

Communiqué II

CMHA Erie-St. Clair LHIN Region Integration Initiative
September 26, 2007

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1. Background

For background information on the collaboration initiative, please refer to the following link for previous CMHA Erie-St. Clair LHIN Region Integration Initiative Communiqué:

[Communiqué July 2006.doc](#)

2. Signing of the Collaboration Agreement



Signing the agreement at Mama Maria's in Chatham, Ontario Tuesday, September 18, 2007

Back Row from Left to Right: Alan Stevenson, CEO CMHA Lambton, Pamela Hines, CEO CMHA Windsor-Essex, Len Caro, CEO CMHA Kent, John Clark, Past Chair CMHA Windsor-Essex

Front row: Forbes McLellan, Board President CMHA Lambton, Chris Mazaris, Board President, CMHA Kent

The Branches are very pleased to announce that a formal agreement for the collaboration between the three branches has been approved by all three Boards and signed at their last joint meeting on September 18, 2007.

The parties have agreed to a framework whereby the Branches can collaborate to enhance their respective missions and activities and the persons served by the Branches.

- To increase and enhance collaboration and integration of services and administrative functions;
- To simplify and improve access to services for clients and their families;
- To extend services through increases in internal efficiencies;
- To engage the broader community of service providers beyond the CMHA organization; and
- To play a lead role in the emerging direction and the transformation of the area health care system including advocacy and support to the LHIN.

The purpose of this Joint Collaboration Agreement is to affirm the objective of the parties to identify and implement synergies among the Branches including, without limitation the following:

The service principles for this joint collaboration shall include:

- The principle focus is the mental health of individuals served within the Region, as well as their families, friends and communities
- Commit to an approach to health services based on the determinants of health recognizing that a combination of physical, mental, emotional and social issues impact on the mental health of all individuals.
- Promote and advocate for continuity of care through service integration across the mental health system in the Region, for people with mental illness.
- Service will be provided on the basis of identified general and unique service needs across the Region.
- The range and amount of community support services available will be provided in so far as possible consistently across the Region.
- Access to services generally will be agreed on a fair and equitable basis according to an individual's level of needs.
- Access to specialized and complex care services to those most in need across the Region will be agreed on collaboratively.
- Service design and provision as close as possible and feasible to the natural communities to be served will be agreed on collaboratively.
- Assurance that County and municipal boundaries will not be a barrier to providing services will be agreed on collaboratively.
- Ensuring that program and services are continually evaluated through a formal Continuous Quality Improvement (CQI) program agreed upon collaboratively.
- Ensuring that service, client and community risks will be under constant review and mitigated through the use of a formal Risk Management (RM) Program that will be agreed and implemented collaboratively.
- Information will be developed and provided collaboratively where appropriate and possible.
- To create efficiencies and maximize direct services while achieving quality outcomes.

This joint collaboration agreement and the joint ventures undertaken by the parties are to be based on the following underlying principles:

- Enhancement of services to clients, families, friends and communities across the Region.
- Improvement of access to and coordination of health services and continuity of care across the Region.
- Dissemination of information on best practices across the Region.
- Improvement of health service delivery efficiency and sustainability of mental health services across the Region.
- Promotion of local health system integration across the Region.
- Improvement in planning for local health services needs across the Region.
- Promotion of community engagement in planning and priority setting.
- Enhancing appropriate processes for the identification of issues and the establishment of problem solving mechanisms across the Region.
- Enhancing accountability for the effective and efficient management of the human, material and financial resources across the Region.
- Assisting the LHINs with the development and implementation of the provincial strategic plan, priorities and services.

Each Branch will continue to maintain its status as an independent corporation without share capital and shall continue to be governed by an independent Board of Directors.

The Branches shall form a Joint Collaboration Committee to be called the “Joint Collaboration Committee” composed of nine (9) members.

All decisions on Joint Ventures approved by the Joint Collaboration Committee shall be referred to each Board for ratification before being implemented. In addition, any decision on Joint Ventures which does not receive the unanimous approval of the Joint Collaboration Committee shall also be referred to each Board for further discussion.

In the event that the Board of any Branch rejects a proposed Joint Venture, the other Branches may proceed with the Joint Venture with such amendments to the Schedule as may be necessitated by the non-participation of the dissenting Branch, which shall be under no obligation to participate in the Joint Venture.

3. Common Strategic Framework

One of the exciting accomplishments in the last few months was the approval of a common strategic framework.

Mandate

The mandate identifies the organization’s purpose or reason for being. It helps describe what the community expects of the organization. It should answer what the organization does, for whom and the outcomes to be expected.

The Tri-County CMHA’s generally agreed that their mandate is threefold:

- To provide treatment, support, education and advocacy for those with a serious mental illness, their families and the community in order to build resilience, recovery and maximum function for those individuals supported,
- To promote positive mental health to those in the community through education, prevention and early intervention,
- To provide treatments and supports to those in the community who may be experiencing a mental illness or dealing with life's difficulties.

Values and Principles

The participants identified the following as key values or principles that guide the delivery of services, and make the three CMHA's distinguishable from other service providers.

- Development and delivery of services based upon the determinants of health
- Promotion of a culture that is fair, just and trusting within a safe environment
- Client centered offering services that meet their needs (client self determination) rather than picking from a "set" menu
- Least intrusive
- Community based
- Holistic approach (integrating mental health care with primary care)
- Consumer focused
- We deal with the individuals we support in manner by which they make the majority of their choices
- Non-judgmental
- Harm reduction model
- Recovery model
- Don't' define people by their mental illness; they are people first
- Deliver service in a culturally sensitive manner

Together the branches identified core services, challenges and opportunities. We look forward to working together with the LHINs and other providers to achieve the Ministry's vision "*A health care system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren*".

4. HR Collaboration

The recent enhancement has enabled all three branches to provide expanded services in community mental health. With increased staffing the demands for human resource management has become a more critical function. None of the branches had dedicated positions and expertise for this function. The Windsor-Essex has hired a fulltime Director of Human Resources to be shared by all three branches. All of the branches now have access to consultation and we are in process of developing a human resource plan and program. Some staff from each branch have participated in the mental health certificate training program which is a joint effort with the University of Windsor and in collaboration with some of the modules from CAMH.

5. Accreditation

The Essex, Kent and Lambton County CMHA branches are committed to excellence and accountability. To that end, all three branches are involved in the accreditation process with the Canadian Council on Health Services Accreditation (CCHSA). The Windsor-Essex Branch received the full three year accreditation in May 2005 and is scheduled for accreditation with the new standards in May 2008. The Lambton Branch is scheduled for their first on site in October 2007 and the Kent Branch in collaboration with the Essex-Windsor Branch, is working on readiness for the accreditation process and targeting for October 2008.

6. Speaking with One Voice

The Erie St. Clair Branches have made a commitment to speak with one voice to the Ministry, the LHIN and the community from an operational and a governance level. This is to ensure that we are giving consistent messages to the community and to reduce duplicative efforts. Some recent examples of this include a joint response to the draft CMHA Ontario strategic plan and the cross border issue survey. For the most part, presentations to the Erie St. Clair LHINs have been made together. The CEO's teleconference once a week and share the responsibility as to who will take the lead for various information requests and responses while allowing an opportunity for input so that we are all in agreement.

7. Next Steps

1. To continue the detailed analysis and, where determined to be appropriate, develop the business case for shared back office services.
2. To further refine our vision of CMHA within an integrated health care system in Erie St. Clair.
3. To, along with our key partners, identify opportunities to enhance mental health and addictions service capacity in Erie St. Clair.
4. To develop a common data element list as well as a common scorecard for outcomes.