SUBJECT: 2009/2010 and 2010/2011 Community Mental Health Promotion Program LHIN Funded Budget- BOH08039(a) (City Wide)

RECOMMENDATION:

That the Board of Health approve the 2009/2010 and 2010/2011 budget for the Community Mental Health Promotion Program which is part of the Mental Health/Outreach Team and funded 100% by the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN).

EXECUTIVE SUMMARY:

The transition of accountability for funding provided by the Ministry of Health and Long Term Care (MOHLTC) to the Hamilton Niagara Haldimand Brant Local Health Integrated Network (LHIN) has been completed. The LHIN is now responsible both for financial reporting as well as service-related targets. By March 31, 2009 all programs funded by the LHIN, including the Community Mental Health Promotion Program (CMHPP) are required to complete a Multi-sector Service Accountability Agreement (M-SAA). The new accountability agreement with all Health Service Providers (HSPs) is a requirement under the LHIN Act (2006). Without these agreements, the LHIN will not be able to continue to flow funding to the CMHPP to continue providing services in Hamilton.
The CMHPP will receive a 1.575% increase in each of the next two fiscal years – 2009/2010 and 2010/2011. There will be no change in staffing levels over these two budget years.

**BACKGROUND:**

One of the 100% funded programs within the Mental Health Outreach Team (MHOT) is the Community Mental Health Promotion Program (CMHPP). The CMHPP is funded by the Hamilton Niagara Haldimand Brant Local Health Integrated Network (LHIN). 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.

The LHINs have been developed across the province in accordance with the Local Health System Integration Act 2006. The Act requires shared responsibility and accountability among all HSPs. The HNHB-LHIN is in the process of aligning program plans and budgets with priorities for health system improvement. The process by which the HSPs will respond to the LHINs request is called the 2009-2011 Community Annual Planning Submission (CAPS). The LHIN has provided training to all HSPs, including Public Health Services, to ensure that the M-SAA is in place by April 1, 2009. The service agreements will outline roles, responsibilities and outcome measures for health agencies and will require Board of Health approval.

**ANALYSIS/RATIONALE:**

A provision in the Act includes a recommendation of multi-year funding and planning targets for the provision of Community Mental Health and Addictions Services. In keeping with this process, Public Health Services is required to submit a balanced projected two-year budget (2009-2010 and 2010-2011) for the funding provided by the LHIN as well as a two year operating plan to help develop the parameters for the M-SAA. The HNHB - LHIN Board of Directors has voted to distribute 70% of the incremental funds provided to them by the MOHLTC to the HSPs. That equates to 1.575% increase in base funding for the CMHPP in each of the next two years. The remaining 30% of the funding provided to the LHIN by the MOHLTC will be held for in-year distribution within sectors where there is recognized need.

The Local Health Integrated Network has taken over the funding of all community mental health agencies in Ontario and has moved to a two year funding model. As a result the CMHPP will receive a 1.575% increase in each of the next two fiscal years – 2009/2010 and 2010/2011. The LHIN is requiring that funded agencies provide their provisional two year budgets to the LHIN by November 30, 2008.

**ALTERNATIVES FOR CONSIDERATION:**

The Board of Health could decide not to approve the CMHPP 2009/2010 and 2010/2011 budgets but this is not recommended for the following reasons:
1. Without a Board of Health approved budget the LHIN will not be able to continue to flow funding to the CMHPP to continue providing services in Hamilton.
2. 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.
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: CMHPP 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 CMHPP has several staff secondments from Emergency Shelters, Housing Help Centre and St. Joseph’s Healthcare. In the absence of the CMHPP funding these initiatives and programs would lack the resources and capacity to operate.

**FINANCIAL/STAFFING/LEGAL IMPLICATIONS:**

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* Outreach staff, hired by external agencies

The HNHB - LHIN Board recommended a 1.575% increase in baseline funding for each of these two years. There will be no change in staffing levels over these two budget years.

In addition to the shift to a two year funding model the LHIN 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 CMHPP as a mental health service will be involved in the M-SSA process. 2009/2010 and 2010/2011 budgets for the other programs within the Mental Health/Outreach Team will be brought forward through the usual City budget process cycle.

**POLICIES AFFECTING PROPOSAL:**

The LHIN Act (2006) mandates the HNHB - LHIN to enter into the M-SAA agreements by April 1, 2009. 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 required to implement the CMHPP 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 2009/10 and 2010/11 CMHPP budget within the Mental Health/Outreach Team. PHS has also consulted with Hamilton’s designated Program Consultants from the LHIN.

**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

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