

CITY OF HAMILTON

PUBLIC HEALTH SERVICES
Clinical and Preventive Services

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: March 29, 2011	
SUBJECT/REPORT NO: 2011-2012 AIDS Bureau Program Plan and Budget Submission (BOH11006) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	PREPARED BY: Linda Blake-Evans (905) 546-2424 ext. 3286 Valine Vaillancourt (905) 546-2424 ext. 3633
SIGNATURE:	

RECOMMENDATION

- (a) That the 2011-2012 Program Plan required by the Ministry of Health and Long Term Care – AIDS Bureau to negotiate the Service Agreement for Public Health Services, Injection Drug Use Outreach Program of the Mental Health and Street Outreach Services, and the Anonymous HIV Testing programs be approved by the Board. There is no net levy impact for these programs;
- (b) That the Medical Officer of Health be authorized and directed to sign the Service Agreement between the City and the Ministry of Health and Long Term Care – AIDS Bureau in a form satisfactory to the City Solicitor;
- (c) That Appendix A: AIDS Bureau Program Plan – Anonymous HIV Program; Appendix B: AIDS Bureau Program Plan – IDU Outreach Program; and Appendix C: AIDS Bureau Budget Submission 2011-2012 be approved by the Board;
- (d) That the Medical Officer of Health be authorized and directed to submit reports as required by the Ministry of Health and Long Term Care – AIDS Bureau to meet accountability agreements.

EXECUTIVE SUMMARY

The current 2010–2011 Service Agreement between the City of Hamilton, Public Health Services, and the Ministry of Health and Long Term Care (MOHLTC), AIDS Bureau expires March 31, 2011 and must be replaced with a new agreement to take effect on April 1, 2011. Within Public Health Services, the Service Agreement applies to the Anonymous HIV Testing program and the Injection Drug Use Outreach Program (IDU) of the Mental Health and Street Outreach Service. These programs are 100% funded by MOHLTC, AIDS Bureau and therefore do not have an impact on the net levy.

Anonymous HIV Program

Early detection of HIV through testing is a prevention strategy that has been shown to be effective in preventing the spread of HIV. Many persons are unaware they have HIV and can unknowingly spread the virus to others.

Public Health Services' Anonymous HIV Testing program promotes HIV testing by providing clients, in particular those at high-risk who may be fearful of testing due to HIV stigma/discrimination, with the assurance of an anonymous HIV test result. Anonymous HIV testing is available at 8 public health sites in Hamilton and is well received by clients at risk for HIV. Current funding supports a 0.5 FTE Public Health Nurse and other related program costs.

Injection Drug Use Outreach Program

“Harm reduction seeks to minimize or eliminate adverse health, social and economic consequences of substance use for all individuals and communities. Harm reduction involves a pragmatic, multidisciplinary, non-judgmental approach that meets people where they are at right now. Some key outcomes include: imparting skills in self-care (and care for others); lowering personal risk; encouraging access to treatment; supporting reintegration; limiting the spread of disease; improving environments; cutting down on public expenses; and saving lives. Harm reduction focuses on prevention of the harms associated with drug use. An additional feature of harm reduction is that safer use, managed use and abstinence all have benefits not only for individuals, but for families and communities as well. Harm reduction can apply to other risk behaviours such as use of condoms, bicycle helmets and seat belts to reduce risk associated with certain behaviours.” (Centre for Addictions Research BC University of Victoria 2011).

The Injection Drug Use Outreach Program (IDU) provides harm reduction education to individuals using injection drugs to reduce the risk of HIV/AIDS to the individual and the community. The IDU Outreach Worker works with the Hamilton AIDS Network and the Harm Reduction Program within Public Health Services to promote and deliver needle exchange services.

The Mental Health and Street Outreach Service includes an Addiction Counsellor from ADGS. Recognizing that harm reduction is only one part of the continuum of services

that needs to be available for individuals using injection drugs, the IDU Outreach staff work closely with an Addiction Counselor and other members of the Mental Health and Street Outreach Team. The Mental Health and Street Outreach Service is a multidisciplinary, multiagency and cross Ministry funded program that focuses on engaging and assisting individuals to move forward in accessing health, housing and social services. Current funding supports 1 FTE Outreach Worker and other related program costs.

To negotiate the new Service Agreement, the Ministry of Health and Long Term Care AIDS Bureau requires Public Health Services to submit a Board approved budget and program plan for 2011-2012. This information allows the Ministry of Health and Long Term Care AIDS Bureau and Public Health Services to enter into negotiations to finalize and approve funding allotments and services that will be provided.

Alternatives for Consideration – See Page 6

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

Financial: For planning purposes, the Ministry of Health and Long Term Care AIDS Bureau requested that Health Service Providers (HSP) submit balanced budgets using planning assumptions of no increase to base funding.

Anonymous HIV Program Budget

Budget 2009/2010	Budget 2010/2011	Budget 2011/2012	FTE (Public Health Nurse)
\$58,145	\$59,545	\$59,545	0.5

IDU Outreach Program

Budget 2009/2010	Budget 2010/2011	Budget 2011/2012	FTE
\$86,531	\$88,531	\$88,531	1.0*

*1.0 Outreach staff, hired by external agencies

Staffing: At this time, program staffing will remain the same for both programs. 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.

Legal: Legal will be asked to review the new Service Agreement and provide feedback prior to signing.

HISTORICAL BACKGROUND (Chronology of events)

Accountability for funding and service-related targets for the Anonymous HIV Program and the IDU Outreach Program sits with the Ministry of Health and Long Term Care – AIDS Bureau. The current 2010–2011 Service Accountability Agreement between the City of Hamilton, Public Health Services, and the Ministry of Health and Long Term Care – AIDS Bureau expires March 31, 2011, and must be replaced with a new agreement to take effect on April 1, 2011. Without this agreement, the Ministry of Health and Long Term Care – AIDS Bureau will not flow funding to the IDU Outreach Program or the Anonymous HIV Program.

Anonymous HIV Program

A test for HIV became available in 1985, although anonymous HIV testing was not approved by the Ministry of Health until 1992. Hamilton Public Health Services was an early site approved and funded by the Ministry for anonymous HIV testing.

Anonymous testing is one of three ways – along with nominal testing and non-nominal testing – that people in Ontario can be tested for HIV. In anonymous testing, the name or identity of the person being tested is not requested, recorded or reported. The test is ordered using a code known only to the person being tested.

Because of the stigma associated with HIV/AIDS, some people are anxious about being tested. Anonymous testing offers them a way to be tested without revealing their identity. Anonymous HIV testing is offered at eight PHS Sexual Health and Street Health clinic sites in Hamilton. Point of Care (POC) testing for HIV was introduced to public health clinics in 2009, offering anonymous or nominal HIV results within minutes.

Four to five hundred anonymous HIV tests are completed yearly at PHS clinic sites. Over the past two years, six to seven of these tests were positive. AIDS Bureau analysis of HIV positivity rates show that 1.1% of anonymous HIV tests are positive, compared to 0.28% for nominal tests. An average of 25 to 30 new cases are detected in total per year in Hamilton through all testing methods. A concerning trend has been noted that a growing number of HIV cases are diagnosed late in their illness when treatment is less effective.

Anonymous HIV testing services are promoted through clinic cards, Public Health Services' website, yellow pages and advertising on city buses. Advertisements

promoting testing services were purchased in the local View Magazine newspaper. In November 2010, an HIV testing awareness campaign using the message “HIV--Be Sure, Get Tested” was launched as part of AIDS Awareness Week, including a street banner, bus signage, bookmarks offered at all public library sites, Jackson Square advertising boards and a workplace newsletter.

Injection Drug Use Outreach Program (IDU)

The IDU Outreach Program is one of three 100% funded programs within the Mental Health and Street Outreach Team Service (MHSO), and is funded by the Ministry of Health and Long Term Care AIDS Bureau. Each year the IDU Outreach Program engages approximately 35 new and 150 repeat individuals who are using injection drugs to promote harm reduction practices and prevent the spread of HIV/AIDS.

At the Canadian Association of HIV/AIDS Research Conference held in Ottawa in May 1997, results from studies in Vancouver and Montreal indicated a dramatic increase in HIV infection in injection drug using communities. In response, the AIDS Bureau held a community consultation in September 1997 to find practical interventions to assist in preventing similar outbreaks in Ontario. As a result, 15 IDU Outreach Program positions were funded throughout the province. Goals of this program include: 1) to reduce HIV transmission in the injection drug using communities; 2) to reach out to injection drug users who are unable or unwilling to access services; 3) to work towards reducing the isolation of this population. Currently, there are 19 IDU Outreach Program positions throughout Ontario.

POLICY IMPLICATIONS

No policy implications for the HIV Testing Program or the IDU Outreach Program. AIDS Bureau requires Service 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 the HIV Testing and the IDU Outreach Programs and therefore is expected to enter into Service agreements with the Ministry of Health and Long Term Care – AIDS Bureau.

RELEVANT CONSULTATION

The service agreement in previous years had been reviewed by Legal Services and signed off. If there are any changes to the agreement, Legal Services will be consulted.

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

This submission provides the necessary data for the Ministry of Health and Long Term Care – AIDS Bureau to then enter into negotiations with Public Health Services to finalize and approve services provided and funding allotment. In keeping with this process, Public Health Services is required to submit a balanced projected budget (2011-2012) for the funding provided by the Ministry of Health and Long Term Care – AIDS Bureau.

ALTERNATIVES FOR CONSIDERATION

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

The Board of Health could decide not to approve the Anonymous HIV Program and Injection Drug Use Outreach 2011/2012 budgets, but this is not recommended for the following reasons:

1. The Ministry of Health and Long Term Care – AIDS Bureau will not flow funding to Public Health at a loss of \$148,076 and 0.5 FTEs and 1 FTE hired by an external agency.
2. The Ministry of Health and Long Term Care – AIDS Bureau constitutes an investment in local support for citizens at risk of HIV/AIDS and for services to decrease risk.
3. A number of highly effective community collaborative partnerships have been established to assist individuals at risk of HIV/AIDS. For example: staff of the Mental Health and Street Outreach Service work with the Emergency Shelters to assist clients in accessing health, housing and social services. The Mental Health and Street Outreach Service work with staff secondments from Housing Help Centre, St. Joseph's Healthcare Hamilton, St. Matthew's House, Wesley Urban Ministries, First Pilgrim United Church and Salvation Army Family Centre. In the absence of the IDU funding, these initiatives and programs would lack some of the resources and capacity to operate. The IDU Outreach Worker has a close working relationship with the staff of the Van Needle Exchange Program and is able to cover one shift a week with the Van.

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: AIDS Bureau Program Plan – Anonymous HIV Program

Appendix B: AIDS Bureau Program Plan – IDU Outreach Program

Appendix C: AIDS Bureau Budget Submission 2011-2012

Organization Name:	Hamilton Public Health Services		
Funded Program:	Anonymous HIV Testing		
Contact:	Linda Blake-Evans, Program Manager	Date Completed:	February 17, 2011

Past Year – 2010-11:

1. Provide a brief overview of the activities of your organization/program that took place in 2010-11. Please use the following headings:
- Education, Outreach, Community Awareness
 - Support Services, Community Development
 - Staff, Board and Volunteer Activities
 - Other (e.g., Community-based Research)

Education, Outreach & Community Awareness:

Anonymous HIV testing is available at 4 clinic sites in Hamilton through Public Health Services on a walk in basis:

- Hamilton General Hospital (HGH) STD Clinic
- East End Sexual Health Clinic
- Street Health Centre
- Dundas Sexual Health Clinic

In an effort to reach high risk clients, anonymous HIV testing services were enhanced in 2010 from current resources through new outreach clinics provided in collaboration with community agencies serving clients at high risk of STIs/HIV. Weekly clinics offering STI and anonymous/POC HIV testing were initiated at 4 new sites:

- Good Shepherd Notre Dame Youth Shelter
- Hamilton Urban Core Community Health Centre
- Central Spa for Men bathhouse
- Elizabeth Fry Society STARS program (Sex Trade Alternatives Resources)

POC testing has increased the number of persons testing anonymously for HIV which is reflected in the chart below. 7 new HIV infections were detected through anonymous testing in 2010.

of Anonymous HIV Tests Completed Per Site

Clinic Site	2006	2007	2008	2009	2010
HGH	232	130	114	60	29
East End	76	84	67	27	24
Street Health & Outreach*	113	139	168	233	494
Dundas	n/a	n/a	n/a	224	136
Total	421	353	349	544	683

*includes Wesley Centre, Notre Dame Youth Shelter, Hamilton Urban Core Community Health Centre, Spa for Men clinic, STARS sites—all tests conducted by a public health nurse

of Positive Anonymous HIV Tests Per Site

Clinic Site	2009	2010
HGH	0	0
East End	0	0
Street Health	0	6
Dundas	6	1
STARS	n/a	0
Total	6	7

Anonymous HIV testing services were promoted through clinic cards, public health’s website, yellow pages and advertising on city buses. Advertisements promoting testing services were purchased in the local View Magazine newspaper which has a youth audience. In November 2010, an HIV testing awareness campaign using the message “HIV--Be Sure, Get Tested” was launched as part of AIDS Awareness Week including a street banner, bookmarks offered at all public library sites, mall advertising boards and a workplace newsletter.

Public Health nurses conducted 95 community education sessions in 2010 which included STI, HIV and anonymous testing information. A half day workshop on HIV/STI for health care professionals was delivered in April 2010.

1783 calls were received by the Sexual Health Information Line primarily enquiring about STI & HIV testing clinics. Clients hear about our phone line through the internet (37%) and the phone book (22%). Callers were primarily female (62%) aged 20 – 34.

Educational condom covers were distributed to Sexual Health clinics and community agencies, including bars. Feedback included, “eye catching, picked up more often by youth, clear instructions, easy to take away”. New condom covers were reprinted in 2010, incorporating the national flags of Caribbean and African countries to enhance HIV outreach activities to Hamilton’s African and Caribbean communities.

The Sexual Health Program continues to work closely with community partners such as Hamilton AIDS Network and Special Immunology Services (SIS) Clinic who are direct service providers to HIV positive individuals. Clients are referred to these agencies for HIV treatment, support and counselling.

Staff, Board and Volunteer Activities

All public health nurses who work at clinic each site are trained to offer Anonymous HIV testing and comprehensive pre and post test counselling. Staff attended the Anonymous HIV Tester’s Conference last year and brought back information to the program.

Support Services, Community Development:

Referrals are made with client consent to various support agencies in the city including Hamilton AIDS Network and Special Immunology Services clinic at Hamilton Health Sciences Hospital.

Other—Community Based Research:

In the fall of 2010, McMaster nursing students were assigned a project with public health nurses to determine interest in HIV education and distribution of condoms/promotional items at barber shops frequented by African and Caribbean community members. A survey was developed and conducted with a sample of barber shop

owners and data collated. Students researched local immigration statistics to help inform flag choices to print on condom covers to better reflect local African and Caribbean population.

A short survey to determine condom preferences in men who have sex with men was conducted at Hamilton's Pride event and with clients at the AIDS Network. Findings were applied to condom purchases and distribution to men who visit local bathhouses and gay bars to promote condom use and HIV prevention.

2. In 2010-11, did you...

- notice any emerging trends?
- establish or end programs/services?
- develop or end partnerships?

Trends:

In 2010, there was an increase in Anonymous HIV testing numbers overall related to increased uptake of testing using POC as well as the expansion of anonymous HIV testing through outreach to high risk clients at various sites in the city. We note that anonymous tests completed through the East End sexual health and STD clinics continue to decrease due to clients consenting to nominal HIV testing as part of a full screen for sexually transmitted infections.

The 6 new positive HIV tests detected in 2010 were all through Anonymous POC testing at the Street Health Clinic which is stable from 2009 (n=6). Street Health Clinic clients often present with risk factors related to substance use, homelessness and mental health issues.

Reported numbers of HIV cases in Hamilton remain stable, with 24 new cases reported total from community physicians/hospitals/public health clinics in 2010.

10 AIDS cases were reported. Of concern is the trend that all AIDS cases were diagnosed within 3 months of their HIV diagnosis indicating a delay in HIV testing until symptomatic or near death.

**Were there any initiatives that were detailed in the 2010-11 program plan but were not performed?
Please explain.**

No

Current Year – 2011-12:

3. Provide an overview of the initiatives your organization/program plans to offer in 2011-12. Please use the following headings:
- Education, Outreach, Community Awareness
 - Support Services, Community Development
 - Staff, Board and Volunteer Activities
 - Other (e.g. Community-based Research)

Education, Outreach, Community Awareness:

Public Health staff will continue to provide Anonymous HIV testing and STI/HIV educational sessions to the community and clinical services at clinics and outreach sites. Advertising of clinic sites will continue through local media, service cards, yellow pages, public health website. Posters will be distributed to key medical clinics in Hamilton promoting HIV testing.

A new collaboration is under development in 2011 with the local detention centre in Hamilton involving HIV/STI education sessions for female inmates as well as linking women to support services upon release.

Support Services, Community Development:

Will continue to liaise with local AIDS Network and Special Immunology Service clinic staff to provide referrals for support for newly diagnosed HIV clients.

Staff, Board and Volunteer Activities:

The staff member funded from the Anonymous HIV budget will be offered training and conference activities in 2011.

Community Based Research:

Public Health Nurses are continuing to work with McMaster nursing students in January 2011 to develop an HIV education package for barbers and hairdressers in the African and Caribbean community. Promotional items preferred by barbers from the 2010 survey (lip balm, hair picks) will be purchased and printed with program information contact information for distribution with flag condom covers in 2011.

4. Describe the process used to develop this year's programming. Please comment on whose input was obtained, and with which community partners this plan was formulated.

The program manager regularly consults with the medical officer of health, program staff and the local ASO to stay aware of current issues in our community. Operational planning meetings were held in December 2010 with program staff, director and Associate Medical officer of Health to inform program activities for 2011. Surveillance data of STIs and HIV also informed this year's program plan. Finance staff calculations also informed the planning of the budget.

5. In what ways are your current plans influenced by the organization's strategic plan?

The City of Hamilton's 2011 strategic plan is under development and will inform Public Health Services' future strategic plan. The 2007 – 2010 strategic plan states "Public Health Services will be an effective, innovative and efficient organization that is recognized as essential to the health and well-being of people of Hamilton".

The staff of Hamilton PHS work locally with individuals, families, community and partner agencies to promote and protect health and to prevent diseases and injuries. Our programs and services are geared toward people of all ages and those for whom barriers exist in a variety of settings such as homes, workplaces, schools, food premises, day cares, health care settings and in the community.

Anonymous HIV testing program is a key part in the early detection of HIV infection which helps diagnosed

persons to access prompt medical care and take steps to prevent the spread of infection.

6. Identify the constituencies that make up the population in your organization's region. How do you ensure that your organization is representative of these groups?

Hamilton, with a population of 504,559 (2006 Census), is the fourth largest of all Ontario cities, preceded by Toronto (2,481,494), Ottawa (774,072) and Mississauga (612,925). Hamilton has the tenth largest population of all Canadian cities. Hamilton is a multilingual city with a larger proportion of residents with Italian or Polish as their mother tongue than the provincial average. Of the non-official languages (those other than English and French), the language with the majority of speakers in Hamilton (regardless of their mother tongue) is Italian, followed by Polish, German and Portuguese. The city of Hamilton has an inclusive hiring policy and conducts anti-racism training with all staff.

7. Please explain how PHAs (people living with HIV/AIDS) are involved in the development and implementation of programs and/or organization governance.

Public Health Services are responsible to the local Board of Health and to Ontario Public Health Standards. PHAs are consulted as needed to inform program development.

Partnerships:

8. Describe the link between your program and your region's Community Planning initiative and/or **ongoing regional planning**.

Not actively linked at this time. A public health nurse participates in the planning of the annual Central West Opening Doors conference.

9. How is your programming connected to your local Public Health Unit (for responding Health Units, substitute 'AIDS Service Organization')?

Clients who are at risk or test positive for HIV are offered a referral to the Hamilton AIDS Network for support services. Public Health Services contracts a part time harm reduction worker from the AIDS Network for our mobile van needle exchange program (Public Health budget). A Public Health Nurse consults with the African Caribbean Outreach Worker at the AIDS Network to develop local outreach strategies for HIV prevention.

10. How is your programming connected to an HIV/AIDS Clinic?

Clients who test positive for HIV at one of public health's testing sites are offered a referral to the local HIV Clinic (Special Immunology Services, McMaster) for follow up. Public Health staff consult regularly with HIV Clinic staff for surveillance data collection on HIV and STI reportable infections. Staff also participate in professional development activities sponsored by the SIS clinic.

Addressing the Community's Needs:

11. How does your programming take into consideration, and/or address the recommendations of, the following:

- Strategy to Address Issues Related to HIV Faced by **People in Ontario From Countries Where HIV is Endemic**
(http://www.accho.ca/pdf/ACCHO_strategy_ENGLISH_Dec2003.pdf)

HIV testing services are accessible to clients from all communities. Public health nurses are working to determine strategies and programs to increase HIV awareness in persons from endemic countries i.e. African-

Caribbean community outreach through education, flag condom covers, promotional items.

- **Gay Men's Sexual Health Alliance**
(<http://www.hivstigma.com>)

A weekly STI/HIV testing clinic was initiated in a local bathhouse and has been well received by clients. The testing program at the bath house has been discontinued as of February 2011 due to health and safety issues for the staff member. An alternate bath house test site is being considered in 2011 pending review of services provided to date.

- **Other populations** – women, prisoners, people who use injection drugs, Aboriginal (First Nations, Inuit, Metis) etc.

A new collaboration is under development in 2011 with the local detention centre in Hamilton involving HIV/STI education sessions for female inmates as well as linking women to support services upon release. Existing harm reduction programs within Hamilton Public Health Services i.e. needle exchange, IDU outreach worker support persons who use injection drugs.

A weekly STI/HIV testing clinic has been initiated in a sex worker drop in program (Elizabeth Fry STARS program) and has been well received. Plans are being made in 2011 to offer anonymous HIV and STI testing for criminalized women not involved in sex work who attend Elizabeth Fry programs.

Staff, Board and Volunteer Resources:

12. Describe any human resource issues that your organization is currently experiencing or you anticipate in the coming year. How do you plan to address these issues?

The Ontario Nurses Association contract expired in December 2010 and will be under negotiation in 2011.

13. Do you plan on accessing any of the following resources in 2011-12?

- Ontario Organizational Development Program (OODP) [www.oodp.ca]
- AIDS Bereavement Project of Ontario (ABPO) [www.abpo.org]
- Ontario AIDS Network (OAN) – Skills Development Workshops (for OAN member agencies) [www.ontarioaidsnetwork.on.ca]
- Ontario Provincial Resource for ASOs in HR (OPRAH) [<http://www.ontarioaidsnetwork.on.ca/oprah.htm>]

No

2011-12 Budget:

14. Describe how your budget for this fiscal year was developed. What was the process and who was involved?

City Of Hamilton Finance and Administration staff projected the wage and benefits required to staff the Anonymous HIV Program with a 0.5 FTE public health nurse (PHN). Program manager reviewed the budget with Director of Clinical & Preventive Services Division and signed off by Medical Officer of Health.

15. Does the 2011-12 budget differ significantly from the 2010-11 budget? If so, please explain why.

No significant change.

Strategic Plans / Issues:

16. What years does your strategic plan cover? If your strategic plan is currently being developed, when do you expect that it will be completed?

Strategic plan currently under development with expected completion date of summer 2011.

17. What do you think are key issues facing your organization in the near future? Please list both opportunities and challenges. What plans are in place to address these issues? What assistance might you require?

Key issues include increasing rates Chlamydia which indicate a high level of unprotected sexual activity and risk of HIV. Local surveillance data reveal that a significant number of AIDS diagnoses are reported within 1 – 6 months of the initial HIV diagnosis. The Sexual Health Program will continue to promote early testing for HIV through advertising and education.

Public Health Services are collaborating with other city of Hamilton departments and a director of Neighbourhood Development to develop plans to develop a response and programming for local determinant of health issues and clients who are homeless or have addictions. Some of these clients are at high risk for HIV and will be considered in program plans around harm reduction.

ACKNOWLEDGEMENT

On behalf of the Board of Directors for

Hamilton Public Health Services, Anonymous HIV Testing Program

(organization and program names)

I certify that:

- to the best of my knowledge, the information provided is accurate and complete;
- **the organization/program I represent will provide the required activity reports, settlement forms, audited financial statements and any supplementary reports required by the AIDS Bureau;**
- the Board of Directors is aware of its responsibilities as dictated by all applicable current provincial and federal legislation. The Board of Directors agrees to operate in accordance with guidelines and policies of the AIDS Bureau, Ministry of Health and Long-Term Care; and
- **all** components of the program plan, as checked off below, are included in this submission:
 - Schedule A: 2011-12 Program Plan
 - Schedule B: 2011-12 Budget
 - Attachments as indicated in Schedules A and B (if applicable)

The 2011-12 Program Plan has been reviewed and submitted to the AIDS Bureau on *(date)*:
_____ 2011:

This acknowledgement sign-off **must be signed by the Board Chair/President** (or organizational equivalent).

The signature of the Executive Director is not acceptable, and constitutes failure to submit this program plan.

Name: Dr. Elizabeth Richardson
(Please print)

Title: Medical Officer Of Health
(Please print)

Signature: _____ Dated: _____

DUE DATE FOR PROGRAM PLAN IS APRIL 8, 2011

SCHEDULE A: 2011-12 PROGRAM PLAN TEMPLATE

Organization Name:	Mental Health and Street Outreach Service-Clinical and Preventive Services-Public Health Services-City of Hamilton		
Funded Program:	IDU Street Outreach Program		
Contact:	Valine Vaillancourt	Date Completed:	Feb 2011

Past Year – 2010-11:

1. Provide a brief overview of the activities of your organization/program that took place in 2010-11. Please use the following headings:
 - Education, Outreach, Community Awareness

The Injection Drug Use Street Outreach Program (IDU program) continued to connect with injection drug using communities and promote harm reduction practices to prevent the spread of HIV/AIDS.

The IDU worker held education sessions for clients on various topics, including mental health, addictions, housing, nutrition, HIV/AIDS, and Hepatitis C, looking especially at how these topics relate to substance use. Presentations were delivered to Correctional Officers in the Hamilton Wentworth Detention Centre (HWDC) in preparation for the return of female inmates. Presentations were also delivered to pharmacy staff at one of our needle exchange locations and to STARS peer program trainees.

The IDU worker oriented medical residents and nursing students to the Van Needle Exchange Program through observation shifts. In educating medical service providers on harm reduction, drug use, addictions and homelessness, the program hopes to reduce the stigma that clients in this population often face when seeking health care.

- Support Services, Community Development

As a member of the Mental Health and Street Outreach Service, the IDU worker provided outreach services at the YWCA and various community drop-in centres. The IDU worker collaborated with members of the Sexual Health Team to successfully connect Hep C positive clients to the Shelter Health Network’s Hep C Nurse, who assisted clients in receiving treatment.

- Staff, Board and Volunteer Activities

In the past year, a new Peer Worker was recruited to sit on the Consumer Chaired Advisory Committee of the Mental Health and Street Outreach Service. This individual’s presence on the committee provided a unique perspective to discussions and program planning related to addiction issues. Two Peer Volunteers were given the opportunity to attend the Voices of Experience Program through the Mental Health Rights Coalition, which prepares peer volunteers to participate on community committees and Boards.

AIDS Bureau

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SCHEDULE A: 2011-12 PROGRAM PLAN TEMPLATE

- Other (e.g., Community-based Research)

Through the VAN Needle Exchange Program, the IDU worker assisted in distributing and collecting client satisfaction surveys. The worker also helped to collect data to map the locations of women involved in sex work in an effort to ensure that the Van program was accessing them.

2. In 2010-11, did you...

- notice any emerging trends?

The Wesley Centre overnight emergency shelter program ended in August 2010. As a result, there have been fewer clients in and around the Wesley Centre. Finding shelter for clients who are active in their substance use posed an additional challenge, as the Wesley Centre was the shelter most frequently used by people who were intoxicated or actively using. Finding shelter for women is also more challenging now that the Wesley's overnight program has closed. The recent opening of Mary's Place has helped with the issue of finding shelter for women. The IDU worker has joined a Woman Abuse Council in order to connect with women's shelters to problem solve around barriers and identify educational opportunities for shelter staff related to mental health and addiction issues. The Woman Abuse Council includes participation from Women's Detox and all other women's emergency shelters.

The Wesley Centre stopped its overnight needle exchange program due to changes in staffing that came with the end of the overnight program. As a result, clients could no longer access the needle exchange after midnight or in the early morning when other needle exchanges are closed. The IDU and Van Needle Exchange programs distributed print materials alerting clients of the change, and provided a map of other needle exchange locations and their hours of operation.

Another trend seen in the past year was the increased presence of heroin. Clients of the Van report that heroin is both more available and more potent than it has been in past years. This is likely to compete with the synthetic opiates that are more widely used in Hamilton. We will continue to monitor the impact of this change and the impact it has on the IDU community.

- establish or end programs/services?

The IDU worker continues to partner with other members of the Mental Health and Street Outreach Team to co-facilitate a Harm Reduction Group. Through adding new facilitators, clients have greater access to a variety of skill sets and the expertise of the team's members. Staff with mental health, addiction and housing skills bring their unique knowledge to the group.

- develop or end partnerships?

A partnership was created between the IDU program and Women's unit at HWDC. The

AIDS Bureau

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SCHEDULE A: 2011-12 PROGRAM PLAN TEMPLATE

IDU worker facilitates groups for incarcerated women at the detention centre, and has been able to connect with women in the community upon their release.

The IDU program, as part of the Mental Health and Street Outreach Service, is now part of the Clinical and Preventive Services Division of Public Health Services.

3. Were there any initiatives that were detailed in the 2010-11 program plan but were not performed? Please explain.

Initiatives detailed in 2010-11 were carried out as planned.

Current Year – 2011-12:

4. Provide an overview of the initiatives your organization/program plans to offer in 2011-12. Please use the following headings:

- Education, Outreach, Community Awareness

The IDU worker has started working with Sexual Health and Hepatitis C Nurses in Public Health to discuss and plan programming for women in the Hamilton-Wentworth Detention Centre. The goal of these meetings is to ensure that programming for incarcerated women is providing consistent messaging and information.

Education regarding harm reduction, HIV/AIDS and Hep C remain a priority for the upcoming year. The IDU worker spends several hours each week visiting a variety of agencies that serve people living with HIV/AIDS (PHA's), homeless or under housed, sex trade workers, other drug users, and incarcerated men and women.

The IDU worker will continue to provide educational materials, referrals, practical items, and harm reduction supplies, dependant upon client needs.

As a member of the Mental Health and Street Outreach Team, street outreach remains an integral part of the IDU worker's role. During street outreach, the IDU worker engages people who are staying on the streets to ensure that they are aware of available community services. As part of the Mental Health and Street Outreach Service, the IDU Worker participates with other outreach staff during Cold Alerts and extreme heat warnings to ensure that people staying on the street are aware of resources available to them and the risks of exposure. The Van Needle Exchange Program is another avenue through which the IDU worker connects with and engages clients.

- Support Services, Community Development

The IDU worker is now part of a Woman Abuse Council comprised of community agencies serving women. The goal of this group is to identify the types of training needed to provide the best services and meet the needs of women who are facing mental health, addiction, violence and trauma issues. In joining this council, the IDU

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Worker hopes to network with agencies serving women, in order to work more collaboratively and effectively with female clients.

- Staff, Board and Volunteer Activities

Greater involvement of peers is a priority for the coming years. Peers will be invited to research, plan and co-facilitate groups on harm reduction topics of their choice. The goal is for peers to gain group facilitation/leadership skills and share their experiences and expertise to prevent the spread of HIV/AIDS and to assist IDUs in moving along the harm reduction continuum. As in past years, the IDU program plans to provide CPR/First Aid and overdose prevention training.

- Other (e.g. Community-based Research)

Have not participated in community based research activities this past year.

5. Describe the process used to develop this year's programming. Please comment on whose input was obtained, and with which community partners this plan was formulated.

The program plan was developed using input from the Mental Health and Street Outreach Service and community partners, such as the Wesley Centre, the YWCA, the Hamilton AIDS Network, Alcohol Drugs and Gambling Services and the VAN Needle Exchange Program. Peer input was obtained through informal groups and surveys to determine program activities. The Harm Reduction Group changed its meeting time to accommodate changes to the lunch program at the Wesley Centre.

6. In what ways are your current plans influenced by the organization's strategic plan?

The organization's strategic plan states that "Public Health Services will be an effective, innovative and efficient organization that is recognized as essential to the health and well-being of people in Hamilton." The Mental Health and Street Outreach Service, which includes the IDU program, is recognized provincially and nationally as a unique and innovative program for its use of a capacity building structure. The team's diverse mix of staff knowledge, skill sets and organizational cultures ensures an efficient and comprehensive approach to service delivery, enhancing the well being of the people we serve. Consistent with a harm reduction philosophy, the IDU program continues to evaluate and evolve to meet clients "where they're at."

7. Identify the constituencies that make up the population in your organization's region. How do you ensure that your organization is representative of these groups?

The Mental Health and Street Outreach Service is representative of a number of diverse groups, including the LGBTQ and aboriginal communities. The IDU Program

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works in partnership with many community agencies that work with marginalized populations. As a result, the IDU worker has access to colleagues from a broad range of disciplines and agencies.

8. Please explain how PHAs (people living with HIV/AIDS) are involved in the development and implementation of programs and/or organization governance.

The IDU worker works closely with the Hamilton AIDS network, which has an extensive peer program that outlines the value of PHA's in peer roles and in the agency. The peer manual for the IDU program was modelled after the AIDS Network's and its emphasis on the importance of Peer Work. People who use injection drugs, and are at increased risk for contracting HIV continue to participate in the Harm Reduction Group.

Partnerships:

9. Describe the link between your program and your region's Community Planning initiative and/or ongoing regional planning.

The IDU program and the Mental Health and Street Outreach Service work collaboratively with community agencies to assist individuals who are marginalized because of mental health, addiction or homelessness issues. The focus of service is to connect individuals with health, housing and social services. These goals are consistent with the City Of Hamilton's Community Planning Initiative (Vision 2020). Vision 2020 identifies goals for Personal Health and Well Being as "providing adequate and appropriate health care to all citizens...to promote health and prevent disease and injury," and "to develop the social and physical environments to create a barrier-free community." These goals are consistent with the work done by the IDU Worker in focusing on the personal health and well being of individuals using injection drugs.

Various members of the Mental Health and Street Outreach Service participate on external committees and information collected is shared at staff meetings. Examples of these committees include: Human Services and Justice Committee; Shelter Health Network Committee; Hamilton Addiction and Mental Health Committee; Blueprint for Change to the Emergency Shelter Committee; Roomers and Boarders Committee; Woman Abuse Council, and the Hospitals-Shelters Working Group.

10. How is your programming connected to your local Public Health Unit (for responding Health Units, substitute 'AIDS Service Organization')?

The IDU program, as part of the Mental Health and Street Outreach Service, is situated within Public Health Services in the Clinical and Preventive Services Division. The program is connected to the local ASO, the Hamilton AIDS Network, through the VAN Needle Exchange program, which is managed by Public Health Service's Sexual Health Team. The IDU worker regularly connects with the AIDS Network's Outreach worker with monthly meetings to discuss client concerns and changes in activity on the streets. The IDU worker provides in-service harm reduction presentations to various

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groups at the AIDS Network, and takes advantage of education sessions that other ASO's put on at the AIDS Network. The AIDS Network's Community Outreach worker also partners with the IDU worker for community presentations.

11. How is your programming connected to an HIV/AIDS Clinic?

The IDU program works closely with the Van Needle Exchange Program at its fixed site, located at The Street Health Centre. The Street Health Centre offers free Point of Care HIV testing, STI testing, education and counselling. The IDU worker spends time at the Street Health Centre on a weekly basis as a means of interacting with people using the services. Many of these clients also attend the Harm Reduction group and other needle exchange services. The IDU worker refers clients to HIV/ Hepatitis C testing sites and accompanies them for testing when requested.

Over the past few years Hamilton has established a Shelter Health Network (SHN) where primary care services are offered within local emergency shelters. (<http://www.shelterhealthnetwork.ca>) The Mental Health and Street Outreach Service is an active participant in the activities of the SHN and as a result, the IDU worker often accompanies clients to see these doctors for general health issues.

Addressing the Community's Needs:

12. How does your programming take into consideration, and/or address the recommendations of, the following:

- **Strategy to Address Issues Related to HIV Faced by **People in Ontario From Countries Where HIV is Endemic****
(http://www.accho.ca/pdf/ACCHO_strategy_ENGLISH_Dec2003.pdf)
 - The IDU program continues to focus on developing relationships with Ontarians from countries where HIV is endemic. The program is in contact with the Hamilton AIDS Network, whose programming specifically targets these populations. The IDU worker is available to be contacted by the Network for presentations, or to work individually with clients. The Van Needle Exchange program, which the IDU staff work with, deliver condoms and sexual health information to various locations that such populations may access.

- **Gay Men's Sexual Health Alliance**
(<http://www.hivstigma.com>)

Recently the Sexual Health Program at Public Health has set up a fixed site clinic at local men's bathhouses. The Public Health Nurses and the IDU Worker have a connection through their work on the Van Needle Exchange mobile unit.

- **Other populations** – women, prisoners, people who use injection drugs, Aboriginal (First Nations, Inuit, Metis) etc.

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- The IDU program has close working relationships with various programs serving the populations mentioned above. The IDU program focuses on connecting with people who use injection drugs through outreach sessions at shelters, working on the Van, and weekly harm reduction groups. Groups are run in the Detention Centre in order to provide education on HIV/AIDS, Hep C & B, and harm reduction practices to incarcerated clients.
- The worker provides ongoing case management services for five to ten people on an ongoing basis, since many people who use injecting drugs need longer term support as they face barriers to accessing housing, health care and other community resources due to stigma.
- The IDU worker works collaboratively with the Elizabeth Fry STARS Program, a weekly drop-in for women involved in the sex trade. Here, the IDU worker is able to connect with women (many of whom inject drugs) and offer harm reduction information and supplies. The STARS program serves as a means to work with clients who are incarcerated; on many occasions the E. Fry workers have served as a liaison between the IDU Worker and incarcerated female clients.
- The program takes Aboriginal clients into consideration by partnering with Aboriginal agencies and workers. The Aboriginal Health Centre has attended the Harm Reduction program group to deliver culturally specific presentations. The Mental Health and Street Outreach Service have a staff person that is of Aboriginal descent on the team, so if it is necessary for a connection to be made by an Aboriginal person, that resource is available.

Staff, Board and Volunteer Resources:

13. Describe any human resource issues that your organization is currently experiencing or you anticipate in the coming year. How do you plan to address these issues?

The IDU Worker is a staff member of Wesley Urban Ministries. The Wesley Urban Ministries has a contract for the IDU Worker with the Mental Health and Street Outreach Service of Public Health Services of the City of Hamilton. The IDU Program is managed by the Manager of the Mental Health and Street Outreach Service and the IDU worker meets regularly with the Manager to discuss client issues and program plans. There have not been any issues with this arrangement. This service agreement is consistent with the structure of the Mental Health and Street Outreach Service and the philosophy of Public Health Services regarding collaboration with partner agencies through community capacity building.

14. Do you plan on accessing any of the following resources in 2011-12?

Ontario Organizational Development Program (OODP) [www.oodp.ca]

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- AIDS Bereavement Project of Ontario (ABPO) [www.abpo.org]
 Ontario AIDS Network (OAN) – Skills Development Workshops (for OAN member agencies) [www.ontarioaidsnetwork.on.ca]
 Ontario Provincial Resource for ASOs in HR (OPRAH) [<http://www.ontarioaidsnetwork.on.ca/oprah.htm>]

2011-12 Budget:

15. Describe how your budget for this fiscal year was developed. What was the process and who was involved?

Budget development is based on the needs for programs and education of clients as reflected in the previous year. The Manager of the Mental Health and Street Outreach Service and the IDU Worker discuss all aspects of the budget. The Outreach Worker is given a copy of the budget and its status on a regular basis.

16. Does the 2011-12 budget differ significantly from the 2010-11 budget? If so, please explain why.
No.

Strategic Plans / Issues:

17. What years does your strategic plan cover? If your strategic plan is currently being developed, when do you expect that it will be completed?

Plan covers 2010-2011. Strategic Plan for Clinical and Preventive Services in Public Health will be completed in 2011-2012.

18. What do you think are key issues facing your organization in the near future? Please list both opportunities and challenges. What plans are in place to address these issues? What assistance might you require?

Connecting with populations who have difficulty receiving services, or who do not normally access services, continues to be a key opportunity for the program. Feedback from clients on Peer Support Program activities will prove invaluable in development of education/services that meet service recipient's needs. Due to the complex and challenging nature of working with individuals using injection drugs and having addiction issues, the IDU Worker requires a significant amount of support. To provide support to the IDU Worker we have built into the program connections with an experienced addiction counsellor. The clients we work with often have complex needs, and the connection of the IDU Worker with the Mental Health and Street Outreach Service provides IDU clients with a team that is multidisciplinary, multiagency and

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cross Ministry funded. This structure brings together staff with a variety of skills. The IDU staff participate in and have access to all the activities of the Mental Health and Street Outreach Service, including consultation with a psychiatrist around client issues. Continuing to provide quality and consistent programming will enable the IDU worker and the program as a whole to build a trusting relationship with clients to further the goal of promoting health and preventing the spread of HIV/AIDS.

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ACKNOWLEDGEMENT

On behalf of the Board of Directors for

_____,
(organization and program names)

I certify that:

- to the best of my knowledge, the information provided is accurate and complete;
- **the organization/program I represent will provide the required activity reports, settlement forms, audited financial statements and any supplementary reports required by the AIDS Bureau;**
- the Board of Directors is aware of its responsibilities as dictated by all applicable current provincial and federal legislation. The Board of Directors agrees to operate in accordance with guidelines and policies of the AIDS Bureau, Ministry of Health and Long-Term Care; and
- **all** components of the program plan, as checked off below, are included in this submission:
 - Schedule A: 2011-12 Program Plan
 - Schedule B: 2011-12 Budget
 - Attachments as indicated in Schedules A and B (if applicable)

The 2011-12 Program Plan has been reviewed and submitted to the AIDS Bureau on (date):
_____ 2011:

This acknowledgement sign-off **must be signed by the Board Chair/President** (or organizational equivalent).

The signature of the Executive Director is not acceptable, and constitutes failure to submit this program plan.

Name: _____
(Please print)

Title: _____
(Please print)

Signature: _____

Dated: _____

DUE DATE FOR PROGRAM PLAN IS APRIL 8, 2011



SCHEDULE B: 2011-12 Budget Submission

INSTRUCTIONS

- 1. **Column A - Approved 2010-11:** Using your most recent "Approved 2010-11 Schedule B" state the line amount for each funded program.
- 2. **Column B - Proposed 2011-12:** Propose a Schedule B for 2011-12 for each funded program.
- 3. **Column C - Ministry Use:** Leave blank.
- 4. **Approval (Signature):** This document must be signed by your organization's Board Chair (or equivalent). This signature is mandatory.
- 5. **Submission & Due Date:** Mail this signed document along with all the other Program Plan documents to the AIDS Bureau, attention Joanne Lush, Senior Program Consultant.
This document is due at the AIDS Bureau on or before April 8, 2011.

Organization Name: The City of Hamilton

Category & Line Item	HIV/IDU Outreach Project				Anonymous HIV Testing Program				Program 3: (enter name here)				Consolidated Budget				Column C - Ministry Use		
	Column A - Approved 2010-11		Column B - Proposed 2011-12		Column A - Approved 2010-11		Column B - Proposed 2011-12		Column A - Approved 2010-11		Column B - Proposed 2011-12		Column A - Approved 2010-11		Column B - Proposed 2011-12				
	Amount	FTE	Amount	FTE	Amount	FTE	Amount	FTE	Amount	FTE	Amount	FTE	Amount	FTE	Amount	FTE			
1 HIV/IDU Outreach Worker	\$ 46,293	1	\$ 47,219	1											\$ 46,293	1	\$ 47,219	1	
2 Public Health Nurse					50,181	0.5	51,200	0.5							\$ 50,181	0.5	\$ 51,200	0.5	
3															\$ 0	0	\$ 0	0	
4															\$ 0	0	\$ 0	0	
5															\$ 0	0	\$ 0	0	
6															\$ 0	0	\$ 0	0	
7															\$ 0	0	\$ 0	0	
8															\$ 0	0	\$ 0	0	
9															\$ 0	0	\$ 0	0	
10															\$ 0	0	\$ 0	0	
11															\$ 0	0	\$ 0	0	
12															\$ 0	0	\$ 0	0	
13															\$ 0	0	\$ 0	0	
14															\$ 0	0	\$ 0	0	
15															\$ 0	0	\$ 0	0	
16															\$ 0	0	\$ 0	0	
17															\$ 0	0	\$ 0	0	
18															\$ 0	0	\$ 0	0	
19 Total Salaries/FTE:	\$ 46,293	\$ 1	\$ 47,219	\$ 1	\$ 50,181	\$ 1	\$ 51,200	\$ 1	\$ 0	\$ 0	\$ 0	\$ 0	\$ 96,474	1.50	\$ 98,419	1.50			
20 Total Benefits (% of Salary & Wages):		%		%		%		%		%		%	\$ 0	%	\$ 0	%			



SCHEDULE B: 2011-12 Budget Submission

Organization Name: **The City of Hamilton**

Category & Line Item	HIV/IDU Outreach Project		Anonymous HIV Testing Program		Program 3: (enter name here)		Consolidated Budget		Column C - Ministry Use
	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column A - Approved 2010-11	Column B - Proposed 2011-12	Column A - Approved 2010-11	Column B - Proposed 2011-12	
19 Salaries, Wages, Remuneration, FTE:	\$ 46,293 1.00	\$ 47,219 1.00	\$ 50,181 0.50	\$ 51,200 0.50	\$ 0 0.00	\$ 0 0.00	\$ 96,474 1.50	\$ 98,419 1.50	
20 Benefits:	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	
23 Rent/Utilities:	1,670	2,060	0	0	0	0	1,670	2,060	
25 Supplies & Other Expenses:	38,968	37,652	9,114	8,095	0	0	48,082	45,747	
28 Protected Allocations:	1,600	1,600	250	250	0	0	1,850	1,850	
34 Other/Special Items:	0	0	0	0	0	0	0	0	
TOTAL BUDGET:	\$ 88,531	\$ 88,531	\$ 59,545	\$ 59,545	\$ 0	\$ 0	\$ 148,076	\$ 148,076	

APPROVAL - Board Chair's or President's signature (or organizational equivalent). This signature is mandatory.

I have reviewed and hereby approve the proposed changes to the Schedule B as stated in column(s) "B - Proposed 2011-12".

Signature

Name and Title (Print)

Date (month, day, year)

This document is due at the AIDS Bureau on or before April 8, 2011

Mail & email this signed document along with all the other Program Plan documents to:

Joanne Lush, Senior Program Consultant
AIDS Bureau, Provincial Programs Branch
Ministry of Health and Long-Term Care
5700 Yonge Street, 5th Floor, Toronto ON M2M 4K5
email: joanne.lush@ontario.ca
tel: 416 327 7231 / 1 800 268 6066

MINISTRY APPROVAL

This signature provides approval for the Schedule B: 2011-12 Budget as submitted: _____ Date Approved: _____

Frank McGee, Manager, AIDS & Hep C Programs

