

Key Messages for LHIN Workshops November 10, 2004

Introduction

In response to the provincial government's announcements regarding its intent to transform the health care system, the members, branches and staff of the Ontario Federation of Community Mental Health and Addiction Programs (OFCMHAP), the Canadian Centre for Addiction and Mental Health (CAMH), and the Canadian Mental Health Association (CMHA), Ontario came together in September to identify key themes that must guide the health care transformation agenda if it is to be of benefit to people living with mental health and addictions issues and their families.

Thanks to the enthusiastic and positive participation of over 100 attendees at that September working session, and at various meetings of the members, staff and branches of each of the three organizations in the intervening months, the community mental health and addiction sector is contributing actively to the on-going planning and implementation of the government's transformation agenda. The ideas generated during these meetings have and will continue to serve as important input into the development of on-going advice to the government.

On November 1, 2004, the government announced a series of 14 consultation workshops to be held in the LHIN areas across the province from November 19 to December 8, 2004. Five questions were posed by the government to generate the participants' thought processes. OFCMHAP, CAMH and CMHA, Ontario have developed some responses to these questions based on the input from the September 14 working session and subsequent meetings of the organizations' members, staff and branches to support the input from workshop attendees from the mental health and addictions sector.

1. What are the inherent strengths of your community that the LHIN-building process will be able to leverage in order to improve integration/coordination of services?

- ?? The community mental health and addictions sector has significant experience in establishing linkages among and integrating services with those of other parts of the healthcare system, including:
- Experience in collaborating across and outside the health sector and in diverse partnerships
 - Experience in cross-ministerial partnerships
 - Local, regional and provincial partnerships

- ?? The community mental health and addictions sector has a sophisticated understanding of and experience operating within the broad continuum of health. The sector has:
 - Public education initiatives which promote mental health and well-being across the life-span
 - Programs which support individuals in all aspects of life, including housing, income, employment and social supports
 - Approaches that take into account the health of the whole person based upon the determinants of health
 - A well-developed role as advocate with and for consumers and family members across systems

- ?? The community mental health and addictions sector is well connected to the local community with flexible, responsive grass roots organizations that have a sophisticated understanding of the community's needs

- ?? The community mental health and addictions sector has many years of experience leveraging scarce resources and has highly developed experience coping with decreasing budgets without deficits, stretching resources and getting the best value for money

2. What does your community identify as the barriers to achieving improved high-impact, system-level integration/coordination?

- ?? Stigma and discrimination against people with addictions and mental illness, their family members and their providers
 - There is a widespread and mistaken perception of addiction and mental illness as a moral issue, rather than a health issue
 - Stigma, manifested as a lack of public support, could negatively impact the attention given to the issue in the planning process and in funding allocations

- ?? An unequal playing field between community mental health and addictions services and other areas of the healthcare system, as well as resource challenges for the broader healthcare sector
 - Without additional resources to participate in the planning, implementation and evaluation of LHINs, there will be significant limitations in the community mental health and addiction sector's capacity to be adequately involved
 - Information technology and infrastructure capacity within the community sector, so basic to integration, is grossly underdeveloped
 - Integration must not be interpreted solely as rationalization of services and cost increase avoidance, but also as improvement of access and services to clients and patients
 - Human resources challenges exist for the healthcare system as a whole, and, in particular, for the community sector

- ?? A planning process which does not include all parts of the system, or represent the continuum of health
 - Not all parts of the healthcare sector, such as front-line physicians, are included in the planning process
 - A potentially unequal playing field among participants means that the community sector has less capacity to participate in the planning process than other partners, such as hospitals
 - An exclusive focus on acute care at the expense of health promotion and illness prevention would be a significant barrier
 - Existing barriers, such as differing funding mechanisms, policy frameworks and expectations, must be addressed

- ?? The potential for increased complexity of relationships to government and funders
 - The capacity of community mental health and addictions agencies will be negatively impacted if LHINs create more complex accountability structures, policy directions and administrative demands
 - Lack of clarity around process and expected outcomes would be a significant barrier

- ?? Creation of regional silos and loss of provincial policy capacity
 - The creation of fourteen regional silos without common structures, standards, or priorities would be a barrier to a true system of health care
 - Loss of capacity at the provincial level for policy development, planning, research and evaluation would be a significant barrier

- ?? Boundaries which may undermine existing partnerships and services
 - Existing partnerships, within and across LHIN boundaries have arisen in response to local needs; if they were lost, it would be detrimental to consumers and family members.
 - Many organizations have service delivery areas and partnerships which extend into more than one LHIN; if the process of allocating resources and maintaining partnerships across LHINs is onerous or unclear, services may be negatively impacted
 - Existing hospital referral patterns may not take into account factors such as community service utilization or projected population growth

3. What can we learn from partnership/integration initiatives that are currently underway or have been successfully implemented within your community?

- ?? Consumers and family members must be at the center of the healthcare system
 - Consumer and family participation in the LHIN planning process must be enshrined in legislation and policy, and facilitated through supports such as training, transportation and childcare
 - Care providers cannot speak for consumers and family members; they must speak for themselves in the planning process
 - Integration must prevent duplication but maintain consumer choice in services and programs

- ?? Mental health and addiction are integral to a transformed system

- ?? Access to housing, income, employment and social supports is critical to treatment and recovery; without investments in these areas, the government's transformation agenda cannot fully address the addiction and mental health needs of Ontarians
 - People can recover from addiction and mental illness, but they must be supported in areas of their lives not normally considered when discussing recovery from acute physical illness
 - Without these services, clinical care has very little impact

- ?? All partners must be at the table; primary care physicians and their teams are a key component of the health care system and should be involved in LHIN planning process

- ?? Evaluation must be a key part of the process, must take place on an on-going basis, and the process must be flexible enough to respond to the results of evaluation

- ?? Resources are needed to effectively plan, implement and evaluate change
 - The community mental health and addictions sector does not have the current capacity to engage in a planning process for transformative change
 - Investment is necessary; tools to implement change, technology and infrastructure and human resources to engage in the process are all needed

4. What unrealized integration opportunities exist within your community? How can LHINs help realize these opportunities?

- ?? The artificial separation between physical and mental health must end
 - Mental health can be much better integrated into the broader healthcare sector
 - Mental health and addictions services can integrate further with one another to better serve people with concurrent disorders.

- ?? The mental health and addiction sector have the opportunity to coordinate internally and with external partners
 - Integration of intake and discharge processes
 - Development of a coordinated system for accessing services, gathering data and evaluating outcomes across the community sector
 - Improved integration and the creation of an effective continuum between the community and hospital sectors

- ?? Liaison across ministries, such as the Ministries of Children and Youth Services, Housing and Infrastructure and Community and Social Services

- ?? LHINs can help realize these opportunities by supporting and providing resources for:
 - Including mental health and addictions within the mandate of each LHIN's planning, coordination, management and funding responsibilities
 - Evaluation in community sector
 - Information technology infrastructure in all sectors
 - Leveling the discrepancy in capacity the community sector and other areas of health care
 - Providing clarity around processes and supporting community involvement in planning and implementation

5. What are the must-have readiness conditions to successfully build an integrated system across health care providers within your community?

- ?? Addictions services are a key part of the health care system and must receive urgent investment

- ?? LHINs must have responsibility for and participation from all parts of the system
 - Key roles for consumers and family members
 - Participation and buy-in from all parts of the healthcare system, including physicians
 - Leveling of planning capacity between community and institutional partners

- ?? The health care system must move forward with a broad understanding of health, to include service such as housing, education, employment and social/recreational supports.

- ?? LHINs must be given the policy framework, mandate, authority and resources to do their work effectively

- ?? Horizontal and vertical accountability structures must be put into place in order than partners within a LHIN are accountable to one another, to their clients and to the government.

- ?? The community mental health and addictions sector requires significant funding investments and infrastructure to build a system
 - Capacity to participate fully in consultation process
 - A mental health and addiction information system
 - Investment to ensure the capacity exists to reduce hospitalization and meet people's needs in the community

- ?? The Ministry must communicate fully with the sector in the ongoing LHIN planning process
 - Ensure clarity of process, resources, needs and outcomes
 - Communication of reports and outcomes of workgroups