

CITY OF HAMILTON

PUBLIC HEALTH SERVICES
Clinical and Preventive Services

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: February 28, 2011	
SUBJECT/REPORT NO: 2011-2013 Community Accountability Planning Submission to the Hamilton, Niagara, Haldimand, Brant Local Health Integration Network BOH11005 (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	PREPARED BY: Susan Boyd 905 546-2424 ext. 2888 Valine Vaillancourt 905-546-2424 ext. 3633
SIGNATURE:	

RECOMMENDATION

- (a) That the 2011-2013 Community Accountability Planning Submission (CAPS) required by the Hamilton, Niagara, Haldimand, Brant, Local Health Integration Network (HNHB – LHIN) to negotiate the new Multi-sector Service Accountability Agreement (M-SAA) for Public Health Services, Community Mental Health Promotion Program of the Mental Health and Street Outreach Services, and Alcohol, Drug & Gambling Services programs be approved. There is no net levy impact for these programs;
- (b) That the Medical Officer of Health be authorized and directed to sign the Multi-sector Service Accountability Agreement (M-SAA) between the City and the Hamilton, Niagara, Haldimand, Brant Local Health Integration Network (HNHB – LHIN) in a form satisfactory to the City Solicitor;
- (c) That the Medical Officer of Health be authorized and directed to submit reports as required by the LHIN to meet accountability agreements.

EXECUTIVE SUMMARY

The current 2009–2011 Multi-sector Service Accountability Agreement (M-SAA) between the City of Hamilton, Public Health Services, and the Hamilton, Niagara, Haldimand, Brant Local Health Integration Network (HNHB – LHIN) expires March 31st, 2011 and must be replaced with a new agreement to take effect on April 1st, 2011. Within Public Health Services the M-SAA applies to the Community Mental Health Promotion Program (CMHPP) of the Mental Health and Street Outreach Services, and Alcohol, Drug & Gambling Services (ADGS). These programs are 100% funded outside of the City levy and therefore do not have an impact on the net levy.

Community Mental Health Promotion Program 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. Alcohol, Drug & Gambling Services provides intake and information services, assessment, referral, case management and outpatient treatment to individuals experiencing issues with alcohol, street drugs, prescription drugs and problem gambling. Over the next two years both programs will be moving forward to address the HNHB - LHIN Integrated Health Services Plan – IHSP priorities, focusing on mental health and addictions issues, as well as, patient flow, enablers of transformation, and chronic disease prevention and management.

To negotiate the new M-SAA the HNHB – LHIN requires Public Health Services to submit a board approved Community Accountability Planning Submission (CAPS) for 2011-2013. The main components of the CAPS include; a description of services, a service delivery plan (operating plan), and tentative budgets. This information allows the HNHB - LHIN and Public Health Services to enter into negotiations to finalize and approve services to be provided, service targets expectations, and funding allotments.

Alternatives for Consideration – See Page 7

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial: For planning purposes, the HNHB – LHIN has requested that Health Service Providers (HSP) submit balanced budgets using planning assumptions of no increase to base funding and use the budget numbers approved for the 2009-2011 budget years. Both ONA and CUPE are currently in contract negotiations and the outcome of these negotiations may add budget pressures if salary and benefit increases are negotiated.

Community Mental Health Promotion Program LHIN Funded Budget

Budget 2009/2010	Budget 2010/2011	Budget 2010/2012	Budget 2012/2013	FTE
\$656,765	\$667,008	\$667,062	\$667,062	5.0 *

- *2.0 additional Outreach staff, hired by external agencies

Staffing:

At this time, the CMHPP staffing will remain the same. There may be additional pressures if contract negotiations result in salary and benefit increases. There is no potential to submit a deficit budget plan, therefore, potential staffing pressures will be offset by operational lines, where possible.

Alcohol, Drug & Gambling Services

	Budget 2009/2010	Budget 2010/2011	Budget 2011/2012	Budget 2012/2013
Substance Use	\$687,284	\$702,296	\$702,296	\$702,296
FTE	7.3	7.3	7.3	6.8
Problem Gambling	\$296,625	\$303,106	\$303,106	\$303,106
FTE	3.1	2.8	2.7	2.6

*Choices and Changes, and Other Recovery Funding Grants budgets will be submitted in a different report.

Staffing:

ADGS will experience staffing pressures if the budget is approved with no increase to base funding, and there may be additional pressures if contract negotiations result in salary and benefit increases. The Substance Use Program will lose 0.2 FTE in 2011/2012, and a further 0.1 FTE reduction in 2012/2013. The 2011/12 reduction will be off-set by new revenue generated through a contract with the HFHT, with no loss of staffing or service delivery. The 0.1 FTE reduction in 2012/13 will result in decreased hours and approximately 156 client visits. The Problem Gambling Program will experience a 0.1 FTE reduction in each budget year, and this will be managed by the decrease in part-time hours. This decrease would result in reduced attendance at health fairs and presentations (approximately 2-4/year) to the community. There is no potential

to submit a deficit budget plan, therefore, staffing pressures would be offset by reductions in operational lines, however, this would not fully off-set salary pressures.

Legal: Legal will be asked to review the new M_SAA template and provide feedback prior to the negotiation of the M-SAA.. The M-SAA template will not be available until after the CAPS has been reviewed by the HNHB – LHIN.

HISTORICAL BACKGROUND (Chronology of events)

Accountability for funding and service related targets for the Community Mental Health Promotion Program (CMHPP) and Alcohol, Drug & Gambling Services (ADGS) sits with the HNHB - LHIN. The current 2009–2011 Multi-sector Service Accountability Agreement (M-SAA) between the City of Hamilton, Public Health Services, and the Hamilton, Niagara, Haldimand, Brant Local Health Integration Network (HNHB – LHIN) expires March 31st, 2011 and must be replaced with a new agreement to take effect on April 1st, 2011. Without this agreement, the HNHB - LHIN will not flow funding to the Community Mental Health Promotion Program (CMHPP) and Alcohol, Drug & Gambling Services (ADGS).

The Community Mental Health Promotion Program (CMHPP) is one of the 100% funded programs within the Mental Health and Street Outreach Team Service (MHSO), and is funded by the Local Health Integrated Network (Hamilton Niagara Haldimand Brant). 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.

Over the 2011-2013 time period, the CMHPP CAPS Service Plan will focus on the LHIN Integrated Health Services Plan – IHSP priorities. (LHIN document 2010: Improving Our Health Care Experience: Integrated Health Service Plan 2010-2013). Priorities include:

1. Patient Flow - continue to work with community partners and St. Joseph's Healthcare Hamilton to minimize duplication of services by designing a common assessment form for the LHIN community mental health agencies (ACTT; CPS: IntAc agencies) – continue to refine our central point of intake, called IntAc (Intensive Case Management Access Coordination) that represents Hamilton Program for Schizophrenia; Canadian Mental Health Hamilton; Wellington Psychiatric Outreach Program and CMHPP.
2. Chronic Disease Prevention and Management – work with clients to help them achieve their health goals by building relationships and working with family physicians and the Shelter Health Network, for individuals who are homeless – staff of the program have taken the Tobacco Addiction Specialist Certification through the

Canadian Addiction Counselors Certification Federation and participated in additional education related to diabetes - continue working with the Steps to Health Program to find ways to increase client participation

3. Mental Health and Addictions – CMHPP has an Advisory Committee that includes 50% consumers representing both mental health and addictions – the committee is consumer chaired – CMHPP will continue to work closely with the Shelter Health Network to provide primary health care to individuals who do not have family physicians
4. Enablers for Transformation – CMHPP was designed on a unique model that brings together service providers and their particular expertise to create a team that can meet the diverse needs of consumers - CMHPP will continue to work with the Shelter Health Network in the delivery of the Interprofessional Learning in the Inner City Project which provides health care workers from all disciplines the opportunity to learn about issues of poverty, mental health, addictions and has lead to some students wanting to continue to work with the population served.

Alcohol, Drug & Gambling Services (ADGS) is also HNHB – LHIN funded and provides telephone consultation, assessment and referral services, case management and outpatient counseling for individuals who have concerns with alcohol, drugs, prescription drugs and/or problem gambling behaviour. Family and friends can access ADGS to receive information, participate in the Family Support Group (co-facilitated with the Hamilton Family Health Team), and the Problem Gambling Program provides counseling to family and friends affected by someone else's gambling. The Problem Gambling Program also provides prevention and promotion activities in the community.

Alcohol, Drug & Gambling Services (ADGS), CAPS Service Plan for 2011-2013, will address the relevant priorities within the LHIN Integrated Health Services Plan. The priorities include: will involve:

1. Patient flow: - continue to monitor and manage wait times, and implement a new model of practice to improve access to individual appointments.
2. Chronic Disease Prevention and Management: - continue to provide clinic space for the Public Health Services, Tobacco Control Program, Smoking Cessation Clinic, and find effective ways to share knowledge and resources between our programs and encourage increased participation of individuals who access ADGS.
3. Mental Health and Addictions: - continue to provide the above required program components, as well as, enhance the workforce by focusing staff development in the Core Competency (Canadian Centre on Substance Abuse – Competencies for Canada's Substance Abuse Workforce) of mental health.

4. Enablers for Transformation: - maintain current community partnerships, and develop new partnerships with St. Joseph's Hospital, Anxiety Treatment and Research Centre, and Sexual Assault Centre Hamilton and Area. Also, continue to provide prevention and promotion activities in the area of problem and responsible gambling.

The continued work of both programs is needed to help address the issue of mental health and addiction in the Hamilton community. The LHIN requires completion of the Community Accountability Planning Submission, in which Public Health Services is required to submit a balanced projected two-year budget (2011-2012 and 2012-2013), as well as, a two year operating plan to develop the parameters for the new M-SAA. This submission needs to be approved by the BOH for Public Health Services to move forward in the process of negotiating and signing the new M-SAA agreement.

See Appendix A to report BOH11005.

POLICY IMPLICATIONS

The LHIN Act (2006) mandates the HNHB - LHIN to enter into the M-SAA agreements with Health Service Providers (HSP). 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, and outpatient addiction services, and therefore is expected to enter into M-SAA agreements with the HNHB-LHIN.

RELEVANT CONSULTATION

Legal will be consulted when the M-SAA becomes available which will be following the submission of the CAPS and review by the HNHB – LHIN

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

A provision in the LHIN Act (2006) includes a recommendation of multi-year funding and planning targets for the provision of Community Mental Health and Addictions Services. To enter into the legal agreement (M-SAA), which approves the multi-year funding with the HNHB – LHIN, the HNHB - LHIN requires the submission of the Community Accountability Planning Submission. This submission provides the

necessary data for the HNHB – LHIN to then enter into negotiations with Public Health Services to finalize and approve services provided, service targets expected and funding allotment. In keeping with this process, Public Health Services is required to submit a balanced projected two-year budget (2010-2011 and 2011-2012) for the funding provided by the LHIN as well as a two year operating plan to help develop the parameters for the M-SAA.

ALTERNATIVES FOR CONSIDERATION

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

1. The Board of Health could decide not to approve the CMHPP and ADGS 2010/2011 and 2011/ 2012 Community Accountability Planning Submission (CAPS) but this is not recommended for the following reasons:
 - The HNHB - LHIN will not flow funding to CMHPP and ADGS at a loss of \$1, 675, 954 and 15.5 FTE, 2 additional FTE hired by external agencies, and budget for 0.5 FTE with Finance and Administration.
 - The HNHB - LHIN funding constitutes an investment in local support for citizens living with a serious and persistent mental health and addiction issues and if funding is not received 3, 870 individuals would not receive service and 11, 021 contacts for direct service would be lost.
 - 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. Partnerships have been developed with Hamilton Program for Schizophrenia, Canadian Mental Health Association, and Wellington Psychiatric Outreach Program to explore opportunities that would assist the older mental health clients they serve to remain in their homes. The CMHPP, as part of the Mental Health and Street Outreach Service, work with staff secondments from Emergency Shelters, Housing Help Centre and St. Joseph's Healthcare Hamilton, St. Matthew's House, Wesley Urban Ministries, First Pilgrim United Church, Salvation Army Family Centre. In the absence of the CMHPP funding these initiatives and programs would lack the resources and capacity to operate.

CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)

Focus Areas: 1. Skilled, Innovative and Respectful Organization, 2. Financial Sustainability, 3. Intergovernmental Relationships, 4. Growing Our Economy, 5. Social Development, 6. Environmental Stewardship, 7. Healthy Community

Skilled, Innovative & Respectful Organization

- ◆ A culture of excellence

Financial Sustainability

- ◆ Effective and sustainable Growth Management

Intergovernmental Relationships

- ◆ Maintain effective relationships with other public agencies

Growing Our Economy

- ◆ An improved customer service

Social Development

- ◆ Residents in need have access to adequate support services

Environmental Stewardship

- ◆ Aspiring to the highest environmental standards

Healthy Community

- ◆ Adequate access to food, water, shelter and income, safety, work, recreation and support for all (Human Services)

APPENDICES / SCHEDULES

Appendix A to Report BOH11005

SERVICE PLAN NARRATIVE

A: Agency Name
City of Hamilton – CMH&A – Alcohol, Drug & Gambling Services (ADGS)

B: Overview
<p>Goals/Key Messages for 2011-2013</p> <p>Substance Use Program:</p> <ol style="list-style-type: none"> 1) Maintain wait times (given there will be a reduction in FTE) - increase direct access to groups, implement a new initiative to move forward individuals waiting for individual appointments. 2) With the Hamilton Family Health Team (HFHT), provide direct service to individuals experiencing difficulties with opiate drug use, focusing on early intervention. 3) Explore the need for expansion of the Older Wiser Lifestyles program for individuals 55 years and older, as this area has been a growing demand. 4) Enhance the Intake and Information Program, focusing on individual experience and flow from first contact. <p>Problem Gambling Program:</p> <ol style="list-style-type: none"> 1) Develop marketing strategy, identifying mail outs, health fairs, and presentations. 2) Participate on community committees YGAP and the Ethno-cultural network. <p>Combined Program Goals (Substance Use and Problem Gambling):</p> <ol style="list-style-type: none"> 1) Update web-site for marketing purposes and to improve access to self-directed materials, results from a survey completed by ADGS participants indicated this would be beneficial. 2) Enhance workforce by focusing training and program development on the Core Competency, Mental Health, this will assist with appropriately using crisis mental health resources. 3) Integrate group services with, the Sexual Assault Centre of Hamilton Area(SASCHA), to address the need of trauma and addictions; and St. Joseph's Hospital, Anxiety, Treatment and Research Centre(ATRC), to address concurrent disorders.

C: Advancement of the Integrated Health Services Plan (IHSP)	
C1: IHSP	
IHSP Priority	HSP Contribution
Patient Flow	<ul style="list-style-type: none"> - Intake and Information program provides a brief screening/assessment at first contact to determine the most appropriate service path for individuals with addiction issues. This may include entry to ADGS or referrals from first contact to appropriate treatment in the community (ex. Suntrac). - Family members and friends can receive information and be provided options to help navigate the system. - Refer to Goal 1 (Substance Use Program) for advancement activities
Mental Health and Addictions	<ul style="list-style-type: none"> - ADGS regularly screens all individuals for mental health concerns, providing referrals as needed. - Continue to offer specialized concurrent group

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	<p>programming, with Wellington Psychiatric Outreach Program (WPOP), and St. Joseph’s Hospital, ATRC.</p> <ul style="list-style-type: none"> - ADGS will enhance the workforce by focusing training in the Core Competency of Mental Health (CCSA – Competencies for Canada’s Substance Abuse Workforce), using this work to review current service delivery and develop a Concurrent Disorders Protocol, being aware of path for crisis services.
Enablers for Transformation	<ul style="list-style-type: none"> - ADGS participates on different community committees, planning networks, and partners with other community agencies to deliver services. - Development of new partnerships within the system to provide service delivery.
Chronic Disease Prevention and Management	<ul style="list-style-type: none"> - ADGS offers clinic space for Public Health Services (PHS) Tobacco Control team, and this has been a successful clinic site. - Continue to work with the Tobacco team to increase participation of ADGS clients in the clinic. - Share resources between program staff and with individuals accessing for treatment.
C2: Community Engagement Results – 2009/11	
<ul style="list-style-type: none"> - ADGS involved the Program Advisory Committee (PAC); Hamilton, Addiction, Services Coalition (HAMC); ADGS program participants; a provincial addiction program (London), and members of the Bets Off group in planning activities. - Stakeholders were engaged through meetings, survey (ADGS participants provided feedback about on-line counseling – positive comments received about being part of the process), and focus groups (Bets Off members provided feedback on the development of marketing items). - The feedback helped design marketing material, decide how to disseminate materials, develop practice guidelines, and set strategic direction for the program (ex. Family Support Group, direct access to groups). 	
C3: Community Engagement Planned – 2011/13	
<ul style="list-style-type: none"> - Continue to participate at a systems level with area planning networks and sub-committees (Hamilton Addiction and Mental Health Collaborative (HAMHC), HASC, Education group). - Connect with the The Centre de santé communautaire Hamilton/Niagara to assess community needs. - Increase client feedback through all groups having evaluations - Explore with local community partners the possibility of involving an individual with lived experience in completing client feedback surveys, focusing on developing a project to engage individuals who initiate contact but do not attend services. 	
C4: Integration Results – 2009/11	
<ul style="list-style-type: none"> - Direct service delivery integrated initiatives with Child Welfare System, Ontario Works, The Van Needle Exchange Program, WPOP, CMHPP, HFHT – Family Support Group, and informally with allied health partners (ex. BISH), have lead to providing easier and earlier access to addiction treatment for individuals within these systems - New initiative with PHS, Tobacco Control Program, lead to providing clinic space for 	

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a smoking cessation clinic, increasing staff members awareness of screening and referral for smoking concerns, and ADGS clients have easier access (ex. in a familiar space)

- Planning initiative with St. Joseph's, ATRC, has lead to plans to enhance concurrent service delivery, and cross training opportunities between mental health and addictions
- Participation on The Older Persons Addiction Community of Practice, which is within the Geriatric Mental Health and Addictions Community of Practice with SHRTN (Seniors, Health, Research, Transition Network), to provide feedback into policy and system planning which will inform direct service delivery
- Problem Gambling Program: 1) worked with the Centre for Addiction and Mental Health to provide training to Bankruptcy trustees in Hamilton, leading to increased awareness and initial referrals; 2) part of a training initiative that offered Dialectical Behaviour Therapy to provincial problem gambling staff, increasing the skill set of the workforce

C5: Integration Planned Activity – 20011/13

Service Delivery:

- Continue with existing integrated service delivery models
- Implement planning from the St. Joseph's initiative to offer enhanced concurrent group programming, by co-facilitating the group
- Offer integrated group programming with SACHA
- Secondment of staff to the HFHT to work on providing service to individuals experiencing difficulties with opiate use, focusing on early intervention

System:

- Work with Suntrac, Mission Services to co-ordinate flow of assessment and referrals requests to inpatient treatment
- Continue to attend HAMHC and HASC networking meetings
- Continue to work with the Community of Interest for Older Adults and Addiction

D: Situation Analysis

The current demand for service is expected to continue and is resulting in increased pressures to maintain wait times, due to FTE loss. Providing timely access to service for completion of standardized assessment tools continues to be a pressure and work will continue with community partners to find an effective model to deliver this service. Operating lines have been reduced to manage salary pressures and this may lead to an inability to produce marketing items to promote responsible gambling and advertise services. We experienced an increase in individuals accessing services in the 55-64 age range, and forecast this will continue. Timely and quality care for this target group is important to maintain current health levels and prevent further decline. Increased ability to integrate services for this population is needed, however, the current Older Adult Program is at capacity. The time for first contact and access to early treatment has improved, if individuals are able to access group treatment. There continues to be a pressure to provide access to individuals who request or require individual treatment.

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A: Agency Name
Community Mental Health Promotion Program (CMHPP) (4048) CMHA (471)

B: Overview
<p>Provide services to individuals 16 years of age and older living with a serious and persistent mental illness, and engage individuals living with a mental illness who are experiencing homelessness.</p> <p>Intensive Case Management Services: focus on individuals with a diagnosed serious and persistent mental illness who are living in stable housing and want to develop a recovery/rehabilitation plan that will enable them to continue to live independently in the community.</p> <p>Assertive Case Management Street Outreach Services: focus on individuals who are living on the street or in emergency shelters. Consumers have often lost connections with health, social and housing services. Staff engage and assist consumers as they navigate and reconnect with health, housing and social services.</p> <p><u>Key Messages:</u></p> <ul style="list-style-type: none"> ✓ We work effectively with our mental health community partners using a central point of access for referrals. IntAc (Intensive Case Management Access Coordination http://www.IntAc.ca) was a collaborative project of Canadian Mental Health Association – Hamilton Branch, CMHPP, Hamilton Program for Schizophrenia, and Wellington Psychiatric Outreach Program. The IntAc group is working with ACTT and Community Psychiatry Program of St. Joseph’s Healthcare to trial a common referral form. ✓ CMHPP is part of the Mental Health and Street Outreach Service in Public Health Services. As part of Public Health, CMHPP works within a harm reduction model using a social determinants of health approach. Through the initiative of Public Health, Hamilton is the only city that currently has a position paper endorsed by their City Council on social determinants of health. ✓ The Mental Health and Street Outreach Service within Public Health have a unique and innovative capacity building structure. It brings together three programs that are 100% funded by different provincial Ministries and supported by a number of community agencies. The three programs share a common goal of working with marginalized populations. Together these three smaller programs create a critical mass that allows services to be accessible to consumers from 0830 to 2100 Monday to Friday. It is an example of where the whole is greater than the sum of its parts – staff working together from various agencies with a common goal maintain not only their organization’s culture and practices, but also learn those of their partner agencies – it helps prevent duplication of services and consumers benefit because they are able to access staff with a diverse range of skills and knowledge. ✓ The capacity building structure of the street outreach service of CMHPP allow staff to move between two distinct and usually separate service systems – the healthcare and shelter systems. People who are living with mental illness and experiencing homelessness are at increased risk for communicable diseases, foot and back problems, diabetes, injury, etc. Street outreach workers have access to expertise in both systems, helping to reduce barriers to healthcare. ✓ The Mental Health and Street Outreach Service was an active participant in the development of the Shelter Health Network (SHN), where primary care physicians are providing health care in emergency shelters. CMHPP has been actively involved in the development and ongoing facilitation of the Hospitals-Shelters Working Group, where hospitals and community agencies come together to discuss processes for improving the flow of consumers between the systems.

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C: Advancement of the Integrated Health Services Plan (IHSP)	
The CMHPP program goals are consistent with the advancement of the IHSP:	
C1: IHSP	
IHSP Priority	HSP Contribution
1. Patient Flow:	<ul style="list-style-type: none"> ✓ worked with the Hospitals-Shelters Working Group to bridge the relationship between the emergency departments and the emergency shelter system ✓ engaged and assisted consumers experiencing homelessness in accessing the Shelter Health Network to decrease avoidable visits to the ERs or deterioration of health by not accessing care ✓ CMHPP have staff that speak French and Ojibway
2. Chronic Disease Prevention and Management	<ul style="list-style-type: none"> ✓ assisted consumers in accessing primary health care services ✓ staff have taken the Tobacco Addiction Specialist Certification through the Canadian Addiction Counselors Certification Federation and participated in additional education related to diabetes ✓ engaged and assisted consumers in accessing the Steps to Health Program through H.O.M.E.S.
3. Mental Health and Addictions:	<ul style="list-style-type: none"> ✓ CMHPP has an Advisory Committee, 50% of which is composed of consumers representing both mental health and addiction consumers, and is consumer chaired ✓ works closely with the Shelter Health Network to provide primary health care to individuals who do not have family physicians ✓ have an addiction counselor on the Team to assist consumers with concurrent disorders
4. Enablers for Transformation	<ul style="list-style-type: none"> ✓ CMHPP is a multidisciplinary, multiagency and cross-Ministry funded service that enables service providers with their particular expertise to work together to meet the diverse needs of consumers ✓ CMHPP works with the Shelter Health Network (SHN) in the delivery of the Interprofessional Learning in the Inner City Project, (IPLICP) which provides students and staff the opportunity to learn about issues of poverty, mental health, addictions and has led to some students requesting clinical placements within the SHN ✓ CMHPP participates in a number of community committees and networks to address service delivery issues
C2: Community Engagement Results – 2009/11	
<ul style="list-style-type: none"> ✓ CMHPP has a Community Advisory Committee that includes 50% consumers ✓ a client satisfaction survey was completed in 2010 ✓ program staff participated in Public Health’s Equal Access Committee and Social Determinants of Health Committee ✓ the structure for the Mental Health and Street Outreach Service (MHSO) in Public Health Services (PHS) has been a model for integration and community capacity building for several years ✓ to prevent duplication of services and in support of having only one community street outreach team, St. Joseph’s Healthcare, and the HOMES program (administered by Good Shepherd), fund additional outreach workers for the team – in 2010-2011 St. Joseph’s reduced one RN position due to financial pressures ✓ the CMHPP staff work closely with the Van Needle Exchange Program, which includes working with the Aboriginal Health Centre staff 	

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C3: Community Engagement Planned – 2011/13
<ul style="list-style-type: none"> ✓ maintain a current understanding of consumer needs by including consumers in planning activities ✓ participate on the Hospitals-Shelters Working Group; Blueprint for Emergency Shelters; Shelter Health Network; Women Abuse Council to address system planning issues ✓ hold partnership meetings with the IntAc group to discuss program planning for each organization to avoid duplication of services
C4: Integration Results – 2009/11
<ul style="list-style-type: none"> ✓ maintained a central point of intake, IntAc (Intensive Case Management Access Coordination) that represents Hamilton Program for Schizophrenia; Canadian Mental Health Association - Hamilton; Wellington Psychiatric Outreach Program and CMHPP ✓ started to work with community partners and St. Joseph's Healthcare Hamilton to minimize duplication of services by designing a common referral form for LHIN community mental health agencies (ACTT; CPS: IntAc agencies) ✓ worked with Emergency Shelters to enhance primary care services within the shelter system ✓ worked with IntAc agencies to establish and staff clinics for consumers to facilitate their access to flu immunizations
C5: Integration Planned Activity – 2011/13
<ul style="list-style-type: none"> ✓ evaluate pilot of common referral form with community partners (ACTT; CPS: IntAc agencies) and St. Joseph's Healthcare Hamilton ✓ repeat consumer satisfaction survey in 2013 ✓ implement OCAN documentation system with point of service technology to enable staff and consumers to enter data where they meet ✓ continue participation on network and planning committees to identify and address system issues
D: Situation Analysis
<p>The CMHPP has continued to operate within budget. Without an increase to base funding over the next two years there may be some pressures due to union negotiated settlements. In order to remain within budget, it may be necessary to use money from operating lines to cover salary costs. If there is a need to adjust operating expenses to meet salary, we would need to reevaluate service delivery and hours of operation. The introduction of the OCAN will create some pressure with regard to the need for computer hardware that supports a point of service system for services that do not see consumers at fixed sites. It is not known how much time will be needed for staff to be educated and comfortable with the OCAN, so for smaller programs like CMHPP there may be some impact on service delivery as staff attend orientation sessions and possibly have to transfer data from hardcopy to an electronic system.</p> <p>The Intensive Case Management Programs continue to hear from the hospital about their pressure to discharge clients. Budgets that will only maintain community programs current deliverables will only increase the pressure on the hospital sector. To keep a fluid system community mental health programs need to be able to not only look for efficiencies, but to build capacity.</p>

A: Agency Name

City of Hamilton

C: Client Population

Alcohol, Drug & Gambling Services: Substance Use Program provides outpatient substance use services to individuals 23 years and older who experience issues with alcohol, street drugs, and prescription drugs. Family members and friends can access information services, Family Support Group, and attend with individuals enrolled in the service. Problem Gambling Program provides outpatient treatment to youth and adults, as well as, family members and friends. Between both programs, we have 2 staff with conversational French, and one staff person who can speak Croatian. We use a harm reduction approach to treatment and expect that individuals will make progress towards changing their addiction and improving overall health and well-being.

CMHPP provides intensive case management services to individuals 16 years of age and older living with a serious and persistent mental illness, and engages individuals living with a mental illness who are living on the street or in shelters. All services are provided where the consumer lives.

Intensive Case Management Services: focus on individuals with a diagnosed serious and persistent mental illness who are living in stable housing and want to develop a recovery/rehabilitation plan that will enable them to continue to live independently in the community.

Assertive Case Management Street Outreach Services: focus on individuals who are living on the street or in emergency shelters. Staff engage consumers and assist them in reconnecting and navigating the health, housing and social service systems.

CMHPP has 2 staff that can speak French and one staff person who can speak Ojibway.

D: Geography Served

Alcohol, Drug & Gambling Services: We provide service to individuals living in the City of Hamilton and provide services at three sites. At the main site, 21 Hunter St. E., hours of operation are Mon., Tues., Thurs., Fri., 9-5, and Wed., 9 - 8. The other site hours are Wesley Centre, Fri. 1-4:30, and Urban Core Community Health Centre, Tues. 5 - 8 PM.

The CMHPP Services: Provide service to individuals living in the City of Hamilton and provide services where consumers live (in their home; on the street; in RCFs; in Emergency Shelters). Hours of operation are Monday to Friday 0830 to 2100 except for stats.

SERVICE SELECTION SCREEN

Enter an "X" under the "LHIN" and/or "MINISTRY" columns below for each service that your agency provides.

		LHIN Funded Services	MINISTRY Funded Services
Total Administration Expenses			
Undistributed Accounting Centres	82*		
Administration and Support Services	72 1*	X	
COM Clinical Management	72 5 05		
COM Medical Resources	72 5 07		
Case Management 72 5 09*			
Case Management	72 5 09 30		
Case Management - Mental Health	72 5 09 76	X	
Case Management Addictions - Substance Abuse	72 5 09 78 11	X	
Case Management Addictions - Problem Gambling	72 5 09 78 12	X	
Primary Care- Clinics/Programs 72 5 10*			
Practice	72 5 10 05		
Nursing Clinic	72 5 10 15		
Combined Clinic	72 5 10 30		
Therapy Clinic	72 5 10 40		
Clinics Programs - MH Counseling and Treatment	72 5 10 76 12		
MH Assertive Community Treatment Teams	72 5 10 76 20		
MH Community Clinic	72 5 10 76 30		
MH Vocational/Employment	72 5 10 76 40		
MH Clubhouses	72 5 10 76 41		
MH Concurrent Disorders	72 5 10 76 45		
MH Child/Adolescent	72 5 10 76 50		
MH Early Intervention	72 5 10 76 51		
MH Forensic	72 5 10 76 55		
MH Diversion and Court Support	72 5 10 76 56		
MH Abuse Services	72 5 10 76 60		
MH Eating Disorders	72 5 10 76 70		
MH Social Rehab./Recreation	72 5 10 76 81		
MH Dual Diagnosis	72 5 10 76 95		
MH Psycho-geriatric	72 5 10 76 96		
Other MH Services not elsewhere identified	72 5 10 76 99		
Addictions Treatment-Substance Abuse	72 5 10 78 11	X	
Addictions Treatment-Problem Gambling	72 5 10 78 12	X	
Addictions Withdrawal Mgmt.	72 5 10 78 20		
Initial Assessment and Treatment Planning	72 5 10 78 30	X	
Crisis Intervention 72 5 15*			
Crisis Intervention - Hot Lines	72 5 15 10		
Crisis Intervention - Abuse Services	72 5 15 15		
Crisis Intervention - Quick Response	72 5 15 20		
Crisis Intervention - Victim Services	72 5 15 25		
Crisis Intervention - Combined	72 5 15 30		
Crisis Intervention - Mental Health	72 5 15 76		
Day/Night Care 72 5 20*			
Day/Night Combined	72 5 20 30		
Day/Night Care Mental Health	72 5 20 76		
Day/Evening Addictions Treatment	72 5 20 78		
Day Care - Rehab Combined	7* 5 20 81 30		
In-Home Care 72 5 30 40*			
In-Home Health Care - Nursing - Visiting	72 5 30 40 11		
In-Home Health Care - Nursing - Shift	72 5 30 40 12		
In-Home Health Care - Respiratory Services	72 5 30 40 35		
In-Home Health Care - Nutrition/Dietetic	72 5 30 40 45		
In-Home Health Care - Physiotherapy	72 5 30 40 50		
In-Home Health Care - Occupational Therapy	72 5 30 40 55		
In-Home Health Care - Speech Lang. Path.	72 5 30 40 62		
In-Home Health Care - Social Work	72 5 30 40 70		

SERVICE SELECTION SCREEN

Enter an "X" under the "LHIN" and/or "MINISTRY" columns below for each service that your agency provides.

		LHIN Funded Services	MINISTRY Funded Services
In-Home Health Care - Psychology	72 5 30 40 75		
Private/Home Schools 72 5 30 42*			
Private/Home Schools - Nursing - Visiting	72 5 30 42 11		
Private/Home Schools - Nursing - Shift	72 5 30 42 12		
Private/Home Schools - Nutrition/Dietetic	72 5 30 42 45		
Private/Home Schools - Physiotherapy	72 5 30 42 50		
Private/Home Schools - Occupational Therapy	72 5 30 42 55		
Private/Home Schools - Speech Lang. Path.	72 5 30 42 62		
Publicly Funded Schools 72 5 30 44*			
Publicly Funded Schools - Nursing - Visiting	72 5 30 44 11		
Publicly Funded Schools - Nursing - Shift	72 5 30 44 12		
Publicly Funded Schools - Nutrition/Dietetic	72 5 30 44 45		
Publicly Funded Schools - Physiotherapy	72 5 30 44 50		
Publicly Funded Schools - Occ. Therapy	72 5 30 44 55		
Publicly Funded Schools - Speech Lang. Path.	72 5 30 44 62		
Mental Health Home Care 72 5 30 76*			
MH Home Care - Psychiatric Follow-Up	72 5 30 76 10		
MH Home Care - Psychiatric Acute	72 5 30 76 25		
<i>MH Home Care - Addictions Use 7*5 30 78 10</i>			
MH Home Care - Child/Adolescent	72 5 30 76 50		
MH Home Care - Forensic Psychiatry	72 5 30 76 55		
MH Home Care - Psychiatric Rehab	72 5 30 76 81		
MH Home Care - Psychiatric Crisis	72 5 30 76 90		
MH Home Care - Longer Term	72 5 30 76 95		
MH Home Care - Geriatric Psych. Assess.	72 5 30 76 96		
Addictions Home Care - Addictions (New- Formerly 72 5 30 76 45)	72 5 30 78 10		
Addictions Home Care - Substance Abuse	72 5 30 78 11		
In-Home Support Services 72 5 35 40*			
In-Home Support - Personal Support	72 5 35 40 10		
In-Home Support - Homemaking Services	72 5 35 40 20		
In-Home Support - Comb. PS and HM Services	72 5 35 40 30		
Private/Home School Support Services 72 5 35 42 10			
Private/Home School Support - Personal Services	72 5 35 42 10		
Respite Services 72 5 35 45			
Respite Service	72 5 35 45		
Residential Services 72 5 40 76*			
Res. Mental Health - Homes for Special Care	72 5 40 76 10		
Res. Mental Health - Support within Housing	72 5 40 76 30		
Res. Mental Health - Housing Bricks & Mortar	72 5 40 76 40		
Res. Mental Health - Rent Supplement Program	72 5 40 76 50		
Res. Mental Health - Short Term Crisis Support Beds	72 5 40 76 60		
Residential-Addictions 72 5 40 78*			
COM Residential Addiction - Treatment Services-Substance Abuse	72 5 40 78 11		
COM Residential Addiction - Treatment Services-Problem Gambling	72 5 40 78 12		
COM Residential Addiction - Supportive Treatment	72 5 40 78 30		
COM Residential Addictions - Housing Bricks & Mortar	72 5 40 78 40		
COM Residential Addiction - Withdrawal Management Centres	72 5 40 78 45		
Residential Hospice- End of Life (EOL) 72 5 40 95*			
Residential Hospice - EOL-Nursing Visiting	72 5 40 95 11		
Residential Hospice - EOL-Nursing Shift	72 5 40 95 12		
Residential Hospice - EOL-Combined PS and HM Services	72 5 40 95 30		
Residential Hospice - EOL-Nutrition/Dietetic	72 5 40 95 45		
Residential Hospice - EOL-Physiotherapy	72 5 40 95 50		
Residential Hospice - EOL-Occupational Therapy	72 5 40 95 55		
Residential Hospice - EOL-Speech Language Pathology	72 5 40 95 62		
Residential Hospice - EOL-Social Work	72 5 40 95 70		

SERVICE SELECTION SCREEN

Enter an "X" under the "LHIN" and/or "MINISTRY" columns below for each service that your agency provides.

		LHIN Funded Services	MINISTRY Funded Services
Health Promotion and Education 72 5 50 76*			
Health Prom/Educ & Dev - General	72 5 50 10		
Health Prom./Education MH - Awareness	72 5 50 76 10		
Health Promo./Education MH - Women	72 5 50 76 30		
Health Promo./Education MH - Community Development	72 5 50 76 40		
Health Prom./Educ. Addictions - Drug Awareness	72 5 50 78 10		
Health Prom./Educ Addictions - Problem Gambling Awareness	72 5 50 78 20	X	
Health Prom./Educ. Addictions - Community Development-Substance Abuse	72 5 50 78 40		
Health Prom./Educ - Palliative Care Interdisciplinary	72 5 50 94 10		
Health Prom./Educ - Palliative Care Physician	72 5 50 94 90		
Health Prom./Educ - Palliative Care Pain and Symptom Management	72 5 50 94 91		
Health Prom/Educ & Dev - General Geriatric	72 5 50 96 10		
Health Prom/Educ & Dev - Psycho-Geriatric	72 5 50 96 76		
Consumer/Survivor/Family Initiatives 72 5 51 76'			
Consumer Survivor Initiatives - Peer/Self Help	72 5 51 76 11		
Consumer Survivor Initiatives - Alternative Businesses	72 5 51 76 12		
Consumer Survivor Initiatives - Family Initiatives	72 5 51 76 20		
Information and Referral Service 72 5 70*			
Information and Referral Service - General	72 5 70 10		
Information and Referral Service - Provincial Mental Health	72 5 70 76		
Information and Referral Service - Provincial - Substance Abuse	72 5 70 78 11		
Information and Referral Service - Provincial - Problem Gambling	72 5 70 78 12		
Provincial Health System Development 72 5 75			
Provincial Health System Development	72 5 75		
CSS In-Home and Community Services (CSS IH COM) 72 5 82*			
CSS IH COM - Service Arrangement/Coordination	72 5 82 05		
CSS IH COM - Case Management	72 5 82 09		
CSS IH COM - Meals Delivery	72 5 82 10		
CSS IH COM - Social and Congregate Dining	72 5 82 12		
CSS IH COM - Transportation - Client	72 5 82 14		
CSS IH COM - Crisis Intervention and Support	72 5 82 15		
CSS IH COM - Day Services	72 5 82 20		
CSS IH COM - Homemaking	72 5 82 31		
CSS IH COM - Home Maintenance	72 5 82 32		
CSS IH COM - Personal Support/Independence Training	72 5 82 33		
CSS IH COM - Respite	72 5 82 34		
CSS IH COM - Comb. PS/HM/Respite Services	72 5 82 35		
CSS IH COM - Overnight Stay Care	72 5 82 40		
CSS IH COM - Assisted Living Services	72 5 82 45		
CSS IH COM - Caregiver Support	72 5 82 50		
CSS IH COM - Emergency Response Support Services	72 5 82 55		
CSS IH COM - Visiting - Social and Safety	72 5 82 60		
CSS IH COM - Visiting - Hospice Services	72 5 82 65		
CSS IH COM - Foot Care Services	72 5 82 70		
CSS IH COM - Vision Impaired Care Services	72 5 82 75		
CSS IH COM - Deaf, Deafened and Hard of Hearing Care Services	72 5 82 77		
CSS IH COM - Elderly Person Centre Services	72 5 82 80		
CSS-ABI Services 72 5 83*			
CSS ABI - Day Services	72 5 83 20		
CSS ABI - Vocational Training and Education Services	72 5 83 30		
CSS ABI - Personal Support/Independence Training	72 5 83 33		
CSS ABI - Assisted Living Services	72 5 83 45		
CSS Community Support Initiatives 72 5 84			
CSS Com Sup Init - Support Service Training	72 5 84 10		
CSS Com Sup Init - Self Managed Attendant Services	72 5 84 20		
CSS Com Sup Init - Personal Support Worker Training	72 5 84 30		

COMMUNITY ANNUAL PLANNING SUBMISSION 2011-2013

HSP NAME: City of Hamilton

FTE2 - LHIN Funded FTE

Note: Total Compensation by Program is Carried to the Fin1 worksheet

LHIN Program FTE	CMHP1- LHIN Managed				Comments (Max 255 Characters)	Change % Yr 1	Change % Yr 2
	2010-11 Budget	2010-11 Forecast	2011-2012 Budget Target	2012-2013 Budget Target			
721 FTE- Administration and Support Services							
MOS FTE	0.00	0.00	1.15	1.15		0.0%	0.0%
UPP FTE	0.00	0.00	0.00	0.00		0.0%	0.0%
Total FTE	0.00	0.00	1.15	1.15		0.0%	0.0%
Worked hours Cost	\$0	\$0	\$65,491	\$66,567		0.0%	1.6%
Benefit hours Cost	\$0	\$0	\$4,814	\$4,935		0.0%	2.5%
Benefit Contributions Cost	\$0	\$0	\$13,492	\$13,831		0.0%	2.5%
Total Compensation	\$0	\$0	\$83,797	\$85,333		0.0%	1.8%
Average Cost Per FTE	\$0	\$0	\$72,867	\$74,203		0.0%	1.8%
# of Volunteers	0	0	0	0		0.0%	0.0%
Volunteer Hours	0.0	0.0	0.0	0.0		0.0%	0.0%
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%
725 FTE- Direct Services							
MOS FTE	0.00	0.00	0.00	0.00		0.0%	0.0%
UPP FTE	0.00	0.00	4.70	4.70		0.0%	0.0%
Total FTE	0.00	0.00	4.70	4.70		0.0%	0.0%
Worked hours Cost	\$0	\$0	\$381,016	\$387,970		0.0%	1.8%
Benefit hours Cost	\$0	\$0	\$38,908	\$39,884		0.0%	2.5%
Benefit Contributions Cost	\$0	\$0	\$71,300	\$73,090		0.0%	2.5%
Total Compensation	\$0	\$0	\$491,224	\$500,944		0.0%	2.0%
Average Cost Per FTE	\$0	\$0	\$104,516	\$106,584		0.0%	2.0%
# of Volunteers	0	0	0	0		0.0%	0.0%
Volunteer Hours	0.0	0.0	0.0	0.0		0.0%	0.0%
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%
TOTAL PROGRAM FTE							
MOS FTE	0.00	0.00	1.15	1.15		0.0%	0.0%
UPP FTE	0.00	0.00	4.70	4.70		0.0%	0.0%
Total FTE	0.00	0.00	5.85	5.85		0.0%	0.0%
Worked hours Cost	\$0	\$0	\$446,507	\$454,537		0.0%	1.8%
Benefit hours Cost	\$0	\$0	\$43,722	\$44,819		0.0%	2.5%
Benefit Contributions Cost	\$0	\$0	\$84,792	\$86,921		0.0%	2.5%
Total Compensation	\$0	\$0	\$575,021	\$586,277		0.0%	2.0%
Average Cost Per FTE	\$0	\$0	\$98,294	\$100,218		0.0%	2.0%
# of Volunteers	0	0	0	0		0.0%	0.0%
Volunteer Hours	0.0	0.0	0.0	0.0		0.0%	0.0%
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%

COMMUNITY ANNUAL PLANNING SUBMISSION 2011-2013

HSP NAME: City of Hamilton

FTE2 - LHIN Funded FTE

Note: Total Compensation by Program is Carried to the Fin1 worksheet

LHIN Program FTE	PG- LHIN Managed						
	2010-11 Budget	2010-11 Forecast	2011-2012 Budget Target	2012-2013 Budget Target	Comments (Max 255 Characters)	Change % Yr 1	Change % Yr 2
721 FTE- Administration and Support Services							
MOS FTE	0.00	0.00	0.71	0.71		0.0%	0.0%
UPP FTE	0.00	0.00	0.00	0.00		0.0%	0.0%
Total FTE	0.00	0.00	0.71	0.71		0.0%	0.0%
Worked hours Cost	\$0	\$0	\$50,870	\$51,805		0.0%	1.8%
Benefit hours Cost	\$0	\$0	\$6,888	\$7,043		0.0%	2.3%
Benefit Contributions Cost	\$0	\$0	\$7,051	\$7,306		0.0%	3.6%
Total Compensation	\$0	\$0	\$64,809	\$66,154		0.0%	2.1%
Average Cost Per FTE	\$0	\$0	\$91,280	\$93,175		0.0%	2.1%
# of Volunteers	0	0	0	0		0.0%	0.0%
Volunteer Hours	0.0	0.0	0.0	0.0		0.0%	0.0%
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%
725 FTE- Direct Services							
MOS FTE	0.00	0.00	0.00	0.00		0.0%	0.0%
UPP FTE	0.00	0.00	2.30	2.20		0.0%	(4.3%)
Total FTE	0.00	0.00	2.30	2.20		0.0%	(4.3%)
Worked hours Cost	\$0	\$0	\$145,346	\$147,182		0.0%	1.3%
Benefit hours Cost	\$0	\$0	\$18,240	\$18,082		0.0%	(0.9%)
Benefit Contributions Cost	\$0	\$0	\$39,796	\$39,792		0.0%	(0.0%)
Total Compensation	\$0	\$0	\$203,382	\$205,056		0.0%	0.8%
Average Cost Per FTE	\$0	\$0	\$88,427	\$93,207		0.0%	5.4%
# of Volunteers	0	0	0	0		0.0%	0.0%
Volunteer Hours	0.0	0.0	0.0	0.0		0.0%	0.0%
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%
TOTAL PROGRAM FTE							
MOS FTE	0.00	0.00	0.71	0.71		0.0%	0.0%
UPP FTE	0.00	0.00	2.30	2.20		0.0%	(4.3%)
Total FTE	0.00	0.00	3.01	2.91		0.0%	(3.3%)
Worked hours Cost	\$0	\$0	\$196,216	\$198,987		0.0%	1.4%
Benefit hours Cost	\$0	\$0	\$25,128	\$25,125		0.0%	(0.0%)
Benefit Contributions Cost	\$0	\$0	\$46,847	\$47,098		0.0%	0.5%
Total Compensation	\$0	\$0	\$268,191	\$271,210		0.0%	1.1%
Average Cost Per FTE	\$0	\$0	\$89,100	\$93,199		0.0%	4.6%
# of Volunteers	0	0	0	0		0.0%	0.0%
Volunteer Hours	0.0	0.0	0.0	0.0		0.0%	0.0%
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%

COMMUNITY ANNUAL PLANNING SUBMISSION 2011-2013

HSP NAME: City of Hamilton

FTE2 - LHIN Funded FTE

Note: Total Compensation by Program is Carried to the Fin1 worksheet

LHIN Program FTE	SAP- LHIN Managed				Comments (Max 255 Characters)	Change % Yr 1	Change % Yr 2
	2010-11 Budget	2010-11 Forecast	2011-2012 Budget Target	2012-2013 Budget Target			
721 FTE- Administration and Support Services							
MOS FTE	0.00	0.00	1.32	1.32		0.0%	0.0%
UPP FTE	0.00	0.00	0.00	0.00		0.0%	0.0%
Total FTE	0.00	0.00	1.32	1.32		0.0%	0.0%
Worked hours Cost	\$0	\$0	\$87,773	\$91,039		0.0%	3.7%
Benefit hours Cost	\$0	\$0	\$14,739	\$15,279		0.0%	3.7%
Benefit Contributions Cost	\$0	\$0	\$24,679	\$25,573		0.0%	3.6%
Total Compensation	\$0	\$0	\$127,191	\$131,891		0.0%	3.7%
Average Cost Per FTE	\$0	\$0	\$96,357	\$99,917		0.0%	3.7%
# of Volunteers	0	0	0	0		0.0%	0.0%
Volunteer Hours	0.0	0.0	0.0	0.0		0.0%	0.0%
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%
725 FTE- Direct Services							
MOS FTE	0.00	0.00	0.00	0.00		0.0%	0.0%
UPP FTE	0.00	0.00	5.36	5.60		0.0%	4.5%
Total FTE	0.00	0.00	5.36	5.60		0.0%	4.5%
Worked hours Cost	\$0	\$0	\$358,695	\$355,684		0.0%	(0.8%)
Benefit hours Cost	\$0	\$0	\$39,989	\$40,027		0.0%	0.1%
Benefit Contributions Cost	\$0	\$0	\$92,895	\$92,068		0.0%	(0.9%)
Total Compensation	\$0	\$0	\$491,579	\$487,779		0.0%	(0.8%)
Average Cost Per FTE	\$0	\$0	\$91,713	\$87,103		0.0%	(5.0%)
# of Volunteers	0	0	0	0		0.0%	0.0%
Volunteer Hours	0.0	0.0	0.0	0.0		0.0%	0.0%
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%
TOTAL PROGRAM FTE							
MOS FTE	0.00	0.00	1.32	1.32		0.0%	0.0%
UPP FTE	0.00	0.00	5.36	5.60		0.0%	4.5%
Total FTE	0.00	0.00	6.68	6.92		0.0%	3.6%
Worked hours Cost	\$0	\$0	\$446,468	\$446,723		0.0%	0.1%
Benefit hours Cost	\$0	\$0	\$54,728	\$55,306		0.0%	1.1%
Benefit Contributions Cost	\$0	\$0	\$117,574	\$117,641		0.0%	0.1%
Total Compensation	\$0	\$0	\$618,770	\$619,670		0.0%	0.1%
Average Cost Per FTE	\$0	\$0	\$92,630	\$89,548		0.0%	(3.3%)
# of Volunteers	0	0	0	0		0.0%	0.0%
Volunteer Hours	0.0	0.0	0.0	0.0		0.0%	0.0%
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%

COMMUNITY ANNUAL PLANNING SUBMISSION 2011-2013

HSP NAME: City of Hamilton

FTE2 - LHIN Funded FTE

Note: Total Compensation by Program is Carried to the Fin1 worksheet

LHIN Program FTE	TOTAL STAFFING- LHIN Managed Programs					Program Variances	
	2010-11 Budget	2010-11 Forecast	2011-2012 Budget Target	2012-2013 Budget Target	Comments (Max 255 Characters)	Change % Yr 1	Change % Yr 2
721 FTE- Administration and Support Services							
MOS FTE	0.00	0.00	3.18	3.18		0.0%	0.0%
UPP FTE	0.00	0.00	0.00	0.00		0.0%	0.0%
Total FTE	0.00	0.00	3.18	3.18		0.0%	0.0%
Worked hours Cost	\$0	\$0	\$204,134	\$209,411		0.0%	2.6%
Benefit hours Cost	\$0	\$0	\$26,441	\$27,257		0.0%	3.1%
Benefit Contributions Cost	\$0	\$0	\$45,222	\$46,710		0.0%	3.3%
Total Compensation	\$0	\$0	\$275,797	\$283,378		0.0%	2.7%
Average Cost Per FTE	\$0	\$0	\$86,729	\$89,113		0.0%	2.7%
# of Volunteers	0	0	0	0		0.0%	0.0%
Volunteer Hours	0.00	0.00	0.00	0.00		0.0%	0.0%
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%
725 FTE- Direct Services							
MOS FTE	0.00	0.00	0.00	0.00		0.0%	0.0%
UPP FTE	0.00	0.00	12.36	12.50		0.0%	1.1%
Total FTE	0.00	0.00	12.36	12.50		0.0%	1.1%
Worked hours Cost	\$0	\$0	\$885,057	\$890,836		0.0%	0.7%
Benefit hours Cost	\$0	\$0	\$97,137	\$97,993		0.0%	0.9%
Benefit Contributions Cost	\$0	\$0	\$203,991	\$204,950		0.0%	0.5%
Total Compensation	\$0	\$0	\$1,186,185	\$1,193,779		0.0%	0.6%
Average Cost Per FTE	\$0	\$0	\$95,970	\$95,502		0.0%	(0.5%)
# of Volunteers	0	0	0	0		0.0%	0.0%
Volunteer Hours	0.00	0.00	0.00	0.00		0.0%	0.0%
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%
TOTAL PROGRAM FTE							
MOS FTE	0.00	0.00	3.18	3.18		0.0%	0.0%
UPP FTE	0.00	0.00	12.36	12.50		0.0%	1.1%
Total FTE	0.00	0.00	15.54	15.68		0.0%	0.9%
Worked hours Cost	\$0	\$0	\$1,089,191	\$1,100,247		0.0%	1.0%
Benefit hours Cost	\$0	\$0	\$123,578	\$125,250		0.0%	1.4%
Benefit Contributions Cost	\$0	\$0	\$249,213	\$251,660		0.0%	1.0%
Total Compensation	\$0	\$0	\$1,461,982	\$1,477,157		0.0%	1.0%
Average Cost Per FTE	\$0	\$0	\$94,079	\$94,206		0.0%	0.1%
# of Volunteers	0	0	0	0		0.0%	0.0%
Volunteer Hours	0.0	0.0	0.0	0.0		0.0%	0.0%
VH as % of Total FTE	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%

Worksheet Act3d: LHIN Activity Detail

Functional/Accounting Centre Service	Service Category	LHIN MANAGED ACTIVITY BUDGETS (All TPBE's)				Program Variances	
		2010-11 Budget	2010-11 Forecast	2011-2012 Budget Target	2012-2013 Budget Target	Change % Yr 1	Change % Yr 2
Administration and Undistributed Expenses							
Administration and Support Services 72 1*	Full-time equivalents (FTE) \$ 310*,350*,380*,390* (Earned Hours) divided by 1950= FTE	3.54	3.52	3.18	3.18		(10.2%) 0.0%
Administration and Support Services 72 1*	Total Cost for Functional Centre	\$385,558	\$403,040	\$383,305	\$392,597		(0.6%) 2.4%
COM Case Management							
COM Case Management - Mental Health 72 5 09 76 \$ 450*, 451*, 455*	Full-time equivalents (FTE) \$ 310*,350*,380*,390* (Earned Hours) divided by 1950= FTE	4.90	4.82	4.70	4.70		(4.1%) 0.0%
COM Case Management - Mental Health 72 5 09 76 \$ 450*, 451*, 455*	Visits Face-to-face, Telephone In-House, Contracted Out \$ 450*, 451*, 448*, 449*	5,338	5,500	5,338	5,338		0.0% 0.0%
COM Case Management - Mental Health 72 5 09 76 \$ 450*, 451*, 455*	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization S. 455*, 855*	1,493	1,400	1,493	1,493		0.0% 0.0%
COM Case Management - Mental Health 72 5 09 76 \$ 450*, 451*, 455*	Total Cost for Functional Centre	\$562,963	\$558,382	\$562,167	\$560,630		(0.1%) (0.3%)
COM Case Management Addictions - Substance Abuse 72 5 09 78 11 \$ 450*, 451*, 455*	Full-time equivalents (FTE) \$ 310*,350*,380*,390* (Earned Hours) divided by 1950= FTE	2.80	2.68	2.82	2.82		0.7% 0.0%
COM Case Management Addictions - Substance Abuse 72 5 09 78 11 \$ 450*, 451*, 455*	Visits Face-to-face, Telephone In-House, Contracted Out \$ 450*, 451*, 448*, 449*	2,349	2,300	2,349	2,349		0.0% 0.0%
COM Case Management Addictions - Substance Abuse 72 5 09 78 11 \$ 450*, 451*, 455*	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization S. 455*, 855*	681	620	681	681		0.0% 0.0%
COM Case Management Addictions - Substance Abuse 72 5 09 78 11 \$ 450*, 451*, 455*	Total Cost for Functional Centre	\$277,644	\$268,766	\$280,904	\$286,899		1.2% 2.1%
COM Case Management Addictions - Problem Gambling 72 5 09 78 12 \$ 450*, 451*, 455*	Full-time equivalents (FTE) \$ 310*,350*,380*,390* (Earned Hours) divided by 1950= FTE	0.90	0.94	0.94	0.94		4.4% 0.0%
COM Case Management Addictions - Problem Gambling 72 5 09 78 12 \$ 450*, 451*, 455*	Visits Face-to-face, Telephone In-House, Contracted Out \$ 450*, 451*, 448*, 449*	1,089	600	920	920	Has been adjusted to reflect the change below and actuals achieved.	(15.5%) 0.0%
COM Case Management Addictions - Problem Gambling 72 5 09 78 12 \$ 450*, 451*, 455*	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization S. 455*, 855*	290	74	90	90	This has been changed as previous targets, 290, appeared to be a typo and not achievable based on previous years stats.	(69.0%) 0.0%
COM Case Management Addictions - Problem Gambling 72 5 09 78 12 \$ 450*, 451*, 455*	Total Cost for Functional Centre	\$92,310	\$92,310	\$93,714	\$96,401		1.5% 2.9%
COM Primary Care							
COM Clinics/Programs - Addictions Treatment-Substance Abuse 72 5 10 78 11 \$ 450*, 451*, 455*	Full-time equivalents (FTE) \$ 310*,350*,380*,390* (Earned Hours) divided by 1950= FTE	1.20	1.28	0.94	0.75		(21.7%) (20.2%)
COM Clinics/Programs - Addictions Treatment-Substance Abuse 72 5 10 78 11 \$ 450*, 451*, 455*	Visits Face-to-face, Telephone In-House, Contracted Out \$ 450*, 451*, 448*, 449*	1,899	2,260	1,899	1,899		0.0% 0.0%
COM Clinics/Programs - Addictions Treatment-Substance Abuse 72 5 10 78 11 \$ 450*, 451*, 455*	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization S. 455*, 855*	495	577	495	495		0.0% 0.0%
COM Clinics/Programs - Addictions Treatment-Substance Abuse 72 5 10 78 11 \$ 450*, 451*, 455*	Total Cost for Functional Centre	\$125,908	\$112,000	\$99,111	\$93,236		(21.3%) (5.9%)
COM Clinics/Programs - Addictions Treatment-Problem Gambling 72 5 10 78 12 \$ 450*, 451*, 455*	Full-time equivalents (FTE) \$ 310*,350*,380*,390* (Earned Hours) divided by 1950= FTE	1.10	1.20	1.03	1.13		(6.4%) 9.7%
COM Clinics/Programs - Addictions Treatment-Problem Gambling 72 5 10 78 12 \$ 450*, 451*, 455*	Visits Face-to-face, Telephone In-House, Contracted Out \$ 450*, 451*, 448*, 449*	188	255	188	188		0.0% 0.0%
COM Clinics/Programs - Addictions Treatment-Problem Gambling 72 5 10 78 12 \$ 450*, 451*, 455*	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization S. 455*, 855*	69	90	69	69		0.0% 0.0%
COM Clinics/Programs - Addictions Treatment-Problem Gambling 72 5 10 78 12 \$ 450*, 451*, 455*	Total Cost for Functional Centre	\$123,777	\$108,465	\$103,689	\$115,517		(16.2%) 11.4%
COM Clinics/Programs - Initial Assessment and Treatment Planning 72 5 10 78 30 \$ 450*, 451*, 455*	Full-time equivalents (FTE) \$ 310*,350*,380*,390* (Earned Hours) divided by 1950= FTE	0.90	0.90	1.60	1.69		77.8% 5.6%
COM Clinics/Programs - Initial Assessment and Treatment Planning 72 5 10 78 30 \$ 450*, 451*, 455*	Visits Face-to-face, Telephone In-House, Contracted Out \$ 450*, 451*, 448*, 449*	3,415	2,100	3,415	3,415		0.0% 0.0%
COM Clinics/Programs - Initial Assessment and Treatment Planning 72 5 10 78 30 \$ 450*, 451*, 455*	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization S. 455*, 855*	2,663	2,050	2,663	2,663	Targets have been left the same as the 2009-2011, however, as reported FTE have decreased and will decrease further, achieving these targets may be difficult.	0.0% 0.0%

Worksheet Act3d: LHIN Activity Detail

Functional/Accounting Centre Service	Service Category	LHIN MANAGED ACTIVITY BUDGETS (All TPBE's)				Program Variances		
		2010-11 Budget	2010-11 Forecast	2011-2012 Budget Target	2012-2013 Budget Target	Comments (Max 255 Characters)	Change % Yr 1	Change % Yr 2
COM Clinics/Programs - Initial Assessment and Treatment Planning 72 5 10 78 30 S 450*, 451*, 455*	Total Cost for Functional Centre	\$81,795	\$119,751	\$134,545	\$129,463		64.5%	(3.8%)
COM Health Promotion and Education								
COM Health Prom./Educ Addictions - Problem Gambling Awareness 72 5 50 78 20 S 452* 455*	Full-time equivalents (FTE) S 310*, 350*, 380*, 390* (Earned Hours) divided by 1950= FTE	0.30	0.14	0.19	0.00		(36.7%)	(100.0%)
COM Health Prom./Educ Addictions - Problem Gambling Awareness 72 5 50 78 20 S 452* 455*	Not Uniquely Identified Service Recipient Interactions S. 452**00	NA	NA	NA	NA		#VALUE!	#VALUE!
COM Health Prom./Educ Addictions - Problem Gambling Awareness 72 5 50 78 20 S 452* 455*	Individuals Served by Functional Centre or as appropriate Individuals Served by Organization S. 455*, 855*	1,018	850	1,018	1,018		0.0%	0.0%
COM Health Prom./Educ Addictions - Problem Gambling Awareness 72 5 50 78 20 S 452* 455*	Total Cost for Functional Centre	\$25,938	\$13,179	\$18,458	\$1,150		(28.8%)	(93.8%)