

Community partners who had daily contact with ADGS, through direct service partnerships, had positive comments about both service delivery and service quality. Other Hamilton community partners, and provincial agencies with similar mandates, had mixed comments, often critical. These interviewees reported the following perceived and/or experienced dissatisfaction, in relation to: wait times, access to services, insular
approach to service, and that relationships with community partners had declined over the past 10 years (reported partnerships had been superior in the past with a positive reputation). Some interviewees from the community clarified that the “disconnect” with ADGS meant they did not have a clear understanding of what ADGS currently accomplishes.

Staff, ADGS Program Advisory Committee members (a committee that represents a cross-section of community stakeholders and provides input into program issues), former ADGS managers and directors identified the following benefits to the current organizational structure: access to resources (training, salary & benefits), increased image/credibility of being part of the “City”, focus on research and best practices, and the ability to attract job applicants.

Most interviewees identified the following issues regarding the current structure:

- Working within an organization with divergent priorities creates challenges, including: hiring, budget decisions, many administrative layers, inability to fundraise and seek alternative funding, program development
- A difference in mandate between PHS and ADGS (prevention and health promotion focus versus addiction treatment focus).
- Absence of substance abuse treatment and mental health in the Ontario Public Health Standards

The report indicated that many interviewees felt service delivery would be better in an alternative service delivery model outside of Public Health Services. However, others felt that areas for improvement could be addressed while staying within the current organizational structure. There was no clear alternative service delivery model identified. It was felt this ambiguity was due to the LHIN focus of integrating services, as opposed to stand alone agencies. It was also noted that there is a lack of appropriate partners for ADGS to integrate with.

Recommendations

The recommendation is to remain in the current organizational structure while using a 3 phase approach to address the areas for improvement that were identified in the survey data. Recommendations from the Applied Research & Evaluation review\(^1\) to address area of improvement are as follows:

\[^1\text{Applied Research & Evaluation. Alcohol, Drug & Gambling Services: Review of organizational position and service delivery models. 29 Sep 2009}\]
## Conclusions

A significant change has occurred since the completion of this review regarding the location of ADGS within PHS. As a result of the recent PHS organization structure review process, ADGS will be joining the new Clinical and Preventive Services Division.
This new division will provide the opportunity to help improve and strengthen the fit of ADGS within PHS. The focus of the new division on provision of prevention and clinical treatment services fits closely with the mandate of ADGS. The new division will provide the opportunity to establish that the mandates of prevention/promotion and clinical treatment services are not conflicting mandates, and in fact can complement each other. There will also be opportunities to form further linkages with the Injury Prevention Program in the Healthy Living Division, as the department focuses on inter-divisional collaborations.

As well, ADGS will continue to be in the same division as the Community Mental Health Promotion Program, an adult-focused outpatient mental health program. This will allow for continued sharing of information and capacity building regarding mental health and addictions issues. It was noted in the report that the demand for service (addictions, mental health) exceeds existing resources and ADGS is not alone in this aspect. To provide effective services from a systems approach further linkages between services needs to be explored. ADGS will continue with its existing partnerships (e.g. Wellington Psychiatric Outreach Program, Ontario Works, Children’s Aids Societies), and will work towards building stronger relationships and linkages within the community.

Next Steps:

- Development of a work plan to address the above recommendations
- Transition to the new Division