Executive Summary

Central East (Whitby) Mental Health Implementation Task Force

For submission to the Minister of Health and Long-Term Care

December 2002

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EXECUTIVE SUMMARY

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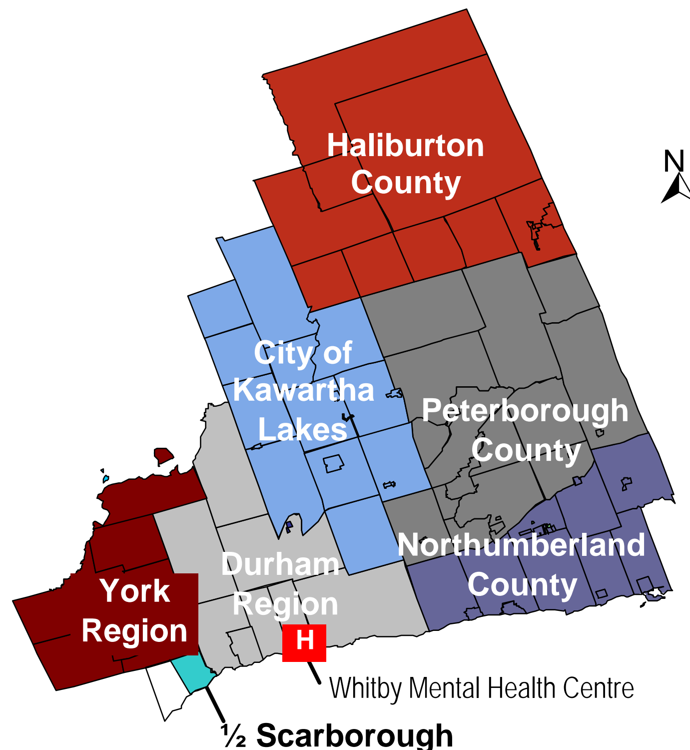
The Central East (Whitby) Mental Health Implementation Task Force (Task Force) is pleased to present its Final Report to the Minister of Health and Long-Term Care.

In twenty months, the Task Force has completed its mandate to advise the Minister of Health and Long-Term Care on provincial psychiatric hospital restructuring, community reinvestments, and other associated requirements for the implementation of a reformed mental health system in Central East (Whitby), as defined in *Making It Happen, 1999*.

The Task Force catchment area includes the regions of Durham and York, the City of Kawartha Lakes, and the counties of Haliburton, Northumberland, and Peterborough. The Task Force is also responsible for providing advice regarding Specialized Services for half the Scarborough population, because this population is part of the Whitby Mental Health Centre catchment area. The catchment area of Central East (Whitby) will be, henceforth, referred to as the Region.

Map 1 - Central East (Whitby) Mental Health Implementation Task Force Catchment Area



Central East (Whitby) Quick Facts

Area
- 17,350 square kilometres

Projected Adult Population in 2003
- Over 1.6 million people between 15 and 65 years of age

Population Growth between 1996 and 2001
- York Region's population growth rate (23 per cent) was almost four times the Ontario rate (6 per cent)
- Durham Region's population growth rate (11 per cent) was almost twice the Ontario rate (6 per cent)

Rurality
- 34 per cent of individuals currently receiving mental health services in Central East (Whitby) reside in rural areas

Mental Health Services
- 25 community mental health programs
- Five consumer/survivor and family initiatives
- Five Schedule 1 facilities (123 acute mental health beds)
- One Schedule 3 facility (15 acute mental health beds)
- One Provincial Psychiatric Hospital (325 beds)

Community Outreach

Ten subcommittees, one steering committee, and one working group, comprised of over 150 members, drafted recommendations and advised the Task Force. The Consumer/Survivor Advisory Committee also advised the Task Force.

In Phase I of the Task Force process, the public awareness and consultation efforts included **seven community information sessions** attended by 146 stakeholders. In Phase II, **21 focus groups** were held and were attended by 182 participants (46 per cent were consumer/survivors and family members). In Phase III, a briefing session with all subcommittee members and **seven final community information sessions** were held in November and December 2002. (☞ *Chapter 2*)

The Task Force Chair met with the twelve **MPPs** with ridings in the catchment area in spring 2001. The Chair briefed them on the Task Force process and explained the challenges facing the Region. Local MPPs were also invited to a briefing at Queen's Park in November 2002. At that time, the Task Force Chair shared with them the Implementation Strategy, and the Service Delivery and Governance models.

CHALLENGES

The Region is facing the following eleven challenges. These challenges must be addressed through the development and implementation of a reformed mental health system.
(☞ *Chapters 3 and 4*)

Funding

The Region receives half of the provincial average per capita funding for "Community Mental Health" and "Mental Health Program Services". This lack of funding, coupled with the high growth rate, has led to severe service shortages. In the Region, less than one quarter of the estimated individuals between 15 and 65 years of age with a serious mental illness[1] received mental health services in 2001.

[1] This figure is based on a prevalence rate of 2.5 per cent of the total population between 15 and 65 years of age.

Human Resources
Throughout the Region there are challenges pertaining to both the recruitment and retention of qualified human resources. These challenges are a reality in both the community and hospital sectors.

Factors contributing to this human resources challenge include, but are not limited to:

- salary differentials between the community and hospital sector;
- lack of human resources throughout the province; and,
- staff retention problems due to the delay in divesting the Whitby Mental Health Centre.

Organizations (e.g., Whitby Mental Health Centre) report an annual turnover rate of up to 40 per cent for some of their professional staff. High turnover rates are also reported in the community sector. On average, salaries in the community sector are two thirds of those in the hospital sector.

Whitby Mental Health Centre Divestment
The Whitby Mental Health Centre divestment[2] has been repeatedly deferred. The delays are having a serious impact on the patients and hospital staff. Recruitment and retention of staff is difficult because of salary inequities and uncertainty about governance. If divestment had occurred, the Centre would not have been affected by the recent 55-day OPSEU[3] strike. Issues of catchment[4] and the delivery of specialized tertiary services require the involvement of the new governance structure of Whitby Mental Health Centre.

Population Growth
There was high population growth throughout the Region. Between 1996 and 2001, York Region experienced a 23 per cent increase in its population. During the same period, Durham Region had a 10.5 per cent increase, while Ontario's population grew by only six per cent. As service capacity has not increased at the same rate as the population, there are increasing pressures on mental health services.

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[2] Divestment will occur once the management and assets of the Whitby Mental Health Centre have been transferred from the responsibility of the Ministry of Health and Long-Term Care to an independent hospital board.
[3] Ontario Public Service Employees Union.
[4] Since divestment of the Kingston Psychiatric Hospital in March 2001, the counties of Peterborough, Haliburton and Northumberland do not fall within the catchment area of any provincial psychiatric hospital. Residents of these counties are falling through the cracks in the system.

Mental Health Beds

The Health Services Restructuring Commission recommended 81 additional Schedule 1 beds in the Region by 2003. Only five of these beds are currently in operation, and there are no plans to implement the remaining 76 beds immediately. These additional beds are crucial to the success of mental health reform in the Region and need to be implemented immediately. Even with the addition of these acute mental health beds, there will be a shortage. Therefore planning beyond 2003 needs to occur.

Transportation and Geography

The Task Force catchment area covers approximately 17,350 square kilometres. Due to a lack of adequate transportation in large rural areas and some urban centres, it is a real challenge to deliver mental health services. Consumer/survivors are experiencing difficulties travelling to receive office-based services and providers are impeded by large distances when delivering services on an outreach basis.

Diverse Population

There are challenges related to the composition of the population in the Region that require special consideration when planning mental health services. Identical services using the same service model can not be deployed Region wide with the same success rate due to the following unique features:

- large pockets of urban and rural areas;
- concentrations of immigrant and non-English speaking populations;
- concentration of seniors;
- large pockets of populations with lower economic status; and,
- First Nations populations.

Community Supports

There is a lack of intensive and specialized services in communities that result in:

- pressure on community-based services that are not designed to provide care at this high level; and,
- inappropriate use of hospital beds.

System Integration

Historically, mental health services in the Region, as well as the rest of Ontario, have not functioned as a system. Currently, there are 30 community mental health programs (funded by the Community Mental Health Transfer Payment Programs, Ministry of Health and Long-Term Care), five Schedule 1 facilities[5], and one Schedule 3 facility. The formal relationships between the hospitals and community mental health programs, where Scheduled facilities are sponsoring a community program, do not always result in service integration. Overall, the Region's mental health system is not clearly defined.

Housing Strategies

The critical housing shortage indicates that consumer/survivors living in appropriate, accessible and affordable housing is a reality that very few people are fortunate to experience. Appropriate housing is not only a basic human right, it is also necessary for the recovery of consumer/survivors who should receive their services in the least restrictive environment – the community.

Inadequate Financial Supports and Initiatives for Consumer/Survivors

Financial supports from the Ontario Disability Support Program and the Canada Pension Plan are inadequate and difficult to obtain for many people. Inadequate financial supports impact the ability of consumer/survivors to access services as well as maintain appropriate housing and a proper diet. There are no financial incentives to work, particularly if people lose drug benefits when they work or face difficulty in re-accessing the system if they become unemployed. This system appears to contradict the Recovery Model.

[5] Included in the five Schedule 1 facilities is Rouge Valley Health Services (RVHS). RVHS has a hospital site in Ajax-Pickering that has a Schedule 1 designation.

RECOVERY MODEL AND DIVERSITY STRATEGY

The Task Force developed its recommendations with the underlying assumption that the recovery model would be adopted at each level of the reformed mental health system and by all stakeholders. The Recovery Model does not imply "cure", but hope that with time and effort, "normalcy" will be reached again. (☞ *Chapter 5*)

The Task Force also adopted a Diversity Strategy based on: system inclusiveness; outreach and linkages; and, diverse treatment. The Diversity Strategy is all-inclusive and touches on socio-economic, age, faith, physical ability, ethnicity and more. (☞ *Chapter 5*)

SERVICE DELIVERY AND GOVERNANCE MODELS

In the current mental health system, there is a lack of co-ordination and linkages between various types of services. There are also some services that are missing in parts of the catchment area creating inequities in the Region. The new system addresses these major concerns as depicted in Diagrams 1 and 2.

Diagram 1 - Current Service Delivery System

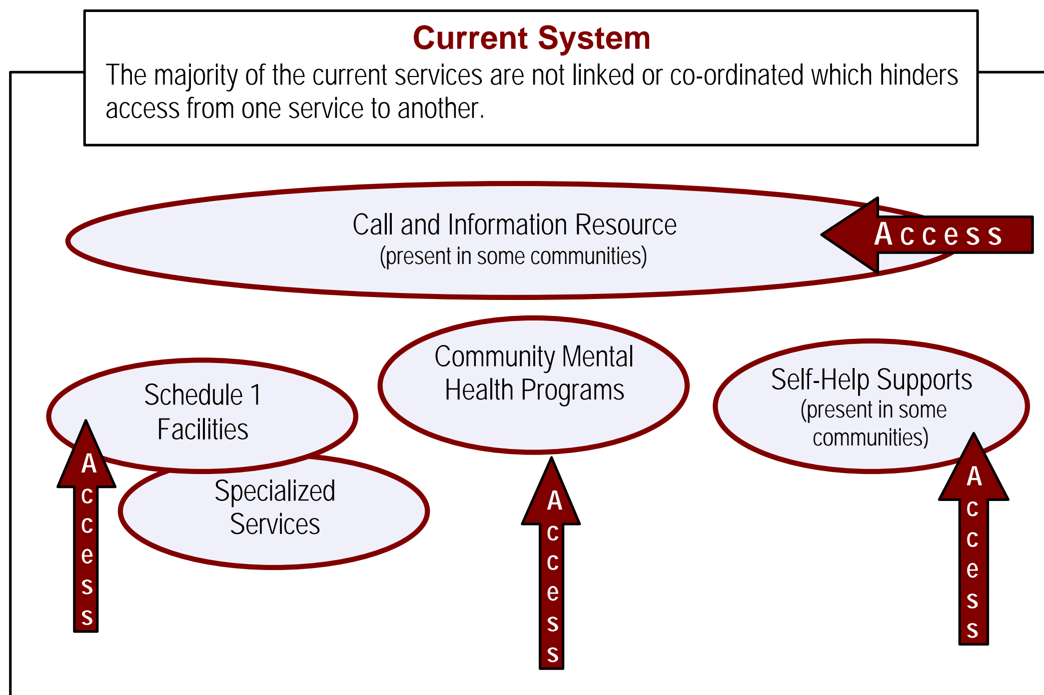
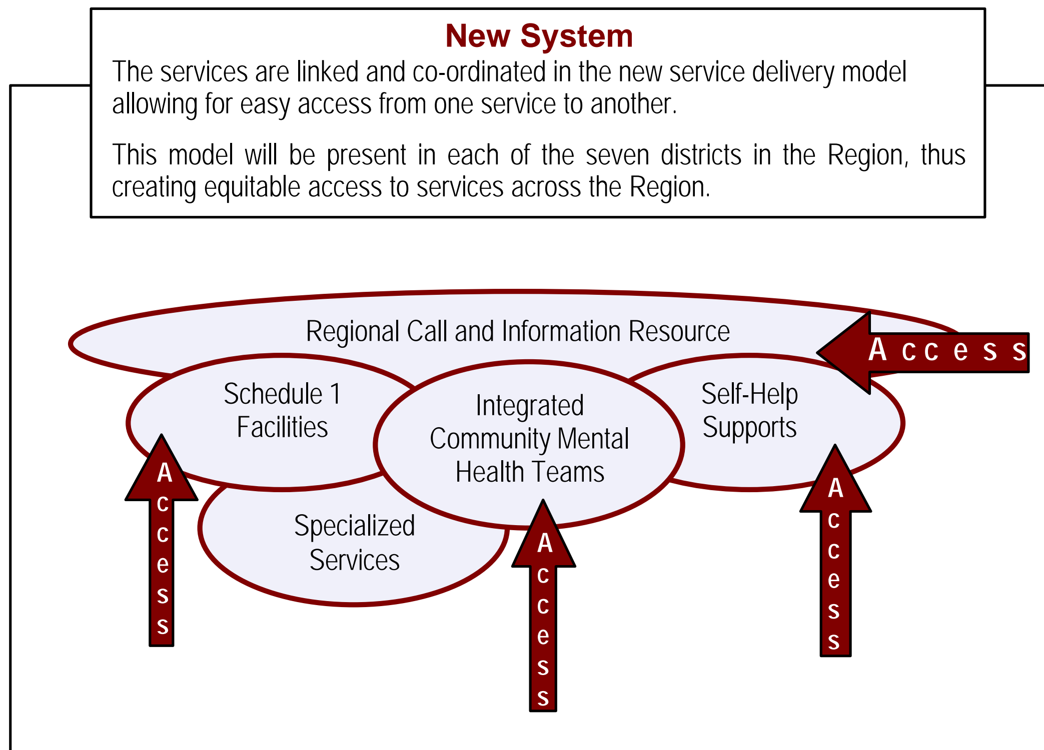


Diagram 2 - New Service Delivery System



The Task Force is recommending a new Service Delivery Model and a new Governance that provide individualized and comprehensive services for consumer/survivors and family members and that operate at three levels: Regional, District and Local as described below and further depicted in Diagram 3. (☞ *Chapters 6 and 7*)

Regional Level

The Regional Level refers to the catchment area of Central East (Whitby) and will include:

- The Central East (Whitby) Mental Health Corporation (the Corporation);
- Regional Call and Information Resource;
- Whitby Mental Health Centre;
- new Specialized Services; and,
- Self-Help Supports.

> *"Nobody seems to really know what services are available when you need them. I don't want another number to call for information when I already called five places. I need services."*
>
> York Region Consumer/Survivor

District Level

The District Level is divided into seven districts, (three districts in York Region, two in Durham Region, and two in HKPR[6]) and will include:

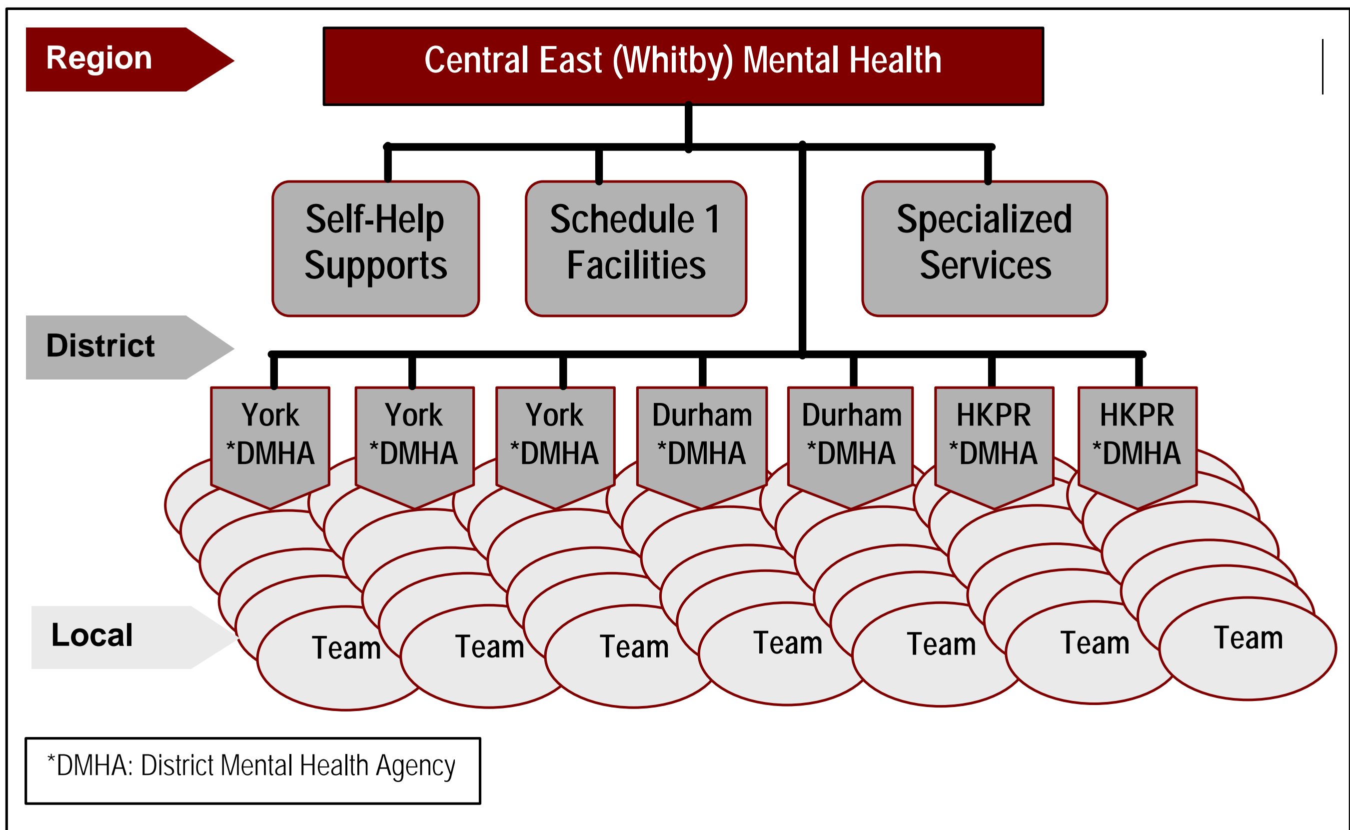
- seven District Mental Health Agencies (District Agencies); and,
- seven Schedule 1 facilities.

Local Level

The Local Level refers to the communities within the districts and will include:

- Integrated Community Mental Health Teams (the Teams).

Diagram 3 - Governance Model



The following section reviews the governance, funding, accountability and service responsibilities of each element in the Service Delivery Model and the Governance Model.

[6] HKPR is the area known as Haliburton, Kawartha, and Pine Ridge. Within this area there are four counties: Haliburton, City of Kawartha Lakes, Peterborough and Northumberland.

Details of the New System

Regional Level

The Corporation

> *There is a great need for accountability and a co-ordinating body to ensure an integrated mental health system.*
>
> HKPR Physician

The Corporation will be governed by an independent board of directors. The Corporation will receive an envelope of funding from the Ministry of Health and Long-Term Care, to whom it will be accountable.

The envelope of funding will include:

- community mental health;
- general hospital mental health services (including, Schedule 1 facilities);
- Whitby Mental Health Centre post-divestment funding; and,
- future mental health dollars.

The primary functions of the Corporation will be to:

- manage the funding envelope;
- allocate funding;
- set standards;
- plan and evaluate (e.g., client satisfaction surveys and program evaluations);
- set priorities;
- provide infrastructure support;
- develop a broad based public education strategy in conjunction with the activities of the Provincial Communications Strategy[7];
- provide centralized supports to housing and employment;
- manage the Regional Call and Information Resource; and,
- ensure the presence of an independent conflict resolution mechanism.

[7] A Provincial Communications Strategy was developed through the Provincial Forum which regrouped the Task Force Chairs, Co-ordinators and Senior Ministry of Health and Long-Term Staff.

Regional Call and Information Resource

> *"Trying to access mental health services when in crisis was a real nightmare for me. I went to my family doctor and four times to the emergency in two weeks before finally being admitted."*
>
> Durham Region Consumer/Survivor

Regional Call and Information Resource will:

- provide information, referral, crisis response and triage 24 hours a day, seven days a week;
- be manned by qualified mental health professionals;
- be linked to the Teams, Schedule 1 facilities, Self-Help Supports, family physicians, offices of other provincial ministries, 211 community information line, distress centres, and community information centres; and,
- manage the regional information system and the database for housing stock, employment, educational and social recreational opportunities.

Whitby Mental Health Centre

The Whitby Mental Health Centre will:

- be governed by a new hospital board following divestment[8];
- receive its funding from the Corporation; and,
- be accountable to the Corporation through service agreements.

The primary functions of Whitby Mental Health Centre will include managing and providing most Specialized Services to the Region and to half of the Scarborough population.

New Specialized Services

The Task Force is recommending new Specialized Services. Some of the new Specialized Services may not be delivered and governed by the Whitby Mental Health Centre. The Corporation will be responsible for determining the organization that will govern and deliver new specialized services.

All new Specialized Services will:

- be linked to Schedule 1 facilities and the Teams; and,
- include tertiary hospital services, Residential Treatment facilities and Specialized Consultation Teams.

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[8] A Board has been selected and approved by the MOHLTC in preparation for divestment. Members of the "Board in waiting" are ready to assume their governance role.

Store fronts need to be located where directions to get there are not too complicated, at safe street crossings, at ground floor levels with wheel chair accessibility, on transit lines - not in busy areas that are complicated to navigate. There needs to be a 'comfort level' with the location."

Pickering
Diversity Planners

Self-Help Supports

The Self-Help Supports will:

- be governed by independent boards of directors;
- receive their funding from the Corporation; and,
- be accountable to the Corporation through service agreements.

The primary functions of the Self-Help Supports will be to:

- manage and provide consumer/survivor and family initiatives;
- provide training for Peer Support personnel;
- travel to various communities to provide educational opportunities and support groups;
- link with the Regional Call and Information Resource, the Teams and non-mental health service providers;
- operate warm lines[9];
- disseminate information; and,
- manage formal agreements to access community crisis/safe/respite beds.

[9] A warm line is a phone connection with a support person for people who need to talk, but who are not in a crisis.

District Level

District Agencies

The Task Force is recommending seven District Agencies, one in each district.

The District Agencies will:

- be governed by independent boards of directors;
- receive their funding from the Corporation; and,
- be accountable to the Corporation through service agreements.

The primary functions of the District Agencies will be to:

- manage the Teams;
- manage a district crisis response in collaboration with the Regional Call and Information Resource, the Teams, Schedule 1 facilities and other essential services (e.g., Police); and,
- manage community crisis/safe beds.

Schedule 1 Facilities

There will be one Schedule 1 facility per district.

The seven Schedule 1 facilities will:

- receive their mental health funding from the Corporation; and,
- be accountable to the Corporation for providing mental health services through service agreements.

The seven Schedule 1 facilities will continue to be governed by their respective hospital boards.

The primary functions of Schedule 1 facilities will be to:

- provide inpatient and outpatient services;
- operate a crisis team that runs 24 hours a day, seven days a week and four holding/assessment beds at each facility;
- link with the Teams, Regional Call and Information Resource and Specialized Services; and,

- triage, assess, as well as plan for admission and discharge with the Teams.

Local Level

The Integrated Community Mental Health Teams

The Teams will be managed by the District Agencies.

The Teams will:

- provide a complete range of mental health services from First-Line to Specialized Services;
- be linked to the Regional Call and Information Resource, Schedule 1 facilities, Self-Help Supports, Specialized Services, and non-mental health services;
- provide eighty per cent of their services on an outreach basis;
- have a working relationship with physicians and psychiatrists; and,
- have a local presence and drop-in capacity.

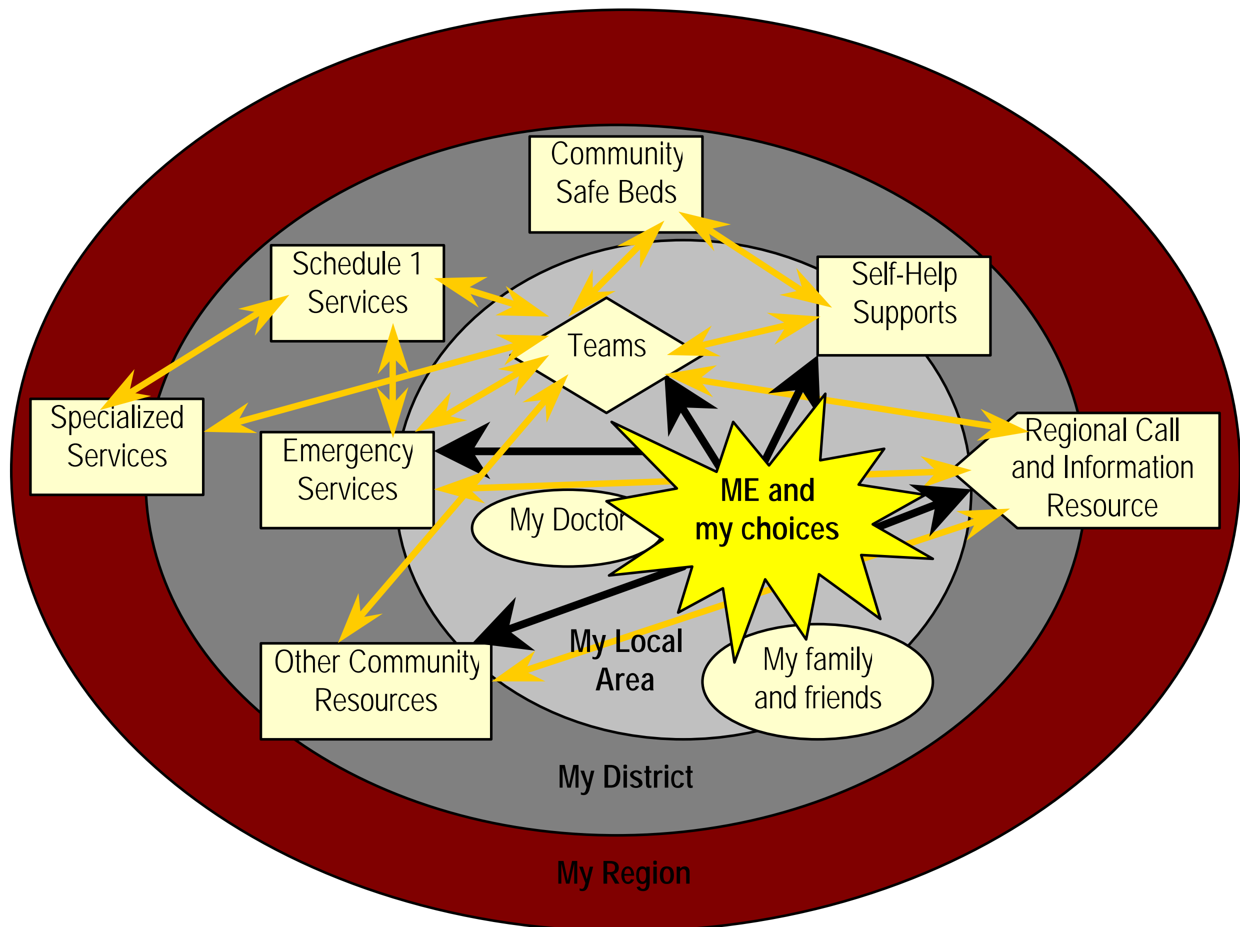
All elements in the Service Delivery and Governance models are linked within each district to provide integrated and co-ordinated mental health services.

Consumer/Survivor-Centred Model

The Service Delivery and Governance Models described in the previous section were designed to keep the consumer/survivor at the centre of the system while maximizing consumer/survivor choice. Diagram 4 illustrates how individuals requiring services can chose the type of service they wish/need (see black arrows) and how the services are linked and co-ordinated to allow consumer/survivors easier access to all services (see yellow arrows). The idea is to adapt the services to the needs of consumer/survivors and not oblige consumer/survivors to adapt to the available services.

From the perspective of the consumer/survivor, navigating the system and accessing services will be much easier. The following diagram shows the consumer at the centre in the new system.

Diagram 4 - Consumer/Survivor-Centred Model



IMPLEMENTATION STRATEGY

The Task Force has developed a strategy to implement the recommendations presented in this final report (☞ *Chapter 5*). **It is imperative that the implementation of these recommendations commences in January 2003,** and that communities witness mental health reforms immediately following the work of the Task Forces.

Paramount to the success of mental health reform in the Region is the implementation of the following **"cornerstone actions"** that are part of the Implementation Strategy.

The Task Force recommends that the Ministry of Health and Long-Term Care:

- **appoint an Assistant Deputy Minister** to lead the implementation of Task Force recommendations in the Ministry of Health and Long-Term Care in collaboration with a **Provincial Change Team**;
- **establish a Transition Team** for Central East (Whitby);
- develop a fair and equitable provincial **funding formula** for mental health;
- **delineate the funding envelope** for Central East (Whitby) for Mental Health Services, including: community mental health programs, Schedule 1 facility mental health dollars, and the Provincial Psychiatric Hospital; and,
- **divest the Whitby Mental Health Centre**.

The Task Force also recommends that the Transition Team and Ministry of Health and Long-Term Care:

- **promote the streamlining** of mental health services within the Region.
- **establish the Corporation,** in turn, the Corporation will **establish the District Mental Health Agencies**.

KEY RECOMMENDATION

The Central East (Whitby) Mental Health Implementation Task Force recommends that the Ministry of Health and Long-Term Care endorse and mandate the proposed:

- Implementation and Transition Strategy (☞ Chapter 9)
- Integrated Service Delivery Model (☞ Chapter 6)
- Governance Model (☞ Chapter 7)

PRIORITIES AND QUICK WINS

It is imperative that the momentum gained by the Task Force be maintained. Some of the recommendations need to be implemented immediately following completion of the Task Force mandate. The community needs to see change in the mental health system early in 2003/04. To assist in maintaining the momentum, the Task Force identified a number of priorities and quick wins (☞ *Chapter 10*) including:

- **Create a centralized regional function** to:
  - cultivate employment opportunities for consumer/survivors;
  - develop strategic and operational linkages with educational institutions to facilitate training;
  - house an inventory of employment opportunities; and
  - develop a broad based ongoing public education strategy.
- **Provide funds to stabilize the workforce**.
- **Appoint an Assistant Deputy Minister for mental health** to lead the implementation of Task Force recommendations in the Ministry of Health and Long-Term Care in collaboration with a **Provincial Change Team**.
- **Establish a Transition Team** for Central East (Whitby).
- **Enhance existing consumer/survivor and family member initiatives**.
- **Maintain a current regional inventory** of housing stock, including accommodation standards (affordability, cleanliness, safety and access).

- **Increase the technological capabilities** of agencies by:
  - providing capital to purchase equipment (i.e., hardware and software); and
  - providing funds for staff training as required.
- **Develop Assertive Community Treatment** (Level 3) capability within each district so that the Integrated Community Mental Health Teams will have the resources to provide Level 1 to 3 services.
- **Develop a common intake and discharge tool**.

CONCLUSION

There is an expectation and hope in our communities that Mental Health Reform will move forward quickly and produce tangible changes in the way mental health services are delivered. Our communities are primed for change and ready to ***seize the opportunity***.

It is imperative, therefore, that work begin on the recommendations in this report immediately following completion of the Task Force mandate.

If action is not taken quickly, thousands of people with serious mental illness will continue to wait for services or will continue to receive a lower level of care than they need. Also, the crisis in human resources will continue to deteriorate in the Region.

Despite the best efforts of those who work in the system, it is not working for people in need. The Task Force is confident that the mental health system we are proposing for the Region will become a world class model with the timely implementation of the Task Force recommendations. Most importantly, people who need help from the system will receive it, so that they too can ***seize the opportunity*** to travel the road to recovery.

The Task Force was appointed to develop a detailed implementation plan based on *Making it Happen*. Our process has involved a broad range of stakeholders from all parts of our catchment area. It is from their recommendations to the Task Force that the Service Delivery Model evolved.

We have provided three phases of consultations and briefings to our communities with very positive results. Our elected representatives have been thoroughly briefed, initially on the process and most recently on our recommendations for an Implementation Strategy, Service Delivery Model and Governance of the new system.

Consumer/survivors, family members, volunteers and providers of mental health services in Central East (Whitby) are ready to ***seize the opportunity***.

It is our hope that the Minister of Health and Long-Term Care and the Government of Ontario are also ready to ***seize the opportunity*** that is provided by the Task Force recommendations, and make a difference for people with mental illness in our Region.

Glossary of Terms

Accountable: required to render account to group or individual providing funds by the nature of service contracts.*

ACTT: Assertive Community Treatment Team.

Advisory: having power to make recommendations but not to enforce them.

Advocate: a person who publicly supports or recommends a particular policy. A person who pleads a case on someone else's behalf.*

Amalgamate: combine or unite to form one organization or structure.*

Assertive Community Treatment Team: "is a self-contained multi-disciplinary clinical team which provides treatment, rehabilitation, and support services to clients with severe and persistent mental illness. This service can be provided on an on-going basis. Seventy-five per cent or more of the services are delivered outside program offices. The team emphasizes outreach, relationship building, individualization of services and client choice."[10]

Board in Waiting: board members have been selected and accepted by the MOHLTC to govern the divested Whitby Mental Health Centre. Since the divestment has yet to occur, these board members have been asked to wait . Ideally, these members will be allowed to orient themselves to their future responsibilities prior to divestment.

Catchment Area: the area from which a hospital's patient or a school's pupils are drawn.* The catchment area for the Task Force includes: Durham and York regions, the counties of Haliburton, Northumberland, and Peterborough, City of Kawartha Lakes (formerly Victoria County) and half of the Scarborough Population for Specialized Services.

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* *Oxford Dictionary*, 2001.
[10] *Making It Happen*, 1999: 61.

CAP / Community and Hospital Comprehensive Assessment Project: the primary purpose of the project was to identify the spectrum of needs of clients served by community and hospital mental health programs located in the Central East (Whitby) Region and determine the level of "match" or "fit" with what clients are currently receiving.[11]

CCAC: Community Care Access Centres.

CMHA: Canadian Mental Health Association.

CMHP: Community Mental Health Programs.

Consumer/Survivor: individuals with serious mental illness who use or have used mental health services. The term consumer is interchanged with the term client in the health literature. The term survivor, evolved from the psychiatric survivor movement which believes that psychiatric services are not always the best outcomes for individuals with serious mental illness (e.g., electro-shock therapy). Hence, individuals "survive" the psychiatric system. It should be noted that this was not the favoured term of the representatives with a serious mental illness who sat on the Task Force and its subcommittees.

Co-ordinate: bring the different elements (of a complex activity or organization) into a harmonious or efficient relationship. Negotiate with others in order to work together effectively. Match or harmonize attractively.*

Corporation: " Central East (Whitby) Mental Health Corporation" - a large company or group of companies authorized to act as a single entity and recognized as such in law. A group of people elected to govern.*

Divestment: will occur once the management and assets of the Whitby Mental Health Centre have been transferred from the responsibility of the Ministry of Health and Long-Term Care to an independent hospital board.

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* *Oxford Dictionary*, 2001.

[11] *Community and Hospital Comprehensive Assessment Project*, 2002: iv.

DHC: District Health Council - established by Order-in-Council under the Ministry of Health Act, to advise the Minister of Health on health needs. DHCs are Schedule III Agencies and non-profit corporations with limited liability. The mandate of the DHC is to: advise the Minister on health matters and needs in the Council's geographic area; make plans for the development of a balanced and integrated health care system in the Council's geographic area; and, perform any other duties assigned to it under this or any other ACT or by the Minister. There are 16 DHCs in Ontario. Each DHC has about 20 volunteer members. Each DHC office has about 10 staff[12].

DMHA: District Mental Health Agencies (District Agencies).

First-Line Services: refers to prevention, assessment and treatment provided by front line health care providers including general practitioners, mental health services, social services, hospital emergency services and hospital primary care clinics[13].

FTE: Full Time Equivalent.

Govern: conduct the policy and affairs of (a state, organization, or people), control or influence. Constitute a rule, standard, or principles for.*

Grievance: a real or imagined cause for complaint.*

GTA: Greater Toronto Area.

HSRC: Health Services Restructuring Commission: (the Commission) was established in April 1996 as an organization at arm's length from the Ontario Government. The Commission's mandate is to make decisions about hospital restructuring and to recommend changes to other aspects of the health care system. The HSRC is guided by three principles: enhancing or maintaining the quality of health care, accessibility of health care and affordability of health care[14].

HRDC: Human Resources Development Canada.

HKPR: Haliburton, Kawartha and Pine Ridge **- t**his area encompasses the four counties of Haliburton, Northumberland, City of Kawartha Lakes and Peterborough.

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12 *Making It Happen*, 1999:37-38.
13 *Making It Happen*, 1999:15.
* *Oxford Dictionary, 2001*.
14 *Making It Happen*, 1999:38.

Intensive: refers to mental health assessment, treatment and support services which are provided in community or hospital settings and are focused on people with serious mental illness[15].

Manage: administer and regulate (resources under one's control).*

MCFCS: Ministry of Community, Family and Children's Services.

MHITC: Mental Health Implementation Task Force.

MHPS: Mental Health Program Services.

MOHLTC: Ministry of Health and Long-Term Care.

MPSS: Ministry of Public Safety and Security.

ODSP: Ontario Disability Support Program.

Plan: a detailed proposal for doing or achieving something. *

Provincial Change Team: a team of individuals representing the nine Mental Health Implementation Task Forces in Ontario with a mandate to implement mental health reform and the Task Force recommendations.

Provincial Forum: the Chairs and Co-ordinators of the nine Mental Health Implementation Task Forces, the Regional Directors and other senior MOHLTC staff met on a bi-monthly basis to discuss common themes, co-ordinate provincial initiatives, and receive guest speakers.

The Region: refers to the Central East (Whitby) catchment area.

RCIR: Regional Call and Information Resource.

Responsibilities: a thing that one is required to do as part of a job, role, or legal obligation.*

Schedule 1 facility: a hospital with a mental health unit that can admit patients on an involuntary basis.

Schedule 3 facility: a hospital with a mental health unit which can not admit patients on an involuntary basis.

SHS: Self-Help Supports.

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[15] *Making It Happen*, 1999:39.
* *Oxford Dictionary*, 2001.

Separate Vote Funding: Community Mental Health dollars for General Hospitals to provide Community Mental Health Services.

Service Agreements: a negotiated and typically legally binding arrangement.*

Specialized Services: refers to highly specialized mental health programs provided in community or hospital settings and which focus on serving people with serious mental illness who have complex, rare, and unstable mental disorders. Long-term care is not synonymous with specialized care. Treatment, rehabilitation, and support services are integrated within each program/service type and provided through a multi-disciplinary team approach[16].

Supervise: observe the execution of (a task or activity) or the work of (a person).*

Task Force: The Central East (Whitby) Mental Health Implementation Task Force.

Teams: Integrated Community Mental Health Teams

Transition Team: a group of individuals mandated to commence the process of implementing the Task Force recommendations with MOHLTC staff.

WMHC: Whitby Mental Health Centre

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[16] *Making It Happen*, 1999:39.
* *Oxford Dictionary*, 2001.