# INFORMATION REPORT

| TO: | Chair and Members  
Emergency and Community Services Committee |
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<tbody>
<tr>
<td>COMMITTEE DATE:</td>
<td>June 6, 2019</td>
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<tr>
<td>SUBJECT/REPORT NO:</td>
<td>Addiction Services Initiative (HSC19027) (City Wide)</td>
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<td>WARD(S) AFFECTED:</td>
<td>City Wide</td>
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| SUBMITTED BY: | Bonnie Elder  
Director, Ontario Works Division  
Healthy and Safe Communities Department |
| SIGNATURE: | [Signature] |

**COUNCIL DIRECTION**

Not applicable.

**INFORMATION**

On April 16, 2019, the Ministry of Children, Community and Social Services (MCCSS) provided formal notice to the City of Hamilton of the ending of the service contract for the Ontario Works Addiction Services Initiative (OWASI) pilot effective July 31, 2019.

The Addiction Services Initiative was designed by MCCSS to assist Ontario Works (OW) participants whose addiction to alcohol, illicit drugs or prescription drugs was a barrier to employment. The City of Hamilton's OWASI funding and plan, which was developed collaboratively with Alcohol, Drug & Gambling Services (ADGS) of Public Health Services and Housing Services Division, was approved by MCCSS and implemented in 2011. A complement of 12 Full Time Equivalents (including six Ontario Works Case Managers, two Addictions Social Workers (ADGS), two Social Workers (Housing Services Division), a Program Secretary and a Supervisor). The annualized budget was set at $1,144,474, which became fully uploaded to the province in 2018.

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**OUR Mission:** To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

**OUR Culture:** Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.
As of the end of April 2019, there were 229 OW/Ontario Disability Support Program (ODSP) cases in OWASI. Of these, 86% are single and 12% are sole support parents with children. Additional demographics of the participants are:

- 45% are 31 to 40 years of age;
- 17% are 20 to 30 years of age;
- 14% are 41 to 50 years of age;
- 14% are 51 to 65 years of age;
- 32% (73) are engaged in internal addiction treatment;
- 17% receive trauma counselling; and,
- 13% are receiving addiction supports externally.

The balance of the OWASI caseload are working on relapse or other issues which are impeding their ability to pursue treatment.

Since the announcement of the OWASI winddown, the following transitional measures have been taken:

- Intakes of participants to OWASI stopped on April 25, 2019.
- OW/ODSP clients identifying addictions as a barrier to employment are being referred to external addiction services.
- Referrals for internal addiction assessment ended on April 25, 2019; however, treatment plans continue with a focus on determining the most appropriate addiction service for individuals to be transitioned to. It is anticipated that most of the individuals will be moved to ADGS for ongoing addiction counselling.
- Case reviews continue with Case Managers, Addiction and Trauma Counsellors to transition participants that have completed treatment to after-care supports, and alternative treatment services where treatment will not be completed by July 31, 2019.
- Staff will continue to explore options for transition to trauma focused counselling as at this time these services are a gap in the community.

The Province of Ontario has recently announced $174 million dollars in annual funding to support patients and families living with mental health and addictions challenges. Currently, it is unclear as to the details of this announcement. From the environmental scan of local addiction services, waitlists of two weeks to six months currently exist. In addition, ADGS does not provide the drop-in service or short intervals between appointments which OWASI provides.

Staff have had preliminary discussions with MCCSS regarding extending OWASI past July 31, 2019 to assist with the continuation of treatment plans. A business case may be made to utilize any unspent OWASI funding towards assisting in the continuation of treatment plans if external treatment providers are not available.
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