

CITY OF HAMILTON

PUBLIC HEALTH SERVICES Communicable Disease Control & Wellness Division

TO:	Mayor and Members Board of Health				
COMMITTEE DATE:	March 20, 2017				
SUBJECT/REPORT NO:	Alcohol, Drug & Gambling Services – Community Mental Health Promotion Program Budget 2017-2018 (BOH17007) (City Wide)				
WARD(S) AFFECTED:	City Wide				
PREPARED BY:	Susan Boyd (905) 546-2424, Ext. 2888				
SUBMITTED BY:	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department				
SIGNATURE:					

RECOMMENDATION

- (a) That the Board of Health approve the 2017-2018 Alcohol, Drug & Gambling Services Hamilton Niagara Haldimand Brant, Local Health Integration Network budget; 100% funded by the Hamilton Niagara Haldimand Brant, Local Health Integration Network, with a 0.4 FTE, social worker position, decrease;
- (b) That the Board of Health approve the 2017-2018 Community Mental Health Promotion Program Hamilton Niagara Haldimand Brant, Local Health Integration Network budget; 100% funded by the Hamilton Niagara Haldimand Brant, Local Health Integration Network, with a 0.4, FTE Clerk/Receptionist, decrease; and,
- (c) That the Medical Officer of Health or delegate be authorized and directed to receive, utilize and report on the use of these funds.

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EXECUTIVE SUMMARY

Alcohol, Drug & Gambling Services (ADGS) is a 100% provincially funded program that provides comprehensive assessments, outpatient counselling, referrals for treatment, and collaborative service delivery with other agencies in the community. The Community Mental Health Promotion Program (CMHPP) is a 100% provincially funded program that provides mental health case management and outreach services to the Hamilton community.

There continues to be no increase to base budget for either programs, resulting in continued eroding of staffing hours with the ADGS program having a further 0.4 FTE reduction in this year's budget and CMHPP having a 0.4 FTE reduction. Operationally this has resulted in the loss of a permanent part-time social worker position and the reduction in hours of an administrative position. Changes to the administrative staffing model was required to provide administrative support across both programs. Continued efforts have been made to implement continuous improvement initiatives to meet targets and service demands. However, it continues to be very difficult to find efficiencies to meet service targets.

Alternatives for Consideration – See Page 4 FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: There continues to be no increase to base budget in the Hamilton Niagara Haldimand Brant – Local Health Integration Network (HNHB – LHIN) budgets. The 2017-2018 CAPS was submitted and approved by the LHIN. The table below outlines the reduction in FTE as an impact of no increase to budget for year 2017-2018.

Community Mental Health Promotion Program, and Alcohol, Drug & Gambling Services Budget

Funding Source	Annual Budget 2017-2018	Annual Budget 2016-2017	FTE 2017- 2018	FTE 2016-2017	Change in FTE Increase / (Decrease)
HNHB – LHIN; Community Mental Health Promotion Program	\$683,929*	\$684,140	5.2	5.6	(0.4)
HNHB – LHIN; Substance Use	\$712,691	\$712,691	6.4	6.7	(0.3)
HNHB – LHIN; Problem Gambling	\$307,591	\$307,591	2.5	2.6	(0.1)
Total Budget and FTE	\$1,704,211**	\$1,704,422	14.1	14.9	(0.8)

^{*}This budget line includes sessional fees funding, targeted psychiatric consultation, not base budget. The budget decrease was directed by the LHIN to reflect the continuation of the 2.65% Psychiatric Sessional Program Funding Physician Payment Reduction.

Staffing: Position changes include the loss of a permanent part-time social work position and the reduction of hours within an administrative position. Staffing within these positions was accommodated through staffing attrition related to retirements.

Legal: No new legal implications for these programs.

HISTORICAL BACKGROUND

Both ADGS and the CMHPP are entering the seventh year of no increase to base budget from the HNHB – LHIN. Both programs are engaged in continuous quality improvement initiatives in an effort to meet the needs of individuals who are accessing services. Historically, a staff person is shared between ADGS and the CMHPP to help address issues related to concurrent disorders. This has been continued within the 2017-2018 budgets to enhance the quality of direct services provided to individuals accessing services. Beginning this year there is also a shared administrative model between the programs to accommodate the decrease to administrative position hours.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The HNHB – LHIN policy requires all funded programs, including ADGS and the CMHPP to submit a balanced budget, meet agreed upon targets and implement a Quality Plan.

RELEVANT CONSULTATION

Finance and Administration was consulted to review the budget numbers.

ANALYSIS AND RATIONALE FOR RECOMMENDATION (Include Performance Measurement/Benchmarking Data if applicable)

Both ADGS and the CMHPP continue to provide assessment, case management, treatment and outreach services within the community. The programs continue to meet established service level targets within the range set by accountability agreements. However, the reduction in FTE will result in changes to service provision and this could lead to service targets dropping below the minimum targets established by the Ministry of Health and Long-Term Care (MOHLTC).

The loss of the 0.3 FTE social worker position in ADGS substance use program, will result in limiting access to Skills for Change Group (psychoeducational group), Drinkwise appointments and changing access to referrals to treatment. The loss of 0.1 FTE, Clinical Resource Co-ordinator, in the problem gambling program does not impact direct service delivery and will be off-set by increasing this position in Alcohol and Drug budget. Reducing administrative position hours will result in having less administrative support available and reduced reception coverage at the clinic site.

ADGS and CMHPP continue to engage in quality improvement initiatives to directly impact the quality of care provided to individuals accessing our services. It is important that quality improvement initiatives continue to be developed to meet the complex needs that individuals experience, and to aim to provide services in a timely manner. It is also important that each program be able to continue to provide service, as our services are an important part of the addictions, homelessness and mental health system in Hamilton.

ALTERNATIVES FOR CONSIDERATION

(Include Financial, Staffing, Legal and Policy Implications and Pros and Cons for each alternative)

The Board of Health could decide to fund the shortfall from the municipal levy.

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Pros: ADGS and CMHPP could continue to offer the same level of services for people with mental health and addictions

Cons: Municipal net levy financial impact to mitigate a program funded by MOHLTC.

Financial: The budget amount needed to offset a 0.4 FTE Receptionist Clerk would be \$25,880. The budget amount needed to offset a 0.4 FTE Social Worker would be \$39,990.

Staffing: 0.4 FTE Social Worker (chart reports 0.3 FTE as the 0.1 FTE loss from problem gambling was accommodated by moving this FTE into Alcohol and Drug budget which then results in a 0.3 FTE reduction in the chart but a 0.4 FTE social worker position); 0.4 FTE Receptionist Clerk.

ALIGNMENT TO THE 2016 - 2025 STRATEGIC PLAN

Healthy and Safe Communities

Hamilton is a safe and supportive city where people are active, healthy, and have a high quality of life.