



Mental Health and Addictions Service Coordination Council

Meeting Notes

Date: Wednesday March 29, 2017

Time: 5:30-8PM

Location: 60 Renfrew Drive, Suite 360, Markham, ON

Present: Rebecca Shields, Jim Cressos, Ed Beaty, Maria De Cicco, Penny Marrett, Marie Lauzier, Susan Dobson, , Kathleen Mochnacki, Carmela Ciappa, Theresa Claxton Wali, Janice Chu, Sandra Cella, Robert Royer, Paul Cappuccio, Carolyn Bishop

Regrets: Annette Jones, Sumathi Prabakaran, Dr.Javed Allo, Chris Spearen , Jim Nason

Note Taker: Nicole DeAgazio

Agenda Item	Description	Comments	Follow up
1. Welcome and Introductions	-	-	-
2. Agenda and Meeting Notes Review	Agenda Items and Meeting Notes review.	Today's agenda items accepted	-
3. Client or Family Story	-	-	-
4. Transition from Hospital		J.C. asked for feedback on his Transition from Hospital presentation pertaining to groups to invite, questions to ask, and documents to share. M.L. Inquired about the overall objective to understand the framework. E.D. suggested that we start determining the outcome and build from there. K.M. Inquired if the scope includes the limited number of beds in hospitals. J.C. indicated the SCC focus is around the gaps and lack of coordination among partners in the MHA service system, esp.	Each working group will develop their own presentation of their findings at the next SCC meeting.

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		<p>when clients are discharged from hospital resulting in high E.D. revisits and lack of connectivity to MHA supports in community. Also, there will be a context setting document that will come with the invites.</p> <p>R.S. stressed our need for clear communication and focus on transition of care.</p> <p>S.C. The SCC does not have the scope for the limited number of beds but should focus on transitions of care.</p> <p>C.B. Added that transitions can come from different parts of the hospital: E.D., inpatient or outpatient.</p> <p>P.M. believes this initiative is not clear. Asked if the SCC role is to decide what the outcome will be. Wondered if this work is misaligned with LHIN initiatives such as Patients First and Sub Region Planning.</p> <p>M.L. mentioned that the MH Hub is looking at top 10 users, what transition has been like for them, is it something this group wants to look at to assist us.</p> <p>E.B. commented on where clients end up after being discharged, going home and provide better experience for the families.</p> <p>S.C. responded to P.M. regarding LHIN</p>	

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		<p>and alignment with SCC. Sub Region Planning and SCC work will continue as planned and that the two initiatives are not misaligned.</p> <p>P.C. recommends that psychiatrists be involved in TFH.</p> <p>R.S. we need to help engage with groups that Jim will work with to improve TFH. It will be a year long process.</p> <p>P.M. Acknowledged what R.S. stated but still has concerns of which direction SCC is going.</p> <p>E.B. Work is required to improve the experience of hospital discharge, perhaps not enough integration.</p> <p>R.S. agreed that we want to improve experience of clients discharged, R.S. asked for patience as we start engagement piece, and that everybody provide us with their input into the process of TFH. R.S. commented on current state analysis report that J.C. created, thanking J.C. for the work, acknowledging LHIN, ASYR and YSSN staff that assisted with the data used for the report. The goal of the exercise is to strengthen the report with our voices.</p>	
<p>5. Current Stat Analysis Overview and Working Groups</p>		<p>Members were assigned groups: Waiting List; Demographics; Emergency</p>	<p>Each group prepares a presentation and</p>

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		Departments; and, Primary Care. Each group will perform an analysis of their section, prepare a presentation and deliver it at the next SCC meeting.	delivers a presentation at the next SCC meeting.
6. Other Business	-	-	-
7. Check out	-	-	-