

CENTRAL WEST LHIN
Mental Health and Addiction Services Core Action Group

Meeting Notes

Wednesday, May 5, 2010 ~ 9:00 to 11:00 a.m.
Resource Centre, Canadian Mental Health Association/Peel Branch

In attendance:

Mohamed Badsha, Reconnect Mental Health Services
Scott Brooker, Friends & Advocates Peel (by teleconference)
Amandeep Kaur, Punjabi Community Health Services
Michelle Kelly, Consumer Survivor Network
Monty Laskin, Caledon Community Services
Sandy Milakovic, Canadian Mental Health Association/Peel Branch, Chair
Baldev Mutta, Punjabi Community Health Services
Karen Parsons, Peel Addiction Assessment and Referral Centre
Susan Smither, Centre for Addiction and Mental Health
Eric Tripp-McKay, Peace Ranch
Laurence Wolfson, William Osler Health System
David Colgan, Central West LHIN (Acting Chair)
Suzanne Robinson, Central West LHIN (recorder)
Pat Stoddart, Central West LHIN
Jody Wellings, Central West LHIN

Regrets:

Mary Jane Cripps, Reconnect Mental Health Services, Vice-chair
Rob Hardy, Salvation Army Hope Place
Norah Kennedy, Family Transition Place
Janice Peters, Supportive Housing in Peel
Laurie Ridler, Supportive Housing in Peel
Fred Wagner, Trellis Mental Health and Developmental Services

1. Agenda

With the addition Mental Health Assessment Nurse Position by Laurie Wolfson, the agenda was approved.

2. Previous Meeting notes – 3rd March 2010

The group agreed that the notes of 3rd March 2010 reflected the meeting discussions.

Suzanne Robinson will circulate and request the notes be posted to the LHIN's web site

3. Presentations

None scheduled.

4. Business

4.1 Terms of Reference

The Group accepted the Terms of Reference with two slight changes. They were revised to reflect the decision to appoint a Chair and Vice-chair and now also include Terms of Office as discussed.

Suzanne Robinson to revise the Terms of Reference as agreed and circulate the final copy.

4.2 Extended Action Group:

Suzanne Robinson thanked everyone for their participation at the Extended Action Group. There were a total of 50 participants representing 34 organizations, and 12 sectors or areas of interest. With an evaluation summary part of the report, it was highlighted that participants felt the meeting achieved the intended outcomes. Positive comments from the Group included that they were pleased that Education and the aboriginal community was represented. A draft report is currently under review and when finalized, it will be distributed to the list of meeting invitees. A list of actions for follow up by the LHIN is also included.

Suzanne Robinson will circulate the final report within two weeks.

4.3 Concurrent Disorders Network: Service Decision

Laurie Wolfson informed the Group that Reconnect Mental Health Services was appointed the lead agency for the new Central West Concurrent Disorders Support Service. A search and selection committee is currently working through hiring process.

4.4 H-SIPs

Four items are included for discussion: Test of Criteria, LHIN Internal Management Process, Supportive Housing for People with Problematic Substance Use, and Safe Integration Recovery Program.

a. Test of Criteria

Suzanne Robinson circulated the H-SIP for Emergency Department Diversion and the result of the review completed using the draft criteria as discussed in March. Overall, Suzanne reported that while the H-SIP adequately defined the service there was insufficient information about its fit with existing system resources and what change will result i.e the metrics. As well, an identified gap is that the criteria include a measure for risk management but the H-SIP form does not require comment on it.

David Colgan clarified that both the H-SIP and review criteria were developed across LHINs. While the criteria are set by the LHIN, how each is defined and determined to be assessed is for what input is being sought. The criteria as set out for items eight through 14 was developed for the Aging At Home initiative and the tool should now be re-developed in the context of mental health and addiction. The LHIN staff is continuing to discuss this tool and the related H-SIP form to ensure that the best and most relevant information is considered.

All to review in detail the documentation and be prepared for a discussion at the next meeting.

Suzanne Robinson to:

- *forward the documentation electronically*
- *review the criteria with David Colgan ensuring provider input is reflected and the integrity of the resource is maintained*

b. LHIN Internal Management Process

Suzanne Robinson reported that no further information is available as yet.

Suzanne Robinson to include on the agenda when an update is available

c. Supportive Housing for People with Problematic Substance Use

On behalf of SHIP, Lesley Nagoda provided the following update on the meeting convened of six providers on March 31st: on reviewing the criteria set out in the Ministry guidelines, there were many questions and comments and it was indicated that there was speculation that the model was under review at the Ministry. It was agreed that further clarification on the interpretation of the criteria was needed before moving forward so as such, it was decided to defer the next meeting until there was confirmation of the funding and whether the model could be modified.

Suzanne Robinson reported that funding will flow for two years, resulting in support for a total of 16 clients. While the Ministry of Health & Long-term Care conveyed that funding will be forwarded in June, the Group is planning for fall implementation.

SHIP to host another meeting before the end of May to determine the best approach for housing and service that through collaboration serves the intended population as per ministry direction.

d. Safe Integration Recovery Program

Mohamed Badsha provided some history on the evolution of the program described in the H-SIP and St. Leonard's work with high risk clients and their need for additional support. Sandy Milakovic added that these clients pose too high a risk at a safe bed and once their term with Corrections is complete, their access to psychiatry and housing immediately ceases. There is cyclical use of multiple systems by this client group so pursuing this program has the potential to transform the system.

CMHA will review the H-SIP against the draft criteria.

4.5 Psychiatric Sessionals

Suzanne Robinson circulated prior to the meeting the "FAQ" from Ministry of Health & Long-term Care about the increase in the number of allowable sessionals per LHIN. The goal of this investment is to strengthen access to community mental health and addictions services for high risk individuals. Funding is to be aligned with the current provincial goals of addressing unattached patients and emergency department congestion and the provincial strategy on mental health and addictions.

This is being presented by the LHIN so that providers can help identify specific programs within prospective agencies to which to allocate the new sessionals, including how many sessionals and how the provincial goals would be met. The Ministry has asked that consideration be given to creating an overall structure to help ensure flexibility in making funding available as required. The LHIN must submit its list of providers by May 21st.

Suzanne Robinson to:

- *forward the rate of compensation for each psychiatrists and physicians*
- *clarify communication and administrative processes of funding*
- *schedule a meeting to meet this requirement by the deadline*

4.6 "How We Do Business"

Sandy Milakovic reminded the group that during a previous meeting, documentation was provided about running effective meetings e.g. reports in advance. Related to this, circulated for discussion is a summary of the feedback about desired changes that Suzanne Robinson received from providers during one-to-one site visits. Sandy Milakovic encouraged providers to think about these comments and keep them in mind as the Group moves forward.

4.7 Mental Health Assessment Nurse Orangeville

Laurie Wolfson was delighted to announce that this existing one full-time equivalent position (currently vacant) is being transferred from Homewood Health Care and Trellis Mental Health and Developmental Services to William Osler Health System (WOHS). The position will continue to be based in the Emergency Room of Headwaters Health Care Centre. The position will enhance the Memorandum of Understanding between WOHS and Headwaters to serve Form 1 patients presenting in Orangeville. This coupled with the new psychiatrist being recruited for Orangeville will enhance overall services to Dufferin County.

Pat Stoddart added that continued collaborative work linking patients to community services is part of the local obligations for each hospital, accountable to the Central West LHIN through their LHIN agreements. Hospitals and the LHIN have worked easily and collaboratively. David Colgan highlighted that providers can anticipate a reciprocal expectation of working with hospitals.

5. Project Updates

5.1 Community Care Information Management (CCIM)

a. OCAN
No report.

b. Integrated Assessment Record

Jody Wellings reported that good progress continues with the evaluation proceeding as well. To date, 443 clients are in the database with 743 assessments and 64 searches. The next step in the project is to look at the selection of the provincial solution and then upgrade the pilot version currently in use.

Jody Wellings also announced that CCIM has hired a staff to be shared by the Central West and Mississauga Halton LHINs acting as the point person on CCIM projects. The start date is in June with Jody's office working with CCIM to plan for the role. On Susan Smither asking about integrating the addictions tools, Jody indicated that addiction providers would be part of the provincial roll out. Jody also spoke to two privacy issues:

- Central West LHIN Privacy Committee has been established to address LHIN-wide matters, and
- partnering are Central West, Erie St. Clair and North Simcoe Muskoka LHINs as leaders of the Ontario LHIN Privacy Project for the 14 LHINs, with tasks including the development of a standardized tool kit for providers

Jody Wellings to:

- *provide more details regarding the type of assessments in the database and the source of searches*
- *confirm a presentation by the new Coordinator at an upcoming meeting*

c. Business Management Solutions

Sandy Milakovic reported that most CMHAs are moving ahead with the MIS solution although with numerous challenges and roadblocks e.g. staff hours, reporting mechanisms, meeting multi-funders needs. A survey is being conducted amongst the branches and a Working Group is being formed to address the issues.

Eric Tripp-McKay reiterated the identified need for resources to support implementation. Suzanne Robinson added that GTA LHINs are connecting with the Ministry to discuss roles and expectations once the project is closed.

There remains agreement amongst Central West providers to proceed collectively and share lessons learned

Sandy Milakovic to provide an update on CMHA's provincial work

Suzanne Robinson to provide an update about Ministry conversations

5.2 Dufferin Connects

Mohamed Badsha reported that the focus over the next few months is to plan with Headwaters and Osler for service delivery. Sandy Milakovic added that the Human Services and Justice Coordinating Committee was launched with seed money provided by Peel's Committee but they will require additional funding. Sandy clarified that local committees are not funded however Regional committees are still supported by the Ministry.

Mohamed highlighted that the Integrated Support Network of Dufferin has capacity to serve clients and Laurie Wolfson reminded the group of the joint hiring of a psychiatrist to provide services in Orangeville. To date, Eric Tripp-McKay reported that the Network has received 28 referrals.

6. Standing Reports

6.1 Consumer/Survivor Network

With the focus of their work to be on one or two issues already identified in each area, Michelle Kelly provided the following meeting dates for regional committees:

- May 23rd Orangeville
- May 25th Brampton and Caledon

Efforts continue to work with Reconnect in the Etobicoke/Rexdale area. The Chair reiterated the Core Action Group's commitment to helping the Network bring forward their reports to the LHIN.

6.2 Diversity

Baldev Mutta reported that the Diversity Core Action Group (C.A.G.) is scheduling discussions with the LHIN's other Core Action Groups. They want to determine what the Diversity C.A.G. can do to help position providers to meet the LHIN requirement regarding health equity plans, as well as ensure ongoing communication and connection with Core Action Groups.

David Colgan commented that in IHSP2, there is an expectation that in the next three years each health service provider establish a health equity plan. Support for this is being spearheaded by the now "Diversity and Equity" Core Action Group and that ideally, a member of each LHIN Core Action Group would attend the Diversity and Equity C.A.G. Cross-representation for Mental Health and Addiction is provided through Baldev.

Suzanne Robinson to seek clarification at the Funders Consortium about the relationship between the Peel Diversity Roundtable and funder-specific diversity initiatives to inform providers about their roles with each

6.3 Concurrent Disorders

Mohamed Badsha reported that implementation of the GAIN short screener is continuing with the next stage being electronic. It requires meeting with Osler about the role of Health Information Network Provider and building on the work of the Champlain LHIN. The Network is close to confirming with the Centre for Addiction and Mental Health (CAMH) that they will manage the data entry and reporting. Susan Smither added that CAMH is the principle researcher on a GAIN pilot beginning by Toronto Concurrent Disorders Support Services for which a report will be available to the C.A.G.

With Eric Tripp-McKay asking about the desired system-level snapshot and need for client consent, Mohamed replied that under legislation, it's anticipated that consent is not required.

Through Mohamed Badsha, Network Coordinator Adair Roberts will clarify consent requirements.

6. Other Business

7.1 Definitions

SHIP and CMHA attended a Mississauga Halton LHIN MIS workshop to discuss and clarify MIS definitions. Suzanne Robinson to expect a call from the Mental Health and Addiction lead at the Mississauga Halton LHIN to discuss coordination of this effort.

7.2 Health & Care Centres

David Colgan highlighted that the LHIN is hosting public meetings tonight in Shelburne and on May 17 in Bolton regarding the proposed services for the planned Health & Care Centres, evolving from specific local needs.

8 Next Meeting

8.1 Next Meeting

The next meeting is Wednesday, June 2, 2010 from 9:00 to 11:00 a.m. at Caledon Community Services.

9 Adjournment

The meeting was adjourned at 11:05 a.m.