

APPENDIX 5 – ANALYSIS OF TASK FORCE SYSTEM VISION ELEMENTS
& KEY RECOMMENDATION THEMES

Analysis of Task Force System Vision Elements & Key Recommendation Themes

VISION ELEMENT: ACCESSIBLE		<i>Definition: A mental health system that ensures clients have the ability to obtain care/services at the right place and right time based on their needs.</i>	
Feature:	System/ Service Delivery Issue:	Recommendations:	Sub-committee
<p>Clear point(s) of entry into the mental health system exist and play a vital role in ensuring prompt access to the services that best meet the needs of clients and their families/key supports.</p> <p>Clear descriptions exist which detail what clients and their families can expect from service providers, what specific services they provide and how to access them.</p> <p>The system has the capacity to respond to access barriers that exist for clients and their family members (e.g. assistance with transportation, mobile/outreach services etc).</p> <p>Financial barriers to participation in core services by individuals with a serious mental illness are addressed.</p> <p>Consumers and their family members receive care as close as possible to their homes.</p>	Access	<ul style="list-style-type: none"> • Design of a “System Reception” function is identified which would ensure easy access to information & referral functions, crisis functions, distress lines, and/or intake & assessment for all callers. Information mandate would be consistent with the requirements of Making it Happen (i.e. clear descriptions, program/service mandates & criteria, waiting lists etc.).* • Efforts to establish the above service would be done in conjunction with other related initiatives (e.g. DART). • That family oriented information packages be available to family members. Further, that all services have access to information related to advocacy, power of attorney, disability benefits, estate planning etc. • That a communication strategy related to consumers and system partners in all geographic areas be available which outlines resources/options available regarding education and employment. • Philosophical “wide net” approach with respect to accessing the mental health system. Client contact at any point within the system should ensure a person is “in”, and will be supported to their most appropriate service site. • The need for community mental health teams to be comprehensive and locally delivered is indicated. Acute treatment and case management services would have the capacity to assertively outreach to individuals difficult to engage. Specialized service outreach staff would be co-located with comprehensive community mental health teams. • Consumer and family initiatives would also be delivered locally, and provide outreach programming as appropriate/indicated. • Targeted strategies for public education would be implemented, including web-based material. <p>*THE TASK FORCE HAS RE-FRAMED THIS CONCEPT AS A RESOURCE CENTRE – INCLUDES SYSTEM NAVIGATION, PROBLEM SOLVING AND RESOLUTION, AS WELL AS LINKING FOR THOSE HAVING DIFFICULTY WITH NAVIGATION OF THE SYSTEM (EITHER INDIVIDUALS/FAMILIES AND/OR ALLIED SERVICES).</p>	<p>First Line</p> <p>I & SM</p> <p>C & F</p> <p>Employment</p> <p>I & SM</p> <p>Intensive/ Specialized</p> <p>C & F</p> <p>Public Education</p> <p>Task Force</p>
<p>Common assessment protocols exist among mental health service system providers.</p>	Entry & Exit	<ul style="list-style-type: none"> • The intake/assessment forms/process for all funded programs would be standardized, while specific information requirements related to a specialty area would be appended as supplemental to the standard form. That all assessment flag education and employment issues, and that service plans address client educational and employment goals. Further, that all clients be informed of opportunities to involve family/friends in individual plan of care. • Consistent exit/discharge planning protocols would be developed and implemented 	<p>I & SM</p> <p>Intensive Employment</p> <p>C & F</p> <p>Task Force</p>

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	Entry & Exit continued	<p>for all service levels.</p> <ul style="list-style-type: none"> • Specific recommendations related to facilitating access to consultation services by psychiatrists are identified, including support to the development of shared care, the multi-disciplinary nature required by community mental health teams, and technology that would assist (e.g. video conferencing, tele-psychiatry). • The comprehensive community mental health teams would coordinate all non-emergent intakes to services – entry would include a standardized comprehensive assessment. All emergent entry would be coordinated through an enhanced crisis service at the local community level, in conjunction with the regional psychiatrist on-call. • Provision of supports to those awaiting service and priority setting for receipt of services/supports would be the responsibility of the comprehensive community mental health team. Common system-wide procedures/protocols regarding waiting lists would be established for each service and monitored systemically by the MHGA. • Protocols related to access of specialized services identified – all referral/requests should be directed through the Intensive service level. • Case management services will demonstrate a commitment to rapid re-instatement procedures for previous served clients. 	<p>First Line/ Intensive</p> <p>First Line/ Intensive</p> <p>I & SM/ Intensive/ Task Force</p> <p>Specialized Intensive</p>
Prompt intervention is available which can avert mental health crises and avoid the need for more intensive forms of care.	Prevention & Promotion	<ul style="list-style-type: none"> • Enhancement of local crisis services for walk-in, stabilization, and post-crisis follow-up. Recommendations related to the development of the spectrum of services for a full crisis system and protocols related to access to inpatient beds, as well as protocols related to interface issues related to emergency facilities and police services are indicated. Included within the recommendations are protocols related to: (1) individuals in crisis who are connected with a local case management/community support team – building in 24/7 capacity to respond by those teams; (2) individuals in crisis who are not connected with a support team; (3) provision of short-term intensive supports to individuals who, although not candidates for other core services, require assistance following the acute phase of a crisis. 	First Line/ Intensive
Cultural sensitivity and appropriateness in service delivery exists and respects language preference, accommodation of cultural beliefs in treatment, and an understanding of ways in which culture affects service utilization.	Cultural Awareness	<ul style="list-style-type: none"> • All services will identify, respect, and be sensitive to family cultural issues in service delivery. • All mental health services would adopt and implement cultural competence standards. • The mental health system and its services would comply with the requirements of the French Language Services Act. • Development of culturally sensitive and culturally appropriate mental health services for First Nations and Aboriginal people. 	<p>C & F</p> <p>Task Force</p> <p>Task Force</p> <p>First Nations/ Aboriginal</p>
Public education strategies/ activities aimed at reducing barriers for consumers exist.	Community Acceptance	<ul style="list-style-type: none"> • All services should utilize partnership education models in addressing public awareness and education activities (i.e. utilize the experiences and voices of consumers and family members. The mental health system should encourage community participation in public awareness campaigns, and foster the development of regional public education programs. 	C & F

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	Community Acceptance continued	<ul style="list-style-type: none"> • That a communication strategy includes information on how community partners can help remove barriers to employment (e.g. pro bono assistance with dental, vision care etc.). That the mental health system recruits a champion/leader from the private business sector to promote awareness issues within the sector. • Provincial and regional public education strategies must be developed and implemented –point of leadership for public education within the regional system along with a clear mandate is required. 	Employment Public Education
<p>An array of services exists within the mental health system. This continuum may include...</p> <p>Core mental health services for individuals with a serious mental illness will be made available through the publicly funded health care system.</p>	Treatment & Support	<p>See specific service recommendations arising from the work of sub-committees, within the Task Force's Final Report – Document 2. All intended to be publicly funded services:</p> <ul style="list-style-type: none"> • Information & Referral • Crisis Services • Shared Care (see Summary Report – Document 1, Appendix 3) • Acute treatment services • Comprehensive community supports – including case management, ACT teams/functions, employment, and housing & housing supports. • Specialized services, incl. spec. outreach and Residential Treatment Facilities • Consumer & Family initiatives • Public Education • First Nations/Aboriginal services <p>Also see Detailed Task Force recommendations – Appendix 3.</p>	First Line Intensive Specialized C & F Employment Housing Public Education First Nations/ Aboriginal

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VISION ELEMENT: ACCOUNTABLE		<i>Definition: The mental health system achieves desired results with the most cost-effective use of resources. A system structure exists which delineates the framework for the effective monitoring of performance management, and the responsibility for overall monitoring of system results along with decision-making related to performance is designated.</i>	
Feature:	System/ Service Delivery Issue:	Recommendations:	Sub-committee
<p>Governance and program management exhibits a commitment to accountability mechanisms for performance monitoring and achieving compliance.</p> <p>Performance monitoring outcomes are disseminated to stakeholders for an external accounting of the degree to which progress is made toward stated objectives, as well as a commitment to corrective action.</p> <p>Remedial action plans exist and are acted upon to address gaps/deficits within the mental health system.</p>	<p>Organization & Systems Account-ability</p>	<ul style="list-style-type: none"> That an authority model (i.e. the MHGA) for systems level integration be pursued – primary roles to include: (1) integrating mechanism ensuring a comprehensive continuum of services for the target population; (2) appropriate allocation of services to ensure equitable access; (3) contracting for services by providers; (4) evaluation in relation to best practice development, client satisfaction and agreed upon performance indicators. Functions of the MHGA/Authority’s administrative secretariat would include: (1) regional service planning; (2) needs analysis; (3) contract and related monitoring activities; (4) ensuring key system support functions are available through either purchase or provide options – information & referral, integrated information system development and maintenance, compliance monitoring/quality improvement related to the system, waiting list information management & monitoring at systems level, provision of leadership functions such as consumer and family leadership, First Nation/Aboriginal leadership, housing leadership, best practice research, coordination of public education strategies, inter-ministerial and inter-governmental issues. Housing leadership would be in the form of a corporate housing arm within the MHGA/Authority. Responsibility to include the placement/coordination, administration and licensing of the proposed Homes for People with Special Needs, all other mental health housing stock, housing stock development etc. The MHGA will: (1) require that all transfer payment agencies be accredited by a third party; (2) annually disseminate to its stakeholders the results of performance monitoring, including remedial action undertaken. 	<p>I & SM</p> <p>I & SM</p> <p>Housing Work Group</p> <p>Task Force</p>
<p>The priority population of persons with a serious mental illness is the target for funded programs/services within the mental health system.</p> <p>The unnecessary duplication of service resources (e.g. administrative functions, delivery of services/supports, space, etc.) is eliminated/reduced.</p>	<p>Planning</p>	<ul style="list-style-type: none"> The MHGA/Authority would ensure that services are appropriately targeted through service contracts. With respect to roles, the tertiary provider would provide only tertiary level services (including tertiary level outreach to other service levels), Schedule 1 facilities will provide only acute inpatient/outpatient treatment, and community mental health services will provide community based supports. The need to pursue a joint administrative and clinical leadership structure for all acute inpatient and outpatient services is identified. This to include a regional psychiatrist-on-call mechanism, and bed registry. All acute treatment beds should be located within a general hospital environment. All Schedule 1 sites should offer a consistent level of programming in both degree and nature. Further, functionally equivalent service availability must exist for those areas not locally served by a Schedule 1 facility. Specialized services would be targeted to address advanced assessment, treatment, rehabilitation and system development needs of persons with psychogeriatric, dual diagnosis, concurrent disorders, forensic, severe & persistent mental illness, neuropsychiatric issues. 	<p>I & SM</p> <p>Intensive</p> <p>Intensive</p> <p>Specialized</p>

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<p>Within the context of provincial guidelines, there are agreed upon standards, indicators & targets to represent progress toward identified objectives.</p>	<p>Planning continued</p>	<ul style="list-style-type: none"> Case management service delivery must be standardized across the region. The Task Force has proposed rationalization of roles and responsibilities for providers within the mental health system. Clear roles, standards and expectations of all partners in the mental health system will be clearly articulated. The partners will include: (1) Resource Centre – operated by the MHGA; (2) one clinically and administratively integrated comprehensive community mental health service; (3) one clinically and administratively integrated Schedule 1 service; (4) one clinically and administratively integrated Tertiary service; (5) one administratively integrated Consumer & Family Service. It is expected that all employees within each sector will share the same employer. 	<p>Intensive Task Force</p>
<p>Per capita spending on mental health services is comparative to other jurisdictions within Ontario.</p> <p>The mental health funding formula reflects a needs-based strategy and the ability to direct funds where they are needed.</p> <p>Funding is in place to ensure that the availability of core programs is sustained.</p>	<p>Funding</p>	<ul style="list-style-type: none"> The MHGA/Authority would have the mandate to adjust the allocation of the regional funding envelope in relation to identified needs and gaps. General recommendations related to the need to develop or enhance core services. The MOHLTC will develop a funding framework to ensure an appropriate, equitable distribution of funding for mental health services across all regions. It is proposed that the MOHLTC move toward “population-based” funding methods, resulting in the distribution of funds based on the number of clients served and/or other need-based measures. Please see Financial Considerations section of the report for a summary of the funding enhancements required within the region. 	<p>I & SM All Task Force</p>
<p>Desired results are achieved with the most cost-effective use of resources.</p> <p>Resource allocation patterns reflect committed policy directions of mental health reform (i.e. least restrictive setting).</p>	<p>Resource Allocation</p>	<ul style="list-style-type: none"> The MHGA/Authority would have the mandate to ensure that only those services, which reflect the policy direction of mental health reform, are funded/purchased. The Task Force has recommended a template for evaluation/performance monitoring system and service delivery aspects. 	<p>I & SM Task Force</p>
<p>The knowledge and skills of mental health practitioners are appropriate to the care/ services which they provide.</p>	<p>Human Resources</p>	<ul style="list-style-type: none"> There is a need for the refinement of core competencies for staff employed as case managers - suggested categories of competencies are identified. Recommendations related to the focusing of the work of specialized service providers – that is, that the role be primarily to act as a resource and backup to other levels of service. Specific actions to address psychiatric staffing pressures are identified. Specific actions to support shared care models of delivery are identified. Recommendations related to the need for mental health employment specialists to work collaboratively with generic employment services – suggesting the purchase of specific resources for the mental health system by these providers as required in a flexible manner. Comprehensive labour and training strategies must be developed to ensure that workers in the mental health system are adequately trained, supported and valued. The labour strategy should facilitate the redeployment of staff – principle guided. 	<p>Intensive Specialized Intensive Task Force Employment Task Force Task Force</p>

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<p>Ability exists for the system to demonstrate policies & programs are achieving intended results at system, program & client levels.</p>	<p>Performance monitoring/ Information systems</p>	<ul style="list-style-type: none"> • An integrated management information system that supports planning, service evaluation and appropriate resource allocation must support the MHGA/Authority and its contract partners. • A regional information system is required which maintains a minimum data set on all clients registered within all services – would ensure provider access to knowledge that a client is or has been registered elsewhere in the system and with whom. The system would not include funding initiatives, which have peer support/mutual aid as an underlying mandate. • The mental health system should establish a client-linkage information system, incorporating the principles of recovery and the provision of real-time information. Further, the system should optimize its use of advanced technologies for voice and video, including innovative strategies such as tele-health and internet health initiatives. 	<p>I & SM/Task Force I&SM/ Task Force Task Force</p>
<p>The assessment of client and family member satisfaction and measurement of outcomes are key features of performance management.</p> <p>Consumer outcome measurements are essential to the performance monitoring of the mental health system.</p>	<p>Research & evaluation</p>	<ul style="list-style-type: none"> • Effective mechanisms for seeking family member (and consumer) input are highlighted. A Consumer/Family Leadership role within the MHGA is proposed. • The Task Force has identified a template for evaluation/performance monitoring system and service delivery aspects. 	<p>C & F/Task Force Task Force</p>

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VISION ELEMENT:		<i>Definition: The mental health system relies on the study of Best Practices to identify what works and what should be present in a reformed system of care.</i>	
BASED ON BEST PRACTICE			
Feature:	System/ Service Delivery Issue:	Recommendations:	Sub-committee
<p>Programs/services are delivered based on an ongoing review of the best available evidence/research of what will lead to improved client outcomes.</p> <p>Services offered are based on best practice models of core programs and system strategies.</p>	Treatment & Support	<ul style="list-style-type: none"> The MHGA/Authority would have the flexibility to purchase services based on knowledge of best practice. The need for designation of systems leadership in terms of best practice knowledge and research, along with the development of a strong university affiliation would be a responsibility of the Authority. See specific service recommendations in Document 2 – best practice focused. 	I & SM
<p>Quality assurance activities exist, ensuring that programs/ services are delivered in a manner consistent with quality standards of care.</p> <p>The performance monitoring system will assess the achievement of Best Practice.</p>	Performance monitoring/ information systems	<ul style="list-style-type: none"> The MHGA/Authority through its contractual arrangements would ensure that services are routinely evaluated in relation to best practice development, client satisfaction and agreed upon performance indicators – an accreditation process for all contract partners must be pursued. The MHGA will: (1) require that all transfer payment agencies be accredited by a third party; (2) annually disseminate to its stakeholders the results of performance monitoring, including remedial action undertaken. 	I & SM Task Force
An integrated planning process for service delivery, program development and investment exists which is based on identified consumer needs, socio-demographic factors, and best practices.	Planning	<ul style="list-style-type: none"> The MHGA/Authority would ensure that mental health resources are targeted to the seriously mentally ill within a designated area and that the continuum of care includes an appropriate balance of inpatient and community-based care/services. Further, the MHGA/Authority would ensure that there is equitable access to and provision of services/supports throughout the catchment area. 	I & SM
The essential elements required for fostering of “learning organization(s)” amongst mental health service providers exist.	Human resources	<ul style="list-style-type: none"> Recommendations related to supporting the development/enhancement of shared care are indicated. The MHGA/Authority would have a responsibility for the coordination of broad/system-wide educational services. The comprehensive/multi-disciplinary nature of community mental health teams would provide a strong venue for the development of skills and acquisition of knowledge. Teams to be enhanced by locally based specialized service outreach staff. 	First Line I & S/Task Force Intensive/ Specialized

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VISION ELEMENT: CONSUMER CENTERED		Definition: Consumer needs and circumstances direct the range and tailoring of a recovery oriented mental health system.	
Feature:	System/ Service Delivery Issue:	Recommendations:	Sub-committee
Persons with mental illness and their family members have the right to active involvement in service planning, delivery, evaluation and governance. An effective advocacy/appeal process exists to assist consumers and their family members.	Rights	<ul style="list-style-type: none"> • Specific standards for the mental health system and its providers related to consumer and family involvement are identified. Examples include: infrastructure needs, affirmative hiring practices, equal representation on regional boards and committees related to governance/policy/planning, meaningful consultation, appropriate orientation and training, compensation for out-of-pocket expenses related to meetings expenses etc., accommodation of appropriate meeting times for working consumers and family members. • That the mental health system acts as a “model employer” in the community – the MOHLTC should do likewise. • The MHGA/Authority would develop and maintain a Consumer/Family leadership position – primary roles to include expanding avenues for their input into planning, policy-making, program development and evaluation throughout the system. • That a Family Charter of Rights be developed and adhered to by all service providers. • That the mandate for formal advocacy programming be expanded to include mental health consumers provided all formal mental health services. 	C & F Employment C & F/I & SM/ Task Force C & F Task Force
The performance monitoring system places high priority on the assessment of consumer and family member satisfaction, as well as client outcomes.	Performance monitoring/ information systems	<ul style="list-style-type: none"> • That all annual operating statements of providers include the requirement to report results of consultation efforts with family member (& consumers). 	C & F
Consumers and their family members are provided with clear definitions and descriptions of the services available within the mental health system.	Access	<ul style="list-style-type: none"> • Design of a “System Reception” function identified which would ensure access to information & referral functions, crisis functions, distress lines, and/or intake & assessment identified. Information mandate consistent with requirements of Making it Happen (i.e. clear descriptions, program/service mandates & criteria, waiting lists etc.). <i>* The Task Force has re-framed this concept as the Resource Centre.</i> • Communication strategy should include information related to education and employment services. • A variety of strategies for various target groups is required – including web-based information. 	First Line Employment Public Education
Support exists to actively involve consumers and their family members in treatment/ care planning, ensuring adequate information is available within the mental health system.	Treatment & Support	<ul style="list-style-type: none"> • All services establish protocols to ensure clients are informed about opportunities to involve their families/friends in their individual plan of care. Examples provided. • That intensive level services are accessible to working consumers (i.e. alter definition of regular business hours – consistent with a recovery philosophy. • Support to the development/enhancement of peer support & mutual aid are highlighted: (1) consumer and family initiatives with a focus on peer support are identified; (2) support to the training requirements related to peer support is identified; (3) support to the development of 	C & F Employment C & F/ Intensive

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<p>Strength-based care planning is a key feature of all programs/ services.</p> <p>The mental health system along with its programs/services responds to individual needs and capacities.</p> <p>Consumers and family members have access to a range of programs/services that reflect their diverse needs.</p> <p>Opportunities for support/ services by trained peer support will be provided to consumers and family members.</p>	<p>Treatment & Support continued</p>	<p>self help opportunities are identified along with the mandate for this activity; (4) inclusion of peer support roles within case management service delivery.</p> <ul style="list-style-type: none"> • Acute treatment, employment supports, and case management services will be standardized and include commitments to: (1) strength-based planning and recovery principles; (2) family support as indicated. • Training strategies will incorporate the recovery philosophy. 	<p>Intensive Task Force</p>
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VISION ELEMENT: INTEGRATED		<i>Definition: Programs/services within the mental health system operate as an entity, ensuring seamlessness for the consumer and his/her family member across programs, practitioners, organizations, and levels of care/service over time.</i>	
Feature:	System/ Service Delivery Issue:	Recommendations:	Sub-committee
<p>Shared vision, mission, values and service delivery models exist, ensuring that services are comprehensive, accessible and provided in an integrated manner.</p> <p>The full spectrum of services required for consumers and their family members is provided in a seamless manner, with necessary linkages to other service systems.</p> <p>Individuals are able to receive the level and intensity of services they require without experiencing a disruption in their services.</p> <p>There exists a clear understanding of the roles and responsibilities of all care providers and their respective agencies within the mental health system.</p>	Organization	<ul style="list-style-type: none"> • That the mental health system and the MOHLTC adopt a recovery orientation to service delivery. • That there is a full administrative and clinical integration of all acute inpatient/outpatient services, and the development of a single regional psychiatrist on-call mechanism. • That an appropriate level of integration of case management services with active treatment services is identified in order that efficient access to specialty or comprehensive assessments can be obtained. • The need for establishment of appropriate integration (administrative and/or clinical) in order to ensure effective transitioning between sectors (e.g. admission/discharge protocols for consumers of case management services). • That ACT teams/functions work collaboratively and in an integrated manner with intensive case management and other community support functions. • That case management service provision be standardized across the region. • That locally based comprehensive community mental health teams include the range of supports including assessment, treatment, community support including employment supports, ACT services, specialized service outreach functions, and family supports. That such teams have a level of integration with locally based consumer initiatives. <p><i>The Task Force has proposed rationalization of roles and responsibilities for providers within the mental health system (see Appendix 2).</i></p>	<p>Employment</p> <p>Intensive</p> <p>Intensive</p> <p>Intensive/ Specialized</p> <p>Intensive</p> <p>Intensive Intensive/ Specialized/ C&F/ Employment</p>
Streamlined access to services/supports exists, ensuring consumers/family members have access to clear information on where they can go to receive what kind of services, information/assistance in accessing service/support.	Access	<ul style="list-style-type: none"> • Design of a “System Reception” function identified which would ensure access to information & referral functions, crisis functions, distress lines, and/or intake & assessment identified. Information mandate consistent with requirements of Making it Happen (i.e. clear descriptions, program/service mandates & criteria, waiting lists etc.).* <p>*The Task Force has re-framed this concept as a Resource Centre – includes system navigation, problem-solving, linking for those having difficulty with navigation of the system.</p>	First Line/ I&SM/ Task Force

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<p>A common information management system exists within the mental health system.</p>	<p>Information systems</p>	<ul style="list-style-type: none"> Technology requirements indicated for: (1) support to crisis related information as required, such as crisis plans, regional bed registry etc.; (2) systems level database, monitoring of waiting lists etc.; (3) telepsychiatry. 	<p>First Line I&SM Intensive C & F</p>
<p>Effective communication patterns and protocols within and between all stakeholders of the mental health system exist.</p> <p>The timely and appropriate sharing of, and access to, client information, within consent and confidentiality requirements, is reflected in service protocols between mental health system providers.</p>	<p>Communication</p>	<ul style="list-style-type: none"> Protocols related to crisis services and interface with community mental health teams identified. Protocols related to psychiatric emergencies at scheduled and non-scheduled general hospitals identified. Protocols related to access to specialized services – through specialized service outreach staff. That all services, employees, consumers and family members have consistent interpretation of mental health legislation with respect to issues of confidentiality etc. Further, services will support the relay of pertinent information along to other caregivers as required (e.g. physicians). Regular communications between all provider groups will take place via MHGA Standing Committees, and an operational management group (consisting of all agency/service CEO's/Directors) facilitated and supported by the MHGA. 	<p>First Line & Intensive First Line & Intensive Specialized</p> <p>C&F</p> <p>Task Force</p>
<p>Shared service models of care and protocols exist to ensure that individuals with multiple problems that cross a variety of service jurisdictions continue to receive integrated and comprehensive mental health services.</p>	<p>Treatment & Support</p>	<ul style="list-style-type: none"> Protocols related to police escort of an individual to an emergency facility for psychiatric assessment identified. Protocols related to access of specialized services identified – all referral/requests should be directed through the Intensive service level. Numerous inter-ministerial and inter-governmental recommendations noted related to employment, housing, income maintenance, and justice, long-term care etc. As an integrating mechanism, the MHGA will convene ongoing inter-ministerial forums at the regional level to discuss cross-sectoral issues and determine optional structures and mechanisms to support and sustain inter-sectoral planning and service delivery partnerships. The MHGA will convene regular meetings of cross sector providers to discuss cross-sectoral issues and determine optional structures and mechanisms to address the needs of individuals with complex needs, including training and education of staff. In those cases where mental health services are unable to resolve service delivery for individuals with complex needs, staff of the Resource Centre would facilitate/mediate service access on behalf of the mental health system. 	<p>First Line</p> <p>Specialized</p> <p>All</p> <p>Specialized/ Task Force</p> <p>Task Force</p> <p>Task Force</p>