

Subject: New Housing First Assertive Community Treatment Team

Report to: Public Health and Social Services Committee

Report date: Tuesday, February 4, 2025

Recommendations

1. That Regional Council **APPROVE** the posting of up to 12 permanent full-time equivalents (FTE)s in February 2025, in advance of Council's approval of the FTEs planned for the March 2025 committee cycle.

Key Facts

- On January 27, 2025, the Ministry of Health approved a proposal from ten collaborating organizations to establish a Homelessness and Addiction Recovery Treatment Hub (HART Hub) in Niagara.
- The Niagara Region Mental Health program will be funded to establish a new Housing First Assertive Community Treatment Team (HFACTT) in a three-year demonstration project that must initiate service by April 1, 2025.
- The overall budget for the initiative, across all ten partner organizations, is \$18.9 million with approximately \$1.53 million per year allocated to support the HFACTT. No levy contribution will be required to support the HFACTT.
- The purpose of this report is to seek Council's approval to post up to 12 permanent full-time equivalents (FTE's) as soon as possible while concurrently finalizing a funding agreement with the lead agency. None of the positions will be awarded until the HART Hub funding for the Niagara Region Mental Health program has been settled. The filling of the up to 12 positions will be contingent on Council's approval of the March 2025 report.
- 11 of the 12 positions newly funded are unionized positions, represented by ONA Public Health, CUPE 1757, and CUPE 1287. There is language in both ONA Public Health and CUPE 1287 contracts requiring that, after the period of the original posting or a two-year period respectively, the jobs must automatically become permanent.
- There are significant advantages to post all of these 12 jobs permanently including attraction and retention of higher quality candidates, continuity of care and service

across the department, and may avoid future separation costs by utilizing bumping and layoff language in each of the existing applicable collective agreements.

- The Region's Budget Control By-law and Corporate Delegation of Authority Policy requires Council approval for the creation of new permanent FTEs. A full report with financial details and a request to formalize the FTE and budget adjustment required will be presented to Council next month once a suitable funding agreement has been secured.

Financial Considerations

The Niagara Region has not yet entered into a formal funding agreement for the addition of the HFACTT to support the HART Hub to be operated by Gateway Residential and Community Support Services, the lead agency. While the lead agency has secured provincial funding, the Region's Budget Control By-Law and Corporate Delegation of Authority Policy requires Council approval and a confirmed funding source before hiring new permanent FTEs.

To ensure timely implementation of the HFACTT team, this report seeks Council's approval to begin the process of recruiting candidates while concurrently working through the preparation of a funding agreement with the lead agency. However, hiring will remain contingent on securing a suitable agreement.

The estimated funding to be allocated for the 12 permanent FTE's and the contracted Consulting Psychiatrist are \$1.53 million per year starting April 1, 2025. No levy contribution is required. A follow-up report will be presented to Committee in March, providing full financial details and requesting approval for the FTEs once a contract is in place.

Analysis

The HART Hub will serve individuals who are experiencing homelessness who have addictions and/or mental health concerns. Hub efforts will be targeted specifically to clients experiencing chronic sheltered or unsheltered homelessness who have symptoms of mental illness and/or substance use.

HFACTT is an evidence-based multidisciplinary, wrap-around, team approach that supports people with long-standing symptoms of severe mental illness and addictions that directly impact their ability to obtain and retain suitable housing. Most often, they are individuals who have not experienced success in traditional mental health and

addictions programming. Individuals receive supportive services in multiple areas: mental and physical health, substance use, education, employment, and support with finding and maintaining safe and affordable housing. Research has found that the Assertive Community Treatment (ACT) model itself has a significant impact in reducing hospitalizations, and when combined with a Housing First approach, it further improves housing stability and successful exits from homelessness.

The Niagara Region Mental Health Program currently has two ACT Teams and is well-positioned to establish a third specialized team (HFACTT) to assist this population. ACT Teams operate 7 days/week with extended hours outside of regular business hours.

This new multidisciplinary team consists of 12 full time equivalents and one contracted consultant:

- 1 Consulting Psychiatrist (contracted)
- 1 Supervisor (non-union)
- 4 Mental Health Nurses (ONA Public Health)
- 1 Social Worker (CUPE 1757)
- 1 Occupational Therapist (CUPE 1757)
- 1 Peer Specialist (CUPE 1757)
- 1 Program Assistant (CUPE 1287)
- 1 Mental Health Case Worker (CUPE 1757)
- 1 Addiction Case Worker (CUPE 1757)
- 1 Behavioural Specialist (CUPE 1757)

In order to ensure sufficient lead time for the Mental Health program to recruit and onboard the staff needed to fully leverage the HART Hub funding, the postings for the new positions must occur in early February 2025.

Staff will evaluate the HFACTT at meeting its intended goals during the initial three-year phase. If effective, advocacy efforts will be made to secure continued funding. Should this effort be unsuccessful, mechanisms are in place to adjust the FTE count as needed.

Alternatives Reviewed

Regional staff reviewed the implications of waiting to post the new positions until March 2025 when requesting the official funding and FTE approvals by the Board of Health. These timelines would not afford sufficient time to recruit and onboard the new staff to meet the implementation date of April 1, 2025.

Staff also reviewed the option of posting the new positions as temporary for the three-year duration of the committed funding. However, collective agreement requirements mandate the conversion of positions to permanent after a certain period, depending on the employee group. Additionally, in the current, competitive health human resources environment, it is particularly challenging to recruit mental health program staff to temporary roles, as potential candidates are typically already employed in permanent, full-time positions elsewhere. This could significantly impact the ability to attract qualified candidates and, in turn, affect the quality of care provided to the population supported. Temporary staff often seek out permanent employment elsewhere in the organization, leading to higher turnover rates and service gaps or additional costs associated with recruitment and retraining.

Relationship to Council Strategic Priorities

The approval of 12 permanent full time equivalent positions supports Council Strategic Priorities of fostering Equitable Region, promoting affordability with a diversity, equity and inclusion lens by improving access to affordable and attainable housing for vulnerable populations.

Council has declared states of emergency for homelessness, mental health, and opioid addictions, recognizing the impact on Niagara residents and the need to prioritize resources from the federal, provincial, and local governments.

Other Pertinent Reports

None

Prepared by:

Lisa Panetta
Associate Director, Mental Health
Niagara Region Public Health

Recommended by:

Azim Kasmani, MD, MSc, FRCPC
Commissioner and MOH
Public Health and Emergency Services

Submitted by:

Ron Tripp, P.Eng.

Chief Administrative Officer

This report was prepared in consultation with Jeff Garritsen, Associate Director Labour and Employee Relations and Employee Health; Donovan D'Amboise, Manager Program Financial Support; Rachel Williams, Human Resources Consultant; Diane Vanecko, Director Clinical Services Division.