



Communiqué

CMHA Erie-St. Clair LHIN Region Integration Initiative

Version 1.3: July 26, 2006

Contents

1	Executive Summary.....	2
2	Background.....	2
3	History	3
4	Key Objects of the Local Health Integration Networks.....	3
5	Goals of the CMHA Integration Initiative.....	4
6	Contacts	5
7	Questions and Answers.....	5

1. Executive Summary

The Essex, Kent and Lambton County branches of the Canadian Mental Health Association (CMHA) are undertaking an initiative in exploring potential integration of services as well as administrative and support functions.

The initiative involves the Executives and senior managers of the three CMHA branches as well as senior management and Boards of Directors individually and jointly.

The initiative originates from an identified need by the three branches for increased collaboration and to ensure that the CMHAs continue to play a lead role in the planning for and provision of mental health services in the Erie St. Clair LHIN region. The process is being facilitated by an external consultant,

The main focus of this initiative is to improve the service delivery for clients, families, friends and communities of the three CMHA branches. The project is intended to discover ways to enhance and extend services to clients through increases in effectiveness and efficiencies.

This project is directed by the needs of all CMHA clients and stakeholders in the three geographic areas.

2. Background

CMHA is one of the oldest voluntary health organizations in Canada.

It began as the Canadian National Committee for Mental Hygiene in 1918 when it was founded by Dr. Clarence M. Hincks and Clifford W. Beers. Hincks had, himself, experienced mental illness.

Throughout the years, the organization developed into a leader in the realm of support, service and education regarding mental illness and mental health.

The CMHA is a national network of 135 branches in communities across Canada, dedicated to the promotion of the mental health of all people, and ensuring the provision of the best possible services for people with mental health problems.

The CMHA branches involved in this project all have deep, respected histories and reputations in their own communities. Each is a leader in their area for the promotion of mental health and the service of clients with serious mental illness. The three organizations vary in size, according to their own area's population and need. All share the same mission: to enhance, maintain and promote the mental health of each community it serves as well as providing service and support to people with a serious mental illness.

These services come in many forms and are tailored to meet the needs of each community. All three branches offer services such as intake and assessment, case management, justice program, homelessness initiative, vocational assessment, education and health promotion.

3. History

For many years, CMHA has dealt with the continual struggle to secure government funding in the field of mental health. In the past three years, we have witnessed a new level of political commitment to mental health and serious mental illness. In particular, the Ontario government has continued with plans to implement its Transformation Agenda, featuring collaborative, community-based health care through person-centred system co-ordination and integration.

The Essex, Kent and Lambton County CMHA branches have been moving in a direction intended by the LHIN legislation and the direction it provides. The LHINs are intended to facilitate the transformation of health care in Ontario by bringing the planning for, delivery and management of health care to the local level. To enable this, LHINs will integrate health care at a local level and consolidate the following functions: planning, system integration and system coordination, funding allocation and evaluation of performance through accountability agreements.

The LHINs vision is: *"... a system where all providers speak to one another in the same language, where there are no longer impenetrable and artificial walls between stakeholders and services: a system driven by the needs of patients not providers."*

4. Key Objects of the Local Health Integration Networks

The Compendium to the Act summarizes the following key objects of the LHINs:

- Promoting local health system integration.
- Planning for local health services needs.
- Community engagement in planning and priority setting.
- Ensuring appropriate processes for response to concerns.
- Assisting with the development and implementation of the provincial strategic plan, priorities and services.
 - Working with others to:
 - o Improve access to and coordination of health services, continuity of care
 - o Dissemination of information on best practices
 - o Improve health service delivery efficiency and sustainability of the health system
 - Allocating and providing funding to health service providers.
 - Setting performance standards with funded health service providers and ensuring they are achieved.
 - Being accountable for the effective and efficient management of the LHIN's human, material and financial resources.
 - Carrying out any other objects the Minister specifies by regulation.

5. Goals of the CMHA Integration Initiative

Through the integration project, the three area CMHA branches are seeking ways to:

- 1 Increase collaboration and integration of services and administrative functions across the region covered by the three branches.
- 2 Simplify and improve access to services for clients and their families.
- 3 Enhance and extend services through increases in internal efficiencies.
- 4 Engage the broader community of service providers beyond the CMHA organization.
- 5 To play a lead role in the emerging direction and the transformation of the area health care system.

Along with the above goals of the integration project, the three branches would like to embrace the opportunities presented in the context of the changing landscape for the health care system.

The three branches will enhance community capacity to support individuals and provide mental health services by:

- a. Focusing on the mental health of individuals, their families, friends and communities served in the region.
- b. Developing and implementing individual organization and joint plans that are consistent with the direction of the LHINs.
- c. Planning and implementing changes incrementally in an inclusive process that will assist in making the change better understood, accepted and non-disruptive.
- d. Continuing the mutually supportive relationship with the Ministry of Health and Long Term Care (MOHLTC).
- e. Building strong, positive relationships with the LHIN.
- f. Supporting network relationships to assist community partners in moving forward with integration

6. Contacts

1 Alan Stevenson, CEO, CMHA Lambton County Branch
 Phone Number: (519) 337-5411 ext 224
 Email address: alan@cmha.sarnia.net

2 Len Caro, ED, CMHA Chatham-Kent Branch
 Phone Number: (519) 436-6100 X 225
 Email address: lcaro@cmhakent.com

3 Pamela Hines, CEO, CMHA Windsor-Essex County Branch
 Phone Number: (519) 255 9940 ext. 223
 Email address: phines@cmha-weceb.on.ca

7. Questions and Answers

QUESTIONS	ANSWERS
1. How does this proposal look at local partnerships?	The work that is being undertaken between CMHAs in the Erie St Clair LHIN will continue to build on local partnerships. All three branches will continue to participate in local integration opportunities that will improve continuity of care for people with mental illness.
2. Are the hospitals or agencies that have community mental health services involved in your initiative?	CMHA's account for more than half of the community mental health services in the Erie St. Clair LHIN area. Building on this strength, we have chosen to focus our efforts on building on the existing CMHA affinity. We will invite participation of other providers once we have clarified the relationship between the three branches.
3. Why are you doing this now? Why not wait until later?	CMHA has always championed and pioneered the development and implementation of community mental health services, and we continue to do so now and into the future.
4. Are we ahead of the rest of the Province in looking at integration opportunities?	The healthcare systems across the province are all evolving at their own pace. Conditions
	in the Erie St. Clair LHIN are unique and the three Branches are taking this opportunity to be proactive in identifying potential opportunities rather than reactive.
5. Have the Branches decided to amalgamate?	The three CMHA branches in the Erie St. Clair LHIN are committed to a set of principles and a process to look at new ways of working together to ensure the best possible services to the community. All options will be considered in this process to achieve that end.

6. What will this mean for my job?	The three CMHA branches in the Erie St. Clair continue to anticipate growth in the community mental health sector. One of the LHIN priorities is mental health services. With this in mind, we anticipate greater opportunities will emerge. At the same time we anticipate that roles and jobs may change.
7. Now that you have developed a partnership, who is making decisions on allocations and priorities?	Allocation priorities continue to be made by individual administrations and Boards of Directors in accordance with MOH LTC, LHIN and other funder agreements.
8. Is this a way for the creation of a single CMHA branch for the Erie St. Clair Region?	CMHA is a strong, important and viable service provider in each of the three counties of the Erie St Clair LHIN. We have entered this process as equal partners with a shared purpose and mutual interest in ensuring that we continue to provide services in the local communities that are responsive to local needs.
9. Is this being directed by the LHIN?	The three branches of CMHA in the Erie St. Clair LHIN agreed to work together on this process of our own accord.
10. Will the services that I receive still be there?	Services will still continue to be provided in the local communities. Continuity of care and responsiveness will remain priorities.
11. Will I have to travel to Windsor/London/etc. for services?	As is the case today, for highly specialized and regional services, individuals may be required to travel to Ministry/LHIN designated programs.
12. Why did you hire consultants for this project?	We hired the consultants to facilitate this process. We are equally sharing the work and the ownership of this project.
13. Why do you need three CEOs?	The three CMHA branches in the Erie St. Clair LHIN are committed to a set of principles and a process to look at new ways of working together to ensure the best possible services

	to the community. All options will be considered in this process to achieve that end. Local leadership will continue to be required.
14. Will existing collective agreements and employment practices be honored?	Existing labour agreements and employment practices will guide decision-making that impacts on human resources in accordance with relevant legislation. We are committed to implement any changes with least disruption to the employees while maintaining a focus on clients, their families and friends.

<p>15. How will this protect local leadership, local community engagement, and local delivery of services?</p>	<p>The Branches recognize the uniqueness of each community, including the variations in programs and services available from other providers in each community. Variations of need also exist in different communities within a county. Services will continue to be provided by the Branches on the basis of identified general and unique service needs across the region.</p>
<p>16. How do you define 'local'?</p>	<p>"Local" for this initiative refers the individual counties and the various communities within those counties.</p>
<p>17. If you are looking at integration, does this mean equity across the three counties?</p>	<p>The range and amount of community support services available will be provided in so far as possible consistently across the region. "Equity" will be sought to ensure that no matter where someone lives in the tri county they can expect relatively the same range and quality of services. The qualifier "in so far as possible" recognizes the unique differences and needs that will have to be taken into consideration for each community, depending on resources available in that community.</p>
<p>18. How will families find out about this initiative?</p>	<p>A communication plan is being developed which will include the best ways in which to communicate the progress in this initiative to all affected individuals and groups especially clients, families etc.</p>
<p>19. How will my son/daughter continue to receive services? Will their case manager change?</p>	<p>Services will continue to be provided in the local communities by local providers. Continuity of care and responsiveness will remain priorities.</p>
<p>20. How will this benefit / help a loved one or me?</p>	<p>The principal focus of the initiative is on the mental health of individuals, their families, friends and communities served in the region. Access to services will be provided on a fair and equitable basis according to an individual's level of needs.</p>
<p>21. Will this improve services?</p>	<p>Creating efficiencies provides opportunities to maximize direct services in the local communities while achieving quality outcomes. Sharing resources can eliminate duplication of effort and the opportunity to benefit from the abilities and expertise in each Branch to improve services.</p>
<p>22. I was in Windsor and now I'm in Chatham and the waitlist is shorter, will the waitlist in Chatham increase with integration?</p>	<p>The Ministry of Health and Long Term Care has provided enhancements to increase capacity in each community. Each Branch will be accountable for ensuring accessibility to services on a timely basis.</p>

<p>23. Since the three communities are so different, how will you respond to the individual needs of these communities under integration?</p>	<p>The nature of community support is that the services need to be tailored to the individual's unique needs. How services are delivered may vary by community depending on the network of services available in the community and unique characteristics of the community.</p>
<p>24. How will consumers and families be involved?</p>	<p>The Boards for each Branch are very involved and include consumer and family representation. As the project progresses, family and consumers will be involved in a consultation process when and if the Branches pursue areas for integration.</p>