

Terms of Reference

Mental Health and Addictions Service Coordination Council

1. Background/Context

The vision of Ontario's Mental Health and Addictions Strategy is that every Ontarian enjoys good mental health and well-being throughout their lifetime, and all Ontarians with mental illness or addictions can recover and participate in welcoming, supportive communities.

From October 2014 to February 2015, Central LHIN staff completed work to understand the magnitude and underlying factors of the challenge. A literature search of best practices was developed and interviews/focus groups with persons with lived experience of mental illness and addictions and families took place. In January 2015, in seeking to address the aforementioned challenges related to mental health and addictions (MHA) services, including housing, the Central LHIN began the development of a multi-year Central LHIN Mental Health and Addictions Supports within Housing Action Plan for York Region (the Action Plan), recipients of services and key stakeholders across different sectors.

The goal is to enhance the wellness and improve outcomes for persons with mental health problems and addictions in York Region by optimizing access to an integrated, coordinated and efficient system of housing supports, treatment programs and supportive housing; to promote and sustain recovery of those with moderate/serious and persistent disability.

On March 3rd and 4th 2015, Central LHIN co-hosted a planning Summit along with Region of York to enable the creation of a multi-year Action Plan. The objective of the Action Plan is to enhance the wellness and improve outcomes for persons with mental illness and addictions in York Region by optimizing access to an integrated, coordinated and efficient system of housing supports, treatment programs and supportive housing for those with moderate/serious and persistent disability.

The objective of the Summit was to establish shared goals and levers for change that would inform the development of the Action Plan. The engagement used a co-design process with key stakeholders, including persons with lived experience, their families, housing providers, health service providers, including acute care hospitals, emergency service providers and police. Twenty-three levers for change were identified under four shared goals. These levers for change were used to inform the development of the Central LHIN multi-year Action Plan.

1.1 Mandate

To support the implementation of the action items outlined in the Central LHIN Mental Health and Addictions Supports within Housing Action Plan for York Region.

1.2 Accountability

The Service Coordination Council will be accountable to the Central LHIN for improved integration, co-ordination and distribution of mental health and addictions services for transitional aged youth and adults, including seniors, to improve client services within York Region and resolve client issues.

2. Roles and Responsibilities of the Service Coordination Council

The Service Coordination Council is accountable to the Central LHIN. The work of the Service Coordination Council will be driven by the following operating principles:

- Person-centeredness such that service delivery is integrated based on the needs of the client
- Efficiency of service delivery for both the recipient of care and sustainability of the system
- Systematic enabling of proactive rather than reactive response to client need
- Integration of care based on innovation and new models of care to improve the client experience

The main function of the Council is to facilitate the implementation of the Central LHIN Mental Health and Addictions Supports within Housing Action Plan for York Region, which includes:

- Support efforts fostering improved integration, co-ordination and distribution of mental health and addictions services for transitional aged youth and adults, including seniors, to improve client services within York Region and resolve client issues;
- Engage the community, including clients, families, and the broader support network to enhance access to age-appropriate, culturally sensitive, multilingual supports;
- Support the creation of a stronger network of services by leveraging existing listings and access points to identify and gain agreement on a 'one-stop shop' for listing of all resources (mental health/addictions and housing) that will simplify the navigation process for both the community and providers;
- Support efforts in aligning, integrating, connecting and expanding access for cross-continuum supports and resources within the system, through

partnerships, to address the key issues identified by consumers, families, and service providers;

- Evaluate the impact of the Service Coordination Council and the impact of investments/improvements through the implementation of the Action Plan;
- Continue to advance, communicate and promote housing strategies to increase access to housing and housing supports.
- Work with stakeholders and providers to better connect housing and MHA supports and services, including the development of processes for early identification of clients who need MHA supports and referral processes to connect them.

Service Coordination Council members are expected to:

- Support the core values of the CLHIN:
 - Collaboration/partnership
 - Quality and system responsiveness
 - People/community focused
 - Openness and transparency
 - Sustainability and efficiency
- Follow the following guiding principles:
 - Commitment to a client centred/family centred process
 - Accountable to the client voice
 - Open communication and on-going engagement within the sector and broader community
 - Collaboration and alignment of MHA services with a commitment to sustainability
 - If any component of implementation will result in changes to CLHIN funding or targets, these recommendations will be brought forward to the Central LHIN for decision-making
 - Evidence-informed practice
 - Alignment with the current Integrated Health Service Plan (IHSP) Strategic Framework
- Be knowledgeable and able to maximize synergies with ongoing activities with the Central LHIN
- Engage with their respective communities
- Bring a system wide perspective to the Council. Members are not representing a specific constituency but are invited to participate as system wide contributors, bringing expertise and a desire to advance the system as a whole
- Advance the recommendations of the Committee
- Declare any perceived or potential conflict of interest. Declaration of actual or perceived conflict of interests does not preclude individuals from participating in discussions.

3. Membership and Roles of Committee Members

3.1 Membership	
Name	Organization/Stakeholder Group
Nancy Lum-Wilson (Co-Chair) Rebecca Shields (Co-Chair)	<ul style="list-style-type: none"> ▪ Central LHIN ▪ CMHA – York and South Simcoe Branch ▪ Region of York (2 – Community and Health Services, Housing) ▪ United Way Toronto York Region ▪ Central LHIN MHA HSPs: <ul style="list-style-type: none"> ○ Addictions ○ Crisis ○ Housing ▪ Central LHIN Hospital ▪ Central LHIN Primary Care Provider ▪ Community Stakeholders (2 – York Region Police, Emergency Medical Services) ▪ People with Lived Experience or Family Members (6)

The Council will be co-chaired by representatives of Central LHIN and CMHA York Region.

Health service providers and community stakeholders will be chosen based on core competencies.

People with lived experience in the mental health and/or addictions sector and family representation will make up at least one-third of Council membership and will receive a honourarium for their contribution to the Council.

The Council may establish time-limited Working Groups from time to time to achieve specific goals or tasks.

As members leave Council, they will be replaced by people within the general stakeholder group through an Expression of Interest process; however, they may not necessarily be replaced by someone within the same family or agency.

As the work of Council is of high priority and time limited, the sending of alternates is strongly discouraged although permitted under exceptional circumstances.

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Nancy Lum-Wilson, Director, Health System Planning & Design, Central LHIN
Co-chair of the Council

Rebecca Shields, CEO Canadian Mental Health Association York Region
Co-chair of the Council

Note about the Director of Service Transformation, a position dedicated to the Service Coordination Council:

The Director of Service Transformation is responsible for helping the Service Coordination Council successfully implement the Mental Health and Addictions Supports within Housing Action Plan for York Region.

The Director of Service Transformation's responsibilities include, but are not limited to, the following:

1. Facilitation

- Support the Council Co-Chairs to facilitate the Mental Health and Addictions Service Coordination Council.
- Support the Council Co-Chairs to build a culture of trust and openness
- Generate a sense of shared purpose that unites members.
- Foster creativity and innovation with members of the Council.
- Promote diverse perspectives
- Manage meetings in a way that encourages everyone to participate.
- Implement a system for tapping into suggestions from all members for solving problems
- Probe, listen and clarify to draw out the ideas and thoughts of other people
- Encourage risk taking
- Create an environment to engage in healthy debate in the spirit of finding the best answers to make great decisions
- Listen to different views and incorporate them into decisions and actions of the whole.
- Create a conflict resolution process and facilitate positive resolution with the support of the co-chairs.

2. Knowledge Exchange

Share with Council members evidence-based practices in:

- Community mental health and addiction service systems
- Access systems
- Integration models
- Housing strategies.
- Develop and implement a plan to engage broader community and stakeholders in the work of the Coordination Council.

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- Support the Council to establish a cross-sector issues resolution table where providers work together to resolve service coordination issues with complex clients.
- Be a resource to share the work, evaluation, outcomes and innovation, emerging and evidence-based practices adopted and implemented through the Action Plan.

3. Change Management

- Using evidence-based planning processes, lead the development of system transformation.
- Assist all stakeholders in understanding their role and accountabilities to the plan.
- Establish and implement a robust implementation plan with concrete timelines, benchmarks and deliverables.
- Oversee the progress of the plan and communicate successes and challenge areas.
- Provide insight and guidance to stakeholders to resolve issues.
- Be a resource to the change process.

4. Evaluation

- Work with external evaluators and the Central LHIN to ensure a comprehensive evaluation of the project in alignment with LHIN objectives to understand return on investment.
- Establish internal evaluation mechanism to ensure and promote full engagement.

3.2 Duration/Sunset

The Council will convene until one of the following conditions are met

1. Items identified for implementation in the Action Plan over the next four Central LHIN Annual Business Plans are implemented; or
2. Until such time that the Central LHIN provides notification to the Council that its services are no longer required; or
3. Until such time that an evaluation of the Council determines that it is ineffective.
4. It is anticipated that this Council will complete its work within four (4) years.

4. Logistics and Processes

4.1 Role of Co-Chairs

- Set meeting dates
- Set agenda
- Review meeting minutes
- Circulate agenda, minutes and meeting materials
- Facilitate meetings
- Facilitate communication with broad community stakeholders
- Lead the work of the Council

4.2 Frequency of Meetings

The Council will meet six (6) times each year, with additional meetings scheduled if necessary. Every effort will be made to make the meetings accessible to the members e.g. location, time schedule, IT solutions.

4.3 Decision-Making Process and Quorum Requirements

Decisions will be based on consensus. Consensus is defined by the following parameters:

- Have members had the opportunity to discuss the issue?
- Do members understand the decision to be made?
- Can members live with the decision?
- Can members defend the decision?
- Will the decision have a positive impact on system performance as defined by better system outcomes, better client experience, and better return on investment?
- Are members committed to moving the decision into action?

All discussions will be documented. Quorum for decision-making will be 50 per cent of membership plus one.

All decisions of the Council that will impact on Service Accountability Agreement targets or funding will be referred to the Central LHIN for final decisions.