

TOMORROW....



**AN ADULT MENTAL HEALTH STRATEGIC PLAN
FOR ERIE ST. CLAIR
2012-2016**

**PREPARED BY SHAW CONSULTING/
THE AGORA GROUP**

OCTOBER, 2012

ACKNOWLEDGEMENT

The authors of this strategic plan thank the many people living with mental illness, their family members, mental health service providers, Erie St. Clair Local Health Integration Network staff and other concerned and dedicated stakeholders, for their active and creative participation in the development of the Erie St. Clair Adult Mental Health Strategic Plan.

“Far away in the sunshine are my highest aspirations. I may not reach them, but I can look up and see the beauty, believe in them and try to follow where they lead.”

Louisa May Alcott

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INTRODUCTION

There is much that is positive about the mental health service system in Erie St. Clair:

- Many people with mental illness value the services they receive from the mental health service system.
- Mental health service providers have created and participate in a broad range of problem resolution networks, to address specific service needs or to help high priority in-need and at-risk populations.
- Providers find workable practical and innovative solutions to problems that engage the attention of several agencies.
- The consumer/survivor/family-led support system is active and vibrant in Erie St. Clair, and many family members have received training that helps them to support and advocate for their loved ones while also looking after their own well-being as family caregivers.
- The primary health care system is prepared to play a larger and broader role in addressing mental health issues than they have been able to play in the past.
- Successful repatriation of a number of mental health services from London to Erie St. Clair has taken place.

But there are deficiencies as well:

- Many people with mental illness, family members and service providers do not have the level of knowledge they would like to have about service resources, service options and system entry points.
- Stigmatization still causes daily hardship for many people with mental illness, even in terms of their interactions with community helping systems.
- Suicide, particularly among young people, appears to have spiked in parts of Erie St. Clair.
- There appears to be less than fully equitable distribution of types and volumes of mental health services across Erie St. Clair.
- One-off decisions to change, curtail or eliminate services are still sometimes made by individual service agencies with no requirement that their system partners play a role in such decisions
- The definition base, data base and information base necessary to make many decisions about the mental health service system are not yet fully systematized, accurate and comprehensive.

This adult mental health strategic plan for the period October 2012 to March 31 2016 is meant to help Erie St. Clair's legacy of success to become the foundation for improving the present and the future.

It should be read in conjunction with its companion document, ***Thirteen Appendices To The Adult Mental Health Strategic Plan For Erie St. Clair, 2012-2016***, since the companion document describes the planning process in greater detail and presents 67 opportunities that can be pursued to achieve the strategic plan's nine strategic directions.

EXECUTIVE SUMMARY

The Visions

As a first step in developing a three-year strategic plan for adult mental health in Erie St. Clair, two visions were developed with input from people with mental illness, family members, mental health service providers and related human service systems. There was a high degree of support for these visions from stakeholders once they were created and shared.

The Vision for Supportive Communities

Communities respect and proactively support people living with mental illness and their families. Communities understand mental illness, remove stereotypes and stigma related to mental illness, ensure that all community resources effectively serve people living with mental illness and their families, support specialized services for people with mental illness and their families, and fully engage people with mental illness and their families as contributors to the well-being of the whole community.

This is the short form of the vision for supportive communities, for communication purposes:

Communities respect, help and include people living with mental illness and their families

The Vision for the Adult Mental Health Service System

An effective, accessible, outcome-driven, comprehensive continuum of mental health services for adults with mental illness and their families, integrated among its own parts and with other health and community systems. The continuum helps people to achieve the highest possible level of health. The continuum is accountable, person centred and family centred, and it acts on the basis of commonly held principles of service excellence.

This is the short form of the vision for the service system, for communication purposes:

A full and integrated continuum of person-centred and accountable mental health services for adults with mental illness and their families

Definitions of the words used in these visions are found in the companion document ***Thirteen Appendices To The Adult Mental Health Strategic Plan For Erie St. Clair, 2012-2016*** (Appendix One).

The Nine Strategic Directions

At the core of this three-year adult mental health strategic plan are nine strategic directions. These directions are paramount areas for concerted attention and for resource investment and re-investment. These nine strategic directions are listed and described on the next page.

THE NINE STRATEGIC DIRECTIONS THAT DRIVE THIS STRATEGIC PLAN

1. Provide help early

Providing help during childhood and adolescence, helping adults as soon as they need it, reducing wait times and removing barriers help keep people's problems from becoming bigger.

2. Integrate the system and enhance community mental health service

Integration coordinates resources for the good of people in need. Enhancing community services through integration helps develop a critical mass of integrated community service.

3. Build an evidence-based and experience-driven service continuum

A continuum of services, enriched by evidence from around the world and strengthened by existing successes in Erie St. Clair, will ensure that service gaps are well filled.

4. Mobilize to help people with complex or persistent problems

Unless people with complex or persistent problems get wraparound help, they remain debilitated by their problems and use many uncoordinated services in times of crisis.

5. Further engage primary care in the mental health service system

Primary care provides a strong foundation of comprehensive care in communities, ready to play a greater role in mental health if it has supportive links with other mental health services.

6. Augment and support psychiatry and psychiatric extenders

Psychiatrists are an important but scarce resource. Supporting them and helping them to divert work to other professional staff helps them to focus on what only psychiatrists can do.

7. Strengthen the consumer/survivor/family run part of the system

Enhanced peer support and peer-driven rehabilitation empower and strengthen people with mental illness and their families in ways that complement other parts of the service system.

8. Reduce service disparities among areas, populations and programs

This is high priority because everyone in Erie St. Clair deserves access to service – including decent housing – in proportion to their needs.

9. Get the right numbers and knowledge to shape the system

The system can only assess and renew its services, and be accountable to the people it serves, if it bases its actions on accurate and comprehensive information.

System Analysis

The planning process reviewed best and promising practices and policy documents related to mental health, and analysed adult mental health in Erie St. Clair from three vantage points.

- The vantage point of **thirteen key system components**. These are the parts of the system that constitute the elements of service that need to be organized into a system:
 1. Public education, prevention, community capacity building and community mobilization
 2. Pre-entry, early identification and early help
 3. Entry, including assessment and intake
 4. Primary care
 5. Psychiatry
 6. Non-residential treatment
 7. Residential treatment
 8. Evening and weekend treatment
 9. Crisis services
 10. Case management
 11. Assertive community treatment
 12. Rehabilitation
 13. Housing
- The vantage point of **ten system connectors** – features that turn a collection of parts into a functioning system:
 1. Service integration
 2. Stakeholder knowledge about services, systems and processes
 3. Service co-location
 4. Navigation
 5. Advocacy for and by consumers and families
 6. Care pathway templates
 7. Stakeholder engagement processes
 8. An integrated service database
 9. System focused planning, monitoring and evaluation
 10. Quality improvement strategies.
- The vantage point of **14 unique population groups** who have been identified in the literature and in the field as populations needing special attention:
 1. Francophones
 2. Aboriginal, First Nations and Métis people
 3. Children and youth
 4. People with eating disorders
 5. Seniors
 6. People experiencing poverty or low incomes
 7. People in rural areas
 8. People at risk of suicide
 9. People with addictions
 10. People with disabilities
 11. Immigrant, refugee, ethno-cultural and racialized groups
 12. Lesbian, gay, bisexual and transgendered people
 13. People involved in the legal system
 14. People who have experienced trauma.

Each component, connector and population group was analyzed under four headings:

1. Desired outcome
2. Current state
3. Rationale for change
4. Timetable for change spread over three years.

Analysis of these system components, system connectors and unique population groups generated 67 opportunities that were then grouped under the nine strategic directions shown on the previous page. This nine-chapter “driver’s manual” will help take the mental health service system in Erie St. Clair into its future.

Descriptions of each component, connector and population group – and opportunities for change that stem from them – are found in the companion document ***Thirteen Appendices To The Adult Mental Health Strategic Plan For Erie St. Clair, 2012-2016***. (Appendices Four, Five, Six and Seven).

CONNECTING STRATEGIES AND OUTCOMES

Four specific desirable outcomes of this strategic plan were identified by the Erie St. Clair LHIN (described below). None of these outcomes can be achieved by one big initiative, but a mix of initiatives is likely to help achieve them. This mix of initiatives – cited in greater detail as opportunities in the companion document *Thirteen Appendices To The Adult Mental Health Strategic Plan For Erie St. Clair, 2012-2016* – is shown below, along with selected current-state statistics.

1. Reduction of Emergency Department Mental Health Repeat Visits (within 30 days) By 20% Per County

This is what can be done....

- A more integrated crisis service system
- A single 1-800 crisis line for Erie St. Clair
- Wider dissemination of contact information about the ConnexOntario mental health, substance abuse and problem gaming help lines
- Wait time management so crises do not build up as result of long waits or lack of support while on waiting lists
- Development of an inner city care model, initially in Windsor, to meet the needs of people who are frequent multi-service users (including emergency department users)
- Enhanced primary care capacity, in partnership with the proposed Community Mental Health Coordinating Agency, to address mental health issues before they become crises
- A next-day booking system by which ConnexOntario can book people with a counsellor the day after a visit to or encounter with a crisis service.

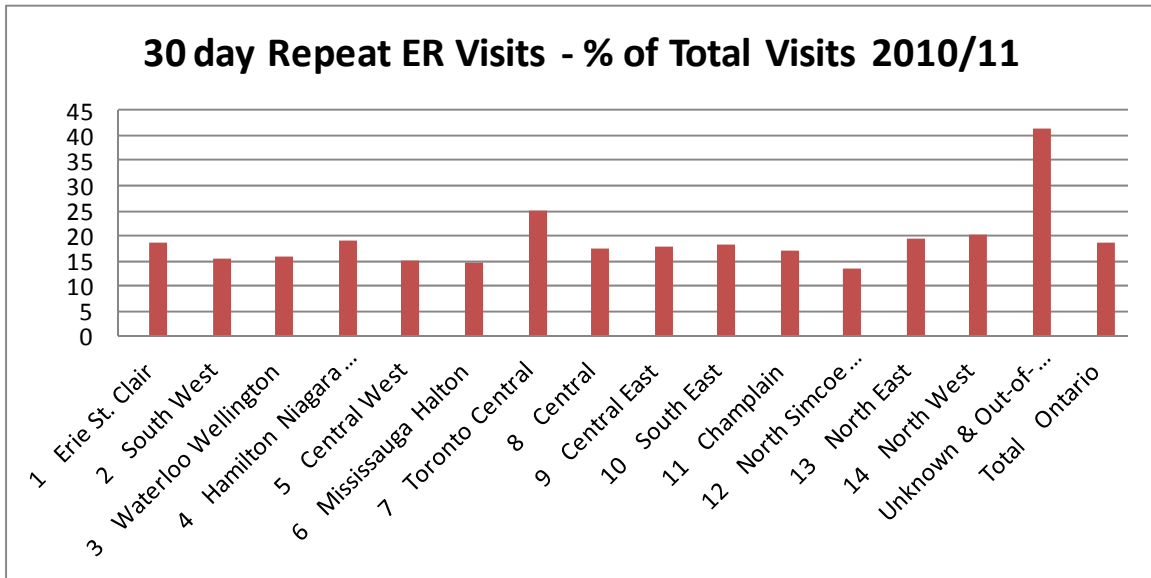
The 30 day repeat visit rate to emergency rooms for Erie St. Clair (18.7%) is slightly higher than the provincial average (18.5%) for the most recent full year of data, 2010/11. More recent data for the third quarter of fiscal year 2011/12 shows a slightly higher rate (20.7%) as compared to the provincial rate (18.3%) ranging from 10.2% to 25.9% by hospital. Third quarter data also suggests that the visit rate to emergency rooms for mental health is higher than the provincial rate (see tables on the next two pages).

30 Day Repeat Emergency Room Mental Health Visits, 2010/11

LHIN	% of Total Visits	Total Visits
1 Erie St. Clair	18.7	7,659
2 South West	15.6	10,957
3 Waterloo Wellington	15.8	6,695
4 Hamilton Niagara Haldimand Brant	19.0	14,206
5 Central West	14.9	5,368
6 Mississauga Halton	14.5	6,925
7 Toronto Central	25.1	13,497
8 Central	17.3	11,467
9 Central East	17.9	15,020
10 South East	18.1	5,979
11 Champlain	17.0	13,792
12 North Simcoe Muskoka	13.3	4,652
13 North East	19.3	10,947
14 North West	20.0	4,336
Unknown & Out-of-Province	41.3	2,449
Total Ontario	18.5	133,949

Source - Ministry of Health and Long Term Care, Health Analytics Branch, Fall, 2011

30 day Repeat ER Visits - % of Total Visits 2010/11



Repeat Unscheduled Emergency Visits Within 30 Days as a Proportion of Mental Health Visits, 2011/12, Q3

	Institution Number	Hospital Name	Mental Health		
			2011/12 Q3		
			Repeat visits within 30 days		Total Visits
			#	%	
Erie St. Clair	4104	LEAMINGTON DISTRICT MEMORIAL HOSPITAL	14	14.3	98
	4109	BLUEWATER HEALTH-SARNIA GENERAL SITE	51	12.9	395
	4142	HOTEL-DIEU GRACE HOSPITAL-ST JOSEPH'S	279	25.9	1077
	4238	PUBLIC GENERAL HOSP SOCIETY OF CHATHAM	46	20.4	226
	4239	SYDENHAM DISTRICT HOSPITAL	6	10.2	59
	4256	BLUEWATER HEALTH-PETROLIA SITE	<5	-	26
	4414	WINDSOR REGIONAL HOSPITAL-METROPOLITAN	33	16.5	200
		Total		431	20.7
Total	Total Ontario		6,606	18.3	36,044

Source - Ministry of Health and Long Term Care, Health Analytics Branch, August, 2012

Unscheduled Emergency Visit Rate per 100,000 for Mental Health Fiscal Year 2011/12 Q3

LHIN of patient residence	2011/12 Q3	
	Crude Rate	Age-Standardized Rate
1 Erie St. Clair	328.8	343.1
2 South West	293.4	296.8
3 Waterloo Wellington	225.4	226.7
4 Hamilton Niagara Haldimand Brant	272.1	276.7
5 Central West	179.8	180.2
6 Mississauga Halton	167.5	167.6
7 Toronto Central	306.8	294.2
8 Central	173.5	172.6
9 Central East	262.5	264.5
10 South East	344.4	359.9
11 Champlain	309.5	307.3
12 North Simcoe Muskoka	302.0	312.6
13 North East	486.5	519.2
14 North West	476.6	517.7
Total Ontario	272.6	273.8

Source - The Health Analytics Branch, MoHLTC, July, 2012

2. Reduction of Repeat Admissions for Schedule One Patients (Within 30 Days) By 15%

This is what can be done....

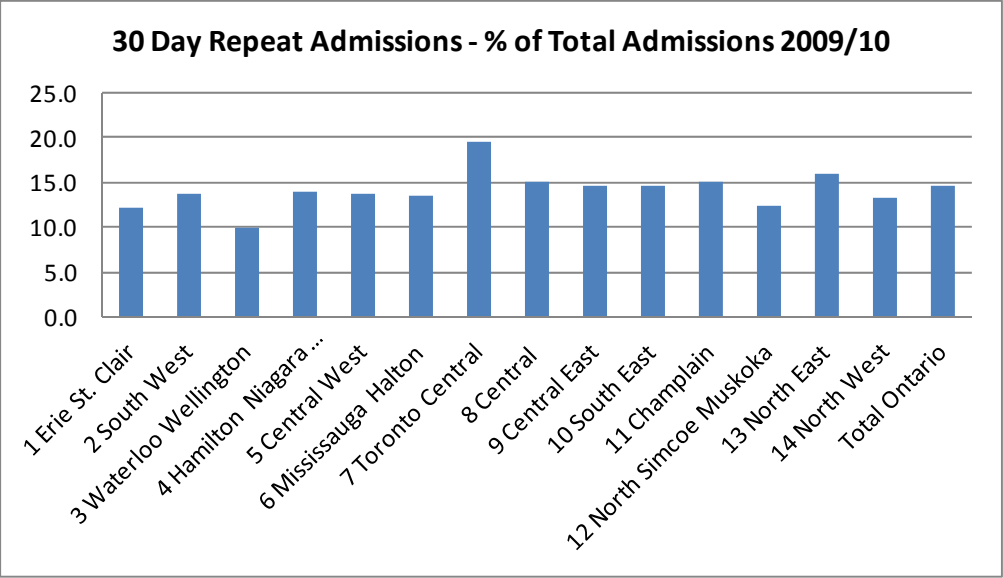
- An augmented array of housing options, since housing crises often precipitate mental health crises
- A more integrated crisis service system
- A single 1-800 crisis line for Erie St. Clair
- Wait time management so crises do not build up as result of long waits or lack of support while on waiting lists
- Development of an inner city care model, initially in Windsor, to meet the needs of people who are frequent multi-service users (including emergency department users)
- Enhanced primary care capacity, in partnership with the proposed Community Mental Health Coordinating Agency, to address mental health issues before they become crises
- Integration of case management, intensive case management and ACT teams so potential problems can be identified early and flexible case management applied to keep sub-crisis problems from becoming crises
- Augmentation of peer support and psychosocial rehabilitation resources, particularly operated by consumer/survivor/family-run organizations, to help give people the support they need to cope more effectively with issues before they require assistance from the institutional mental health system component
- More widespread distribution of depot medication administration sites.

Repeat admissions for Erie St. Clair residents (12.2%) to adult mental health (Schedule 1) hospital beds is slightly below the provincial average (14.7%).

30 Day Repeat MH Admissions, 2009/10

LHIN	% of Total Admissions	Total Admissions
1 Erie St. Clair	12.2	1,995
2 South West	13.8	4,147
3 Waterloo Wellington	9.9	3,713
4 Hamilton Niagara Haldimand Brant	14.0	4,412
5 Central West	13.7	1,769
6 Mississauga Halton	13.4	2,123
7 Toronto Central	19.6	7,111
8 Central	15.0	3,332
9 Central East	14.7	4,476
10 South East	14.6	1,894
11 Champlain	15.1	4,176
12 North Simcoe Muskoka	12.3	2,234
13 North East	16.0	2,748
14 North West	13.3	1,167
Total Ontario	14.7	45,297

Source - Ministry of Health and Long Term Care, IntellihealthOntario, June 2011



3. Reduction in Community Mental Health Wait Times By 40%

This is what can be done....

- Integration of community mental health services within a single organization (the proposed Community Mental Health Coordinating Agency) so resources can be rapidly and flexibly redeployed to deal with demand surges and bottlenecks
- A wait time management strategy, including support to people on wait lists.

The data below indicates that wait times for community services in Erie St. Clair vary considerably by service ranging from 0 to 42 days.

Median Wait Time to Next Available Treatment Slot for Community Mental Health Services by LHIN of Service and Service Type, Fiscal Year 2011/12

LHIN of service	Abuse Service	ACT Team	Case Management	Diversion and Court Support			Early Intervention	Short-Term Crisis Support	Housing within	Vocational
				Counselling and Treatment	and	Support				
Erie St. Clair	0	13	26	3	2	10	0	30	42	
South West	0	0	0	1	0	0	0	90	0	
Waterloo Wellington	0	0	42	28	3	4	0	365	0	
HNHB	75	78	0	4	0	14	0	31	30	
Central West	0	0	43	28	3	85	0	1096		
Mississauga Halton		120	16	27	0	13	0	14	136	
Toronto Central	28	151	30	31	0	0	30	90	0	
Central	120	1	14	21	1	7	0	172	38	
Central East	0	37	23	7	0	0	0	364	0	
South East	0	62	27	28	0	4		91	28	
Champlain	6	180	2	90	0	0	0	0	0	
North Simcoe	4	19	0	0	0	0	0	24	716	
Muskoka										
North East	7	10	0	20	0	0	1	30	0	
North West	0	30	0	0	0	0	0	142	14	
Ontario	2	31	1	14	0	3	0	71	14	

Source - ConnexOntario Health Services Information, Health Analytics Branch, July 2012

4. A Reduction in Suicide Attempts Measured Via National Ambulatory Care Reporting System (NACRS)¹ Data Base

This is what can be done....

- Greater suicide risk screening by all mental health service providers
- Continued health sector participation in community-wide multi-sectoral suicide prevention coalitions
- Emphasis on early intervention through early psychosis intervention programs, services for youth, and enhanced transition supports for young people moving from the youth system to the adult system (during a life stage when impulse control may be reduced and impulsive self-harming behaviour may be exhibited in the absence of supports)
- Coordinated, improved and sensitive services for populations at risk of suicide, including people with eating disorders and lesbian, gay, bisexual and transgendered people.

PLANNING MANDATE

This adult mental health strategic plan for Erie St. Clair covers three years:

- **Year One:** October 2012 to March 31 2014
- **Year Two:** April 1 2014 to March 31 2015
- **Year Three:** April 1 2015 March 31 2016.

Its components are meant to include:

- A comprehensive current state service inventory and performance synopsis (baseline)
- Engagement activities leading to the development of a mental health vision statement that has a high degree of stakeholder support
- Rationale for future proposed service changes
- Concrete opportunities for service changes and/or integration including an implementation timeline document.

The Strategic Plan, when read in conjunction with its companion document ***Thirteen Appendices To The Adult Mental Health Strategic Plan For Erie St. Clair, 2012-2016***, provides a number of opportunities for the LHIN and its service partners to pursue in order to:

- Reduce emergency department mental health repeat visits
- Reduce readmissions within 30 days to schedule one facilities
- Reduce in community mental health wait times
- Reduce suicide attempts.

¹ The National Ambulatory Care Reporting System (NACRS) is a reporting system that allows emergency department personnel to record (among other things) the “main problem”, defined as “the main problem the patient presents with that is clinically significant”. The “pick list” from which recorders can choose main problems cites two categories relevant to suicide attempts:

- Depression/suicide/intentional self-harm
- Overdose ingestion.

Further analysis is needed to determine how these data can best be interpreted to gauge whether there are reductions in suicide attempts in Erie St. Clair.

PROJECT PHASES

The project comprised two phases:

1. Vision development
2. Development of priority activities for the adult mental health system in Erie St. Clair over the next three years

STAKEHOLDER ENGAGEMENT

The strategic plan was developed with guidance from an Adult Mental Health Strategic Plan Advisory Committee drawn from stakeholders from all three areas of the Erie St. Clair LHIN.

Adult Mental Health Strategic Plan Advisory Committee Members		
name	organization and position	geographic area
Dr. Mary Broga	Windsor Regional Hospital, Vice President	Windsor/Essex
Kelly Gottschling	Mental Health Network, Executive Director	Chatham-Kent
Dr. Sonja Grbevski	Hotel-Dieu Grace Hospital, Director and Acting Vice President	Windsor/Essex
Jean Laforge	Mental Health Connects, Executive Director	Windsor/Essex
Lynda Robinson	Bluewater Health, Vice President	Sarnia/Lambton
Alan Stevenson	Canadian Mental Health Association Lambton Kent, Chief Executive Officer	Sarnia/Lambton and Chatham-Kent
Kristen Williams	Chatham-Kent Community Health Centre, Chief Executive Officer	Chatham-Kent

The Advisory Committee was chaired by John Butler of Shaw Consulting/The Agora Group and was vice-chaired by Frank Chalmers of the Erie St. Clair LHIN. Ongoing additional support to the Advisory Committee was provided by:

- Dawn Maziak, Erie St. Clair LHIN
- Ron Sheppard, Erie St. Clair LHIN
- Ralph Ganter, Erie St. Clair LHIN
- Minnie Gould, Erie St. Clair LHIN
- Ron Shaw, Shaw Consulting/The Agora Group
- Lynne Lawrie, Shaw Consulting/The Agora Group
- Floyd Dale, Shaw Consulting/The Agora Group.

The Advisory Committee provided sound engagement advice to the project consultants, leading to extensive stakeholder engagement cited on the next three pages. Engagement generally focused on two issues:

1. What the visions should be for the mental health system and for supportive communities in Erie St. Clair
2. What should be done to achieve the visions.

When draft visions were fed back to stakeholders after the first round of engagements, there was a high degree of stakeholder concurrence with the visions.

Through focus groups, interviews and surveys, over 300 stakeholders² including people with mental illness, family members of people with mental illness, providers of mental health, primary care and ancillary services, LHIN Board members and LHIN staff were engaged in the planning process.³

FOCUS GROUPS: PEOPLE LIVING WITH MENTAL ILLNESS, AND FAMILY MEMBERS

	event	date	purpose	location	participants
1.	People living with mental illness and family members in Chatham-Kent	Jan. 2012	visioning	Chatham	35
2.	People living with mental illness in Sarnia/Lambton	March 2012	visioning	Sarnia	20
3.	Family members of people living with mental illness in Sarnia/Lambton	March 2012	visioning	Sarnia	20
4.	People living with mental illness in Windsor/Essex	March 2012	visioning	Windsor	30
5.	Family members of people living with mental illness in Windsor/Essex	March 2012	visioning	Windsor	30
6.	People living with mental illness in Chatham-Kent, and family members	April 2012	Confirming the vision and achieving the vision	Chatham	32
7.	People living with mental illness in Sarnia/Lambton	April 2012	Confirming the vision and achieving the vision	Sarnia	10
8.	Family members of people living with mental illness in Sarnia/Lambton	April 2012	Confirming the vision and achieving the vision	Sarnia	6
9.	People living with mental illness in Windsor/Essex	April 2012	Confirming the vision and achieving the vision	Windsor	55
10.	Family members of people living with mental illness in Windsor/Essex	April 2012	Confirming the vision and achieving the vision	Windsor	16
11.	Mental health housing users in Chatham-Kent	July 2012	Housing needs and solutions	Chatham	5
12.	Mental health housing users in Sarnia/Lambton	July 2012	Housing needs and solutions	Sarnia	8
13.	Mental health housing users in Windsor/Essex (IRIS House users)	July 2012	Housing needs and solutions	Windsor	9
14.	Total participants				276

² A total of 496 people attended focus groups, but since some attendees were invited to and attended more than one event, the estimated total number of unique individuals involved is in excess of 300.

³ As well, the project reviewed the results of three focus groups for people living with mental illness, and four focus groups for mental health service providers, held in 2009 under the auspices of the LHIN. The major findings of this earlier round of consultations were consistent with the findings of the engagement events held as part of this strategic planning project.

FOCUS GROUPS: MENTAL HEALTH SERVICE PROVIDERS

	event	date	purpose	location	participants
15.	Francophone service providers	March 2012	Visioning, and achieving the vision	Windsor	6
16.	All mental health service providers in Chatham- Kent	March 2012	Visioning	Chatham	10
17.	All mental health service providers in Sarnia/Lambton	March 2012	Visioning	Sarnia	15
18.	All mental health service providers in Windsor/Essex	March 2012	Visioning	Windsor	30
19.	LHIN Board Members	May 2012	Visioning, and achieving the vision	Chatham	8
20.	All mental health service providers in Erie St. Clair	May 2012	Confirming the vision and achieving the vision	Chatham	66
21.	Child/youth mental health service providers	March 2012	Visioning, and achieving the vision	teleconference	8
22.	Emergency department service providers	March 2012	Visioning, and achieving the vision	teleconference	6
23.	Assertive community treatment (ACT) team members	March 2012	Visioning, and achieving the vision	teleconference	6
24.	Psychiatrists in Erie St. Clair	March 2012	Visioning, and achieving the vision	Chatham	5
25.	Total participants				160

PRIMARY CARE FOCUS GROUPS/MEETINGS

	event	date	purpose	location	participants
26.	North Lambton CHC focus group	Feb. 2012	Visioning, and achieving the vision	North Lambton	10
27.	Windsor Essex CHC focus group	Feb.2012	Visioning, and achieving the vision	Windsor	27
28.	Chatham-Kent CHC focus group	Feb. 2012	Visioning, and achieving the vision	Chatham	7
29.	Family Health Team focus group	March 2012	Visioning, and achieving the vision	Windsor	12
30.	Follow-up interviews with four family health team personnel	March 2012	Visioning, and achieving the vision	By phone	4
31.	Total participants				60

SURVEYS

	Survey recipients	date of distribution	purpose	responses
32.	Addiction service providers	April 2012	Visioning, and achieving the vision	6
33.	Mental health service providers (mailed out by the Erie St. Clair LHIN)	April 2012	Re-survey re: resources and volumes based on survey instrument used by LHIN in 2010	6
34.	Family health teams in Erie St. Clair	May 2012	Degree of involvement in/resources for mental health work	6
35.	Community health centres in Erie St. Clair	May 2012	Degree of involvement in/resources for mental health work	4
36.	Nurse practitioner-led teams in Erie St. Clair	May 2012	Degree of involvement in/resources for mental health work	3
37.	Total responses			25

INTERVIEWS

	Interviewee(s)	date	purpose	participants
38.	John Martel, former Chair, South West Ontario Mental Health Implementation Task Force	April 2012	Historical context, visioning, and achieving the vision	1
39.	Service providers/ stakeholders outside Erie St. Clair	April 2012	Regional and provincial context, visioning, and achieving the vision	6
40.	Erie St. Clair LHIN Lead, French Language Services	April 2012	Francophone context, visioning, and achieving the vision	1
41.	Erie St. Clair LHIN Lead, Emergency Services	April 2012	Emergency services context, visioning, and achieving the vision	1
42.	Erie St. Clair LHIN Lead, First Nation Services	April 2012	First Nations/Aboriginal context, visioning, and achieving the vision	1
43.	Francophone stakeholders	April 2012	Vision, and achieving the vision	6
44.	Assorted follow-up interviews with stakeholders	Throughout the project	Clarification of issues/perceptions	22
45.	Total interviews			38

DOCUMENT REVIEW

The strategic planning project reviewed and synthesized information from a broad range of mental health system-oriented plans, studies and policy papers, concentrating on Ontario and Canada but including local and international documents as well.⁴

A more detailed comparison of two of these documents, both important because they are recent and will determine the shape of Ontario's and Canada's mental health systems well into the future, is found in this plan's companion document ***Thirteen Appendices To The Adult Mental Health Strategic Plan For Erie St. Clair, 2012-2016*** (Appendix Nine):

- *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy* (Government of Ontario)
- *Changing Directions, Changing Lives: The Mental Health Strategy for Canada* (Mental Health Commission of Canada).

The more comprehensive document review yielded lessons (shown below and on the next page) for adult mental health strategic planning in Erie St. Clair.

What the document review provided:

1. The document review confirmed that the service issues and system challenges that have been documented as part of Erie St. Clair mental health planning are present beyond Erie St. Clair, and are issues and challenges that have existed for many years in Ontario and Canada as a whole.
2. The review confirmed assumptions around the elements that must exist to make an effective, efficient and person-centred system of services.
3. The review confirmed that the vision for Erie St. Clair's adult mental health system is a good representation of the core elements for an optimal system; and that the vision is therefore at the right level of dialogue (system versus program for example).

⁴ Reviewing reports helps confirm policy directions, best practices, and general guidelines, but does not provide the level of operational detail necessary for any area or LHIN to build its system. Decisions about what services should be in place, and who will provide them, are the essence of what the local plan must address.

Themes from the document review:

- Current approaches to mental health isolate people receiving care and support, and their families/support groups.
- Current mental health services may not be adequately or equitably funded; as importantly, funding may not be incenting the desired activity, attitudes or outcomes.
- There is an urgent need to create and manage mental health services systems where delivery is more person and family centred, is efficient, can demonstrate achievement of desired outcomes in the desired time frame, and uses resources well.
- To create a more user friendly and efficient system, providers need to increase the level of coordination of services for clients/patients, which requires more integration by provider organizations (integration of information, care and potentially accountability).
- Within current systems, there can be an artificial boundary between mental and physical health which has negative consequences for clients of mental health services, their families and their providers.
- Primary care needs to be better recognized and integrated into the service continuum.
- Community capacity must be adequate to fill the gap created by de-institutionalization.
- There are challenges to be met when trying to achieve balance in the system: for example – client empowerment versus client risk management; intensive care versus peer support; and managing addictions with mental health issues.
- Best practices must be applied.
- Adequate education and training are essential.
- Focusing on system transition points and better management of discharges and referrals may have rewards for clients and for the costs in the system.
- Technology should be used/can be part of innovative models for service provision.
- Forms of care such as intensive case management and supportive housing, which have demonstrated positive results, should be enhanced.
- An effective system will go beyond the determination of who does what, and will incorporate the means and modalities of patient/client journeys to optimal well-being including transitions between and among various levels of services.
- System design must include operational plans and performance measures.
- Mental health promotion and mental illness prevention should be part of any mental health system strategy. The participants, however, include sectors beyond the Ministry of Health and Long-Term Care-funded and LHIN-funded service providers – the justice, social services and school systems for example.

BEST/PROMISING/EMERGING PRACTICES REVIEW

The project reviewed adult mental health best practices, promising practices and emerging practices from a number of jurisdictions. The results of the practice review are distributed throughout the strategic plan's companion document, ***Thirteen Appendices To The Adult Mental Health Strategic Plan For Erie St. Clair, 2012-2016***, often as illustrative text boxes.

ASSUMPTIONS UNDERLYING THIS STRATEGIC PLAN

Assumptions about the Environment for Planning

The plan's first assumption about its environment is that new funding for the health system in Ontario as a whole and for Erie St. Clair will be very limited for the foreseeable future.

The second assumption is that new funding for mental health services will outstrip new funding for most other health services in Ontario but it will still be relatively modest new funding.

The third assumption is that many sectors of government investment that affect the mental health of people (social services for instance) face low or no funding growth for the foreseeable future.

The fourth assumption is that the mental health system alone can come nowhere near to meeting all the mental health related needs of the people it serves. Other systems must remain involved in meeting the needs of people with mental illness, even though these other systems are facing low growth, no growth or reductions in their funding.

The fifth assumption is that a large proportion of new money for mental health services in Ontario and in Erie St. Clair will be spent on child and youth mental health services rather than on adult services for the next three years.

The sixth assumption is that – given the prevalence of mental illness – funding in the foreseeable future will come nowhere near to meeting the needs of all people with mental illness who would be willing to accept service.

The seventh assumption is that the LHIN will need to manage the tension between investing in:

- New mental health programs (or extending existing programs to new populations)
- Ensuring that current services for current populations are as timely, effective and as integrated as they can be.

The eighth assumption is that any additional investment in existing programs for existing populations (to reduce wait times for instance) will only be made if the target program for the investment demonstrates that it has made every effort to maximize the effectiveness and the efficiency of the resources it already receives.

The ninth assumption is that the LHIN will need to manage the tensions among:

- Investing in services for people with severe mental illness
- Investing in services for people with less severe mental illness, so they do not become severely mentally ill
- Investing in preventative services, to reduce the number of people who have any level of mental illness.

The tenth assumption is that the LHIN is a manager of health systems, but it knows that it discharges this role best when it helps systems to manage themselves. Put another way, the LHIN expects systems to come to it with statements of solutions, not mere statements of problems.

The eleventh assumption is that the LHIN will reward system leaders who build bridges rather than empires.

The twelfth assumption is that system leaders want to build bridges rather than empires.

Assumptions about Planning for Mental Health

The first assumption is that planning for a complex system like mental health needs to be thorough and detailed enough to reflect that complexity.

The second assumption is that complexity must be accompanied by simplicity. A mental health strategic plan must group the complexities into a comprehensible and manageable set of strategic directions.

The third assumption is that some elements of the system may not be clear enough to allow highly specific system improvements to be identified. In such instances it is appropriate for a strategic plan to identify areas that need further planning.

The fourth assumption is that strategic planning for mental health will be followed by operational planning that will develop detailed outcome indicators and more specific timelines.

The fifth assumption is that any proposed course of action put forward in a strategic plan will have unintended consequences – sometimes positive consequences and sometimes negative ones. Follow-up operational planning must further define any of the consequences that are risks and must identify ways to reduce and manage the risks.

The sixth assumption is that strategic changes will take longer to implement than the three year timeframe for this plan, and even longer to begin to show desirable results.

The seventh assumption is that the chances of turning strategy into action will only be high if the strategic plan is seen as the community's plan, not the LHIN's plan. Most of the time and energy it will take to implement the plan must come from service providers (including agency board members), service users and their families – and their time may be in short supply.

The eighth assumption is that stakeholders generally believe that mental health strategic planning has failed more often than it has succeeded. This perception is rooted in people's belief that the problem was not with the plans – it was failure of the will or resources needed to implement the plans, or a tendency to allow other health priorities to override the priority that mental health should have.

The ninth assumption (based on evidence from other jurisdictions) is that planned service integration, be it loose or tight, seldom saves money directly and often requires sizeable initial investment. The payoff comes less from directly saved dollars than from improved system efficiency and effectiveness (which can equate to savings in the long run).

FRAMEWORKS FOR DESCRIBING THE SERVICE SYSTEM

This plan is driven by the compelling idea of mental health recovery⁵. The most widely used definition of mental health recovery is:

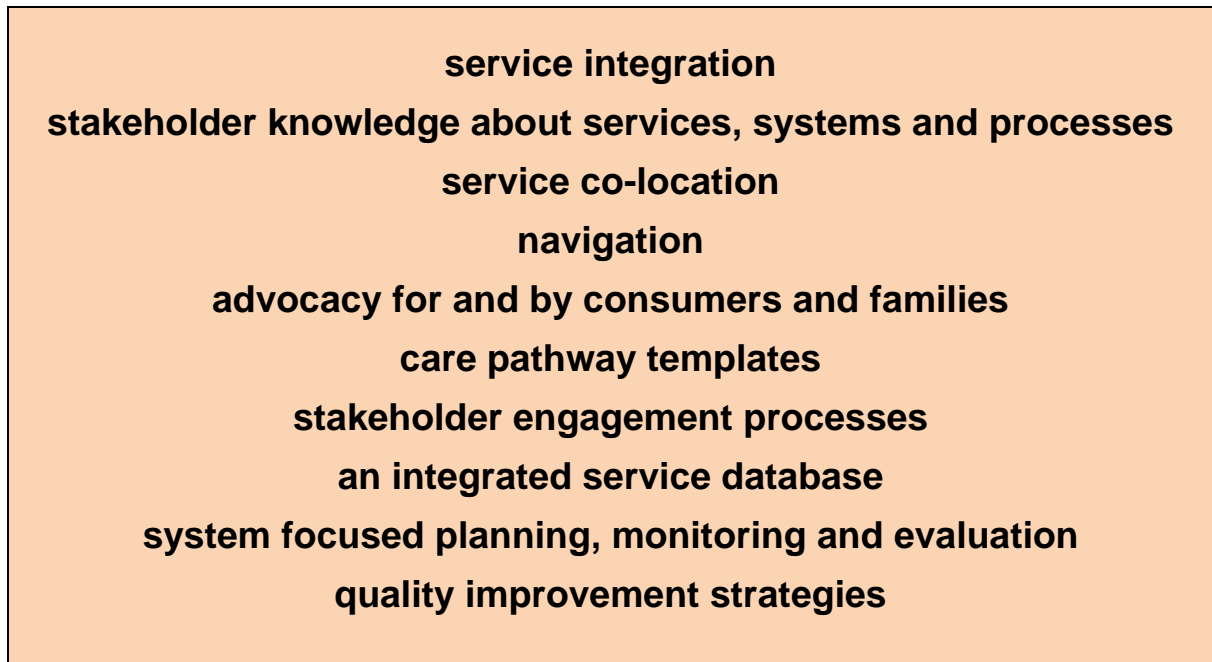
a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.

A recovery-oriented mental health system can be considered a core set of components (shown below), surrounded by other community resources. Without these resources, the core system could not succeed.

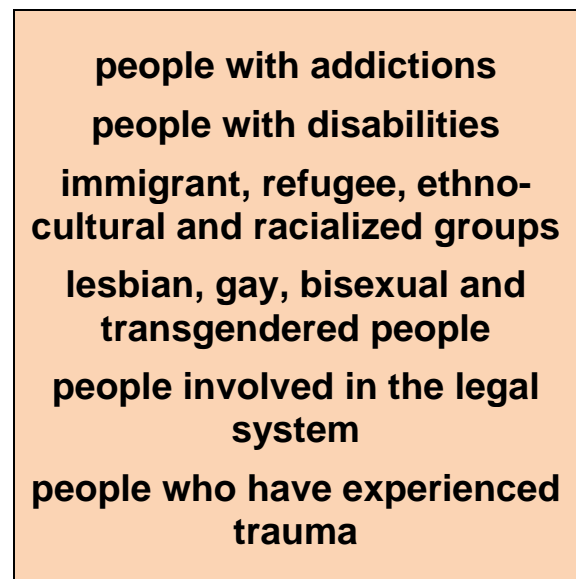
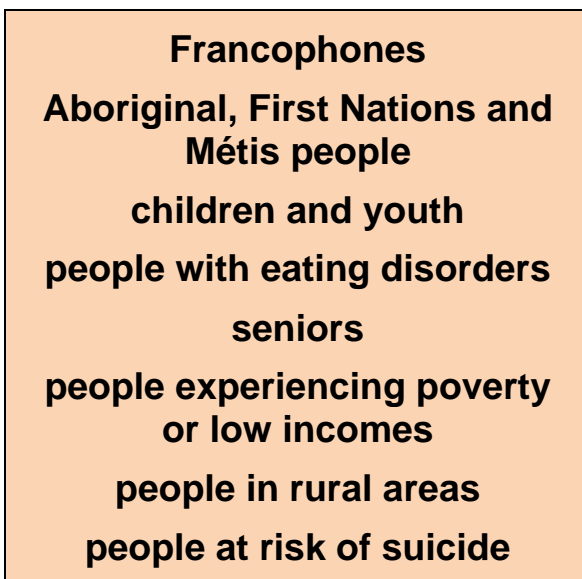


⁵ A National Consensus Statement on Mental Health Recovery, defining the ten fundamental components of mental health recovery (U.S. Department of Health and Human Services, 1994) is included in this plan’s companion document, *Thirteen Appendices To The Adult Mental Health Strategic Plan For Erie St. Clair, 2012-2016* as Appendix Ten.

There are also a number of system connectors that form part of the framework. Connectors are things that connect separate parts of the system to each other so they can respond to needs in an integrated way.



Part of the framework are 14 unique population groups who have been identified in the literature and in the field as populations requiring special attention.



Detailed descriptions of the system components, system connectors and unique populations – as well as opportunities for change related to the components, connectors and populations – are found in this plan’s companion document *Thirteen Appendices To The Adult Mental Health Strategic Plan For Erie St. Clair, 2012-2016*.

THE PLAN'S NINE STRATEGIC DIRECTIONS

This strategic plan describes many initiatives to improve personal, family and community life for people with mental illness and their families. Within these initiatives, nine strategic directions are paramount areas for concerted attention and for resource investment and re-investment.

1. Provide help early

Providing help during childhood and adolescence, helping adults as soon as they need it, reducing wait times and removing barriers help keep people's problems from becoming bigger.

2. Integrate the system and enhance community mental health service

Integration coordinates resources for the good of people in need. Enhancing community services through integration helps develop a critical mass of integrated community service.

3. Build an evidence-based and experience-driven service continuum

A continuum of services, enriched by evidence from around the world and strengthened by existing successes in Erie St. Clair, will ensure that service gaps are well filled.

4. Mobilize to help people with complex or persistent problems

Unless people with complex or persistent problems get wraparound help, they remain debilitated by their problems and use many uncoordinated services in times of crisis.

5. Further engage primary care in the mental health service system

Primary care provides a strong foundation of comprehensive care in communities, ready to play a greater role in mental health if it has supportive links with other mental health services.

6. Augment and support psychiatry and psychiatric extenders

Psychiatrists are an important but scarce resource. Supporting them and helping them to divert work to other professional staff helps them to focus on what only psychiatrists can do.

7. Strengthen the consumer/survivor/family run part of the system

Enhanced peer support and peer-driven rehabilitation empower and strengthen people with mental illness and their families in ways that complement other parts of the service system.

8. Reduce service disparities among areas, populations and programs

This is high priority because everyone in Erie St. Clair deserves access to service – including decent housing – in proportion to their needs.

9. Get the right numbers and knowledge to shape the system

The system can only assess and renew its services, and be accountable to the people it serves, if it bases its actions on accurate and comprehensive information.

Opportunities That Support the Strategic Directions

The opportunities cited in this plan's companion document *Thirteen Appendices To The Adult Mental Health Strategic Plan For Erie St. Clair, 2012-2016* can be grouped under the nine strategic directions described on the previous page. These groupings are shown below. Because some opportunities are multi-dimensional, they are listed under more than one strategic direction.

Opportunities that support Strategic Direction #1: PROVIDE HELP EARLY	
4	The Erie St. Clair LHIN should work with its communities, as a strong voice for the promotion of good mental health, understanding mental health, and helping build a community response to support people with mental health problems.
5	The Erie St. Clair LHIN should encourage or require all health agencies it funds in Erie St. Clair to prominently display access information about the ConnexOntario helplines on their home pages and to post the information in their lobbies and in other places where people congregate. It should also encourage other helping sectors (municipal offices and websites for instance, as well as drop-in centres and shelters) to display this information.
6	The use of mental health and addiction screening tools as part of primary care and of emergency department procedures should be confirmed, expanded and supported in Erie St. Clair.
7	The Erie St. Clair LHIN and its service delivery partners should continue, and if necessary expand, their collaborative work with other sectors to improve child and youth mental health, since the child and youth sectors are crucial in early identification and help for mental health problems.
9	Assessment providers in Erie St. Clair should decide whether it is worth finding a way to compare assessment information from OCAN and RAI-MH to provide more comprehensive information on a client's needs if the client has been served by both an inpatient unit and a community program.
10	Mental health providers in Erie St. Clair should examine whether, and how, aggregated OCAN assessment results can be used as a system monitoring and tracking tool in terms of unmet client need.
11	Mental health service providers should examine ways to minimize wait time between initial contact and assessment, and the time between assessment and the start of care or support service.
51	The Erie St. Clair LHIN and its partners should: <ul style="list-style-type: none"> • Identify who does what in Erie St. Clair within the transition process between child and youth mental health service systems • Identify problems within the transition process • Identify best transition practices • Develop the capacity to act quickly on government policies supporting transition • Develop a collaborative transition support plan • Create a multi-sectoral urgent need resolution process for youth and their families facing immediate transition problems • Ensure that seamless transition takes place between anti-suicide strategies that begin in childhood or teen years, and anti-suicide strategies that continue into young adulthood.
56	To help reduce suicides and suicide attempts, mental health services in Erie St. Clair should continue to: <ul style="list-style-type: none"> • Pursue the strategic directions outlined in this strategic plan • Be alert to the possibility of suicide among people who are already engaged with the mental health system or the primary care system, particularly people who exhibit risk factors or precipitating factors, and follow emerging suicide prevention practices with them • Work with community groups such as crisis lines, and with coalitions, to develop community-wide suicide prevention strategies • Promote and disseminate anti-suicide materials.
57	All hospitals and mental health programs in Erie St. Clair should adopt and use a suicide risk screening tool.

58	Planning, operation and evaluation of mental health services and addiction services should be carried out in an integrated manner between the mental health and addiction service systems in Erie St. Clair. While respecting different philosophies of care within and between these two systems, both systems should pursue integration based on evidence-based approaches and not merely philosophical approaches to service delivery.
59	The mental health services system and the developmental services system should maintain and, when possible, augment their individual and joint efforts to serve, advocate for and help remove stigma related to people with dual diagnoses and their families.
Opportunities that support Strategic Direction #2: INTEGRATE THE SYSTEM AND ENHANCE COMMUNITY MENTAL HEALTH	
1	The Canadian Mental Health Association Lambton Kent and the Canadian Mental Health Association Windsor-Essex County Branch should merge into a single CMHA branch serving all of Erie St. Clair.
2	The merged CMHA branch for Erie St. Clair should be designated as the Erie St. Clair Community Mental Health Coordinating Agency, responsible for most adult community mental health services in Erie St. Clair, including community mental health services transferred to its responsibility by hospitals and selected other mental health agencies specified in this strategic plan.
3	The Erie St. Clair LHIN should fund the Community Mental Health Coordinating Agency to conduct a change readiness review, to ensure that the Agency has in place, or develops, the infrastructure it needs so it can successfully incorporate other services under its scope of responsibility.
16	The Erie St. Clair LHIN should negotiate and execute a joint hospital mental health service accountability agreement with all hospitals in Erie St. Clair that provide mental health services.
17	Hospitals in Erie St. Clair that provide mental health services should create an inter-hospital mental health service integration committee to: <ul style="list-style-type: none"> • Help hospitals to achieve the outcomes specified in the joint hospital mental health services accountability agreement between the hospitals and the LHIN • Explore other opportunities for joint action related to hospital-based mental health services in and for Erie St. Clair.
19	All mental health crisis service stakeholders, as well as other health and non-health crisis service providers, should work together to create an equitably funded and geographically distributed mental health crisis service system for Erie St. Clair.
20	Crisis lines operated by the Sarnia Lambton Family Counselling Centre (Sarnia), Hotel Dieu Grace Hospital (Windsor) and CMHA Lambton Kent (Chatham) should be integrated into a single 1-800 crisis line for Erie St. Clair, to be operated by the Community Mental Health Coordinating Agency.
21	The ConnexOntario next day booking model, as a way to connect crisis services with the non-crisis mental health service system, should be introduced into Erie St. Clair.
22	Primary care groups and the Community Mental Health Coordinating Agency should harmonize the case management services they provide across Erie St. Clair.
23	Prior to the date scheduled for transfer of Windsor Regional Hospital-based ACT teams to the Community Mental Health Coordinating Agency, the Erie St. Clair LHIN, Windsor Regional Hospital and the Community Mental Health Coordinating Agency should monitor the transfer of the Sarnia/Lambton ACT team and should review the evolving evidence base on ACT teams to determine if at least one of the Windsor Regional Hospital ACT teams should remain affiliated with the hospital or whether both ACT teams should be transferred to the Community Mental Health Coordinating Agency.
24	The two hospitals to which ACT teams are responsible (Bluewater Health and Windsor Regional Hospital) should work jointly with each other and with the LHIN and the Community Mental Health Coordinating Agency to account for or correct discrepancies in terms of hours of operation, geographical coverage and caseloads of ACT teams.
27	Mental Health Connections should be designated as the agency to provide back office functions for consumer/survivor/family-run rehabilitation agencies in Erie St. Clair, such functions to include but not be limited to human resource support, training, data management/information technologies and communications technologies.

29	<p>The Community Mental Health Coordinating Agency should be accountable to the Erie St. Clair LHIN and to its communities for the provision of all mental health-related housing services funded by the LHIN. It should provide most of these services, although two services should be provided by other agencies, governed by accountability agreements with the integrated community coordinating agency:</p> <ul style="list-style-type: none"> • Iris House, operated by IRIS Residential Inns and Services (augmentation of the domiciliary hostel per diem paid to Iris House by the City of Windsor) • The Residential Rehabilitation/Treatment Program operated by Windsor Regional Hospital. <p>Any new mental health housing program developed in Erie St. Clair should be, by default, operated by the Community Mental Health Coordinating Agency unless there is a defensible reason why it should be operated by another organization.</p>
35	<p>Subject to clarification of the role of IRIS House in an integrated mental health housing system in Erie St. Clair, the Erie St. Clair LHIN should consider providing funding to IRIS House through augmentation of its per diem rates, via money flowed to the Community Mental Health Coordinating Agency and in turn flowed to IRIS House on the basis of an accountability agreement between IRIS House and the Community Mental Health Coordinating Agency.</p>
38	<p>The Erie St. Clair LHIN should host a meeting of interested parties from within the mental health services system to explore the possibility of creating a “Mental Health in Erie St. Clair” website for both information compilation and retrieval purposes and knowledge/opinion exchange purposes.</p>
39	<p>In the long-term, mental health services in Erie St. Clair should explore possibilities for easily accessible co-location of mental health and related human services in Sarnia, Chatham and Windsor. In the shorter term, the mental health service system in Erie St. Clair should:</p> <ul style="list-style-type: none"> • Ensure the co-location of mental health services and selected primary care organizations via visiting mental health services provided on specific days by the Community Mental Health Coordinating Agency at these sites of primary care organizations • Create multi-service hubs in smaller communities, where few human service agencies can afford to have a full-week presence, but where a number of agencies can afford to have a presence for part of the week if hub space is available to them • Make further use of tele-links to create virtual co-location.
40	<p>Mental health service providers should decide whether they want to develop a tiered navigation model. If so, they should develop an estimate of the resources needed to implement the tiered navigation model.</p>
47	<p>The mental health service system should develop a network of five leadership tables, integrated under an umbrella table that is a redesigned version of the Mental Health and Addictions Network, to help implement the mental health strategic plan and to conduct further planning, monitoring and evaluation activities.</p>
49	<p>The Erie St. Clair LHIN and its service partners should engage fully in the Excellent Care for Mental Health and Addictions (ECMHA) initiative meant to improve quality in the mental health and addition sectors and should monitor and learn from the introduction of this initiative in the first wave of LHINs that will be asked to participate.</p>
52	<p>The LHIN and its service partners should continue to plan for eating disorder services in Erie St. Clair, including planning to transfer selected services from BANA to one or more community health centres.</p>
53	<p>The LHIN and stakeholders in Erie St. Clair should develop a plan for seniors’ mental health services in Erie St. Clair that produces integration with other mental health services (including primary care), integration with other services for seniors, and integrated caregiver support.</p>
54	<p>To foster a collaborative approach to inclusion and income security for people with mental illness, mental health service providers in Erie St. Clair, as well as champions in the broader community, should work closely with consumer/survivor/family-run organizations to document and publicize issues of income and employment disadvantages faced by many people with mental illness.</p>
58	<p>Planning, operation and evaluation of mental health services and addiction services should be carried out in an integrated manner between the mental health and addiction service systems in Erie St. Clair. While respecting different philosophies of care within and between these two systems, both systems should pursue integration based on evidence-based approaches and not merely philosophical approaches to service delivery.</p>
65	<p>The Erie St. Clair LHIN and mental health service agencies should remain involved with the work of Human Services and Justice Coordinating Committees in Erie St. Clair.</p>

Opportunities that support Strategic Direction #3: BUILD AN EVIDENCE-BASED AND EXPERIENCE-DRIVEN SERVICE CONTINUUM	
15	The Erie St. Clair LHIN should fund the Wellness Program for Extended Psychosis (W-PEP) program in Windsor, and similar programs should be established in Sarnia and Chatham. When this program is funded by the LHIN, the program should fall within the administrative responsibility of the Community Mental Health Coordinating Agency.
18	With support from the LHIN, mental health service agencies in Erie St. Clair should conduct impartial canvasses of their clients to find out if agency hours of service delivery match the expectations of clients.
23	Prior to the date scheduled for transfer of Windsor Regional Hospital-based ACT teams to the Community Mental Health Coordinating Agency, the Erie St. Clair LHIN, Windsor Regional Hospital and the Community Mental Health Coordinating Agency should monitor the transfer of the Sarnia/Lambton ACT team and should review the evolving evidence base on ACT teams to determine if at least one of the Windsor Regional Hospital ACT teams should remain affiliated with the hospital or whether both ACT teams should be transferred to the Community Mental Health Coordinating Agency.
31	Mental health service providers in Erie St. Clair, with leadership from the Community Mental Health Coordinating Agency and with support from the LHIN, should further examine the Housing First model and should track the outcomes of the model as applied through At Home/Chez Soi demonstration projects. If the model shows further evidence of its success elsewhere, it should be introduced into Erie St. Clair through a “minimal barrier” housing option for people who experience long term or multiple-episode homelessness.
32	Mental health service providers and other service providers serving Windsor should develop and implement an Inner City model for addressing the housing, mental health and other needs of multi-service users in Windsor and incorporating a Housing First approach. Subsequently, Inner City models should be developed and introduced in Sarnia and Chatham, learning from and linked with the Windsor Inner City model.
34	Mental health service providers in Erie St. Clair, with leadership from the Community Mental Health Coordinating Agency, and with support from the LHIN, should develop a way to provide step-down housing capacity (and if necessary, step-up capacity as well) in Erie St. Clair’s three major communities. Options to be considered should include but not be limited to: <ul style="list-style-type: none"> • Converting a group home in each community into a step-down unit • Creating new purpose-designed step-down units in one or more of Erie St. Clair’s three major communities • In Windsor, creating a step-down unit adjacent to, or as an extension of, Windsor Regional Hospital’s Residential Rehabilitation/Treatment Program.
38	The Erie St. Clair LHIN should host a meeting of interested parties from within the mental health services system to explore the possibility of creating a “Mental Health in Erie St. Clair” website for both information compilation and retrieval purposes and knowledge/opinion exchange purposes.
39	In the long-term, mental health services in Erie St. Clair should explore possibilities for easily accessible co-location of mental health and related human services in Sarnia, Chatham and Windsor. In the shorter term, the mental health service system in Erie St. Clair should: <ul style="list-style-type: none"> • Ensure the co-location of mental health services and selected primary care organizations via visiting mental health services provided on specific days by the Community Mental Health Coordinating Agency at these sites of primary care organizations • Create multi-service hubs in smaller communities, where few human service agencies can afford to have a full-week presence, but where a number of agencies can afford to have a presence for part of the week if hub space is available to them • Make further use of tele-links to create virtual co-location.
40	Mental health service providers should decide whether they want to develop a tiered navigation model. If so, they should develop an estimate of the resources needed to implement the tiered navigation model.
44	Mental health service agencies in Erie St. Clair should develop or adopt and regularly review care pathway templates for populations served by the mental health service system and should ensure that these templates are used to develop care pathways and care plans for people receiving mental health services.
45	Mental health and addiction services in Erie St. Clair, through the redesigned Mental Health and Addictions Network proposed in this strategic plan, should develop common and complementary approaches to the engagement of stakeholders in planning, monitoring and evaluation of mental health and addiction services and systems in Erie St. Clair in ways that make the results of engagement activities comparable with each other.

49	The Erie St. Clair LHIN and its service partners should engage fully in the Excellent Care for Mental Health and Addictions (ECMHA) initiative meant to improve quality in the mental health and addiction sectors and should monitor and learn from the introduction of this initiative in the first wave of LHINs that will be asked to participate.
58	Planning, operation and evaluation of mental health services and addiction services should be carried out in an integrated manner between the mental health and addiction service systems in Erie St. Clair. While respecting different philosophies of care within and between these two systems, both systems should pursue integration based on evidence-based approaches and not merely philosophical approaches to service delivery.
59	The mental health services system and the developmental services system should maintain and, when possible, augment their individual and joint efforts to serve, advocate for and help remove stigma related to people with dual diagnoses and their families.
66	In partnership with service providers, the Erie St. Clair LHIN should explore the adequacy of funding levels for safe beds in Erie St. Clair.
67	Mental health service providers should determine how widely trauma informed counselling is used in Erie St. Clair, and whether it should be used more widely.
Opportunities that support Strategic Direction #4: MOBILIZE TO HELP PEOPLE WITH COMPLEX OR PERSISTENT MENTAL HEALTH PROBLEMS	
8	Mental health services in Erie St. Clair should develop a collaborative wait list and wait time management strategy, including ways to: <ul style="list-style-type: none"> Remove unnecessary procedural barriers to receiving timely help using techniques such as value stream mapping (a “lean manufacturing” technique), thereby reducing wait times for service Support people while they are on wait lists so they do not withdraw from the lineup, so they can be quickly assessed in terms of their current condition (e.g., a worsening of their condition that means they may need to move up the list or be diverted to a crisis service), and so they know they have not been forgotten.
9	Assessment providers in Erie St. Clair should decide whether it is worth finding a way to compare assessment information from OCAN and RAI-MH to provide more comprehensive information on a client’s needs if the client has been served by both an inpatient unit and a community program.
10	Mental health providers in Erie St. Clair should examine whether, and how, aggregated OCAN assessment results can be used as a system monitoring and tracking tool in terms of unmet client need.
14	The Erie St. Clair LHIN should support the establishment of injection clinics in selected community health centres, FHTs, nurse-practitioner-run clinics and CMHA branches.
15	The Erie St. Clair LHIN should fund the Wellness Program for Extended Psychosis (W-PEP) program in Windsor, and similar programs should be established in Sarnia and Chatham. When this program is funded by the LHIN, the program should fall within the administrative responsibility of the Community Mental Health Coordinating Agency.
21	The ConnexOntario next day booking model, as a way to connect crisis services with the non-crisis mental health service system, should be introduced into Erie St. Clair.
23	Prior to the date scheduled for transfer of Windsor Regional Hospital-based ACT teams to the Community Mental Health Coordinating Agency, the Erie St. Clair LHIN, Windsor Regional Hospital and the Community Mental Health Coordinating Agency should monitor the transfer of the Sarnia/Lambton ACT team and should review the evolving evidence base on ACT teams to determine if at least one of the Windsor Regional Hospital ACT teams should remain affiliated with the hospital or whether both ACT teams should be transferred to the Community Mental Health Coordinating Agency.
24	The two hospitals to which ACT teams are responsible (Bluewater Health and Windsor Regional Hospital) should work jointly with each other and with the LHIN and the Community Mental Health Coordinating Agency to account for or correct discrepancies in terms of hours of operation, geographical coverage and caseloads of ACT teams.

30	<p>The future of mental health-related housing in Erie St. Clair should continue to be guided by these principles:</p> <ul style="list-style-type: none"> • Specialized housing programs need to be maintained and created to take into account the complexity of need • Each housing program should be as flexible as it can be in terms of who it serves and how it serves them. When it comes to a choice between making the service user adapt to the program, or the program adapt to the service user, generally the program should adapt to the user. • Some people will inevitably be inappropriately placed or their circumstances and capabilities will change, making it necessary for them to change their housing environment or volume and mix of support services. The housing system should be highly flexible in helping with transitions from one setting to another.
31	<p>Mental health service providers in Erie St. Clair, with leadership from the Community Mental Health Coordinating Agency and with support from the LHIN, should further examine the Housing First model and should track the outcomes of the model as applied through At Home/Chez Soi demonstration projects. If the model shows further evidence of its success elsewhere, it should be introduced into Erie St. Clair through a “minimal barrier” housing option for people who experience long term or multiple-episode homelessness.</p>
32	<p>Mental health service providers and other service providers serving Windsor should develop and implement an Inner City model for addressing the housing, mental health and other needs of multi-service users in Windsor and incorporating a Housing First approach. Subsequently, Inner City models should be developed and introduced in Sarnia and Chatham, learning from and linked with the Windsor Inner City model.</p>
33	<p>The Community Mental Health Coordinating Agency should determine whether its group homes could be reduced in number to free up funds for reinvestment in other housing options, including but not limited to an apartment building specifically for people with mental illness. This might be an adaptation of the Wakamow Place model operating in Moose Jaw.</p>
34	<p>Mental health service providers in Erie St. Clair, with leadership from the Community Mental Health Coordinating Agency, and with support from the LHIN, should develop a way to provide step-down housing capacity (and if necessary, step-up capacity as well) in Erie St. Clair’s three major communities. Options to be considered should include but not be limited to:</p> <ul style="list-style-type: none"> • Converting a group home in each community into a step-down unit • Creating new purpose-designed step-down units in one or more of Erie St. Clair’s three major communities • In Windsor, creating a step-down unit adjacent to or as an extension of Windsor Regional Hospital’s Residential Rehabilitation/Treatment Program.
36	<p>The Erie St. Clair LHIN should explore, with stakeholders from a variety of fields:</p> <ul style="list-style-type: none"> • The desirability and feasibility of creating a residential mental health facility for younger people who exhibit responsive behaviours because of acquired brain injury, very early onset of dementia, some other neurological condition, or developmental disability • How mental health programming can be provided to this population either in-home, in a long term care home or in the specialized facility described above.
37	<p>Mental health stakeholders in Erie St. Clair, including but not limited to the Community Mental Health Coordinating Agency and consumer/survivor/family-run organizations, should explore the desirability and feasibility of creating a mental health respite bed capacity in Erie St. Clair.</p>
54	<p>To foster a collaborative approach to inclusion and income security for people with mental illness, mental health service providers in Erie St. Clair, as well as champions in the broader community, should work closely with consumer/survivor/family-run organizations to document and publicize issues of income and employment disadvantages faced by many people with mental illness.</p>
55	<p>Mental health service providers in Erie St. Clair should continue to implement innovative and effective ways to bring services to rural people, or to help rural people to get to the services they need.</p>
56	<p>To help reduce suicides and suicide attempts, mental health services in Erie St. Clair should continue to:</p> <ul style="list-style-type: none"> • Pursue the strategic directions outlined in this strategic plan • Be alert to the possibility of suicide among people who are already engaged with the mental health system or the primary care system, particularly people who exhibit risk factors or precipitating factors, and follow emerging suicide prevention practices with them • Work with community groups such as crisis lines, and with coalitions, to develop community-wide suicide prevention strategies • Promote and disseminate anti-suicide materials.

58	Planning, operation and evaluation of mental health services and addiction services should be carried out in an integrated manner between the mental health and addiction service systems in Erie St. Clair. While respecting different philosophies of care within and between these two systems, both systems should pursue integration based on evidence-based approaches and not merely philosophical approaches to service delivery.
59	The mental health services system and the developmental services system should maintain and, when possible, augment their individual and joint efforts to serve, advocate for and help remove stigma related to people with dual diagnoses and their families.
60	The mental health service system should pursue opportunities to explore, understand and value the cultures that have developed within populations with disabilities.
61	Guided by an advisory group of people with disabilities (including consumers and providers of mental health services who have disabilities), mental health service agencies in Erie St. Clair should conduct "best practice" accessibility audits of their physical plants, processes and structures to ensure there are no physical, procedural, communications or cultural barriers to serving people with disabilities.
Opportunities that support Strategic Direction #5: FURTHER ENGAGE PRIMARY CARE IN THE MENTAL HEALTH SERVICE SYSTEM	
6	The use of mental health and addiction screening tools as part of primary care and of emergency department procedures should be confirmed, expanded and supported in Erie St. Clair.
12	In collaboration with primary care, the CMHCA should develop a pool of resources to be provided via service agreements with primary care organizations or practitioners to help them serve people with mental illness.
22	Primary care groups and the Community Mental Health Coordinating Agency should harmonize the case management services they provide across Erie St. Clair.
47	The mental health service system should develop a network of five leadership tables, integrated under an umbrella table that is a redesigned version of the Mental Health and Addictions Network, to help implement the mental health strategic plan and to conduct further planning, monitoring and evaluation activities.
52	The LHIN and its service partners should continue to plan for eating disorder services in Erie St. Clair, including planning to transfer selected services from BANA to one or more community health centres.
53	The LHIN and stakeholders in Erie St. Clair should develop a plan for seniors' mental health services in Erie St. Clair that produces integration with other mental health services (including primary care), integration with other services for seniors, and integrated caregiver support.
67	Mental health service providers should determine how widely trauma informed counselling is used in Erie St. Clair, and whether it should be used more widely.
Opportunities that support Strategic Direction #6: AUGMENT AND SUPPORT PSYCHIATRY AND PSYCHIATRIC EXTENDERS	
13	The Erie St. Clair LHIN should help create an Erie St. Clair Psychiatry Consortium to foster discussion among psychiatrists and the rest of the mental health service system about current and future needs for psychiatry in Erie St. Clair and how best to meet these needs
47	The mental health service system should develop a network of five leadership tables, integrated under an umbrella table that is a redesigned version of the Mental Health and Addictions Network, to help implement the mental health strategic plan and to conduct further planning, monitoring and evaluation activities.
67	Mental health service providers should determine how widely trauma informed counselling is used in Erie St. Clair, and whether it should be used more widely.

Opportunities that support Strategic Direction #7: STRENGTHEN THE CONSUMER/SURVIVOR/FAMILY RUN PART OF THE SYSTEM	
18	With support from the LHIN, mental health service agencies in Erie St. Clair should conduct impartial canvasses of their clients to find out if agency hours of service delivery match the expectations of clients.
25	The Erie St. Clair LHIN should give high priority to expansion of mental health rehabilitation services, and in particular (but not exclusively) to expansion of consumer/provider/family rehabilitation services, starting with a refreshed and broadened needs assessment-based analysis to create equitable distribution of rehabilitation resources across Erie St. Clair and to identify other rehabilitation needs.
26	Consumer/survivor/ family-run rehabilitation agencies should remain or become autonomous, but should enter as a group into a joint accountability agreement with the Erie St. Clair LHIN.
27	Mental Health Connections should be designated as the agency to provide back office functions for consumer/survivor/family-run rehabilitation agencies in Erie St. Clair, such functions to include but not be limited to human resource support, training, data management/information technologies and communications technologies.
28	Consumer/survivor/family-run rehabilitation agencies that serve both people with mental illness and their families should ensure that their board membership comprises a balance between people with a mental illness and family members of people with a mental illness.
40	Mental health service providers should decide whether they want to develop a tiered navigation model. If so, they should develop an estimate of the resources needed to implement the tiered navigation model.
41	The LHIN should encourage and fund consumer/survivor/family-run organizations to develop and operate programs to train and support people so they can become better self-advocates (including greater use of the NAMI Family-to-Family Program), with particular attention to providing this training in or for people living in smaller communities in Erie St. Clair.
42	Mental health service agencies in Erie St. Clair should create/identify and publicize opportunities for people with mental illness and family members to serve on their boards and on committees within their agencies and programs.
43	The LHIN, the hospitals group and the Community Mental Health Coordinating Agency should establish a joint consumer/family member advisory group. The foundation for its advice can be the visions for the service system and for supportive communities that were developed during the strategic planning project.
47	The mental health service system should develop a network of five leadership tables, integrated under an umbrella table that is a redesigned version of the Mental Health and Addictions Network, to help implement the mental health strategic plan and to conduct further planning, monitoring and evaluation activities.
Opportunities that support Strategic Direction #8: REDUCE SERVICE DISPARITIES AMONG AREAS, POPULATIONS AND PROGRAMS	
24	The two hospitals to which ACT teams are responsible (Bluewater Health and Windsor Regional Hospital) should work jointly with each other and with the LHIN and the Community Mental Health Coordinating Agency to account for or correct discrepancies in terms of hours of operation, geographical coverage and caseloads of ACT teams.
32	Mental health service providers and other service providers serving Windsor should develop and implement an Inner City model for addressing the housing, mental health and other needs of multi-service users in Windsor and incorporating a Housing First approach. Subsequently, Inner City models should be developed and introduced in Sarnia and Chatham, learning from and linked with the Windsor Inner City model.
33	The Community Mental Health Coordinating Agency should determine whether its group homes could be reduced in number to free up funds for reinvestment in other housing options, including but not limited to an apartment building specifically for people with mental illness. This might be an adaptation of the Wakamow Place model operating in Moose Jaw.
34	Mental health service providers in Erie St. Clair, with leadership from the Community Mental Health Coordinating Agency, and with support from the LHIN, should develop a way to provide step-down housing capacity (and if necessary, step-up capacity as well) in Erie St. Clair's three major communities. Options to be considered should include but not be limited to: <ul style="list-style-type: none"> • Converting a group home in each community into a step-down unit • Creating new purpose-designed step-down units in one or more of Erie St. Clair's three major communities

	<ul style="list-style-type: none"> In Windsor, creating a step-down unit adjacent to, or as an extension of, Windsor Regional Hospital's Residential Rehabilitation/Treatment Program.
35	Subject to clarification of the role of IRIS House in an integrated mental health housing system in Erie St. Clair, the Erie St. Clair LHIN should consider providing funding to IRIS House through augmentation of its per diem rates, via money flowed to the Community Mental Health Coordinating Agency and in turn flowed to IRIS House on the basis of an accountability agreement between IRIS House and the Community Mental Health Coordinating Agency.
36	<p>The Erie St. Clair LHIN should explore, with stakeholders from a variety of fields:</p> <ul style="list-style-type: none"> The desirability and feasibility of creating a residential mental health facility for younger people who exhibit responsive behaviours because of acquired brain injury, very early onset of dementia, some other neurological condition, or developmental disability How mental health programming can be provided to this population either in-home, in a long term care home or in the specialized facility described above.
37	Mental health stakeholders in Erie St. Clair, including but not limited to the Community Mental Health Coordinating Agency and consumer/survivor/family-run organizations, should explore the desirability and feasibility of creating a mental health respite bed capacity in Erie St. Clair.
50	<p>The Erie St. Clair LHIN, L'entité de planification des services de santé en français Erie St-Clair/Sud Ouest, mental health service providers and Francophone communities and organizations in Erie St. Clair should collaborate to:</p> <ul style="list-style-type: none"> Encourage and assist mental health and related services that have been identified under the French Language Services Act, but have not yet been designated, to achieve designation as French Language service providers Develop strategies for encouraging designated French language mental health service providers to actively offer services to Francophones Develop a "virtual system" or network of Erie St. Clair French language service providers Develop strategies for enhancing mental health services for Francophones at the primary care level in Erie St. Clair.
52	The LHIN and its service partners should continue to plan for eating disorder services in Erie St. Clair, including planning to transfer selected services from BANA to one or more community health centres.
53	The LHIN and stakeholders in Erie St. Clair should develop a plan for seniors' mental health services in Erie St. Clair that produces integration with other mental health services (including primary care), integration with other services for seniors, and integrated caregiver support.
54	To foster a collaborative approach to inclusion and income security for people with mental illness, mental health service providers in Erie St. Clair, as well as champions in the broader community, should work closely with consumer/survivor/family-run organizations to document and publicize issues of income and employment disadvantages faced by many people with mental illness.
55	Mental health service providers in Erie St. Clair should continue to implement innovative and effective ways to bring services to rural people, or to help rural people to get to the services they need.
59	The mental health services system and the developmental services system should maintain and, when possible, augment their individual and joint efforts to serve, advocate for and help remove stigma related to people with dual diagnoses and their families.
60	The mental health service system should pursue opportunities to explore, understand and value the cultures that have developed within populations with disabilities.
61	Guided by an advisory group of people with disabilities (including consumers and providers of mental health services who have disabilities), mental health service agencies in Erie St. Clair should conduct "best practice" accessibility audits of their physical plants, processes and structures to ensure there are no physical, procedural, communications or cultural barriers to serving people with disabilities.
62	<p>The Erie St. Clair LHIN and the mental health service system should:</p> <ul style="list-style-type: none"> Develop an inventory of current good practices in delivering mental health services in Erie St. Clair for immigrant, refugee, ethno-cultural and racialized groups Host a summit on improving mental health services for immigrant, refugee, ethno-cultural and racialized groups Create a working group to find ways to better serve these groups.
63	After developing and sharing a compendium of best practices in providing mental health services to lesbian, gay, bisexual and transgendered people, the Erie St. Clair LHIN should require all mental health agencies and programs to indicate how they will develop and maintain competency in serving this population.

64	The Erie St. Clair LHIN should ensure that each of the three major communities in Erie St. Clair has at least one program providing mental health treatment and support specifically tailored to lesbian, gay, bisexual and transgendered people.
66	In partnership with service providers, the Erie St. Clair LHIN should explore the adequacy of funding levels for safe beds in Erie St. Clair.
67	Mental health service providers should determine how widely trauma informed counselling is used in Erie St. Clair, and whether it should be used more widely.
Opportunities that support Strategic Direction #9: GET THE RIGHT NUMBERS AND KNOWLEDGE TO SHAPE THE SYSTEM	
23	Prior to the date scheduled for transfer of Windsor Regional Hospital-based ACT teams to the Community Mental Health Coordinating Agency, the Erie St. Clair LHIN, Windsor Regional Hospital and the Community Mental Health Coordinating Agency should monitor the transfer of the Sarnia/Lambton ACT team and should review the evolving evidence base on ACT teams to determine if at least one of the Windsor Regional Hospital ACT teams should remain affiliated with the hospital or whether both ACT teams should be transferred to the Community Mental Health Coordinating Agency.
24	The two hospitals to which ACT teams are responsible (Bluewater Health and Windsor Regional Hospital) should work jointly with each other and with the LHIN and the Community Mental Health Coordinating Agency to account for or correct discrepancies in terms of hours of operation, geographical coverage and caseloads of ACT teams.
38	The Erie St. Clair LHIN should host a meeting of interested parties from within the mental health services system to explore the possibility of creating a “Mental Health in Erie St. Clair” website for both information compilation and retrieval purposes and knowledge/opinion exchange purposes.
44	Mental health service agencies in Erie St. Clair should develop or adopt and regularly review care pathway templates for populations served by the mental health service system and should ensure that these templates are used to develop care pathways and care plans for people receiving mental health services.
45	Mental health and addiction services in Erie St. Clair, through the redesigned Mental Health and Addictions Network proposed in this strategic plan, should develop common and complementary approaches to the engagement of stakeholders in planning, monitoring and evaluation of mental health and addiction services and systems in Erie St. Clair in ways that make the results of engagement activities comparable with each other.
46	Mental health services in Erie St. Clair, with the support and participation of the LHIN, should create and commit to support a Programs and Services Data Group to help improve the quality, timeliness and specificity of data for use in program, service and system monitoring, evaluation and planning in Erie St. Clair. Once the program definitions and data are comparable as a result of the work of the Programs and Services Data Group, a review of programs and services should be undertaken to move toward a consistent and equitable set of services across Erie St. Clair.
47	The mental health service system should develop a network of five leadership tables, integrated under an umbrella table that is a redesigned version of the Mental Health and Addictions Network, to help implement the mental health strategic plan and to conduct further planning, monitoring and evaluation activities.
48	The mental health system should create a strategic alliance with the University of Windsor as a way to augment research, monitoring and evaluation capacities in the system.

CONCLUSION

Based on extensive community engagement, a literature, data and policy review, and examination of best, promising and emerging practices, this plan and its companion document ***Thirteen Appendices To The Adult Mental Health Strategic Plan For Erie St. Clair, 2012-2016*** identify nine strategic directions and 67 opportunities for change that will help Erie St Clair to achieve its visions for adult mental health.

While achievement of these nine strategic directions and pursuit of these 67 opportunities may be challenging within a three year time frame in light of some of the assumptions outlined in this strategic plan, the plan and its companion document nonetheless represent an achievable and necessary future for adult mental health in Erie St. Clair.