

## **Terms of Reference Tier 3 Provincial Working Group**

### **Purpose**

- The purpose of this Terms of Reference document is to establish the mode of operation for a Provincial Working Group that will help ensure a consistent approach<sup>1</sup> is taken across the province to the process of Tier 3 transfer of “non-bedded” programs and services from affected hospitals to community agencies.

### **Functions of Provincial Working Group**

- The Tier 3 Provincial Working Group has been convened by the Ministry of Health and Long-Term Care (MOHLTC) to:
  - develop principles that will guide the process of Tier 3 transfer;
  - provide advice on issues of implementation; and
  - construct a working definition of “non-bedded programs and services” that is specific to the Tier 3 process.

### **Term**

- Membership on the Tier 3 Provincial Working Group will be limited to a term of approximately four months during which members will assemble for one full-day face-to-face meeting per month and arrange interim meetings by teleconference, as needed.

### **Membership**

- The Deputy Minister of Health and Long-Term Care set the parameters for membership of this ministry-led working group to include four representatives from divested hospitals, four representatives from community mental health agencies and one regional representative from the MOHLTC.
- Members of the Provincial Working Group have been chosen for their expertise in the field of mental health service delivery, their interest and/or professional involvement in program delivery and service divestment.
- Members of the Provincial Working Group will strive to attend meetings personally or by telephone if necessary to maintain continuity and consistency in discussion and group composition.

### **Designating Alternates**

- Alternates will be considered at the discretion of the group Chair.
- If a substitute is absolutely required to attend on a group member’s behalf, then it is that Provincial Working Group member’s responsibility to contact the Chair and discuss the appropriateness of an alternate.
- Alternates must remain the same and be fully briefed by the group member in order to participate fully at Provincial Working Group meetings.

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<sup>1</sup> “consistent approach” is clarified to mean – development of common principles that can be applied provincially to set the foundation for further discussions at regional and local levels.

| <b>Member Name</b> | <b>Title</b>   | <b>Organization</b>  | <b>Working Group Role</b> |
|--------------------|--|--|---------------------------|
| Nancy Cornwell     | Program Manager,<br>Mental Health Lead,<br>North Region                  | MOHLTC   | Member                    |
| Winnie Doyle       | Integrated Vice<br>President of Mental<br>Health & Addictions<br>Program | St. Joseph's Health Care<br>Centre, Hamilton                                       | Member                    |
| Carrie Hayward     | Director, Mental Health<br>and Addiction Branch<br>(MHAB)                | MOHLTC   | Chair                     |
| Amy Herskowitz     | Senior Program<br>Analyst, MHAB  | MOHLTC   | Secretary                 |
| Pamela Hines       | Executive Director   | Canadian Mental Health<br>Association (CMHA) –<br>Windsor- Essex Branch            | Member                    |
| Cliff Nordal       | President and Chief<br>Executive Officer                                 | St. Joseph's Health Care<br>Centre, London<br><br>London Health Sciences<br>Centre | Member                    |
| Don Palmer         | Executive Director   | Causeway Work Centre,<br>Ottawa  | Member                    |
| Marc Piquette      | Interim President and<br>Chief Executive Officer                         | North East Mental Health<br>Centre   | Member                    |
| Judy Shanks        | Executive Director   | CMHA – Cochrane-<br>Timiskaming Branch   | Member                    |
| Bruce Swan         | President and Chief<br>Executive Officer                                 | Royal Ottawa Health Care<br>Group  | Member                    |
| Brent Woodford     | Executive Director   | Adult Mental Health Services<br>of Haldimand-Norfolk                               | Member                    |

### **Roles and Responsibilities**

- The Provincial Working Group will work collaboratively to develop principles and provide its best advice to the MOHLTC on issues pertaining to the transfer of non-bedded mental health programs and services from affected hospitals to community agencies.
- Ministry staff will be responsible for:
  - Chairing and facilitating the meetings;
  - Contributing comments and advice from a regional perspective; and
  - Providing secretarial and administrative support to group members.
- The group as a whole will be responsible for respecting the confidentiality of all sensitive information, documents and discussions that are shared in meetings.

### **External Guests**

- The Tier 3 Provincial Working Group may seek additional input and expertise from guests such as clinicians and other service providers, or representatives from provincial groups, to answer specific questions or shed light on a particular issue.
- When external input is requested or required, the Tier 3 Provincial Working Group will agree upon:
  - who will be invited;
  - what questions will be asked of external invitees; and
  - the process(es) that will be followed.

### **Communication**

- Formal, written communication from and about the Tier 3 Provincial Working Group will come from the group Chair.
- Minutes and any action items arising from the meetings will be captured by the Secretary and distributed to members of the working group.
- Group will have a standing agenda item at the end of each meeting to discuss what information arising from their discussions is immediately shareable.

### **Decision-Making**

- The Tier 3 Provincial Working Group will strive for consensus<sup>2</sup> around issues that require decision-making and, in the interest of time and remaining on task, may defer items that require further discussion to a later time.
- For issues where consensus cannot be reached, the minutes of the Tier 3 Provincial Working Group may, if requested, identify opposed members and the reasons why issues were not agreed upon.

### **Travel Expenses**

- The MOHLTC agrees to remunerate the cost of Tier 3 Provincial Working Group members' travel expenses to meetings, as well as provide access to teleconference numbers for interim meetings, as needed. Working group members will be provided instructions with respect to submitting their travel and accommodation receipts for reimbursement to appropriate ministry staff.

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<sup>2</sup> For the purpose of this Provincial Working Group, "consensus" is defined as "something the entire group can live with".

## Terminology<sup>3</sup>

**Tier 1 Divestment:** The process of transfer of governance and operations of a Provincial Psychiatric Hospital (PPH) to a Public Hospital Board

**Tier 2 Divestment:** The subsequent process of transfer of psychiatric beds and associated services received by a Tier 1 receiving Public Hospital Board (from a Provincial Psychiatric Hospital) to another public hospital as directed by the Health Services Restructuring Commission.

**Tier 3 Divestment:** The process of transfer of former PPH programs and services to a community agency (otherwise known as community reinvestment).

Note that Tiers 2 and 3 are mutually exclusive and not necessarily sequential processes. Tier 2 divestment is not a mandatory requirement or a prerequisite to the process of Tier 3 transfer of non-bedded programs and services.<sup>4</sup>

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<sup>3</sup> Definitions of Tiers 1, 2 and 3 from "Planning Principles for Post Tier 1 Divestment of Psychiatric Beds and Services", Health Reform Implementation Team (HRIT), Ministry of Health and Long-Term Care, February 2003.

<sup>4</sup> Deputy Minister of Health's communication, June, 2005.