

Canadian Mental Health Association



Essex, Kent & Lambton County Branches

**ERIE ST. CLAIR MENTAL HEALTH & ADDICTIONS
INTEGRATION REPORT**

BY

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MENTAL HEALTH & ADDICTIONS INTEGRATION INITIATIVE FINAL REPORT**

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1. Summary

The Essex, Kent and Lambton County Canadian Mental Health Association (CMHA) branches in the Erie St. Clair Local Health Integration Network (LHIN) Region are undertaking an important integration initiative. The branches are jointly moving forward in a direction of improving access and services as well increasing the effectiveness and efficiency of administrative services through joint integration ventures and in the direction intended by the LHIN legislation. The focus of the initiative is clearly on clients and communities served and is consistent with the direction of the LHIN.

The branches are seeking ways to:

- Increase collaboration and integration of Mental Health and Addiction (MH&A) services and administrative functions across the region
- Simplify and improve access to services
- Enhance and extend services through increased efficiencies
- Engage the broader service provider community beyond their own organizations

The Ontario health system including Mental Health and Addictions (MH&A) services is undergoing a significant transformation. Significant change always brings with it significant opportunity and simultaneously considerable challenge and some anxiety. While there are still unknowns about how the landscape will unfold, much is known.

Within this context, the branches have recognized the real opportunities to lead the directional way and demonstrate that integration is a positive direction. By moving forward earlier, the organizations have taken the time available while the LHINs are preparing to take on their full roles and responsibilities to:

- Develop and implement individual organization and joint plans that are consistent with the LHIN directions
- Plan and implement incrementally and in an inclusive process to assist in making the change better understood, accepted and less disruptive
- Continue their relationships with MOHLTC in a mutually supportive way
- Build their relationship with LHIN
- Intensify the existing network relationships to assist others in moving ahead of the change

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The executive leadership and senior managers of the organizations have been working together quite intensively since March, 2006. The executives have spent approximately twenty per cent of their time in face to face meetings in planning the way forward and implementing processes and agreements to undertake joint planning, services and administrative joint ventures. Senior managers, in addition to their regular responsibilities have been reviewing direct services and administrative functions, developing services and administrative inventories across organizations, completing analyses and developing recommendations on opportunities for joint venture integration projects. The boards of directors have individually and jointly been meeting to receive updating information on the progress, guide and oversee the directions of the initiative and to agree upon processes for individual and joint decision making as well as an initiative work plan.

All agree that this is an important initiative and one that could have a very significant effect on the services network in the region and beyond. All also recognize and agree that the initiative will be very time consuming and will require their continuing commitment at all levels of all organizations to see it through at a pace that will keep the momentum going. It has already become an organizationally renewing experience for all.

The initiative was undertaken through a process that involved the boards of directors, the executives and senior managers of the organizations.

EMC:

- Undertook necessary research
- Facilitated discussions with executives
- Facilitated discussions with senior staff
- Facilitated discussions with the joint boards of directors
- Facilitated achievement of consensus of executives on:
 - How executives and organizations would work together on the initiative
 - Initiative scope, process and timing
 - Initiative direction
 - Initiative processes
 - Key informants for the initiative
 - Initiative service principles
 - Potential partnership principles
 - Potential elements of a collaborative agreement
 - Potential collaborative governance model
 - Potential joint ventures for shared client and administrative services

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Executives directly and with senior managers:

- Diligently reviewed documents, discussed the contents, implications and directions represented candidly and forthrightly and came to consensus decisions
- Created position papers and analyses for review, discussion and decision making
- Presented agreed upon positions, documents and recommended directions to individual and joint boards of directors for information, review, discussion and decision
- Ensured that the agreed initiative schedule was followed, commitments were kept and the momentum was maintained
- Ensured that the initiative process and progress was communicated cohesively throughout the respective organizations and external stakeholders

The boards of directors individually and collectively have:

- Enthusiastically endorsed at the outset and throughout the initiative
- Made themselves available as required
- Received, reviewed and responded to information provided on the initiative
- Provided guidance and oversight to the executives and the initiative
- Monitored the progress of the initiative
- Approved a board decision making process for the initiative
- Approved a board work plan for the initiative
- Are working through the work plan

The table on the following page identifies the documents produced during the course of the initiative and their respective status. Some will be dealt with in detail later in the report. Some will be included in the body of the report, others as appendices to the report.

Documents Produced During Initiative and Status			
Document	Status		
	Approved by Board	Approved by Executives	In Progress
• How executives will work together		*	
• Integration service principles	*		
• Collaborative partnership principles	*		
• Collaborative partnership	*		
• Elements of collaborative partnership agreement	*		
• Nature of board decision making processes	*		
• Board work plan	*		
• Communication plan	*		
• Communiqué		*	
• Presentation to first joint board meeting		*	
• Internal administration – Changing the work		*	

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we do and the way we work			
• Relationships of functions to business needs – mapping chart		*	
• Administrative support functions – estimated savings and benefits – chart		*	
• Improved service quality – chart		*	
• Ontario health system strategy map – reflecting systems Ministry goals and orienting system towards outcomes (from MOHLTC)		*	
• Ontario health system strategy map – identifies strategic priorities for local health systems (from MOHLTC)		*	
• Administration services inventory analysis	*		
• Services inventory analysis	*		
• Services inventory report	*		
• Administration services inventory report	*		
• Continuous Quality Improvement and Risk Management plan	*		
• Collaborative agreement			*
• Collaborative governance model		*	
• Positioning CMHAs for the future			*
• Engaging community partners			*
• Presentation to LHIN board			*
• Presentation to Making Gains conference		*	

The documents listed in the table above and the strategic directions they represent will instruct the collaborative agreement which is in the process of being drafted. This agreement will be the primary guiding direction for the work that will be undertaken jointly by the organizations. It will be relied upon to guide the selection of individual joint ventures monitoring, evaluation and, if necessary, terminating individual ventures and even the overall collaborative agreement. Agreements related to individual ventures will be schedules to the overall agreement. The agreement will make it possible for the organizations to evolve their relationship as conditions, circumstances and opportunities evolve. At this point, there is no apparent compelling reason to consider integration beyond a potential series of joint ventures.

The integrity and independence of the individual boards will continue as it has to date.

The administrative services inventory and the services inventory were developed to quantify and compare services across the three branches. At a preliminary stage, it has been determined that there are a number of functions where collaboration, sharing and/or integration across the region might simplify and enhance operations as well as improving efficiency and effectiveness.

As a starting point, further analysis is required in the following areas to determine potential and feasibility:

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- Intake Assessment (Linkages with emergency)
- Justice – Court Diversion
- Case Management
- Aftercare
- Discharge Planning
- After Hours Support (Crisis Response System)

Further analysis is also proceeding in the following areas to determine the feasibility for potential joint ventures:

- Human Resources
- Finance
- Continuous Quality Improvement (CQI), Risk Management and Accreditation
- Planning
- Occupational Health & Safety
- Staff Development
- Information Systems
- Policy Development and Response
- Operational Manuals
- Privacy

Other areas will be analyzed for potential joint ventures as the initiative unfolds.

The effort to move forward is significant. All three organizations are committed to move forward as expeditiously as possible. The organizations' administration capacities are already stretched. Upfront investment will be required to enable completion of the process that has been initiated so successfully, to ensure the momentum is maintained and to realize the increased quality of services, savings and benefits at the earliest possible time.

Executives and senior managers continue to manage their ongoing services and business operations while at the same time build a foundation upon which successful implementation of joint ventures can be achieved.

2. Process Undertaken

The initiative began with a Request for Proposals issued and evaluated jointly by the three organizations. EMC was the successful proponent. In late March 2006, a two day "Kick Off" meeting was held with EMC, the first day with the executives and the second day with the executives and senior managers of the three organizations. The purpose of the meeting was to review and come to agreement on the scope and process of the initiative. Agreement was reached and the initiative began in earnest.

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Since that time EMC and the executives met one day per week with a brief pause for vacations. EMC and the executives met with senior managers for full days on a number of occasions and the senior managers met separately to carry out assigned work. As well, the executives have been meeting by teleconference every two weeks to deal with emerging and ongoing issues collaboratively and sharing their workload.

During the course of the initiative, the executives kept their respective boards updated at regular board meetings, by joint written communication in the form of updates and a formal communiqué. Staff of the three organizations also received updating information in meetings and in the written communications.

The three boards have met jointly with the executives and EMC three times to provide joint oversight and guidance to the initiative and to review, consider, and approve strategic documents.

Executives have had ongoing communication concerning the initiative with major stakeholders including the Ministry of Health and Long-Term Care, CMHA Ontario and the LHIN as well as local service providers and partners throughout the duration.

3. Work Completed and Work in Progress

At the outset, the executives developed a work plan with estimated timelines which evolved throughout the duration. An “Action List” was used to document work to be done and by whom, date to be completed and was reviewed and updated weekly.

The work plan and Action List enabled a focus and systematic completion of work while still allowing for dealing with emerging initiative and ongoing business issues.

3.1. How Executives and Organizations Will Work Together on the Initiative

Immediately following the Kick Off meetings, the executives developed an agreement on how they and the organizations would work together on the initiative. This agreement has enhanced the working relationships among the executives and the senior managers as well as assisted in accomplishing the work more expeditiously, with candor and within a positive atmosphere.

3.2. Integration Service Principles

As this initiative is primarily focused on services to clients, their families and friends and the communities the organizations serve, agreement on service principles is core for the initiative.

The following articulates these principles.

“Service principles for the joint integration initiative”

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- *The principle focus of the initiative is on the mental health of Individuals, their families, friends and communities served in the region*
- *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 will be agreed on a fair and equitable basis according to an individual's level of needs*
- *Access to services to those most in need across the geographical catchment area 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*
- *Create efficiencies and maximize direct services while achieving quality outcomes”*

Vision and Mission

The executives and senior managers of the organizations jointly reviewed their respective vision and mission statement documents to determine if there were any fundamental differences that would preclude collaboration. The Vision and Mission statements were sufficiently similar that the initiative could proceed.

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3.3. Collaborative Partnership

In moving towards forming a collaborative partnership, the three organizations have developed and come to an agreement on the collaborative partnership document that follows. There will be an overall partnership agreement that will also have separate agreements governing the operation of specific endeavours or clusters of endeavours. The following applies to the overall agreement and the separate agreements.

“Nature of the partnerships”

The nature of the partnerships will contain the following elements – The partnerships will be:

- *Voluntary*
- *Collaborative*
- *Of individual, mutual and regional benefit, and*
- *Sustainable*

Partnership principles

Partnerships will be developed 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*

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The impact of all three organizations adopting the above principles will be significant on the work that is done and how the work is done by and within each organization. There will be interdependence across the organizations and at all levels of the organizations. Some example areas that will be impacted include but are not limited to:

- **Using the principles as basic criteria for:**
 - *Undertaking tasks*
 - *Assessing and taking up opportunities*
- **First level consideration in:**
 - *Priority setting*
 - *Work planning*
- **Communications**
 - *What is communicated*
 - *How it is communicated*
 - *Audiences for communication*
 - *The nature, timing, frequency and content of communications between and among the branches at all levels of the organization*

All to ensure that a common voice for CMHAs is heard across the region

Partnership benefits

The nature and amount of individual, mutual and regional benefit required to establish a partnership will include:

- *Enhancement of services to clients, families, friends and communities across the region*
- *Be achievable within one year of implementation*
- *Be greater than the potential disruption to the organizations*
- *Be cost effective with respect to efforts and lost opportunities required for planning, development and implementation*

Partner best efforts

Individual partners agree to:

- *Work together to achieve a common purpose*
- *Undertake specific tasks*

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- *Share risks, responsibilities, resources, competencies and benefits*
- *Focus its resources on what it does best*
- *Tap the resources of others for the rest*

Partnership focus

Partnership focus will be on:

- *Making continuous improvements*
- *Achieving more with less*
- *Being selective about the focus of the partnership endeavours*
- *Striving for excellence in key areas*
- *Balancing the small amount of cost savings that doing non-core competence tasks might bring against the distraction and investment that is required to stay up to date over time*
- *Each organization doing what it can do best*

Monitoring and review of partnership benefits

The monitoring and regular review of the benefits of the partnership will be done on a quarterly and annual basis. After the initial year of the partnership experience, the nature and frequency of reporting will be reviewed.

Adjustment and revision of the terms of the partnership

The conditions required for the adjustment and revision of the terms of the overall partnership and the specific agreements will be determined on the basis of the lack of attainment of agreed upon benefits.

The mechanism(s) and process(es) for adjusting and revising the partnership will be the use and monitoring and evaluation of agreed upon service, program, function and administrative outcome measures and benchmarking.

Termination of partnership

The conditions required for termination of the partnership will be when:

- *Outcomes have been monitored, and*
- *Found lacking in the attainment of agreed upon benefits, and*

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- *Agreed upon adjustments and revisions having been made, and*
- *Continued lack of the attainment of agreed upon benefits*
- *Over a continuous period of eighteen months*

The mechanism(s) and process(es) for the termination of the partnership will be:

- *Voluntary*
- *Collaborative*
- *No longer of individual, mutual and regional benefit*
- *No longer sustainable*
- *In the best interest of clients, families, friends and communities served*
- *In the best interest of all of the organizations individually and collectively*

Individual partners agree to:

- *Work together to achieve a successful and amicable termination*
- *Undertake specific tasks to achieve a successful and amicable termination*
- *Share risks, responsibilities, resources, competencies and benefits related to the termination*
- *Focus its resources on what it does best during the termination*
- *Tap the resources of others for the rest during the termination*
- *Do everything possible to ensure that termination is not and is not perceived to be a failure”*

The document above provided the direction for a further document that outlined the “*Elements of the Partnership Agreement*”. Both documents are being used by an external solicitor to prepare the actual formal agreement for consideration by counsel for the respective organizations, then by the individual boards and the boards jointly.

3.4. Draft Elements of Partnership Agreement

This document contains the provisions of the collaborative agreement seen to be necessary for operational and governance effectiveness and efficiency. The following areas are outlined in this document:

- ***General***
Identifies the branches as parties to the agreement, their locations, purpose for entering into an agreement and the manner in which the parties will work together.

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- ***Commitment to Client Services in the Partnership***

Sets out that the parties agree that in their work together to serve the Erie St. Clair LHIN region and in the specific areas of work jointly undertaken, service principles will be used as a guide for all and be honoured by the branches and respective staff. Service principles are enunciated.

- ***Partnership Elements***

Outlines the basic elements to be contained in the agreement including:

- Nature of the partnership
- Partnership Principles
- Partnership benefits
- Best Efforts of Parties
- Monitoring and review of partnership benefits
- Adjustment and revision of the terms of the partnership
- Execution of the Agreement(s)
- Joint Collaborative Governance under the Agreement
- Implementation of Agreement(s)
- Termination of partnership
- Dispute resolution
- Recognition of language required to address liability and indemnification

3.5. Collaborative Governance Model

The literature tends to be in agreement that in considering organizational / governance / administration models most appropriate for the organization, factors to consider include:

- *What are the outcomes / outputs of the organization*
- *What are the environmental factors impacting on the organization including:*
 - *Political structures*
 - *Levels of authority*
 - *Economic pressures*
 - *Nature of competition*
 - *Resource levels and dependencies*
 - *Legal framework*
 - *Characteristics of the target population*
- *Client characteristics including attributes and behaviours*

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- *Core work of the organization*
- *Structures including:*
 - *Organizational type*
 - *Level of coordination and integration required with and among the sub-organizations within the whole*
 - *Degree of central control*
 - *Functional differentiation*
 - *Administrative rules / incentives*
 - *Budgetary allocations*
 - *Contractual arrangements / relationships*
 - *Institutional culture and values*
- *Managerial roles and actions including:*
 - *Leadership characteristics*
 - *Staff / management relations*
 - *Communications*
 - *Methods of decision making*
 - *Professional / career concerns*
 - *Monitoring mechanisms*
 - *Control*
 - *Accountability*

In developing a governance model, the executives and representatives of the three boards have taken the above into consideration. Also, CMHA Ontario materials on integration were taken into consideration.

Once completed and approved by the boards individually and collectively, the approved collaborative governance model, along with the collaborative agreement will serve as the principal organizational accountability documents and direction for the initiative.

3.6. Nature of Board Decision Making Processes

This document in the table below describes the processes that are being used to by the boards to make decisions on matters related to the initiative and includes the relationship of work and decision making at the individual and joint board levels.

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**NATURE OF BOARD PARTICIPATION / DECISION MAKING
AND PROPOSED OPTIONS FOR PROCESS FOR INVOLVEMENT OF BOARDS**

NATURE OF BOARD PARTICIPATION / DECISION MAKING ¹	PROPOSED OPTIONS FOR PROCESS FOR INVOLVEMENT OF BOARDS		
	FULL JOINT BOARDS (Quorum to be determined by Joint Boards) Recommended	REPS OF IND'L BOARDS (Delegated by full joint boards for items at joint boards' discretion) Recommended	INDIVIDUAL BOARDS Consider / decide on matters referred Recommended
	TIMELY MEETINGS BY FACE TO FACE ATTENDANCE OR TELECONFERENCE AT BOARD DISCRETION		
Decisions regarding the overall nature of participation in initiative. It is important that the Joint Boards recommend the framework for the involvement and participation of Board.	Review, Consider, Recommend to individual Boards (with modifications if any) Recommended		Review, Consider, Approve (with modifications if any) and provide decision to executives and joint boards for information and action Recommended
<u>Participation in developing matters affecting directions of individual branch / policy change / partnership agreements / governance positions</u> E.g. from draft board work plan proposal <ul style="list-style-type: none"> • Service Principles • Partnership model and agreements • Joint Governance Collaboration 	Review, Consider, Recommend to individual Boards (with modifications if any) Recommended	Should full Joint Board decide to recommend delegation of these functions then Reps of individual Boards - Review, Consider, Recommend (with modifications if any) if full Joint Board decides to recommend delegation	Regardless of whether the Joint Boards or Reps of individual Boards do initial work. Review, Consider, Approve (with modifications if any) and provide decision to executives and joint boards for information and action Recommended
<u>Decisions on matters affecting direction / policy change / partnership agreements / governance positions affecting individual branches</u> E.g. from draft board work plan	Review, Consider, Recommend to individual Boards (with modifications if any) Recommended	Review, Consider, Recommend (with modifications if any) if full Joint Board decides to recommend delegation	Regardless of whether the Joint Boards or Reps of individual Boards do initial work. Review, Consider, Approve (with modifications if any) and provide

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proposal <ul style="list-style-type: none"> • Service Principles • Partnership model and agreements • Joint Governance Collaboration 		Should full Joint Board decide to recommend delegation of these functions, then Reps of individual Boards	decision to joint boards and executives for information and action Recommended
<u>Decisions on matters affecting direction / policy change requiring consideration of some detail</u> E.g. from draft board work plan proposal <ul style="list-style-type: none"> • Strategy to engage other partners • Strategy to engage community partners • Communication strategy and plan • Priority service & administrative functions for integration consideration 	Receive for information, consideration and provision of comment if any to board reps delegated to deal with matter Recommended Should full joint Board decide to go against recommending delegation of these functions, then Joint Boards will carry these functions.	Review, Consider, Recommend to individual boards (with modifications if any) and provide to joint boards for information Recommended Should full Joint Board decide to go against recommending delegation of these functions, then Joint Boards will carry these functions and there will be no delegation of these functions.	Regardless of whether the Joint Boards or Reps of individual Boards do initial work. Review, Consider, Approve (with modifications if any) and provide decision to joint boards and executives for information and action Recommended

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<i>Receipt of timely information on important matters</i> E.g. from draft board work plan proposal <ul style="list-style-type: none"> • Inventory of services including central administration • Inventory of administration/ support services • CQI Directions • Best Practices of individual Tri-County CMHAs • Presentation to LHIN Board • Meeting of leaders in LHIN, CMHAs, MOHLTC, Board Chairs, etc. in community mental health 	Receive for information, discussion and provision of comment if any to branch executives and individual boards Recommended	Receive for information, discussion and provision of comment if any to joint boards and executives Recommended
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- ¹On all matters executives will provide draft proposals for Boards
- Possible advance consultation with some board members during proposal development

3.7. Board Work Plan

The boards jointly approved a board work plan with estimated timeframes to enable them to plan their work and know what the expectations of the board members would be for the initiative. The work plan follows.

Board Work Plan

TASK	LEAD	OTHER(S)						
			JUN	JUL	AUG	Sept	Oct	
Service Principles Review, Consider, Approve (with modifications if any)			* Approved					
Partnership Document Review, Consider, Approve (with modifications if any)			* Approved					
Best Practices of Individual Tri-County CMHAs (Information and Discussion)					In Process			
Inventory of services including central administration (Information and Discussion)				*	Review August 17 th Direction approved			
Communication strategy and plan Review, Consider, Approve (with modifications if any)				* Approved				
Meeting of leaders in LHIN, CMHAs, MOHLTC Regional office, Corporate, Board Chairs - to share their goals/proposed directions in community mental health to assist tri-county in achieving their vision. (Information and Discussion)					TBD			

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Strategy to engage community partners - Review, Consider, Approve (with modifications if any)					In process		
Joint Governance Collaboration Review, Consider, Approve (with modifications if any)					Review August 17 th Direction approved		*
Collaboration agreements Review proposed collaboration agreement Consider, approve (with modifications if any)							*
Inventory of administration/ support services (Information and Discussion)					Review August 17 th Direction approved		
CQI Directions(Information and Discussion)					Review August 17 th Direction approved		
Priority service & administrative functions for integration consideration Review, Consider, Approve (with modifications if any)					Review August 17 th Direction approved Ongoing		
Investigate the plan for Provincial (One Voice) for MH&A					Update August 17 th		

3.8. Communication Plan

A communication plan has been developed, approved and was executed initially with the issuing of a joint communiqué (**Appendix A**).

3.9. Client Services and Administrative Services Inventories and Analyses

The following areas were considered for potential joint ventures:

- Human Resources (HR) support including but not necessarily limited to:
 - Development and maintenance of HR policies and procedures
 - Development and maintenance of job and position specifications
 - Development and maintenance of orientation service and employment packages for new employees and ensuring documentation
 - Support to management of the collective agreements
 - Support to negotiations of new collective agreements
 - Support to management in areas of performance appraisals, application of increases in compensation and discipline
 - Management of the recruitment process for new staff
 - Training including but not necessarily limited to:
 - Increasing understanding of individual, family and community changing needs

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- Increasing knowledge and skills in assessing individual, family and community changing needs
- Increasing knowledge and skills in most effective interventions with individuals, families and community in accordance with their changing needs
- Increasing awareness of best practices and enhancing skills in incorporating best practices into individual practice and into the organizations
- Orientation of new staff to local and regional community and institutional mental health and addictions needs and services:
 - Generally
 - By community
 - By target populations

- Use of Information Technology including:
 - Increasing computer skills generally
 - Increasing knowledge and skills in using electronic client record management systems
 - Increasing knowledge and skills in using electronic financial management systems
 - Increasing knowledge and skills in accessing reports from relevant systems and providing required reports in a timely and efficient manner
 - Improving individual and organizational efficiency and effectiveness
 - Improving responsiveness and effectiveness of services provided to individuals, families and communities
 - Increasing efficiency and effectiveness in financial planning, budgeting, forecasting, monitoring, control and reporting
 - Forecasting service requirements, units of services to be delivered, monitoring of services delivered and reporting

- Planning including but not limited to:
 - Identifying nature and volume of services required for individuals, families and communities
 - Monitoring services provided for individuals, families and communities
 - Identifying unmet gaps in service
 - Quantifying financial requirements to meet gaps in service
 - Supporting the preparation of annual and multi year service and financial plans
 - Participation with other community agencies and stakeholders in identifying needs of individuals, families and communities and methods by which meeting of needs could be enhanced

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- Participation with other community agencies and stakeholders in identifying financial requirements to meet the needs of individuals, families and communities
- Working with the LHIN assisting in the planning function

- Service specialists including but not limited to:
 - Psychiatric consultation for assisting staff and availability for clients
 - Psychological consultation for assisting staff and availability for clients
 - Behaviour management consultation for assisting staff and availability for clients
 - Nursing consultation for assisting staff and availability for clients
 - Consultation to assist staff in identifying drug induced behaviours as distinct from behaviours associated with mental illness and how better to deal with such behaviours

An administrative services inventory and a client services inventory have been developed to quantify and compare services across the three branches. At a preliminary stage, it has been determined that there are a number of functions where collaboration, sharing and/or integration across the region might simplify and enhance operations as well as improve efficiency and effectiveness.

There are a number of services where collaboration and integration of services across the region might simplify and enhance services for clients and their families as well as increase efficiency. As a starting point, further analysis is required in the following areas to determine the potential and feasibility:

- Intake Assessment (Linkages with emergency)
- Justice – Court Diversion
- Case Management
- Aftercare
- Discharge Planning
- After Hours Support (Crisis Response System)

Further analysis is also proceeding in the following areas to determine the feasibility for potential joint ventures:

- Human Resources
- Finance
- Continuous Quality Improvement (CQI), Risk Management, Privacy and Accreditation
- Planning
- Occupational Health & Safety
- Staff Development

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- Information Systems
- Policy Development and Response
- Operational Manuals
- Privacy

The inventory and analysis documents without data can be found in **Appendix B**.

3.10. Continuous Quality Improvement, Risk Management, and Accreditation Plan

This plan (**Appendix C**) has been developed collaboratively using the best available resources from each organization. Efforts are now underway to determine approaches for implementation of this important, labour intensive and organization transforming project.

The boards have approved this direction individually and collectively.

The effort to move forward is significant. All three organizations are committed to move forward as expeditiously as possible. The organizations' administration capacities are already stretched. Upfront investment will be required to enable completion of the process that has been initiated so successfully, to ensure the momentum is maintained and to realize the increased quality of services, savings and benefits realized at the earliest possible time.

3.11. Engaging Community Partners

This document is being developed and will be in significant measure, based on the Communication Plan. It will serve to guide the boards and staff at all levels of the organizations as they engage stakeholders and partners. It will also speak to and guide engagement of clients in the initiative.

3.12. Working with the LHIN

In embarking on this initiative the organizations identified that they were seeking ways to:

- *Increase collaboration and integration of services and administrative functions across the region*
- *Simplify and improve access to services*
- *Enhance and extend services through increases in efficiencies*
- *Engage the broader service provider community beyond their own organizations*

These are but some of the clear indications that the organizations and leadership wants to play a leadership role in and be part of the emerging direction and transformation of Ontario's Health System.

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Significant change always brings with it significant opportunity and simultaneously considerable challenge and some anxiety.

Within this context, there are real opportunities for individual and organizational leaders to lead the directional way and demonstrate that integration is a positive direction. The organizations and leadership is doing just that. The LHINs will be taking on their full roles and responsibilities in 2007. The CMHAs are already:

- Developing and implementing individual organization and joint plans that are consistent with the LHIN directions
- Improving horizontal integration across the LHIN region for people with mental illness and addictions
- Developing interfaces or programs for primary care to ensure that the primary health care needs of people with mental illness and addictions are met
- Doing the planning and implementation incrementally and in an inclusive process that will assist in making the change better understood, accepted and less disruptive
- Continuing their relationships with MOHLTC in a mutually supportive way
- Building their relationships with the LHIN by offering support and assistance in briefings, offering to help in planning introductions to the network, informing of the strengths, challenges and opportunities
- Developing joint positions across the three organizations in response to external requests (LHIN, MOHLTC, CMHA Ontario, etc.) on policy and strategic directions
- Intensifying their network relationships to assist others in moving ahead of the change
- Reviewing their communications materials, mission statements, planning and strategy documents, values, service principles, etc. to ensure that they all reflect the emerging directions and realities
- Regularly updating the Boards and staff on how the landscape is unfolding and what it is likely to mean to the organization, services, clients, the community and staff

As the CMHAs proceed with this initiative and the process unfolds and as the LHINs directions become clearer, the way forward for the CMHAs and the executives will also become clearer. In the meantime, the executives are seeking and taking every opportunity to engage with the LHIN and community partners to further support the successful transformation of the system and to ensure that Mental Health and Addictions services are at the forefront.

4. Support Materials

EMC provided the executives with materials and interpretation of these materials to assist in ensuring that the initiative was moving in a direction consistent with that of MOHLTC and the LHINs. The major materials provided include:

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- Comprehensive information on the LHINs including:
 - Background material on the planning for and evolution of the LHINs
 - Legislation, amendments and status
 - Relevant work undertaken by LHINs outside the Erie St. Clair Region
- Ontario health system strategy map – reflecting systems Ministry goals and orienting system towards outcomes **(Appendix D)**
- Ontario health system strategy map – identifies strategic priorities for local health systems **(Appendix E)**
- Updates on the progress of MOHLTC and the LHINs to a full implementation of the LHINs

As well, the executives were provided other major materials to assist in their deliberations regarding:

- Service principles
- Collaborative partnerships and agreements
- Collaborative governance
- Engaging Partners
- Joint venture agreements
- Potential areas for client services and administration integration and joint ventures
- Implementation of integration joint ventures
- Collaborative management of integration joint ventures
- Service Level Agreements
- Monitoring and evaluation of integration joint ventures
- Internal administration – Changing the work we do and the way we work
- Relationships of functions to business needs – mapping chart
- Administrative support functions – estimated savings and benefits – chart
- Best Practices
- Program Logic Model
- Benchmarking Model
- Performance Management
- Criteria for the evaluation of the overall initiative and determining the benefit to the mental health system in the region

5. Joint Venture / Collaborative Undertakings

Collaborative partnerships and joint ventures are generally defined as voluntary collaborative agreements between two or more parties in which all participants agree to:

- Work together to achieve a common purpose
- Undertake (a) specific task(s) and
- Share risks, responsibilities, resources, competencies and benefits.

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Such arrangements enable organizations to make continuous improvements and achieve more. Being selective about the focus of the joint endeavours rather than exhaustive, enables organizations to strive for excellence in the selected key areas, rather than for good performance in many.

Each organization can focus its resources on what it does best and tap the resources of others for the rest. In deciding why, when and how to partner collaboratively with others for complementary resources, it is important to balance the small amount of cost savings that doing non-core-competence tasks might bring against the distraction and investment that is required to stay up to date over time.

Historically, barriers between organizations have been firm. They are now less so. Increasingly, in the private for profit sector, organizational leaders are adopting, practicing, and orchestrating what appears to be conflicting policies, such as joint-venturing with competitors. Acquisitions of and mergers with competitors are common. Similarly in the government and not for profit sectors, the merger of municipalities, school boards and hospitals are but some examples.

Strategic alliances enable organizations to provide access to a partner's resources, including technologies, expertise, efficiencies, and best practices. This saves partners' time and increases efficiencies of each partner. By not having to develop and manage everything, they can thereby free up resources to extend and improve services.

5.1. Implementation

There is agreement on collaborative partnership principles and the elements of a collaborative partnership agreement which are necessary as a basis for moving forward.

The fundamentals for moving forward are for the most part in place. The work on developing the collaborative agreement and collaborative governance model is well underway.

Planning for, staging and implementing joint venture projects will be a highly effort intensive process and will introduce substantive organizational transformation. The organizational human resource issues will be substantive and staff will require much support as the transformation unfolds. Multiple projects can be undertaken simultaneously.

5.2. Service Level Agreements

Each of the areas selected as potential joint venture projects will require the development of a business case. Once it is determined that there is a business case to jointly and collaboratively move forward, a Service Level Agreement (SLA) will be required.

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5.2.1. SLA Definition

A SLA is an essential part of any shared services relationship or outsourcing of services and defines the:

- Functions and services to be provided
- Volume of work that will be accepted and delivered
- Acceptance criteria for responsiveness
- Quality of deliverables, and
- Setting expectations for all parties to the relationship
- Providing targets for accurately measuring performance to those objectives.

5.2.2. SLA Metrics

Core to an effective SLA is its performance metrics.

Areas for the development of principles for selecting SLA metrics could include:

- Choosing measurements that motivate both the client and service provider to optimize their actions to meet the performance objectives defined by the SLA. For example, service provider to provide the best possible service at least cost and greatest profit – client to receive the best possible service at lowest cost. Also, metrics should be truly objective and not subjective enough to leave room for interpretation.
- Ensuring that metrics reflect factors within the service provider's control.
- Choosing measurements that are easily collected.
- Choosing fewer metrics than many in order that the metrics will produce information that can be simply analyzed, digested and used to manage the partnership
- Choosing metrics that are set to be reasonable and can result in attainable performance

Categories of SLA metrics could include:

- Volume of work
- Quality of work
- Defect rates
- Standards compliance
- Technical quality
- Service availability
- Service satisfaction

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- Responsiveness
- Efficiency

5.2.3. Shared Services Principles

The provinces of Alberta, British Columbia and Ontario have the longest experience with Shared Services in the public sector in Canada. The table following summarizes the service principles that guide their respective Shared Services.

shared services principles...	
PRICE TRANSPARENCY	Each service should have its price. The business can determine how much service it wants at that price.
BUSINESS MANAGEMENT	Manage the service like a business, not a fixed cost. Serve internal and potentially external customers.
MARKET RESPONSIVENESS	Provide the service levels the businesses want, not the levels staff think they need.
BEST PRACTICES PROLIFERATION	Identify and deploy best practices quickly and globally.
PROCESS STANDARDIZATION	Develop streamlined process standards that can be maintained and improved quickly.
SERVICE CULTURE	Treat business units like customers, offering services they value and charging for each.

5.2.4. Roles and Responsibilities

Identification of the specific roles and responsibilities will be required of each organization in the planning, delivery and implementation of each project. Beyond that, there will be a need for further and ongoing clarification throughout each project as each initiative progresses.

In each instance, it will be important to match the roles and responsibilities with the individual and collective staff strengths within each organization and overall. This will require straightforward and forthright discussion about the issue in order that there is the best fit possible of the role and responsibility with the strengths and talents of individuals and the organization as a whole.

Each project will require a governance structure that is linked to the overall governance structure.

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This process, should it be accepted, will result in an unprecedented level of communication, information sharing and collaboration among and between the client executives and organizations. It will entail a high degree of cross organizational work involving a number of work teams, managers and staff from all three organizations. This can become a process of organizational renewal within each organization and across the community mental and addictions service network throughout the region. Management and nurturing of this opportunity will be very important. Communication will be of key importance.

In summary, an overall implementation plan is required that, at a minimum identifies the:

- Projects that will be assessed as potential joint ventures
- Nature of the business case that will required for each
- Approval process for each
- Nature of the implementation plan for each including the evaluation mechanisms and processes
- Resources required and identified for each
- Governance structure for each and how it links with the overall governance model
- Staging of the initiatives

6. Evaluation of the Initiative

The organizations are committed to evaluate the overall initiative to determine outcomes attributable to the initiative including:

- Increased access to case management and other services across the region
- Increased collaboration between clients and service providers
- Improvement in client personal health practices (health promotion, disease prevention, self-care) and health status (dependent on availability of performance indicators)
- Increased client satisfaction
- Reduction in avoidable/ unnecessary use of institutional services
- Development of broader service provider partnerships
- Enhanced collaborative care among service providers
- Increased use of common tools and evidence-based clinical guidelines by the three organizations and other service providers
- Increased electronic connectivity amongst the three organizations and other service providers
- Increased information sharing amongst the three organizations and other service providers
- Improved coordination of service

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- Increased provider satisfaction
- Improved effectiveness of service delivery
- Improved efficiency of administrative service delivery
- Reduced risk in administrative service delivery
- Improved ability to evaluate service outcomes, use of services, and client and satisfaction
- Increased public and stakeholder awareness of positive change in mental health and particularly CMHA services across the region

These outcomes were developed as part of the Logic Model for the initiative. The Logic Model follows.

6.1. Logic Model *

Mandate	To enhance and augment CMHA mental health (MH) provider collaboration through a joint collaboration agreement for targeted service and administrative improvements in the Erie St Clair LHIN Region					
Program Components	MH & Addictions (MH&A) services delivered throughout the region			Measuring & monitoring		Marketing & communications
Activities	Provision of improved single agency MH&A services	Strengthened case management and delivery in targeted areas of all CMHAs	Collaboration among three CMHAs	Enhanced information management	Collection and sharing of program data	Public relations, and knowledge exchange
Target Population	Clients with mental illness in the region		Service providers (CMHAs, associated primary care providers, hospitals, consumer & family groups, providers of addictions services)			General public
Short Term Outcomes	<ul style="list-style-type: none"> • Increased client access to case management • Increased patient/client satisfaction • Increased collaboration between clients and providers • Reduction in avoidable hospital stays (prevention of admissions and earlier discharges) 		<ul style="list-style-type: none"> • Improved provider partnerships • Increased use of information management tools and evidence based guidelines by interdisciplinary teams • Increased information sharing at board, executive and staff levels • Improved coordination of services • Increased provider satisfaction at board, executive and staff levels • Improved efficiency of service delivery • Improved effectiveness of service delivery • Improved efficiency and effectiveness of administrative services and risk mitigation • Improved ability to evaluate health outcomes, service utilization and satisfaction levels 			<ul style="list-style-type: none"> • Increased awareness of change in MH&A • Increased awareness of MH renewal
Long Term Outcomes	<ul style="list-style-type: none"> • Improved MH & A outcomes • Increased involvement in primary care 		<ul style="list-style-type: none"> • Sustained provider partnerships • Improved integration of MH&A services across county boundaries and with other providers in the region 			<ul style="list-style-type: none"> • Better understanding of MH&A services • Adoption by other jurisdictions

* Logic Model Source adapted from: National Home Care and Primary Health Care Partnership Project – Canadian Home Care Association, 2006

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Evaluation of these outcomes attributable to the initiative will also simultaneously indicate the level of improvements to the mental health system in the region attributable to the initiative

6.2. Accomplishment and Expectations

Much work has done to date. The foundation is in place. The detailed implementation will require much more effort. Expectations for the overall initiative are high. It is important that the high degree of momentum that has been generated to date is maintained and additional visible and tangible results seen.

7. Appendix A Communiqué

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.

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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:

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- 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:
 - Improve access to and coordination of health services, continuity of care
 - Dissemination of information on best practices
 - 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.

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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

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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.

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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.
15. How will this protect local leadership, local community engagement, and local delivery of services?	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.
16. How do you define 'local'?	"Local" for this initiative refers the individual

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	counties and the various communities within those counties.
17. If you are looking at integration, does this mean equity across the three counties?	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.
18. How will families find out about this initiative?	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.
19. How will my son/daughter continue to receive services? Will their case manager change?	Services will continue to be provided in the local communities by local providers. Continuity of care and responsiveness will remain priorities.
20. How will this benefit / help a loved one or me?	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.
21. Will this improve services?	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.
22. I was in Windsor and now I'm in Chatham and the waitlist is shorter, will the waitlist in Chatham increase with integration?	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.
23. Since the three communities are so different, how will you respond to the individual needs of these communities	The nature of community support is that the services need to be tailored to the individual's unique needs. How services are delivered

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under integration?	may vary by community depending on the network of services available in the community and unique characteristics of the community.
24. How will consumers and families be involved?How will consumers and family be involved?	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.

8. Appendix B

Client and Administration Services Inventories and Analysis

Attached to the document as a separate file.

9. Appendix C

Continuous Quality Improvement, Risk Management and Privacy Plan

Subgroup: Tri-County Clinical Subgroup

Members: Roberta, Penny and Lesley (Rick Ex-officio related to Quality Improvement)

The three leads for Accreditation in each agency are the authors of this report. The group met in June to determine the status of Accreditation at each site. The status follows:

1) Windsor-Essex:

- Full three year accreditation May 2005
- Six Accreditation Teams established and active since 2004
- Teams are standing committees working continuously to achieve the Standards
- D.o.O. has the Coordinator role
- Quality/Risk/Accreditation are integrated
- Quality and Risk Management programs in place

2) Chatham/Kent:- Lesley

- Commitment to proceed was made in June 2006.
- No quality program at present
- No formal Risk management program at present.
- Lesley identified as lead for Quality, Risk & accreditation.

3) Lambton: Rick

- Teams are in place and self assessment is under way for Accreditation in October 2007.

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- Branch is committed to developing and implementing CQI program.
- Branch is committed to developing the Risk management program.
- Lead for Quality, Accreditation and Risk Management are identified.

Windsor-Essex provided to Chatham-Kent & Lambton a framework for Quality which is consistent with the CCHSA Standards and the CMHA Ontario initiative. The quadrants of the scorecard mimic the hospital sector. These are: Quality of Work Life, Learning and Growth, Finance, Internal Operations and Customer/Stakeholder.

The Quality Framework in place at CMHA-WECB includes:

1. The Scorecard
2. A template which assists in the development and analysis of indicators
3. A Quality Council
4. An Integrated Report format
5. An Annual Review process
6. A Quality Award

The group discussed a Tri-County application of CQI and felt this is feasible. An Implementation Plan was developed and revised in July and the final result produced August 4, 2006.

The CQI Project includes the integration on a Tri-County basis of a common Quality Program that includes Risk Management. The Implementation Plan follows.

Steps	Outcome Measure	Timeframe Completion Date
1. Assign Accountability within each organization	-each site will have a designated CQI Leader	August 4, 2006 – complete
2. Review/revise current job description and work plans with CEO/ED	-each CQI Leader will have a work plan that prioritizes the CQI function within the organization.	October 31, 2006
3. Review the organizations Strategic Plan, and annual goals and objectives to ensure Quality is recognized as a value and a priority.	-each Strategic Plan will reference CQI as a value/goal.	October 31, 2006 Review and comment for Board of directors.
4. Review the annual goals and objectives and develop language to articulate the Tri-County approach to CQI.	-each annual work plan will state the goal of Tri-County integration of the CQI process.	December, 2006
5. The three CQI Leaders will establish a forum to develop and integrate the Tri-County CQI process.	-the three CQI Leaders will meet routinely to develop, implement and evaluate the program. -Terms of Reference for the group will be developed and approved by the CEO/ED	August 4, 2006

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Steps	Outcome Measure	Timeframe Completion Date
6. Develop a Quality Framework	-the framework will be consistent with the CMHA Provincial initiative if possible. -The group will monitor the emerging Provincial mental health initiative concurrently with the project. -Risk Management will be incorporated into the Quality Framework.	September 2006
7. Train the CQI Leaders	-all Leaders will have continuing education opportunities in CQI.	October 20062007 - Rick October 20062007 - Lesley
8. Document the Quality Framework for each site	-each site will develop the CQI Framework and document in the approved agency format.	Windsor - is complete Sarnia - September 2006 Chatham - December 2006
9. Create a Quality Council (Q.C.)	-each site will establish a committee to oversee the development, implementation and evaluation of the Q.P. -Terms of Reference will be established for the Q.C.	Windsor – in place Sarnia – October 2006 Chatham – December 2006
10. Educate the Q.C. members/key stakeholders	-key stakeholders will understand the framework and the relationship of the framework to the CCHSA Standards, the organization's Strategic Direction and the goals. -CCHSA workshop on Introduction to Accreditation and CCHSA workshop on indicator development will be held to educate key stakeholders. The Coordinator will provide site specific education to key stakeholders.	Windsor - September Sarnia – October 2006 Chatham – December 2006
11. Indicator Selection	-key stakeholders will select indicators to measure performance -indicators will be based on: I. the criteria in the CCHSA Standards ii. Recommended indicators from CCHSA iii. Required reporting by	Windsor – annually September Sarnia – December 2006 Chatham – March 2007

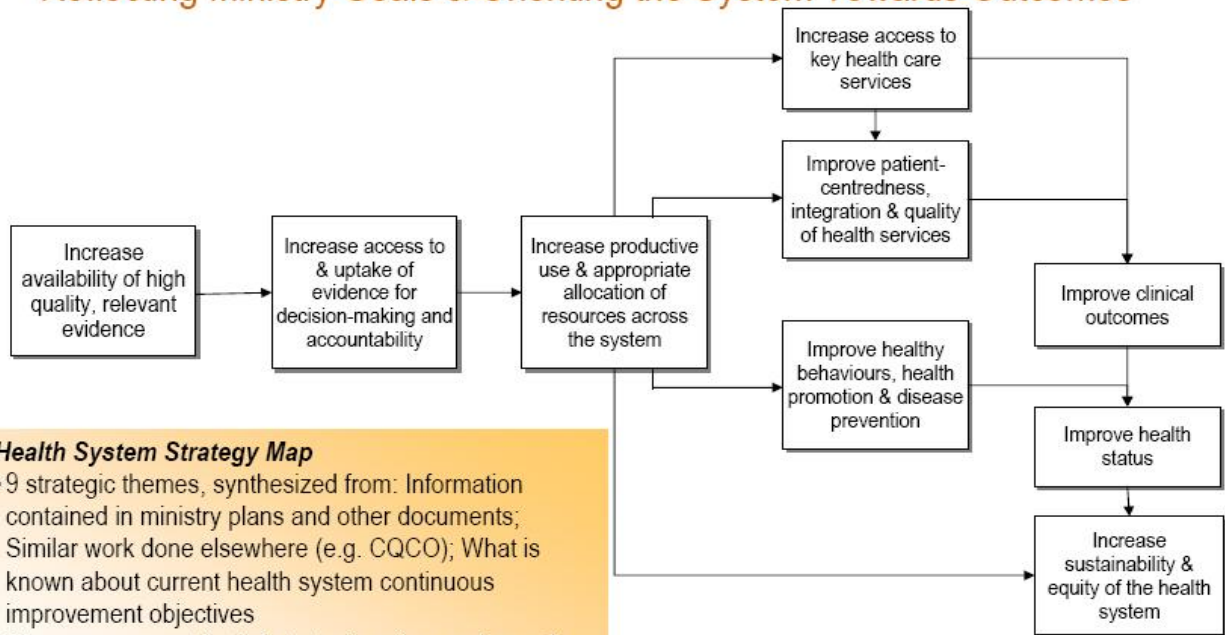
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Steps	Outcome Measure	Timeframe Completion Date
	MOHLTC, other funders iv. Key indicators as defined by the Provincial initiative.	
12. Develop Presentation Schedule for Q.C.	-all those accountable for reporting will know 2-months to one year in advance of the presentation schedule.	Windsor – Annually September Sarnia – October 2006 Chatham – December 2006
13. Determine process(es) to inform the organization of the outcomes of performance measurement	-a report schedule will be in place -an internal communication strategy for reporting outcomes will be in place -CCHSA teams will monitor outcomes routinely as appropriate.	Windsor – In place Sarnia – October 2006 Chatham – January 2007
14. Develop and implement an improvement process	-three program leads will develop and implement a common process improvement process - Required Organizational Practice	Windsor- April 2007 Sarnia – April 2007 Chatham – April 2007
15. Educate key stakeholders	-all key stakeholders will understand and use the process improvement process	June 2007 Chatham June 2007
16. Select process improvement projects	-each site will identify a list of process improvements	June 2007
17. Assign accountability for process improvement projects	-each site will complete one process improvement project	June 2007
18. Present process improvement projects	-a Tri-County process improvement initiative, education/presentation session will be held	September 2007
19. Integrate annual review of the Quality Program	-the Tri-County quality program will be reviewed.	September 2007
20. Review the composition of the Quality Council Teams	-members of each organization will be added to the external partners focus group and teams as appropriate.	June of each year
21. Consider a common coordinator for Quality/Risk/Accreditation	-The Tri-County area will have one FTE to coordinate at a high level the Quality/Risk/Accreditation	CEO's will revisit recommendation in January 2007

10. Appendix D

Ontario Health System Strategy Map Ministry Goals and Orienting the System Towards Outcomes

Ontario Health System Strategy Map: Reflecting Ministry Goals & Orienting the System Towards Outcomes



Health System Strategy Map

- 9 strategic themes, synthesized from: Information contained in ministry plans and other documents; Similar work done elsewhere (e.g. CQCO); What is known about current health system continuous improvement objectives
- Themes represent loci of strategic action, and provide the framework for selecting performance indicators
- Arrows represent hypothesized relationships among strategic themes, and together, depicts how the health system creates value

11. Appendix E

Ontario Local Health Strategy Map – Strategic Priorities for Local Health Systems

Ontario Local Health System Strategy Map

Identifies strategic priorities for local health systems cascaded from the Health System Strategy Map

