

CENTRAL WEST LHIN
Mental Health and Addiction Services Core Action Group

Meeting Notes of
Wednesday, February 3, 2010
9:00 – 11:15 a.m.

Boardroom of William Osler Health System's Corporate Office

In Attendance

Mohamed Badsha, Reconnect Mental Health Services
Scott Brooker, Friends & Advocates Peel
Amandeep Kaur, Punjabi Community Health Services
Michelle Kelly, Consumer Survivor Network
Nora Kennedy, Family Transition Place
Sandy Milakovic, Canadian Mental Health Association/Peel Branch, Co-chair
Baldev Mutta, Punjabi Community Health Services
Karen Parsons, Peel Addiction Assessment and Referral Centre
Janice Peters, Supportive Housing in Peel
Laurie Ridler, Supportive Housing in Peel
Susan Smither, Centre for Addiction and Mental Health
Eric Tripp-McKay, Peace Ranch
Michael Buchert, Central West LHIN
David Colgan, Central West LHIN
Jody Wellings, Central West LHIN
Suzanne Robinson, Central West LHIN (recorder)

Guests:

Noreen Cadore, Supportive Housing in Peel
Helen Gemmell, Canadian Mental Health Association/Peel Branch
Linda Hackman, Peace Ranch
Mary Kuzyic, Supportive Housing in Peel
Sheila Mitchell, Friends & Advocates Peel
Eddy Palma, Reconnect
Cynthia Parmanand, Canadian Mental Health Association/Peel Branch

Regrets:

Monty Laskin, Caledon Community Services
Fred Wagner, Trellis Mental Health and Developmental Services
Laurence Wolfson, William Osler Health System

1. Agenda

The agenda was approved.

2. Meeting Notes of January 6, 2010

Approval of the January meeting notes was deferred.

3. Presentations

3.1 CCIM

Dynamics GP (Microsoft)

Jennifer spent 20 minutes walking through the slides re-introducing and highlighting the benefits of the software, available through the LHIN. Slide 14 identifies the steps to implement the solution. Implementation is planned with an analyst working backwards from a health service provider's desired "go live" date. Experience varies with roll out amongst very keen providers occurring in one month with others taking three months and more.

To move ahead with the solution, a letter of commitment is required by March 31st with implementation to be completed by the end of September. Making a commitment means that CCIM will set aside a software license and allocate resources for the rollout i.e. business and implementation analysts. The needs assessment follows and if it is deemed that that Quadrant isn't the right fit, CCIM will review the letter (available in hard copy through Suzanne Robinson).

The estimated cost should providers pursue the software outside of this project and after March 31st is estimated at \$25,000 plus the costs of the MIS module and vendor services.

While providers are undecided about participating in the project, there is a general willingness to submit a letter of commitment and following the needs assessment, to identify the required financial resources and collectively request those resources from the LHIN. There was agreement to look at implementation from a systems perspective rather than a provider one, and to schedule implementation together, building on the momentum of the sectors' collaborative success to date. A letter from the Central West LHIN to providers indicating the LHIN's support of transitioning to the CCIM solutions is welcome.

Suzanne Robinson to forward information on progress in other sectors and ensure follow up on the LHIN letter

Suzanne Robinson to discuss with Jody Wellings about how to link the clinical and business systems of CCIM initiatives

Providers are encouraged to contact CCIM to discuss organizational circumstances

Quadrant (QHR, based out of Kelowna, B.C.)

Eugene Cortes spent a half hour introducing the solution and noted that the end date for this project is March 2012. Its features, highlights, training required and available support were part of the presentation, provided as a handout. Activity amongst health service providers in the Central West LHIN was shown on slides 23-25.

Questions about the solution included capacity of the support team, where the solution was tested, how it supports a "paymaster" relationship, and its effect on external payroll management.

Eugene Cortes to follow up on the matter of how a provider accounts for the activity of an independent organization which has money flowed through the provider for which the provider is required to report

Note: Providers' Finance and Human Resources staff informally excused themselves as the meeting continued.

5. Standing Reports

5.1 Consumer Survivor Network
See report as distributed by Michelle Kelly.

Michelle to clarify in the report and future communication that Rosie's Kitchen is affiliated with Peace Ranch

5.2 Diversity Work Group
Baldev Mutta reported that monthly meetings are scheduled, the membership has grown, and they are focused on three tasks: defining scope of work, determining the value proposition for agencies e.g. developing and providing tools, and determining training needs across issues e.g. seniors, mental health.

6. Other Business

6.1 CCIM: IAR Update
Jody announced that her update will be provided by way of convening the IAR Steering Committee meeting, normally conducted monthly immediately following each Core Action Group meeting. The Core Action Group was officially adjourned prior to Jody calling the IAR meeting order.

7. Next Meeting

The next meeting is March 3rd with the location to be determined.

8. Adjournment

The meeting informally adjourned at 11:15 with providers not participating in the IAR Committee excusing themselves.