

EXECUTIVE SUMMARY

I am pleased to submit the final report and recommendations of the Mental Health Implementation Task Force for Central East Region (Penetanguishene).¹ The Task Force's recommendations build on a strong commitment to achieving much-needed reforms in Ontario's mental health sector. They start by placing the needs of people with mental illness at the centre of all activities, and by seeking to provide a continuum of care – easily accessed and respectfully delivered – within the community.

The Task Force has been guided by the province's mental health policy document, *Making It Happen*, and our work has highlighted the profound need to develop, improve and reshape mental health services within the region. Over the years the growth in local funding for community mental health services and supports has neither kept pace with the region's extraordinary population growth, expanding demand or inflationary pressures; nor has it kept pace with other regions of the province. These and other factors have compromised the local system's ability to adequately meet community demand. The region is among the most underfunded areas of the province, and it is absolutely imperative that this imbalance be addressed before much-needed change can take place.

***The Region is among
the most under-
funded in the
province.***

¹ Our submission consists of three documents. The Summary Report describes key Task Force recommendations, with additional details provided in the appendices and companion documents two and three. The recommendations in this final report supercede any found in other reports, including the Task Force's preliminary report and the subcommittee reports, in the event of any inconsistencies between documents.

The Task Force's recommendations are shaped by the recovery philosophy. Embracing this philosophy will require fundamental changes in people's understanding of mental health care. These changes include enlisting the participation of people with a mental illness, family members and other stakeholders (including the Ministry of Health & Long-Term Care) in the process of redefining the system's goals and activities. But, ultimately, a change in attitude is also required. People with mental illness want to be treated as persons of worth and dignity, with the right and ability to aspire to goals that they choose.

Given the importance of provincial psychiatric hospital divestment to mental health reform, the Task Force strongly encourages the Ontario Government to clarify its intent regarding the future of the Mental Health Centre Penetanguishene, so that effective planning can proceed for mental health services in the region. Mental health reform calls for the divestment of all provincial psychiatric hospitals, and the Mental Health Centre Penetanguishene should be no exception.

The Task Force recognizes the fiscal realities of Ontario's health care system, as well as the paramount importance of making the best use of existing resources. But it strongly believes that the province must make significant new investments in mental health services and supports in Central East Region (Penetanguishene), particularly to address existing shortfalls but also to implement much-needed reforms. In the view of the Task Force, significant change to the regional mental health system depends entirely on this additional investment to ensure that core services are available and deliverable throughout the region.

Our multi-year implementation plan includes recommendations related to system management and integration of services. It also identifies the array of available services, who they will be provided to and how services will be provided. In essence, our plan is a blueprint for establishing an efficient and effective system that will ensure that most in need of mental health services will get them when they need them, as close to home as possible, and in a manner consistent with best practice. People, no matter where they live in the region, will have equal access to services.

Attitudes must change!

Divestment plans for the Mental Health Centre Penetanguishene must be clarified.

New investments are required to address existing shortfalls and implement reforms.

This plan is a blueprint for an efficient and effective system.

Among its recommendations, the Task Force submits that the mental health system be administered by a regional management entity, or Mental Health Governing Agency, which would develop, implement, oversee, monitor and evaluate system services in the area, and ensure that core functions are available throughout the region. The governing agency would provide the strong leadership needed to ensure that the system functions efficiently and serves the needs of people with mental illness, no matter where they reside.

Key features proposed for a reformed regional mental health system include:

- Mental Health Governing Agency
- Resource Centre – a regional mental health system reception, information & referral, and navigation service.
- Integration of Services – clinical and administrative integration of major service sectors, resulting in five direct service entities: comprehensive community mental health service, consumer & family service, schedule 1 service, tertiary service, First Nations/Aboriginal service.

Our recommendations also call for the continued involvement and input of people with mental illness and their family members in a successful mental health system. These individuals are keenly aware of needs, have experienced obstacles themselves, and are prepared to turn those obstacles into opportunities by working together with other partners in a reformed system.

The work of the Task Force has raised support among stakeholders and the public for moving ahead with much-needed reforms to the regional mental health system. Expectations are high that the Ontario Government will act on its commitment to achieving reform.

Regional Mental Health Governing Agency recommended.

Resource Centre and integration of services proposed.

People with mental illness and their families must be involved.

Expectations are high!

I would like to recognize the dedication and commitment of so many individuals who have contributed to the Task Force process. In particular I would like to thank the Task Force, subcommittee members and mental health consumers and their family members, who so clearly articulated their comments and concerns. I would also like to thank the dedicated staff who supported the Task Force, particularly Task Force coordinator Lorraine Smith.

The climate is right to make changes to the regional mental health service system. Many people have come together to support reform, and the direction and mandate from the Provincial Government to embrace the changes proposed is more critical than ever before. Implementation of a system management pilot program, such as the one proposed for Central East Region (Penetanguishene), and the development of a clearly defined transition plan to capture the expertise, consensus, and enthusiasm developed by the Task Force process, are but two areas where the Ministry of Health and Long-Term Care can take immediate steps to implement reform.

There is a tremendous opportunity for the province to move now on mental health reform. And with the support and participation of all stakeholders, we can build on the public's openness and readiness for significant change to the regional mental health system.

John A. McCullough, Chair
on behalf of the Mental Health Implementation Task Force,
Central East Region (Penetanguishene)

***Recommendations
for reform involved
the time and
talents of hundreds
of people.***

***The climate for
change is right!***

***Let's Make it
Happen... NOW!***

SUMMARY REPORT

Part One: Context for Mental Health Reform

In 2000 and 2001 the Minister of Health and Long-Term Care appointed nine regional Mental Health Implementation Task Forces² to develop recommendations on implementing a restructured mental health system, including a multi-year plan for implementing regional mental health reforms. All nine Task Forces are scheduled to submit their reports to the Minister in December 2002. The ministry will review the Task Force reports and implement those recommendations approved by the Ontario Government.

The work of the nine regional Task Forces is guided by the province's mental health policy document, *Making It Happen*, announced in 1999. Task Force recommendations must reflect the principles for implementing reform found in *Making It Happen*. These principles include: moving people with mental illness to the centre of Ontario's mental health system; ensuring that services meet the needs of people with mental illness at all stages of life and are delivered as close to home as possible; and offering better services and support, better choices, and streamlined access to services for people with serious mental illness and their families.

² The nine regional Task Force regions are: Northeastern Ontario; Northwestern Ontario; East Region: Champlain District; Central South Region (Hamilton); Southwest; Toronto-Peel; Central East (Penetanguishene); Central East (Whitby); and East Region: Southeast.

An important aspect of the Task Force's mandate is to be champions for change in how society perceives, understands and responds to people with mental illness. A key goal of mental health reform includes creating local systems of care that will ensure that people with mental illness have access to a broad range of community-based services and supports. These local systems of care will enable them to set and realize their personal goals, and acquire the skills and resources needed to achieve independence and well-being. All nine Task Forces are developing plans to help their local communities get ready for the changes that will occur through the shift to more community-based mental health services.

In addition, a group known as the Provincial Forum, which includes regional Task Force chairs and coordinators, and representatives from the Ministry of Health and Long-Term Care, serves as a vehicle for sharing information among the nine regional Task Forces. The Provincial Forum has worked to identify common issues, themes and recommendations for mental health reform that are provincial in scope and which reflect the work of the regional Task Forces.

Millions of Canadians are directly or indirectly affected by mental illness. According to the Canadian Mental Health Association, mental illness will affect one in five Canadians in their lifetime. Mental illness is pervasive, affecting people at all levels of society and all walks of life — young and old, rich and poor, urban and rural.

Mental illness places significant burdens on those afflicted by it, as well as on their families and the community. For the most part, mental health care has subsisted at the margins of the broader health care system. Mental illness generates significant costs for the health system because it undermines physical health and is expensive to treat. And it is costly for businesses and the economy as a result of wasted opportunity and lost productivity.

Mental Health – We're All Involved

People with mental illness can face discrimination and neglect, unemployment, poverty, homelessness and social isolation. In Canada, more than 70 per cent of people living with a mental illness are unemployed. Many people with serious mental illness lack safe, affordable housing. And discrimination can prevent people with mental illness from seeking care and treatment. This erodes public confidence that mental disorders are valid, treatable conditions.

Despite its disproportionate costs, much mental illness is preventable and treatable. Statistics Canada research indicates that most Canadians with mental illness recover and are able to lead fulfilling lives with the appropriate treatment and support. Even though some mental illness is difficult to treat, many people can and do recover from mental illness. Significant advances are being made in early detection and prevention, and in research, which is building our understanding of mental illness and providing cause for optimism in the future.

The work of the nine regional Mental Health Implementation Task Forces builds on consultations and reviews undertaken by successive Ontario governments over the past several years and decades.

During the 1980s, there was significant growth and expansion of community mental health. Across the province, a total of 355 new community mental health programs were established. As a result of this process, however, the mental health system became fragmented, with no two areas of the province having the same continuum of programs and services.

In 1987, the Liberal Ontario Government launched a multi-partnered review of the state of mental health services. The resulting report, *Building Community Support for People: A Plan for Mental Health in Ontario*, known as the Graham Report, established key principles for mental health reform. In the early 1990s, the district health councils completed mental health plans based on the Graham Report.

Previous Mental Health Reviews and Consultations

In 1994, the Ontario Government under the New Democratic Party announced a 10-year mental health reform strategy, *Putting People First*. The strategy included new investments in community mental health services and a framework for downsizing the provincial psychiatric hospital system as community services were created. As with the Graham Report, the province's District Health Councils began to develop mental health system designs based on the provincial strategy, this time focusing on connecting institutions and community mental health services into a coordinated system with clearly defined roles, protocols and service agreements.

In 1998, Scarborough Centre MPP Dan Newman, Parliamentary Assistant to the Minister of Health, led consultations on the progress of mental health reform and issued a report titled, *2000 and Beyond: Strengthening Ontario's Mental Health System*. The report affirmed the Progressive Conservative government's commitment to mental health reform and highlighted the need for an implementation strategy to move reform ahead.

Following on the Newman report, in 1999 the province announced *Making it Happen*, its vision for a comprehensive and responsive mental health service delivery system throughout Ontario. A key goal of *Making It Happen* is to create local systems of care that provide access to a range of community-based services and supports, thus helping people with mental illness to set and realize personal goals, and to acquire the skills and resources needed to achieve independence and well being. *Making it Happen* clearly stated the need for change and it identified specific processes and tools to support the mental health reform agenda.

Early in its mandate, the Health Services Restructuring Commission called for regional structures to manage the mental health portion of the health care system, and for mental health funding to be protected in order to achieve appropriate systems of support throughout the province. In 1999, the Minister of Health and Long-Term Care, accepting the Commission's advice that mental health reform needed to be led by regional/district groups closer to communities, began to establish the nine regional Mental Health Implementation Task Forces.

Central East Region (Penetanguishene) Task Force

The Central East Region (Penetanguishene) Task Force chair was appointed in January 2001. In April 2001, Task Force members were appointed and began their work immediately. Several sub-committees were established in June 2001. The work of the Task Force and its sub-committees has been a co-operative and collaborative effort, involving more than 100 individuals, most of whom are connected in some way to the mental health field.

Task Force and subcommittee members have worked with, listened to, and learned from a wide range of groups and individuals, including people with mental illness, their families and care-givers, service providers and experts in the field, consumer/survivor groups, District Health Councils, and other health and social service providers. Information-gathering and consultation activities have included a public survey; five focus groups with consumers and two family focus groups; and a comprehensive assessment project guided by the Centre for Addiction and Mental Health, which drew on the participation of all mental health services in the region. A significant number of individuals, local community groups, and provincial organizations have made presentations to the Task Force or submitted papers or written comments.

In addition to the efforts of its appointed members, the Task Force also benefited from the support and guidance of its ex-officio representatives from the Ministry of Health and Long-Term Care, Ministry of Community, Family and Children's Services, and Ministry of Public Safety and Security regional offices as well as the district health councils.

The work of the Central East Region (Penetanguishene) Task Force has been guided by the following goals for mental health reform.

- Addressing system management issues so that the Penetanguishene area can develop a regional mental health system with clear roles, responsibilities and accountabilities.

Goals and Principles of Mental Health Reform

- Building and sustaining a strong regional mental health system through new investments, while continuing to make the best use of existing resources.
- Creating linkages and processes that allow people with mental illness to move seamlessly from one part of the system to another.
- Focusing the system on the needs of people with mental illness and their families through the promotion of mental health and the elimination of discrimination.
- Ensuring that people with mental illness can access a comprehensive continuum of services and supports regardless of where they live in the region.
- Linking the services and supports in a reformed regional mental health system to other services and supports in the broader health care system, as well as those in other sectors such as social services, justice and education.

Based on these goals, Task Force members have agreed to the following key principles for mental health reform in Central East Region (Penetanguishene).

- Reform must place mental health consumers and their families at the centre of all activities, to provide a continuum of care – easily accessed and respectfully delivered – within the community.
- Reform must give people who use the mental health system an improved choice of services and supports, as well as greater access to those services and supports.
- The region's mental health services and supports must be linked and coordinated to ensure ease of movement in, within, and out of the system by mental health consumers and their families.

- The province must allocate adequate funding for reform, including continued investments to increase capacity within the region's mental health sector. This includes setting minimum investment levels in all regions, to ensure a comprehensive continuum of care regardless of where you live in Ontario.

The Task Force's vision of a reformed regional mental health system is one that is accessible, accountable, integrated, and based on best practices, and which places the needs of mental health consumers and their family members at the centre of a people-oriented system. This reformed system provides a continuum of care based on needs, and involves all people who use the mental health system in decisions that affect them.

Figure 1 depicts an overview of the existing mental health system and the six geographic areas that comprise Central East Region (Penetanguishene). (See page 13)

The community mental health system in Central East Region (Penetanguishene) is relatively small. The Ministry of Health and Long-Term Care provides an annual funding allocation of approximately \$6.3 million for community mental health services in the region. This funding supports the following range of programs and services: information and referral; crisis; case management; community mental health housing (excluding HSCs); non-Schedule 1 treatment services; community-based psycho-geriatric services; services directed toward people with mental illness who are homeless; family support; consumer/survivor initiatives; community education, and a community planning infrastructure.

A total of eight agencies (based in Alliston, Barrie, Bradford, Collingwood, Midland, and Orillia) provide intensive and non-intensive case management services throughout the region, excluding Muskoka-Parry Sound. Consumer initiatives are available in most areas of the region. In some cases, services are sponsored by a traditional community mental health agency; in others, by a self-standing consumer agency. There is currently one

Mental Health and the Community

Community Mental Health Services and Supports

regional family initiative in the region, which is sponsored by a traditional community mental health agency through an arms-length sponsorship arrangement.

The Schedule 1 portion of the regional mental health system includes a total of 56 beds. There are 25 acute inpatient/outpatient beds in Barrie, and another 26 acute inpatient beds, plus five interim beds, in Penetanguishene. Benchmarks set by the Health Services Restructuring Commission (1997) for acute inpatient needs (based on population being served) indicate that Central East Region (Penetanguishene), including those portions of the Districts of Muskoka and Parry Sound to be served by Simcoe County Schedule 1 services, should have a total of 75 acute-care beds (66 beds for Simcoe, nine for Muskoka). As a result, there is currently a shortfall of 19 acute-care beds across the region.

Tertiary services in the region are provided primarily by the Mental Health Centre Penetanguishene. Annual funding for these services is approximately \$27.1 million (excluding the Oak Ridge facility). The Mental Health Centre Penetanguishene currently operates 87 tertiary beds (excluding forensics). Benchmarks set by the Health Services Restructuring Commission indicate a future requirement for 50 tertiary beds across the region (44 beds for Simcoe, six for Muskoka), for an overall reduction of 37 tertiary beds. Collingwood Community Mental Health Service also provides some community based psycho-geriatric services.

Schedule 1 Services

Tertiary Services

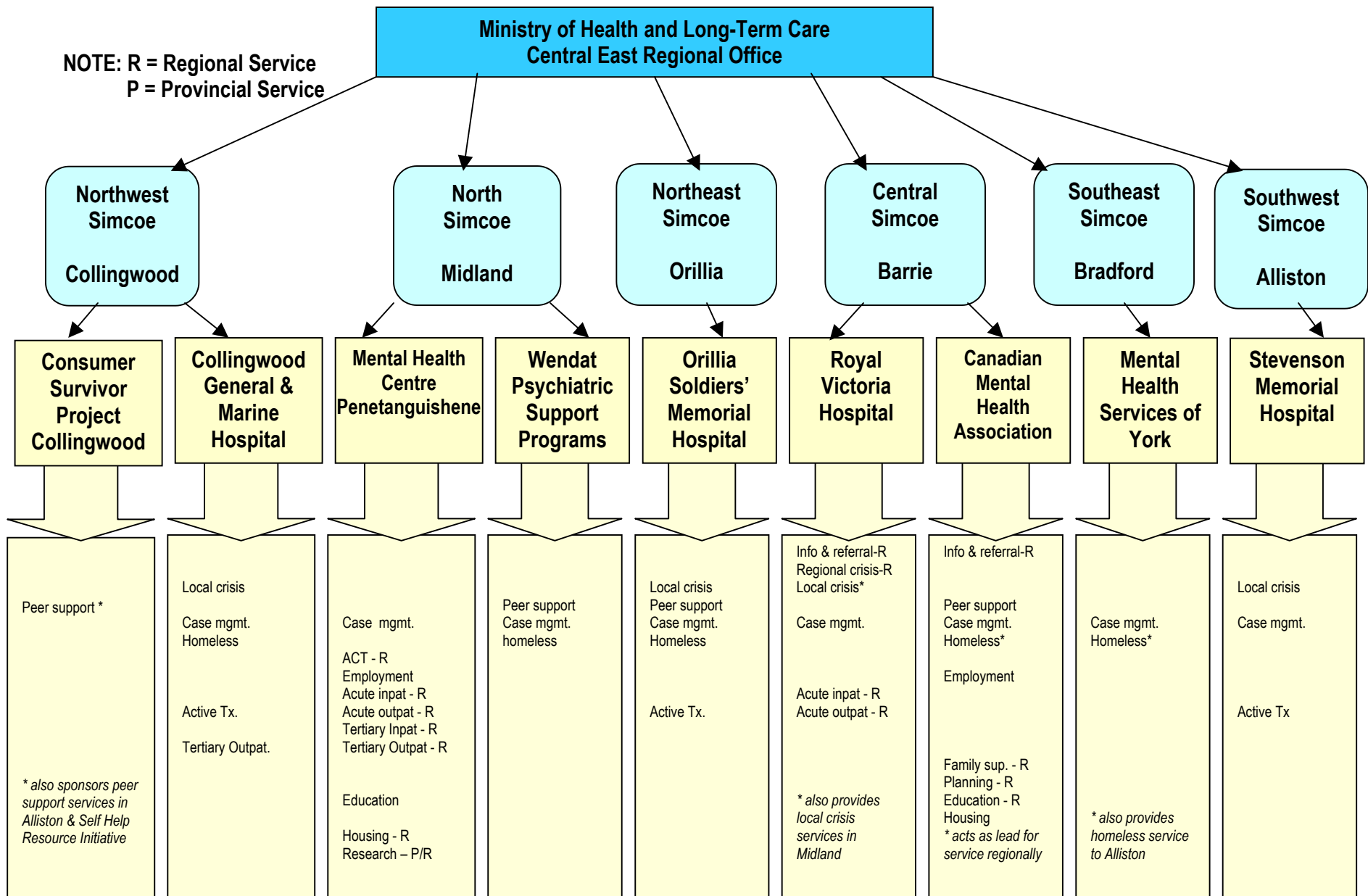


Figure 1: The existing regional mental health system in Central East Region (Penetanguishene), including the Ministry of Health and Long-Term Care regional office, mental health services located in each of the region's six major geographic areas, and the range of services provided by each transfer payment agency.

Part Two: What the Task Force Heard – Key Issues and Themes

This section describes the key issues and themes for mental health reform the Central East Region (Penetanguishene) Task Force heard during its information-gathering and learning process. While several of these issues are not unique to the regional mental health system, but are found in other parts of the province as well, together they reinforce the urgent need to develop, improve and reshape mental health services within the region.

The Task Force recognizes that regional mental health reform will build on a number of existing strengths. These strengths include:

- For the most part, regional mental health services are focused on meeting the needs of people with serious mental illness.
- The region has a dedicated and skilled mental health workforce.
- Efforts have been made by service providers across the region to streamline service access and eliminate duplication. There have also been efforts to coordinate the management of acute psychiatric beds across the region.
- Peer support capacity already exists in the region, including a peer support curriculum and the provision of training opportunities throughout the region.

Strengths

- Mental health system planning functions exist through the District Health Council. These functions include a Mental Health Advisory Committee, which consists of mental health consumers, family members and service providers from each area of the region, and a System Management Group, which includes the Executive Directors or Managers of all mental health transfer payment agencies in the region.

Nevertheless, the Task Force also heard about the many significant challenges facing the regional mental health sector. They include:

- Many people with mental illness and their family members have told the Central East Region (Penetanguishene) Task Force that the mental health system is confusing and frustrating.
- The needs of mental health consumers and their family members must be at the centre of a people-oriented system (not at the margins) which provides a continuum of care based on their needs.
- There is a need for more and stable funding for mental health services and supports within the region.
- While people with mental illness and their family members have access to an array of services, generally speaking the region does not have a coordinated system of care offering appropriate linkages within and between levels of need. Connections between levels of need are not well developed and few documented protocols exist.
- The regional mental health sector cannot provide comparable services to people with mental illness who have similar needs across the region.
- Regional mental health services do not have common client profile, or common intake and assessment tools or processes.
- Access to acute inpatient care is problematic, as a result of bed shortages and the lack of formalized service agreements between acute bed sites.

Challenges

- In most areas of the region, consumer initiatives and peer support services are poorly funded and not well-developed, and sponsorship arrangements vary.
- There is no common information technology across the regional mental health sector.
- Leadership does not exist for many key functions within the sector (e.g., for housing, employment, consumer initiatives etc.). The sector's existing organizational structure restricts opportunities for sharing and building on best practices in a consistent manner.
- While there is reasonable cooperation among all service providers, transfer payment agencies tend to function as independent organizations rather than as part of a system of care. As a result, competition exists for staff and resources within the region and multiple providers offer the same service functions.
- The region does not offer mental health services specifically dedicated to serving the needs of First Nations/Aboriginal people.
- There are significant issues related to poverty for people with serious mental health across the region. As well, transportation issues throughout the region are problematic as a result of either lack of availability or prohibitive costs.

Currently nine transfer payment agencies, including the Mental Health Centre Penetanguishene, deliver mental health services within the region. The Task Force heard that, in essence, the regional mental health system is a collection of autonomous programs, managed by various agencies, operating in a piecemeal fashion. The current sector is both fragmented and overwhelmed, and as a result people with mental illness do not always receive treatment matched to their needs or the most clinically appropriate services. There is a lack of designated leadership and authority for system integration and management responsibilities across the region.

System-Wide Issues

Although the region's service providers and stakeholders have historically worked well together in an effort to address issues of mutual concern, the local mental health sector has remained fragmented. While local areas provide similar services and supports, each generally offers a different range and capacity of services and supports, mandates and approaches to service delivery.

The role of the Ministry of Health and Long-Term Care focuses primarily on individual agency funding arrangements and related monitoring activities. The ministry does not play an active role in facilitating system-wide coordination and planning efforts. In many communities there is fragmentation in funding and management of services, and in the responsibility for delivering services. Because there are gaps in services for clients with multiple service needs, these individuals must access these services separately.

While the Simcoe-York District Health Council has attempted to facilitate an ongoing mechanism for problem solving and planning across the region through the Mental Health Advisory Committee and the System Management Group, there are few common protocols, service definitions or processes among providers to guide the collection of client information.

There are severe resource shortages in the community mental health system, including housing, employment, consumer initiatives and family support. The region also lacks sufficient acute inpatient bed capacity and tertiary level outreach services. Regional mental health services lack consistent standards for contractual and reporting agreements, client screening, intake and assessment, and treatment and support. And consequences for failing to meet contractual obligations are inconsistently enforced.

There is a need for a shared data system for reporting on program performance, client outcomes, and the availability of services and treatment across the region. Without such a system, the mental health sector cannot monitor potential duplication of services, or track client success and needs. This problem is compounded by confidentiality requirements, which can make it difficult to share relevant client information.

Within the region, the ability of people with mental illness and their families to get the services they need is highly influenced by a person's area of residence, rather than by their particular needs. Many face barriers to treatment either because transportation services are not available, or the costs are prohibitive for people with mental illness.

One of the most pressing challenges facing the regional mental health sector is the future of the Mental Health Centre Penetanguishene.

Underpinning regional mental health reform is the expectation that provincial psychiatric hospitals will be divested from operation by the provincial government. However, the Health Services Restructuring Commission did not provide specific advice regarding the future of Mental Health Centre Penetanguishene. And the Ontario Government has yet to announce its intentions regarding the divestment of the facility. This means the regional mental health sector must attempt to do its fiscal and business planning without specific details regarding its largest service provider, and in the face of labour instability within that sector and a lack of reinvestment funding to support the transition.

Many regions have already received their reinvestment funding, which has helped to support the expansion of community mental health services. Others have maintained almost all allocated tertiary care beds that were proposed to be closed. In effect, Central East Region (Penetanguishene) residents have been further marginalized with respect to their care compared with their counterparts in other regions of the province.

Delays in completing all aspects of the government's hospital restructuring plan will continue to adversely affect service integration and system restructuring in the region.

The mental health sector in Central East Region (Penetanguishene) is one of the most underfunded in Ontario, particularly in the area of community-based services and supports.

Over the past decades, funding for regional services has not kept pace with expanding population growth and inflationary pressures. This and other factors have compromised the capacity of the regional mental health system to meet community demand.

Mental Health Centre Penetanguishene

Funding

The Task Force heard that to meet the goal of building a community-based system of care focused on recovery, significant new levels of investment must be made in many areas of the regional mental health sector, and efforts must be made to sustain and protect existing budgets.

Furthermore, while much can be done to achieve efficiencies and effectiveness through a redesign process, the Ontario Government must address the region's significant shortfall in resources to ensure the system can provide a truly comprehensive continuum of mental health services and supports based on best practices.

The Ministry of Health and Long-Term Care has not consistently articulated or funded services with a conceptual framework that identifies clearly the recognition of the need for funding of minimum required services and supports in all areas of the province.

Hence, regional variation in the availability of basic services is significant. A mental health consumer cannot move throughout the province with the expectation that basic service elements will be available, even if in a functionally equivalent manner. This issue is further compounded by the lack of a funding methodology for mental health services, resulting in dramatic variations from region to region in the amount of services and their local availability.

The Task Force heard that many people find the region's current array of mental health services confusing and frustrating to access. People who use regional mental health services need better ease of access to an array of core services and supports, when and where they are needed. And there is a need for consistent standards on how people enter and exit the system.

Other issues include:

- A clearly designated and comprehensive service for information and referral — as outlined in *Making It Happen* — currently does not exist within the region.

Basket of Services

Access to Services

- At present, access to psychiatric consultation services varies widely across the region. It is inconsistent and inadequate, due to both capacity and differing processes for accessing these services from region to region.
- Although some consolidation of intake-and-assessment processes has developed, these procedures and techniques vary widely across the region.
- In total there are nine transfer payment agencies within the region, most with their own intake criteria, protocols etc.

While there is growing awareness of the region's cultural diversity as a result of population increases, there has been little focused effort to date on the need to implement culturally competent practices within our communities to improve access for individuals with unique cultural needs.

The Task Force heard about a number of concerns related to system management. Many people noted the lack of clearly designated leadership and authority for mental health system management responsibilities. As well, many said that the regional mental health system must be able to reallocate resources to where they are needed most, and be able to identify gaps, shortages and opportunities, and act on them in a timely manner.

There is a need to establish common infrastructure elements across the regional mental health system, such as management information systems, technical support, human resource strategies and other areas. Better linkages are also needed between all service providers across the region, to help people who use the mental health system to receive coordinated care.

The Task Force heard a number of issues regarding integration. For example, although people who use mental health services have access to an array of services, generally speaking the region does not have a coordinated system of care offering appropriate linkages within and between levels of need. The linkages that do exist are inadequate.

System Management

Integration

There is clearly a need to integrate administrative and clinical services within service sectors, to ensure consistent programming across the region and to build a strong foundation for a community based system of care. Easier access to services and better coordination among local service delivery partners are also needed. And the system must make the best possible use of existing resources by eliminating unnecessary duplication.

The Task Force heard that current mechanisms do not provide for a single point of public accountability for the quality, effectiveness and efficiency of regional mental health services. There is a need for clearly identified roles and responsibilities across the system.

This lack of accountability makes it difficult to measure results and effectiveness. The Task Force heard that the regional mental health system, as a whole, needs consistent standards for functions such as contractual and reporting agreements, screening, intake and assessment, and treatment and support.

Information systems currently being used in the regional mental health system cannot monitor and track utilization and outcomes across the system. These are important tools for ensuring the most efficient and effective use of resources.

Finally, many stakeholders called for regional decision-making processes that are responsive to the needs of people who use the mental health system.

A skilled and qualified workforce is fundamental to effective service delivery, regardless of what business you are in. While the region's mental health system has a dedicated and skilled workforce, it also faces a number of major challenges.

There is a significant wage disparity between community and institutional mental health workers in the region — and indeed, in regions across Ontario. This has made it difficult to recruit and retain qualified staff, particularly in the community mental health sector.

Accountability

Human Resources

Across the region there are shortages of psychiatric and other professional resources in almost all areas of the mental health system. In addition, shortages of general practitioners exist in most areas. Resource shortages are acute across the region.

Delay and uncertainty regarding the divestment of the Mental Health Centre Penetanguishene have caused a further lack of stability within the region's mental health sector and workforce. Many people identified the need for a regional labour force strategy to develop and sustain a skilled and motivated mental health workforce.

Finally, the regional mental health system must continue to support the recruitment, training and retention of volunteers as an integral part of the provision of mental health services.

Recovery is central to the vision for reform embraced by the Task Force. It is important to recognize that many people can and do recover from mental illness. With the appropriate treatment and supports in place, people living with mental illness can take charge of their lives, create new goals and aspirations and engage in society as productive citizens.

The regional mental health system must recognize people living with mental illness as full citizens, with dignity and the protection of their rights. It must offer more and better choices, providing opportunities for people with mental illness to set and realize their personal goals, and acquire the skills and resources needed to achieve recovery, independence and well-being.

Many stakeholders spoke eloquently about the need to change people's understanding of mental health care and their attitudes toward mental illness. Many Ontario residents do not understand mental health issues, nor do they know what services and supports they should expect from the mental health system. A positive and supportive community can promote and support recovery for people with mental illness.

Recovery

There is a general lack of understanding about mental health and mental illness, both in Central East Region (Penetanguishene) and across Ontario. The stigma and discrimination associated with mental illness is still a persistent problem, and this can discourage some people from seeking services.

Many stakeholders noted that more needs to be done to educate the public that mental illness is a community issue that affects everyone – and that treatment is available and effective.

There is a fundamental need for greater public education to promote mental health and help prevent mental illness, and suicide. Some, however, cautioned that increased public awareness of mental health services and supports will place additional demand and pressures on the regional mental health system — demands to which the system is currently unable to respond.

Mental illness, addiction and suicide are serious issues for First Nations and Aboriginal people. Yet there are no mental health services specifically dedicated to serving the needs of First Nations and Aboriginal people in Central East Region (Penetanguishene).

Cultural barriers to treatment exist in the regional mental health system. Cultural sensitivity in service delivery must respect language preference, accommodate cultural beliefs in treatment, and understand ways in which culture affects service utilization. Another barrier is the lack of cooperation between the provincial and federal governments regarding responsibility for health service delivery (see below).

The Task Force heard from many members of the community about the need for better cooperation among provincial ministries. Several ministries beyond the Ministry of Health and Long-Term Care are involved with mental health. There is a need for greater cooperation among these ministries, as well as between the province and the federal government and the municipalities.

Areas where better cooperation can improve mental health services and supports for consumers and their families include housing, income support programs, education, transportation, children's mental health services, the justice system (police/courts/corrections) and services for First Nations and Aboriginal people.

Public perception, stigma and discrimination

First Nations/Aboriginal People

Governmental Cooperation

Two areas in particular were highlighted consistently throughout the work of the Task Force as key issues that require attention:

Housing and Income Support

Housing

The urgent need for more affordable housing options for people with mental illness is well documented. The Task Force heard repeatedly the need to address housing issues, and that until such needs as safe and affordable housing are met, many people living with mental illness cannot achieve and maintain stability.

While the Province has made some progress in developing a community mental health housing system, much more needs to be done. Initiatives such as Phase 1 and 2 of the Homelessness Initiative and the consultation on reforming the residential housing sector through the new Homes for Persons with Special Needs program should be built on and integrated into a comprehensive mental health housing strategy.

Income Support

The Task Force heard from consumers, families and other stakeholders that existing income support programs create barriers to recovery. This is evidenced by examples such as the following:

- Mental illness can involve several acute episodes of illness recurring over period of months or years. Yet under the Ontario Disability Support Program (ODSP), people with mental illness lose their benefits if they are hospitalized for longer than 30 days. These individuals find themselves trapped in a frustrating cycle of having to start over with their social assistance, housing and other benefits after enduring a lengthy hospitalization.
- For some people with mental illness, the high cost of medications is a barrier to finding employment. Many choose to stay on disability benefits rather than take a low-paying job that may not include benefits.
- ODSP rates have not increased in over a decade, and in fact were reduced by 21% in 1995.

Part Three: Directions for Mental Health Reform

The Task Force has identified a number of strategic directions for implementing lasting and meaningful reform of the regional mental health system. The development of the strategic directions were guided by the Task Force's system vision elements and filters for system design decision-making (see Table 1, page 27).

This section summarizes key Task Force recommendation themes only. Additional details can be found in the appendices and companion documents two and three. In the event of any inconsistencies, the contents of this section supercede that of any other Task Force documents, including its preliminary report and the subcommittee reports.

Table 1. Overview of the Task Force’s strategy for mental health reform implementation.

The goals will be realized by...				
<p>Improving ACCESS to effective CONSUMER CENTERED service and supports based on BEST PRACTICE, by...</p> <p>Improving the INTEGRATION of the service delivery system and related components at all levels, and by...</p> <p>Improving ACCOUNTABILITY features to support better access to effective treatment and recovery-based best practices for people living with mental illness.</p>				
ACCESSIBLE	ACCOUNTABLE	BASED ON BEST PRACTICE	CONSUMER-CENTERED	INTEGRATED
<p>A mental health system that ensures clients have the ability to obtain care and services at the right place and right time, based on needs.</p>	<p>The mental health system achieves desired results with the most cost-effective use of resources.</p>	<p>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.</p>	<p>Consumer needs and circumstances direct the range and tailoring of a recovery oriented mental health system.</p>	<p>Programs and services operate as an entity, ensuring seamlessness for mental health consumer and their families across programs, practitioners, organizations, and levels of care/service over time.</p>
<p>FILTERS: System Design Recommendations Must Address The Following Outcomes:</p> <ul style="list-style-type: none"> • A single vision and purpose for all mental health services — without the competing, conflicting and consuming demand of other service priorities. • The provision of high quality services appropriate to the skills and strengths of each provider organization in the system. • The efficient use and management of resources which will allow maximum investment in client care. • Strong linkages between all service providers to support consumers to receive coordinated care. • A service system which is committed to the views, needs and involvement of mental health consumers and their families. • High-quality mental health training, education and research infrastructures to ensure a skilled workforce providing effective care. • Integrated information systems across all service sectors (specifically designed for use in a mental health environment). • Improved ease of access to services/supports for stakeholders by ensuring that the following exists: (1) centralized information and referral functions; (2) mechanisms to facilitate access to consultation services provided by psychiatrists; (3) the number of assessments for consumers are minimized; (4) fewer point of entry to mental health services. 				

The recovery philosophy is based on a growing body of evidence that many people with mental illness, given access to the right combination of sustained and well-coordinated treatment and support, can learn to manage their illness, take charge of their lives, and create new goals and aspirations.

The Task Force supports the view that recovery — as defined by the individual — is possible for people with mental illness. It submits that a strong philosophical base of recovery-oriented care must be a key characteristic of a reformed mental health system. Virtually everything the mental health sector does can either assist or impede recovery.

The Task Force has identified the following themes and goals for recovery:

- Recovery is a journey, rather than a destination. It is an active, ongoing, highly individualized process through which a person is encouraged to assume responsibility for his or her life, often in collaboration with friends, family, peers and professionals.
- Each person's recovery is unique. No two people will have the same path or use the same measures to mark the success of their recovery. The real test for recovery is when people feel that they have recovered and are living a quality of life that is not dominated by their past situation or their current symptoms and stresses.
- Recovery is happening when people can live well in the presence or absence of their mental illness. It is different for everyone, and is not the same as a cure.
- Services need to be flexible to meet the needs of people with mental illness and their families. Some people experience recovery without using mental health services — and others do so in spite of them. But for the most part, people with mental illness will do much better if services are designed and delivered to facilitate their recovery.
- Recovery cannot take place in an environment where people are isolated from their communities, where power is used to coerce people and deny them choices, and where people with mental illness are expected to never get better.

- To promote recovery, the mental health system must consider people with mental illness as full citizens, affording them the protection of rights and an entitlement to hope and opportunities for meaningful participation in society.
- Focusing on the capacities of people with mental illness, and promoting their abilities to engage in society as productive citizens, will not only contribute to recovery and better quality of life, but also reduce the economic and social costs of mental illness.

Although *Making It Happen* does not directly refer to the recovery philosophy, it shares the same principles that drive a recovery-based system, such as placing people living with mental illness and families at the centre of the system, focusing on streamlining access and creating greater accountability.

In the view of the Task Force, it is imperative that mental health reform proceed in tandem with appropriate levels of investment to ensure that essential services are available and deliverable. Mental health reform will not succeed without significant re-investment to address the region's chronic underfunding compared with other regions of the province.

There must be equitable funding for mental health programs and services offered in the region, and strategic investments to build general capacity requirements based on best practice and system redesign recommendations.

The province must put in place fiscal strategies and funding mechanisms that will ensure equitable access to a greater array of services and supports is available throughout the region, so that all people who need critical mental health services have access to them regardless of where they live.

Investing in Mental Health Reform

Another key strategic direction is to ensure that the regional mental health system provides efficient and timely access to mental health services.

People who use the system need access to a greater array of services. And they need to be able to move seamlessly into the system, out of the system, and between parts of the system

Mental health consumers and their families need a system that can link them to appropriate services and supports. The regional mental health system needs to include centralized information and referral functions. It needs to provide better access to consultation by psychiatrists and minimize the number of assessments performed

There is a need to adhere to the requirements of the French Language Services Act, as well as to adopt cultural competence standards by all services.

Mental health reform must provide a comprehensive continuum of services and supports throughout the region. All people with mental illness and their families should be able to get the services they need, when and where they need them, as close to home as possible.

To achieve this will require the following elements:

- A mental health system that implements best practice models and a levels-of-need approach, responding to the needs of the individual.
- A mental health system that respects and supports a recovery-oriented approach to service delivery.
- A mental health system that values the importance of supporting research and evaluation efforts to improve the system, and which provides adequate funding for such research.
- A mental health system that has an integrated management information system.
- And a mental health system that recognizes, values and involves mental health consumers and their families in decision-making.

Improving Accessibility

Making Better Use of Services and Supports

The Task Force recognizes that the regional mental health system's capacity must be built through strategic investments, best practices and system redesign to develop a comprehensive array of services.

To achieve this, the regional mental health system must recognize that resource *development* is as important as resource *management*. And there must be equitable funding of mental health programs and services, relative to other regions of the province and within the region itself, to ensure that existing shortfalls in resources are addressed.

The experience of a serious mental illness does not occur in isolation of other needs. Comprehensive community-based service teams, representing an appropriate array of mental health services and supports and consistent with the recovery philosophy, should work with the individual and his/her family to ensure that supports are available when needed. These supports should be delivered in a seamless fashion.

The Task Force recommends that the regional mental health system adopt a recovery-oriented approach to service delivery, which recognizes the value of involving people who have used mental health services in decision-making at all levels. Experiential knowledge and perspectives add a dimension to the decision-making process that results in more effective problem solving.

People who have used services know what has been more or less helpful, what has given them hope, and what has fostered or interfered with their recovery.

The vision for the reform of Ontario's mental health system calls for the divestment of all provincial psychiatric hospitals. The Central East Region (Penetanguishene) Task Force believes that Mental Health Centre Penetanguishene should not be an exception.

Divestment of Mental Health Centre Penetanguishene must be completed to resolve the current uncertainty in the region and to stabilize the mental health labour force. Divestment will also enable much-needed investments in community mental health services to proceed. The Task Force urges the Ministry of Health and Long-Term Care to immediately proceed with a review of boundaries between provincial psychiatric hospital catchment areas.

Developing More Services and Supports

Proceeding with Divestment of Mental Health Centre Penetanguishene

The Task Force recognizes the need to eliminate discrimination against people with mental illness and to promote their inclusion in society as full citizens, with rights and entitlements. This also applies to the family members – they too face discrimination.

Building a more informed community will require strategies aimed at developing and delivering a sustained, broad-based public education program to increase public knowledge and awareness of mental health issues. Increased knowledge and awareness will promote recovery through a more supportive community and help to break down the barriers that prevent people from seeking early assistance and support.

The Task Force recommends that the province begin and sustain broad-based public education to increase awareness of mental health issues and to dispel the fear, stigma and discrimination associated with mental illness. Public education messages and activities must be aimed at a diverse range of audiences, including people with mental illnesses and their families and support networks; mental health providers (including physicians) and other health, social and justice service providers; and those who play key roles in the recovery process, such as community leaders, employers, landlords and other housing providers, the Ministry of Health and Long-Term Care and the general public.

Public education will help communities to understand their role in mental health care, including how people with mental illness recover and what communities and individuals can do to support this process. The public must understand that recovery is aimed at leading as full a life as possible and actively participating in community activities. Public education will also help to explain the social and economic costs and impacts of mental illness, particularly to businesses and in the workplace.

The regional mental health system must recruit and retain a skilled and motivated workforce that is trained to meet the existing demands of the regional mental health system, and to deliver the best practice service models envisioned in mental health reform.

Building an Informed Community

Developing and Sustaining an Enthusiastic Workforce

Central East Region (Penetanguishene) must develop a comprehensive labour strategy to ensure that mental health workers are adequately trained, supported and valued. The labour strategy must also facilitate the redeployment of staff within the region. Processes for managing the implications for individual staff should be based on the following basic principles:

- The best available people should be sought for new positions.
- The system must make the best use of existing expertise and experience in existing organizations. Efforts should be made to ensure that this expertise is not lost, even where staff are displaced.
- The human and financial costs of these changes must be minimized by offering support, career counselling, training and development to individuals.
- The processes followed for the selection of staff into new roles must be open, fair and transparent, striving to ensure that the workforce is reflective of the community's diversity.
- There must be full and open communication with organizations and their staff throughout the transition period.

The Task Force believes that, as a result of mental health reform, there will be more jobs, not fewer, in the regional mental health care sector in the years to come.

The decision-making structure within the regional mental health system must be responsive to the needs of people with mental illness and their family members. Decision-making also needs to be responsive to the regional mental health system itself.

Such a decision-making structure must enable the system to allocate resources based on the policy directions of mental health reform; implement a needs-based approach to the allocation of resources, ensuring that deficiencies and opportunities, are quickly addressed; and support the establishment of common infrastructure elements, such as information management systems and human resource strategies.

**Ensuring Advocacy
is Available to All**

**Clarifying Systems
Decision-Making**

The Task Force agrees that decision-making within the regional mental health system must put the needs of people with mental illness at the centre of the system. This includes providing an effective appeals/grievance mechanism, as well supporting the active involvement of people with mental illness and their family members in service delivery, planning and monitoring, and governance.

Although *Making It Happen* provides a framework for a seamless continuum of mental health services, it does not provide a framework for the delivery of advocacy services.

The Task Force recommends that an effective formal advocacy service be part of a reformed regional mental health system. All people who use the regional mental health system must have a voice in matters that affect their care, treatment and quality of life. All people served by the system should have access to an independent and accessible advocate — in hospital or in the community.

The Task Force also recommends that a provincially coordinated advocacy program, with a local and regional presence, must be made available to all individuals with mental illness, regardless of where they receive their care and treatment. Such a program must complement and supplement existing advocacy services at the regional level.

Furthermore, the Task Force calls on the Ministry of Health and Long-Term Care to develop, in consultation with the regions, a provincial framework for the delivery of advocacy services to people with mental illness in Ontario.

The Task Force recognizes that First Nations and Aboriginal people have unique mental health needs that the regional mental health system must address. There is a need to improve access by First Nations/Aboriginal people to regional mental health programs and services. This includes efforts to improve the effectiveness of all programs and services in meeting the needs of First Nations/Aboriginal people, as well as providing effective culturally appropriate services.

**Addressing the
Needs of First
Nations/Aboriginal
People**

The Task Force supports the draft advice of the First Nations/Aboriginal Subcommittee on how to increase the capacity of the regional mental health system and its workforce to respond to the needs of First Nations/Aboriginal people, and how to develop the unique services or delivery mechanisms required to provide effective and timely services to First Nations/Aboriginal people.

With respect to the provision of services to First Nations/Aboriginal people, the Task Force recommends that the Ontario Government develop and implement a First Nations/Aboriginal mental health strategy. As part of such a strategy, a First Nations/Aboriginal leadership position should be appointed to work with First Nations/Aboriginal communities and the mental health system to monitor specific service access issues, provide guidance regarding the delivery of culturally appropriate services, and support the development of the regional First Nations/Aboriginal mental health plan.

In addition, the Task Force recommends that a comprehensive mental health plan to address the needs of First Nations/Aboriginal people be developed and implemented within the region. Such a plan should be consistent with the Aboriginal Health Policy Framework and its development should involve the First Nations/Aboriginal communities in the region.

Given its late initiation, complex issues, and distinctive nature, the work of the Central East Region (Penetanguishene) Task Force's First Nations/Aboriginal Subcommittee will continue beyond December 2002 in order to finalize its recommendations via a community consultation process. Once completed (late January 2003), the subcommittee's report and recommendations will be submitted to the regional office of the Ministry of Health and Long-Term Care, for review and consideration.

Successful strategies aimed at addressing issues of governmental cooperation are required. This is particularly true in the areas of housing and income support.

The Task Force recommends that steps should be taken by the proposed Mental Health Governing Agency to develop and implement a comprehensive mental health housing strategy which applies best practices from other jurisdictions and encourages a wide choice of supported living environments for people with a mental illness. Such a housing strategy should be supported by an annualized mental health housing funding envelope that allows for flexibility in approaches, and responsiveness to local market conditions. It is imperative that the MOHLTC support the development of regional housing strategies that recognize unique market conditions and allows for plans that address them (versus strictly a provincial approach).

With respect to income support, the Task Force recommends that the current review of ODSP consider mechanisms to address changes required to effectively support people living with mental illness in their recovery. And, that the province develop another form of financial assistance for medication costs in order to effectively manage the barrier that this type of assistance often presents for people who experience mental illness.

Further, as Ontario implements reforms to provincial income support programs to reflect the realities of living with mental illness, provincial officials should work to ensure that similar changes are made in federal income support programs.

Part Four: Vision of a Reformed Mental Health System

Throughout its work the Task Force has carefully considered whether the existing regional mental health system should be reconfigured. The Task Force used a number of criteria to assess the relative strengths and merits of various approaches, including the status quo. The assessment criteria included the ability to characterize the regional mental health system by the following key features:

- A single vision and purpose for all mental health services — without the competing, conflicting and consuming demands of other service priorities.
- Provision of high-quality services appropriate to the skills and strengths of each provider organization.
- Efficient use and management of resources, allowing maximum investment in care.
- Strong linkages between all service providers to help ensure that mental health consumers receive coordinated care.
- A system committed to the views, needs and involvement of mental health consumers and family members.

- High-quality training, education and research infrastructures to ensure a skilled mental health workforce.
- Integrated information systems across all service sectors, which are specifically designed for use in the mental health environment.
- Improved access to services and supports, consistent with *Making It Happen*, by ensuring that the regional mental health system includes the following functions:
 - Centralized information and referral
 - Mechanisms to facilitate access to consultations
 - Minimization of assessments
 - Clarity regarding entry points to the mental health system.

Please see Appendix 1 for the Task Force’s scenario analysis tool.

The Central East Region (Penetanguishene) Task Force recommends a number of redesign features to address key systems needs that were identified during consultations. These needs include:

- The need to establish a strong regional entity to manage the system, whose responsibilities would include system management, monitoring, leveraging change, and key system support functions.
- The need to establish a system-wide reception service for the regional mental health system.
- The need to integrate administrative and clinical functions for all community mental health services, resulting in a strong foundation for a community-based system of care.
- A similar need for administrative integration of all consumer and family support services to support a strong recovery-oriented system that clearly provides a local and regional focus to best practice elements such as peer support.

s

**Recommended
Features of a
Redesigned System**

- The need to integrate administrative and clinical functions for all Schedule 1 acute mental health services, thus ensuring consistent programming across the region.
- The need to focus the work of the tertiary care provider on psychiatric specialty areas only, including residential treatment – acting primarily as a specialist back-up to the first line and intensive levels of service.
- The need to implement a regional psychiatrist-on-call mechanism for the entire mental health system, along with a bed registry and bed access protocols.

In addition, the Task Force recognizes the need to build and develop significant capacity within many areas of the mental health system, particularly the community mental health sector.

This section provides an overview of the roles and responsibilities of a reconfigured mental health service delivery system for the Central East Penetanguishene Region, as envisioned by the Task Force (see Figure 2, page 41). Each service provider within the reconfigured system would have a clearly articulated role and mandate within the mental health care sector. The Task Force recommends that, over time, employees in each of these major sectors would all share the same employer.

Overview of a Reformed Regional Mental Health System

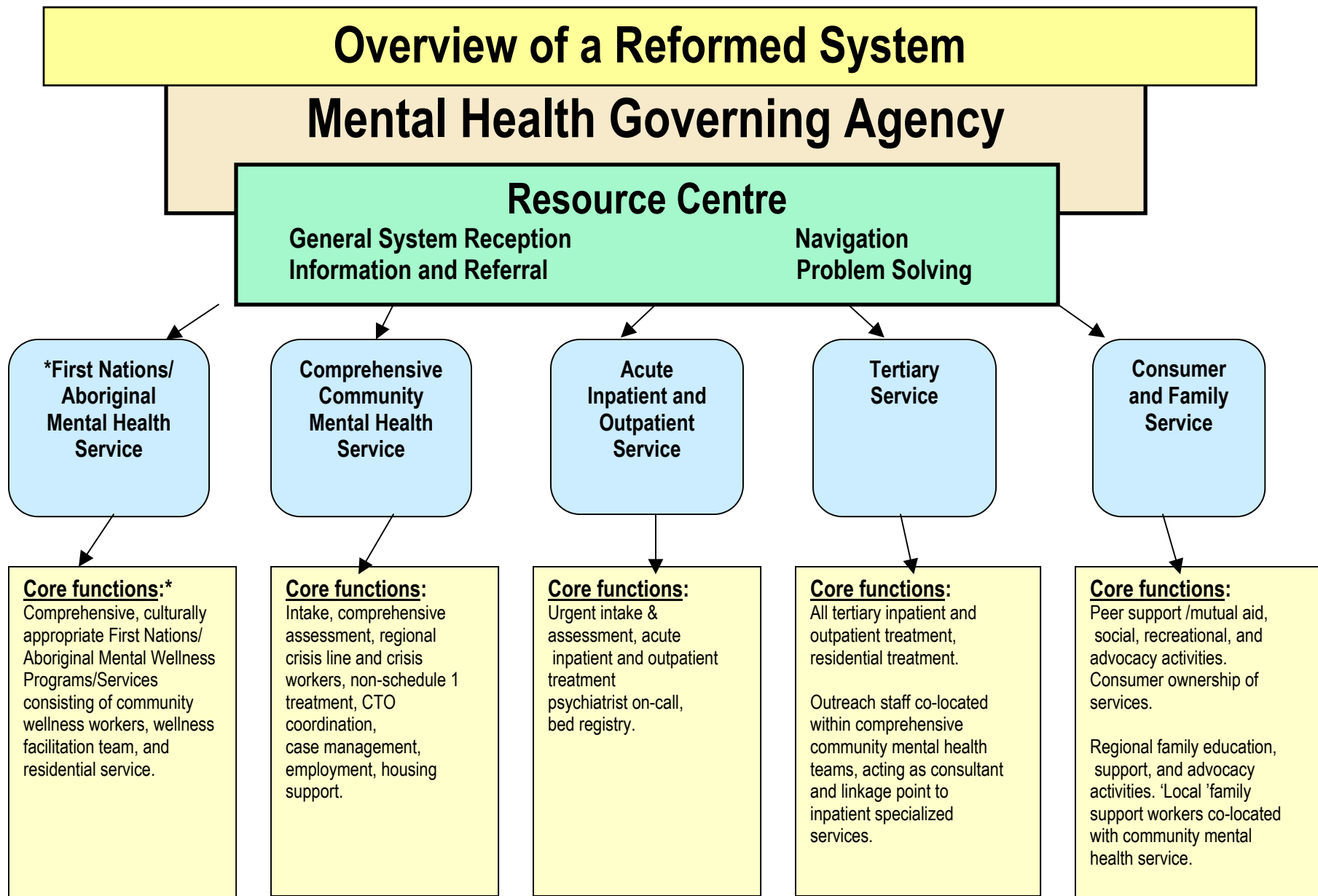


Figure 2: Proposed overview of the regional mental health system

* based on draft advice of the First Nation/Aboriginal sub-committee.

The Task Force recommends that a strong regional entity be established to manage the local mental health system — namely, the Mental Health Governing Agency (see Figure 3, page 46). The proposed agency would ensure the availability of core mental health services to people with mental illness and their family members. Its role would include system integration and coordination, to ensure that a comprehensive continuum of services is available throughout the region, system planning and management, monitoring, resource allocation, and accountability.

The Mental Health Governing Agency would also be responsible for a number of key system support functions, including:

- Integrated information system development and maintenance
- Compliance monitoring/quality improvement related to the mental health system
- Waiting list information management and monitoring at a systems level
- Promotion and prioritization of research – establishment of linkage with an academic health sciences centre
- Coordination of system-wide educational services for staff

Furthermore, the Mental Health Governing Agency would assume a leadership role related to public education, inter-ministerial and inter-governmental issues, First Nations/Aboriginal services, housing, employment and education supports, as well as best practice.

Consistent with best practices, the funding envelope for the governing agency would include all Ministry of Health and Long-Term Care funds related to mental health. This would include community mental health services and consumer and family initiatives, as well as schedule 1 services, tertiary services and sessional fees (see Table 2, page 44).

To ensure it can oversee the development and maintenance of an effective operation, the agency's board would consist of individuals who possess (or have the potential to acquire) qualities that would be necessary to fulfill their duties. Furthermore, board members would possess expertise in such areas as governance and strategic planning, as well as familiarity with the region and its mental health issues, including an understanding of the diverse needs of mental health consumers and family members. Ideally, the board's membership would include a majority of consumer and family members, as well as individuals who can provide Francophone, First Nations/Aboriginal and geographic perspectives. No organization or person funded or compensated by the funding envelope managed by the proposed Mental Health Governing Agency would be eligible to be voting members of the board.

The primary role of the CEO/Executive Director of the Mental Health Governing Agency would be to develop and maintain an integrated mental health system for the region by working in close collaboration with service delivery agencies. This would require particular strengths in the areas of facilitation and negotiation in order to operationalize the objectives of the Governing Agency.

As an important example, the CEO/Executive Director would convene regular, ongoing meetings of all senior managers from each mental health provider service. This "operational management group" would provide advice to the CEO/Executive Director regarding operational issues, as well as provide a forum for systemic operational problem-solving, resolution and planning.

Table 2: Proposed Funding Envelope

The Mental Health Governing Agency would manage the funding envelope for the following functions and services :

- Resource Centre and system reception functions (see Access section)
- Information and referral services

The Integrated Acute Schedule 1 Service would manage the funding envelope for the following core services:

- Urgent intake and assessment
- Acute inpatient services; acute outpatient services/day hospital etc.
- Regional psychiatrist on-call, in partnership with tertiary care provider (excl. OHIP billings)
- Regional bed registry system, in partnership with tertiary care provider

The Comprehensive Community Mental Health Service/Agency would manage the funding envelope for the following core services:

- Intake and assessment, treatment, case management, assertive community treatment, housing support, employment/education support, and family support
- Regional crisis line and “local” crisis workers (Note: Effective and efficient working protocols with the psychiatrist-on-call and bed registry systems would be required, in addition to staffing patterns which support clinical competence and continuity)
- Case management and assertive community treatment services, which would be organized to ensure round-the-clock access, with emergency or after-hours response to be triaged through the regional crisis service
- Facilitation of linkages and advocacy with other local services and supports
- Mobile services, as required by client need.

The Tertiary Service would manage the funding envelope for the following core services:

- Tertiary inpatient services
- Tertiary outreach services (co-located with comprehensive community mental health team services)
- Residential treatment

The Consumer and Family Service will manage the funding envelope for the following core services:

- Peer support and mutual aid; knowledge development and skills training; social-recreational, cultural and educational activities; advocacy.
- Regional family education, support, and advocacy activities; “local” family support workers (Note: Consideration should be given to co-locating family support workers with the comprehensive community mental health service teams, along with courtesy appointments, to allow for ease of information sharing).

Based on draft advice of the First Nations/Aboriginal sub-committee, **the First Nations/Aboriginal Service** will manage the funding envelope for culturally appropriate First Nations/Aboriginal Mental Health Services. Key program components:

- Community wellness workers
- Wellness facilitation team
- Residential service

Formal mechanisms would ensure the input of service providers and mental health stakeholders into governance decisions. The Task Force proposes that at least five standing committees be established to promote integration, share information, provide expertise/expert advice, and input into decisions.

The Task Force also recommends that the Mental Health Governing Agency develop and maintain a Consumer/Family leadership position. This position would be directed and staffed by people who have used mental health services. The goal would be to expand avenues for input, by mental health consumer and their family members, into planning, program development and evaluation throughout the system.

The Task Force also recommends that the Mental Health Governing Agency should develop a cultural competence plan, which would include cultural competence standards for all transfer payment agencies.

Finally, the Task Force recommends that Central East (Penetanguishene) Region be considered as a pilot site for the introduction of this type of system management model in Ontario's mental health system.

Overview of Proposed Regional Mental Health System Management

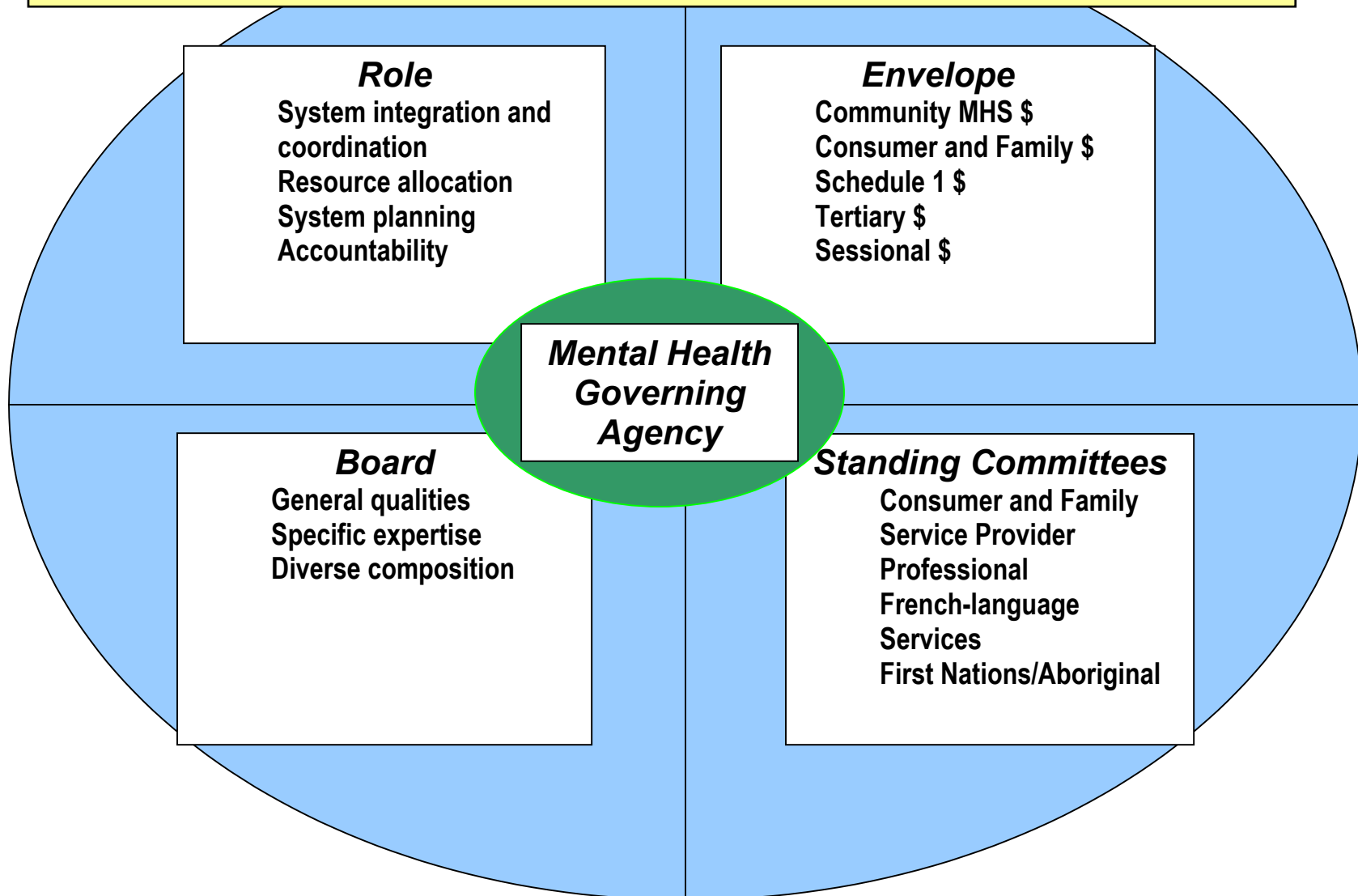


Figure 3: Proposed management structure for the regional mental health system.

As part of its proposed regional mental health service system (See Figure 4, page 50), the Task Force recommends the establishment of a **Resource Centre**, to be managed by the proposed Mental Health Governing Agency. The Resource Centre would serve as system-wide reception and link to mental health services.

Incorporating key elements for improving access set out in *Making It Happen*, this model would provide a strong foundation for a system-wide, community-based system of care. The Resource Centre would provide the following functions on behalf of the regional mental health system:

- System reception for the regional mental health system, through a single toll-free number accessible across the region, serving callers needing information and referral services, crisis services, distress lines and intake/assessment and discharge/exit needs.
- Information and referral services, including education about service options as well as assertive follow-up activities.
- Referrals for assessment within mental health services, including follow-up activities.
- Assistance with problem-solving and case resolution for clients where required.
- Facilitation of procedures and protocols for reviewing the case status of clients receiving intensive or specialized services.
- Identification of emerging service delivery issues for the governing agency.

The Resource Centre would offer comprehensive information and referral services as outlined in *Making It Happen*. In this role, it would be the regional mental health system's mandated source for people who do not know how to navigate the system, or are having difficulty getting direction or answers to their questions or concerns. Resource Centre staff would refer people to the appropriate service for assessment or intake as required, establishing connections or

appointments as individual needs dictate. In the case of urgent or emergent calls, Resource Centre staff would link the caller to the appropriate crisis service for immediate service.

To offer truly coordinated and integrated services, the regional mental health system must put in place a linked information system. It is the Task Force's recommendation that the Resource Centre should be the "link" for such a system. This will promote a consistent approach for people with mental illness and their family members who are already acquainted with the mental health system or who will only be engaged through a relationship with a mental health worker.

Another key element envisioned by the Task Force is administrative and clinical integration of service sectors.

- Administrative and clinical integration for all community mental health services would provide a strong foundation for a community-based system of care. Core service elements would include community-based assessment and treatment, crisis services, case management and assertive community treatment, supports in areas such as housing, employment and education, and co-location of family support workers. Case management and ACT services will ensure round-the-clock access, triaged through crisis services.
- Administrative and clinical integration of all Schedule 1 acute mental health services would ensure consistent programming and protocols across the region. Core service elements would include urgent intake and assessment, acute inpatient, outpatient and day hospital. As well, it would support the regional psychiatrist on-call and bed registry, in conjunction with the tertiary service.
- Similarly, administrative integration of all consumer and family services would promote recovery through a strong focus on such best practice elements as peer support.

Administrative and Clinical Integration

- Under the proposed service system, the tertiary service would focus on providing specialized services only, including residential treatment, and would act primarily as a specialist back-up to first line and intensive levels of care. Tertiary outreach staff would be co-located with local community mental health service teams, ensuring local specialist capacity and a community-based linkage point to specialized services.

Please see Appendix 2 for an overview of current and proposed roles and functions of regional mental health service system providers.

Proposed Regional Mental Health Service System

Resource Centre

General System Reception
Information and Referral

Navigation
Problem Solving

First Nations/ Aboriginal Mental Health Service*

Comprehensive, culturally appropriate First Nations/Aboriginal Mental Wellness Programs/Services consisting of community wellness workers, wellness facilitation team, and residential service.

Schedule 1 Service

Urgent intake/assessment
Acute inpatient,
outpatient/day hospital
Regional psychiatrist on-call*
Regional bed registry*

* In conjunction with
Tertiary service

Community Mental Health Service

Intake/assessment,
treatment
Crisis services
Case management/ACT*
Housing and employment/
education supports

*Case Management/Assertive
Community Treatment ensures
24/7 access, triaged through
crisis service.

Consumer and Family Service

Peer support, knowledge
development, skills training,
social-recreational and
advocacy.

Regional family education,
support, advocacy; location
of family support workers
with CMHS teams.

Tertiary Service

Tertiary Inpatient
Residential Treatment
Tertiary Outreach*

* Co-located with Community Mental Health Service teams.

Figure 4: Proposed configuration of a reformed regional mental health service system.

*based on draft advice of the First Nations/Aboriginal sub-committee.

Part Five: Detailed Recommendations

Please see Appendix 2 for a detailed review of Task Force recommendations in the following areas:

- Mental Health Governing Agency
- Accountability
- System Planning and Coordination
- Service Delivery
- System Support
- Client Support
- Access
- System Evaluation and Monitoring
- Advocacy
- Human Resources
- Housing
- Income Support
- Transportation
- Other
 - Children
 - Women
 - Moderately Mentally Ill

Please see Document 2 (Background Information and Sub-committee Reports) for background information, methodology and details of the following sub-committee reports:

- First Line Services
- Intensive Services
- Specialized Services
- Employment & Education Supports
- Housing – including Homes for People with Special Needs
- Consumer & Family Initiatives
- Integration & System Management
- Public Education
- First Nations/Aboriginal Services

Part Six: Financial Considerations

The Task Force urges the province to develop a clearly articulated policy for ensuring that minimum service delivery elements are available within each regional service delivery system. Funding must be made available so that, at minimum, all mental health consumers and their family members in Ontario should have equivalent access to an appropriately funded core services in a reformed mental health system prior to other investments proceeding.

While recognizing that defining a core basket of services is challenging, given the lack of consistent policy guidance and consensus within the field, nevertheless the Task Force proposes the following levels for a core basket of services in the regional mental health system.

- **First Priority Core Services and Supports.** These would include foundational service and support elements that represent the minimum requirement for mental health consumers within a local service delivery system. The elements focus on illness management, supports to manage illness, basic support network development, and reduction in hospitalization.

Basket of Services

- **Second Priority Core Services and Supports.** These would include other service and support elements that were identified in *Making It Happen* as needed within a reformed system, but which are not defined as first priority core services and supports.

Please see Appendix 4 for an overview of the Task Force's proposed basket of services.

Based on Ministry of Health and Long-Term Care spending figures for the 2000-01 fiscal year, average per-capita expenditures on all mental health programs and services for the entire province was \$83.04 (see Table 3, page 55). This average varied widely from region to region, ranging from a high of \$143.80 in the North Region to a low of \$25.26 in Central West Region. Table 4 (page 55) highlights the ministry's per capita spending on community mental health programs and services during the same fiscal year.

Funding Considerations

Table 3. Ministry of Health and Long-Term Care per capita spending on total mental health programs and services, 2000-01 fiscal year. (Totals do not include approx. \$26 million in funding for the Provincial Forensic PPH Facility – Oak Ridge.)

MOHLTC Region	Community * Spending 2000/01	CMHP Spending per capita	Total MHPS Spending 2000/01	Total MHPS Spending per capita
North	\$ 48,823,593	\$54.77	\$128,192,512	\$143.80
South West	\$ 48,689,341	\$32.11	\$170,684,433	\$112.55
Central West	\$ 30,940,642	\$14.89	\$ 52,469,873	\$ 25.26
Central South	\$ 22,485,083	\$19.42	\$ 79,261,626	\$ 68.45
Toronto	\$108,741,508	\$42.59	\$253,355,281	\$ 99.23
East	\$ 39,420,250	\$25.22	\$174,358,999	\$111.56
Central East	\$ 34,228,207	\$17.96	\$110,409,266	\$ 57.94
Simcoe County	\$ 6,360,859	\$16.98	\$ 33,469,156	\$ 89.33
Total Province	\$333,328,624	\$28.57	\$968,731,990	\$ 83.04

*Includes total community mental health programs, sessional fees, children's mental health, Homes for Special Care, and supportive housing.

Table 4. Ministry of Health and Long-Term Care per capita spending on community mental health programs and services, 2000-01 fiscal year.

MOHLTC Region	Total CMHP Spending* 2000/01	CMHP Spending per Capita
North	\$ 41,377,306	\$46.41
South West	\$ 39,218,924	\$25.86
Central West	\$ 24,806,986	\$11.94
Central South	\$ 16,797,612	\$14.51
Toronto	\$ 82,100,340	\$32.15
East	\$ 31,569,134	\$20.20
Central East	\$ 19,491,908	\$10.22
Simcoe County	\$ 4,555,173	\$12.15
Total Province	\$255,362,210	\$21.89

*Includes case management, ACT, non-schedule 1 treatment, crisis services, employment/education supports, consumer/survivor initiatives, family initiatives, sexual assault counseling, and children's mental health.

The regional disparities reflected in these spending comparisons translate to the following impacts³ for Central East Region (Penetanguishene):

- A shortfall in per capita spending of \$54.47(annualized as \$20.4 million) for total mental health programs and services, compared with spending in the North Region.
- A shortfall in per capita spending of \$33.31 (annualized as \$12.15 million) for total mental health program and services, compared with average per capita spending for the North, Southwest and East regions. These three areas have also received significant mental health reform investment funds.

In addition, the following impacts must be addressed when considering the level of funding disparity in Simcoe County:

- The area continues to operate with a shortfall of 16 acute care beds.
- The disability rate in Simcoe County is 8.08 (per 1,000 members of the population), compared with a provincial average of 7.75 and 7.88 in Toronto Region.
- The impact of the recently opened Central North Correctional Centre is adding pressures to the region’s already fragile mental health system.
- The extraordinary population growth in Simcoe County (only York Region and Peel Region have higher rates of population growth in Ontario).

In the view of the Task Force, regional funding allocations for the proposed mental health governing agency must consider the following:

- The principle of equitable access to critical mental health services for Ontario residents, regardless of where they live in the province.
- The development of fiscal strategies related to the achievement of funding equity.

Summary of Required Funding Enhancements

³ This analysis does not include enhanced funding to provide acute and tertiary care services to residents of the Districts of Muskoka and Parry Sound who are to be served by Simcoe County acute and tertiary mental health services.

- The development of funding mechanisms for the mental health system which recognize enhancement and growth requirements, similar to that which has been provided to hospitals and community care access centres.
- The development of multi-year funding strategies for mental health services.

The Task Force envisions that the proposed Mental Health Governing Agency will make investment choices based on the region's priorities, service demands and funding levels. Within a reformed mental health system, the Ministry of Health and Long-Term Care could, in principle, empower a local governing entity to establish and fund specific local priorities, rather than having these decisions filtered through the ministry and the provincial government.

The Task Force estimates that the minimum total budget base investment required for the region is at least \$12.15 million (based on 2001 dollars) in order to achieve parity with other regions currently. Such an investment, however, would provide only for a portion of the development of a basic community mental health infrastructure. Total funding enhancements in the range of \$34.54 million, would be required to realize the existence of essential core community mental health service elements. A further \$1.31 million would be required to address system infrastructure needs, and \$37.59 million to address residential treatment service needs.

Finally, the Task Force urges the province to consider these significant reinvestments as a fundamental condition of regional mental health reform. In the view of the Task Force, the proposed reforms to the region's mental health service system recommended in this report should not proceed unless there is this additional investment to ensure that core services are available and deliverable throughout the region.

*Please see **Document 3 of the Task Force's Final Report** for an overview of financial considerations associated with mental health implementation plan.*

Please see Document 3 (Additional Information) for detailed overview of financial considerations associated with mental health implementation.

Part Seven: Guiding Principles for Change

The Central East Region (Penetanguishene) Task Force has identified the following principles to guide implementation of regional mental health reforms:

- The needs of mental health consumers and their family members must be at the centre of the regional mental health system.
- Mental health services must be based on best practices and tailored to consumer needs, with a view to increased quality of life for people with mental illness and their families.
- Choice and access to services must be improved for people with mental illness and their families.
- Services must be linked and coordinated, allowing mental health consumers to move easily from one part of the system to another.
- Regional mental health funding will continue to be protected, and new investments in mental health services will support reform and increase the overall capacity of the system.

These change principles, including the principles for change decisions listed below, must guide the process of reform as envisioned by the Task Force.

The Task Force recommends that all change decisions should:

1. Ensure accessibility for mental health consumers and family members.

Change decisions must ensure that mental health consumers have the ability to obtain care and services at the right place, and at the right time, based on their needs.

Change decisions must also ensure that:

- Clear points 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.
- Prompt intervention is available which can avert mental health crises and avoid the need for more intensive forms of care.
- Clear descriptions exist which detail what mental health consumers and their families can expect from service providers, what specific services are provided and how to access them.
- Common assessment protocols exist among mental health service system providers.
- Core mental health services for people with serious mental illness are available through the publicly funded health care system.
- The system can respond to access barriers that exist for mental health consumers and their family members (e.g. assistance with transportation issues, mobile/outreach services etc.).
- Cultural sensitivity and appropriateness in service delivery exists, and the system values and respects language preference, accommodation of cultural beliefs in treatments, and an understanding of ways in which culture affects service use.
- Financial barriers to participation in core services by people with mental illness are addressed.

- An array of services exists within the mental health system. This continuum may include: (1) primary care; (2) information and referral; (3) assessment and early intervention; (4) case management; (5) rehabilitation and housing supports; (6) vocational and educational services; (7) consumer self-help and consumer initiatives; (8) family self-help and family initiatives; (9) crisis response and emergency services; (10) treatment; (11) inpatient and outpatient care; (12) specialized services.
- Mental health consumers and their family members receive care as close to home as possible.
- Public education strategies and activities are put in place to help reduce barriers for mental health consumers and their families.

2. Enhance integration and coordination of quality and comprehensive services.

Change decisions must ensure that programs and services within the regional mental health system operate as an entity, ensuring seamlessness for the consumer and his/her family members across programs, practitioners, organizations, and levels of care/service over time.

Change decisions must also ensure that:

- Shared vision, mission, values and service delivery models exist, ensuring that services are comprehensive, accessible and provided in an integrated manner.
- The full spectrum of services required for mental health consumers and their family members is provided in a seamless manner, with necessary linkages to other service systems.
- Individuals are able to receive the level and intensity of services they need without experiencing a disruption in these services.
- Streamlined access to services and supports exists, ensuring that mental health consumers and family members have access to clear information on where they can go to receive what kind of services, as well as clear information and assistance in accessing these services and supports.
- Service protocols between mental health system providers reflect the timely and appropriate sharing of, and access to, client

information, within consent and confidentiality requirements.

- A common information management system exists within the mental health system.
- There is a clear understanding of the roles and responsibilities of all care providers and their respective agencies within the mental health system.
- 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.
- The mental health system will strive to ensure that opportunities exist for individuals with a serious mental illness to be fully involved within the broader community in all aspects of their lives.
- Effective communication patterns and protocols within and between all stakeholders of the mental health system exist.

3. Enhance accountability.

Change decisions must ensure that 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. The responsibility for overall monitoring of system results, along with decision-making related to performance, is designated.

Change decisions must also ensure that:

- The priority population of people with serious mental illness is the target for funded programs and services within the mental health system.
- The mental health system is able to demonstrate that policies and programs are achieving intended results at system, program and client levels.
- Desired results are achieved with the most cost-effective use of resources.
- The assessment of client and family member satisfaction and measurement of outcomes are key features of performance management.
- Within the context of provincial guidelines, there are agreed

upon standards, indicators and targets for providers to represent progress toward identified objectives.

- Remedial action plans exist and are acted on to address gaps and deficits within the mental health system.
- 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.
- Governance and program management exhibits a commitment to accountability mechanisms for performance monitoring and achieving compliance.
- The unnecessary duplication of service resources (e.g., administrative functions, delivery of services and supports) is eliminated or reduced.
- Per capita spending on mental health services in the region is comparative to that in other parts of Ontario.
- The mental health funding formula reflects a needs-based strategy and the ability to direct funds where they are needed.
- Consumer outcome measurements are essential to the performance monitoring of the mental health system.
- Resource allocation patterns reflect committed policy directions of mental health reform (i.e., least restrictive setting).
- The knowledge and skills of mental health practitioners are appropriate to the care and services they provide.
- Funding is in place to ensure that the availability of core programs is sustained.

4. Be focused on evolving best practice.

Change decisions must ensure that the regional mental health system relies on the study of best practices to identify what works and what should be included in a reformed system of care.

Change decisions must also ensure that:

- Mental health programs and services are delivered based on an ongoing review of the best available evidence and research of what will lead to improved client outcomes.

- Quality assurance activities exist, ensuring that programs and services are delivered in a manner consistent with the highest quality standards of care.
- The performance monitoring system can assess the achievement of best practices.
- Services are based on best practice models of core programs and system strategies.
- There is an integrated planning process for service delivery, program development and investment which is based on mental health consumer needs, socio-demographic factors and best practices.
- Essential elements are in place for fostering “learning organizations” among health service providers.

5. Be consumer and family focused.

Change decisions must ensure that the needs and circumstances of mental health consumers and their family members direct the range and tailoring of a recovery-oriented system.

Change decisions must also ensure that:

- People with mental illness and their family members have the right to active involvement in service planning, delivery, evaluation and governance.
- The performance monitoring system places high priority on the assessment of mental health consumer and family member satisfaction, in addition to client outcomes.
- Mental health consumers and their family members are provided with clear definitions and description of the services available within the mental health system.
- Support exists to actively involve mental health consumers and their family members in treatment planning and care planning, ensuring adequate information is available for informed decision-making related to both traditional and non-traditional care options.
- Strength-based care planning is a key feature of all programs and services.
- Regional mental health programs and services respond to individual needs and capacities.

- An effective advocacy/appeal process exists to help mental health consumers and their family members.
- Mental health consumers and their family members have access to a range of programs and services that reflect their diverse needs.
- Mental health consumers and their family members will have opportunities to provide supports and services by trained peer support.

6. Eliminate unnecessary duplication.

Change decisions must demonstrate the efficient use and management of resources, allowing maximum investment in mental health services. A case-by-case analysis of such decisions is required to ensure that accessibility in unique circumstances is not compromised, recognizing that issues such as geography and availability of services exist.

7. Minimize service disruption.

Change decisions must be accompanied by safeguards to ensure that the change process is effectively managed so that the regional mental health system can continue to deliver effective and high-quality mental health services.

8. Support employees.

Change decisions must be accompanied by a labour strategy that demonstrates a commitment to fair treatment of, and communication with, employees within the regional mental health sector, as well as proactive planning for changing workforce requirements.

9. Be sustainable.

To maintain a high level of quality care, change decisions must be sustainable, delivering affordable mental health services in an appropriate manner. Services must be provided when necessary, delivered in the right manner, in the right setting, and by the right

provider, while maximizing efficiencies by using appropriate resources to achieve desired outcomes.

10. Invest in the change process.

The change process must be led by a transition team with experience in facilitating system change. The team will coordinate strategies needed to address any barriers to implementation. The process will involve consultation with affected stakeholders.

Change decisions must be made as a partnership among all mental health stakeholders. The process must take into account the views of mental health consumers, their families, service providers and others with a stake in the system, and involve them closely in service delivery and decision-making.

11. The Task Force's Final Report will serve as a framework for change implementation within the mental health system.

The change strategy for regional mental health reform will reflect:

- The Task Force's Principles for Change.
- A designated mechanism or structure, with well-defined roles to support ongoing momentum and coordinate implementation execution, taking advantage of opportunities as they arise.
- An expectation of adequate funding for transition costs.
- A logical sequence of events so that each activity builds on prior work.
- Sequencing that is structured so that high-visibility and high-priority changes occur early and demonstrate a commitment to the change effort.
- Timeframes that account for legal, human resources, financial and other issues.
- A built-in evaluation mechanism to ensure that changes are consistent with desired goals.
- A detailed communications plan that includes:
 - Key messages about the redesign requirements and implementation steps, including rationale, impact, expectations and milestones.

- An appropriate range of vehicles and tactics to communicate the progress of implementing regional mental health reforms to all stakeholders.
- Feedback loops to ensure that stakeholder concerns and issues are identified and addressed during implementation.

Furthermore, the Task Force recommends that the Minister of Health and Long-Term Care reconvene Task Force members within six months of the conclusion of their work, to facilitate a process that provides the Minister with names for consideration for the founding board of the proposed mental health governing agency. The overall responsibility for the members of the founding board would be to act as a transitional body to create the new governance entity.

Conclusion

The recommendations of the Central East Region (Penetanguishene) Task Force build on a strong commitment to achieving much-needed reforms in the regional mental health sector.

The Task Force has listened to, and learned from, many individuals and groups who have come together to support the need for change. These individuals and groups have clearly told the Task Force what they want and need: easier access and better coordination of services; better results; and more choices for people who use the mental health system. In short, they want to ensure that what the regional mental health system does will make a difference in the lives of people with mental illness and their families.

The Task Force believes that the climate is right to make meaningful and effective changes to the regional mental health system.

The direction and mandate from the Ontario Government to embrace changes to the mental health system is more critical than ever before. We have a magnificent opportunity to accomplish meaningful change. And with the participation of all stakeholders, we can realize our vision of a community-based system of care centered on the needs of people with mental illness in this region.

Please see Appendix 5 for a summary analysis of the Task Force's system vision elements and key recommendations.

Appendices

Appendix 1: Scenario Analysis Tool

Appendix 2: Role and Function Analysis

Appendix 3: Detailed Task Force Recommendations

- Mental Health Governing Agency
- Accountability
- System Planning and Coordination
- Service Delivery
- System Support
- Client Support
- Access
- System Evaluation and Monitoring
- Advocacy
- Human Resources
- Housing
- Income Support
- Transportation
- Other
 - Children
 - Women
 - Moderately Mentally Ill

Appendix 4: Basket of Services

Appendix 5: Summary Analysis of System Vision Elements and Key Recommendations