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A Comparative Overview of the Provincial and Regional Mental Health Implementation Task Force Reports

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Introduction

In 2000-2001, the Minister of Health and Long-term Care appointed nine regional Task Forces to develop recommendations to improve the delivery of mental health services in Ontario. The focus of the Task Forces was to guide implementation efforts based on the principles espoused in the province's 1999 mental health policy framework, *Making It Happen*. Those principles are:

- The consumer/survivor is at the centre of the mental health system.
- Services will be tailored to consumer/survivor needs with a view to increased quality of life.
- Consumer/survivor choice and access to services will be improved.
- Services will be linked and coordinated so that consumer/survivors can move more easily from one part of the system to another.
- Services will be based on best practices.
- Mental health funding will be protected.
- There will be continued investments/reinvestments in mental health services to increase system capacity.

The Task Forces finished their work in late 2002 and the provincial government made the reports public in late 2003. The reports are:

- 1) *The Time Is Now: Themes and Recommendations for Mental Health Reform in Ontario*. Final Report from the Provincial Forum of Mental Health Implementation Task Force Chairs.
- 2) *Seizing the Opportunity*. Report from the Central East (Whitby) Mental Health Implementation Task Force.
- 3) *Making Recover Happen*. Report from the Central South (Hamilton) Mental Health Implementation Task Force.
- 4) *Foundations for Reform*. Report from the Champlain District Mental Health Implementation Task Force.
- 5) *On the Road to Recovery*. Report from the South East Mental Health Implementation Task Force.
- 6) *The Time for Change is Now*. Report from the Northeast Mental Health Implementation Task Force.
- 7) *A Regional Mental Health System*. Report from the Northwest Mental Health Implementation Task Force.
- 8) *Maintaining a Strong Commitment*. Report from the Central East (Penetanguishene) Mental Health Implementation Task Force.
- 9) *Report from the Southwest Mental Health Implementation Task Force*.
- 10) *The Time Has Come: Make it Happen*. Report from the Toronto Peel Mental Health Implementation Task Force.

The table of contents from all the reports are outlined in Appendix A to provide a sense of the scope and volume of the work.

The Task Force Chairs identified 18 overarching themes which guided their work. These themes are:

- Adopting a recovery philosophy with the consumer at the centre of the system.
- Creating partnerships and key linkages with other supporting services in the health, social and justice sectors.
- Redesigning the mental health system to make it more accessible, with equitable funding across all regions, and clearly defined roles and responsibilities.

- Implementing regional decision making to improve local delivery systems.
- Developing greater system accountability, performance standards, and information systems.
- Undertaking more research on Ontario's mental health system
- Recruiting and retaining mental healthcare workers and professionals.
- Undertaking broad-based public education.
- Providing shared specialised services and supports.
- Building peer support into the mental health system.
- Increasing support to families of people living with mental illness.
- Providing safe and affordable housing.
- Emphasizing early intervention and treatment.
- Enhancing employment support.
- Providing income support programs.
- Making rights advice and advocacy available throughout the mental health system.
- Appointing local teams to guide the implementation of mental health reform.
- Appointing a provincial team to keep mental health reform of the provincial agenda.

Each Task Force took a different approach to organizing its work and making recommendations to best suit local priorities. For the purposes of this paper, the recommendations were grouped into eight broad categories based on what appeared to be common themes in the reports:

- Philosophy and vision
- Governance and Implementation
- Services
- Individualized Supports
- System-level Supports
- Health Human Resources and Education and Training
- Funding and Resources
- Accountability

A comparative table and commentary is provided for each. The tables are not meant to, and do not, summarize all the recommendations but rather provide a snapshot of themes to support an assessment of the range of ideas produced by the Task Forces. Readers interested in further detail should refer to the original Task Force reports which are available on the web site of the Ministry of Health and Long-term Care at www.health.gov.on.ca.

Limitations of the Review

Due to volume, only the Executive Summaries, Summary Reports or Recommendations sections of the reports were reviewed. The full reports and background materials were not reviewed and therefore specific issues or items may have been missed.

Each Task Force organized and labelled its issues differently. For example, shared care models were referenced by some under recommendations for services, by others under recommendations for system design and still by others under recommendations for health human resources. Therefore there is not a consistent approach to classification. The tables follow the system used by each Task Force.

All the Task Forces went into considerable detail on service integration, realignment, coordination etc. As these were very specific to local arrangements, those recommendations have not been detailed other than a reference to the need for integration.

If an issue was only dealt with by one Task Force, it is not noted in the tables.

Philosophy and Vision

Comparative Highlights

- The Task Forces had a similar vision for their work to improve the health outcomes for people with mental health problems through an accessible, organized, better funded set of services and supports.
- A client-centred or consumer-centred approach was noted by most.
- A recovery philosophy was embraced by the Task Forces recognizing supports for recovery rather than “cure.”
- Cultural sensitivity was referenced by most Task Forces either as a need for a diversity strategy or by mentioning specific populations, eg. francophone community, ethnocultural communities or First Nations and Aboriginal communities.

Comparative Table on Philosophy and Vision

| | Vision Statement | Recovery Philosophy | Diversity Strategy |
|------------------------------|--|---|---|
| Provincial Task Force Chairs | To urgently seed and develop the social wisdom throughout structures, institutions and communities of Ontario for normalizing mental illness, eliminating its stigma, and creating an impetus for innovating the whole spectrum of care to restore hope and realise recovery with dignity. | <p>Recommends adopting a recovery philosophy and outlines a set of values based on it.</p> <p>Recommends a recovery policy statement.</p> | |
| Central East (Whitby) | Individuals with a mental illness need and deserve a continuum of care that is timely, accessible, appropriate, integrated, accountable and comprehensive. | Adopts recovery model. | Embrace diversity strategy to include inclusiveness strategy, outreach and linkages strategy and diverse treatment strategy. |
| Central South (Hamilton) | To develop a comprehensive regional and district mental health system that is based on recovery, are consumer-oriented, giving people choice and access to services that best meet their needs. Services will be accessible, integrated, accountable and based on best practices. | Adopts a recovery-oriented approach. | <p>Provide appropriate services to ethnocultural and francophone communities.</p> <p>Dedicated outreach staff sensitive to ethnocultural and francophone needs.</p> <p>Dialogue on First Nations needs.</p> |
| Champlain District | | <p>Recommends adopting a recovery philosophy and evaluating the impact of these approaches in relation to desired outcomes.</p> <p>Produce a position paper to articulate</p> | |

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| | | principles. Undertaken forums and conferences on recovery approaches. | |
| South East | Foster independence and community living, shares power and responsibility with consumers and family members, provides opportunities to enhance coping, and engages in stigma reduction. | Adopts a recovery framework. | |
| North East | Operationalize a client-centred system with primary emphasis on providing as many supports and services as close to home as possible to improve care for people with severe and persistent mental illness. | Adopt a recovery-oriented vision. | |
| North West | Focus of mental health reform is providing good care in the community and empowering consumer/survivors and their families to become active participants in their recovery journey. | Adopt a recovery orientation. | |
| Central East (Penetanguishene) | Improving access to effective consumer centred service and supports based on best practice by improving the integration of the service delivery system and related components and by improving accountability features. | Adopt a recovery orientation. | Development of culturally sensitive and culturally appropriate services. |
| South West | Integration and collaboration among consumers, families and providers is essential. Full continuum of mental health supports and services must be accessible to promote individual prevention, wellness and recovery. | | |
| Toronto-Peel | Individuals with a psychiatric disability live in integrated housing that they have selected in their community; work in jobs | Adopt a commitment to and belief in recovery | |

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| | and/or participate in meaningful activities that they have chosen; have positive relationships with their families; and have friends who rely on them for support and on whom they can rely. | | |
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Governance and Implementation Comparative Highlights

- All Task Forces with the exception of the Southwest proposed some form of regional governance.
- A regional governance structure with a regional funding envelope was common across the eight reports with the exception of the South East in which the governance structure would advise on allocation but not have responsibility for actual allocation.
- The governance structure would be accountable to the provincial government and to their catchment population.
- General responsibilities of the governance structures would include facilitating integration, coordination, monitoring and evaluation, accountability for system performance and reporting on such, and resource allocation.
- Names differed: Regional Mental Health Board, Mental Health Corporation, District Trust, Mental Health Governance Agency.
- Some Task Forces proposed that the governance structure fund providers directly on the basis of service agreements, contracts, monitoring and evaluation.
- Some Task Forces proposed more of a networked structure between the governance structure and the providers. Services agreements etc would still apply for both the network structures and the providers.
- A variety of advisory committees or councils were proposed with a formal reporting relationship with the governance structure, eg. Consumer Advisory Council. The exception to this was the Northwest where they proposed a separate Consumer and Family Supports Board (two governance structures).
- The Southwest did not support a separate governance structure with regionalized funding. Instead they proposed local and regional networks reporting to, and funded through, the regional office of the Ministry of Health and Long-term Care.
- All the Task Forces focused a great deal on processes to clarify expectations, sort out roles and responsibilities and put in place evaluation mechanisms.
- The need for contracts, agreements, and evaluation linked to funding was key to all the reports.
- Most Task Forces proposed a transition plan or transition team for the region and a number proposed a provincial level group with different names (transition team, change team, coordinating committee). Sometimes the provincial group was to be comprised of chairs of regional transition teams as it was thought this would be an important coordination group. Sometimes the provincial group was to be comprised of individuals “independent” of the process to provide advice.
- The provincial chairs suggested the Ministry of Health and Long-term Care reinstitute an ADM position for Mental Health. This was supported by at least two Task Forces. The provincial chairs also suggested a Premier’s Council on Mental Health. This was supported by at least one Task Force.
- A variety of provincial level implementation initiatives were proposed: Expert Panel on Mental Health Evidence-based Practices; Health Human Resource Advisory Panel; Standards Working Group, Mental Health Systems Provincial Consumer and Family Advocacy Office. While there wasn’t much consistency, it is clear that there is support for the policy, standards, best practices kind of activity be undertaken at the provincial level whereas service delivery and program development should be done regionally and locally.

Comparative Table on Governance and Implementation

| | Regional Decision Making | Regional Transition Teams | ADM for Mental Health | Provincial Implementation | Premier's Council on Mental Health |
|------------------------------|---|--|--|--|---|
| Provincial Task Force Chairs | Policy and legislation to support regional decision making through: - mental health funding envelopes devolved to regional offices - regional transition teams - regional governance model (where locally supported) | Appoint regional transition teams to oversee implementation. | Appoint an Assistant Deputy Minister for Mental Health. | Appoint a provincial implementation change team with membership from the Task Forces | Create a Premier's Council to steer public education, promote the issue in the work force, promote intersectoral collaboration, and monitor progress. |
| Central East (Whitby) | Central East Mental Health Corporation as new governance model. 12-15 members with consumer/survivor advisory board. Focus on coordination, integration, advocacy, hr planning, Seven district agencies with independent boards accountable to the corporation and receive funds from the corporation. Self-help supports governed by | Transition team to establish corporation and select board. | Appoint an Assistant Deputy Minister to lead implementation of Task Force recommendations. | Appoint a provincial change team. | |

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| | <p>independent boards accountable to the corporation and receive funds from the corporation.</p> <p>Schedule 1 facilities continue to be governed by the existing hospital boards who will be accountable to the corporation.</p> <p>Whitby Mental Health Centre to be divested and governed by an independent board accountable to the corporation for the funds it receives from the corporation.</p> <p>Mental Health Housing Advisory Committee</p> | | | | |
| Central South (Hamilton) | <p>Regional Mental Health Authority with regional funding envelope comprised of budgets for community-based, schedule 1 facilities, specialised mental health and regional non-tertiary services.</p> | | | <p>Provincial Expert Panel on Mental Health Evidence-based Best Practices.</p> <p>Provincial Health Human Resource Advisory Panel</p> | |

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| | <p>5 District Mental Health Organizations – independent non-profit charitable organizations accountable to the authority. Responsible for all community mental health, schedule 1 outpatient and in district services for those 16 years of age and older.</p> <p>Establish a recovery-focused Centre of Excellence for accountability, evaluation and research activities.</p> <p>Regional Advisory Committee on Ethnocultural and Francophone Mental Health Services to advise the authority.</p> <p>HHS create a Regional Advisory Committee</p> | | | <p>Provincial Public Education Campaign</p> | |
| Champlain District | <p>Champlain District Mental Health Governing Structure with: Consumer and Family Advisory Council; Integrated Services</p> | | | <p>Provincial Implementation Monitoring Body</p> <p>Provincial Standards Working</p> | |

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| | <p>Advisory Group; Clinical Services Advisory Committee; French Language Services Committee.</p> <p>Regional funding envelope to the CDMHGS through the regional office.</p> <p>Five Integrated Community Mental Health Agencies. Each to have a mental health foundation.</p> <p>Regional Geriatric Advisory Committee</p> <p>Regional Structure to bring together diversion workers. Regional steering group and evaluation component.</p> <p>District Wide Shared Care Committee.</p> | | | <p>Group to develop common standards for key reform components.</p> <p>Provincial Panel of Experts for Mental Health Services for Children and Youth.</p> <p>MOH should designate a provincial lead body for information system and a provincial data set development group.</p> | |
| South East | Create a District Trust to oversee system monitoring, planning, coordination, accountability. | Interim Trust to be created for transition work. | | <p>Appoint a Provincial Forum.</p> <p>Create provincial HR Committee to examine work</p> | |

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| | <p>Trust will have a Consumer Advisory Council and a Family Advisory Council.</p> <p>Trust should create an HR Adjustment Committee.</p> <p>Trust will <u>not</u> manage the regional funding envelope directly but will advise on allocations.</p> <p>Three services areas to be created with council structures organized through 5 program networks covering community and hospital services.</p> <p>District Consumer Advisory Council. Create local Councils for each specialty population health program (7).</p> | | | force issues. | |
| North East | MOH should consolidate funding and set reform benchmarks. If the benchmarks are not met with the Regional Office as system manager, the | District Transition Teams to review three options for governance of the integrated agency and then to implement changes. | | Provincial Advocacy Framework. Establish Mental Health Systems | |

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| | <p>government should endorse a North Region Mental Health Board.</p> <p>Long term goal of a North Regional Mental Health Board but other work to be done first. Three governance options outlined.</p> <p>In the mean time, begin to integrate service agencies through service protocols and agreements.</p> | <p>Regional transition team to oversee district process.</p> <p>Regional governance transition team to oversee the establishment of North Region Mental Health Board.</p> | | <p>Provincial Consumer and Family Advocacy Office.</p> | |
| North West | <p>Regional Mental Health Board with Consumer and Family Supports Board. (two new Boards).</p> <p>Education Advisory Committee.</p> <p>Regional Economic Advisory Committee.</p> | | | <p>Provincial network of mental health governing bodies.</p> <p>Provincial network to share best practices and standards of practice.</p> <p>Provincial standards for rights advice and advocacy.</p> | |
| Central East (Penetanguishene) | <p>Mental Health Governing Agency to integrate services, contract with providers and evaluate</p> | | | | |

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| | <p>system. Leadership role for consumer and family input.</p> <p>Regional funding envelope with MHGA able to adjust allocations.</p> | | | | |
| South West | <p>Local networks of service providers funded by MOH regional office accountable for standardized service delivery (includes primary, secondary, tertiary).</p> <p>Regional network to set standards, coordinate, implement, common assessment, monitors and reviews (neither directive nor authoritative). Networks would have core members (mental health providers) and associate members (non-mental health personnel).</p> | | | | |
| Toronto-Peel | Designated mental health system manager in Toronto and in Peel to implement local care | <p>Ministry transition team.</p> <p>Regional transition team.</p> | | Provincial Coordinating Committee. | Establish a leadership group through the Premier's Council |

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| | <p>delivery systems (2 separate boards).</p> <p>Boards for Toronto and Peel to manage and allocate regional funding envelopes.</p> <p>Would oversee local care delivery systems of service and support providers. Four in Toronto and two in Peel.</p> <p>Create Office of System Responsiveness</p> | | | | <p>on Mental Health to serve as a sounding board for the government, drive reform, share lessons and best practices and establish provincial standards.</p> |
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Services

Comparative Highlights on Services

- Proposals around hospital services focused on:
 - divesture (in the communities where this has not happened);
 - moving some individuals into community-based services;
 - sorting out schedule 1 designations;
 - access to schedule 1 beds as close to home as possible
 - implementing standardized intake, assessment, admission, treatment, case management and discharge planning protocols;
 - shared care models;
 - common referral and protocol for emergency situations and designated waiting areas in ERs;
 - some recommended divesting hospitals of their crisis programs;
 - expanded focus on crisis response and beds;
 - stream lining referral and protocols for specialized services

- Proposals around community services focused on:
 - Provincial chairs endorsed the notion that the largest percentage of services and supports should be delivered in the community-based system.
 - First line and intensive services: streamlined access for information and referral, self help supports, crisis line and community based response, linkage with primary care providers, standardized screening diagnostic protocols for intake and assessment, telehealth.
 - All Task Forces recommended better organization support and expansion of crisis services including mobile response.
 - Most Task Forces favour shared care models.
 - Most Task Forces recommended increasing the number of ACT teams.

- Special Needs recommendations focused on:
 - Paying attention to specific groups when reorganizing services and supports
 - Most Task Forces contained a mix of recommendations for populations (children and youth, transitional youth, seniors, First Nations and Aboriginal, francophones); geographic communities (eg Scarborough or Whitby); clinical conditions (dual diagnosis, personality disorder)
 - Different approaches regarding children and youth given the age cut off with the Ministry of Community and Social Services: most recommended the regional governance structure or the Ministry of Health and Long-term Care be given the lead; some recommended more of a collaborative and coordination role.

- Early intervention/detection/prevention
 - Early intervention, detection or prevention issues did not receive a large focus in any of the reports but was referenced in several.
 - Examples include support for early detection programs, expansion of first episode programs, a focus on the reduction of substance abuse.

Comparative Table on Services

| | Facility Services | Community Services | Special Needs | Early Intervention/Prevention |
|------------------------------|---|--|--|---|
| Provincial Task Force Chairs | <p>Province should divest 4 remaining provincial psychiatric hospitals.</p> <p>Policy Framework for Scheduled Facility Role.</p> <p>Policy Framework for Residential Treatment.</p> | <p>Community-based system should deliver the largest percentage of services and supports.</p> | <p>Focus on populations with special needs:</p> <ul style="list-style-type: none"> dual diagnosis forensics concurrent disorders diverse cultures First Nations/Aboriginals children and youth seniors | <p>Expand First Episode Psychosis Program</p> |
| Central East (Whitby) | <p>Designate all general hospitals with mental health beds as Schedule 1 facilities.</p> <p>Discharge planning process.</p> | <p>First Line Services - regional call and information resource (to include social and recreational services, community integrated mental health teams, and schedule 1 facilities (crisis beds, 24 hour hospital crisis teams)</p> <p>Intensive services – integrated community mental health teams and schedule 1 facilities</p> <p>Toll free line for self help supports.</p> <p>Increase social and recreational opportunities.</p> | <p>Specialised services through integrated community mental health teams for ACT, regional tertiary inpatient, residential treatment facilities and specialised consultation teams.</p> <p>Focus on children and youth and bring responsibility for the integration of services under the corporation.</p> <p>Special focus on Scarborough population to incorporate responsibility for their services under Toronto Regional Mental Health Board.</p> | |

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| | | Crisis and respite beds. | | |
| Central South (Hamilton) | <p>Continuum of hospital services and community linkages.</p> <p>Expand child and adolescent beds and related programs.</p> <p>Access to schedule 1 beds as close to home as possible.</p> <p>Move towards 9-14 residential treatment beds per 100,000 adult population.</p> | <p>Multidisciplinary mobile teams that include peer support to provide a full range of supports.</p> <p>Shared care models.</p> <p>Integrate mental health services with primary care services.</p> <p>Continuum of support for transitional youth.</p> <p>Crisis services be expanded.</p> | <p>Roles and responsibilities of specialised services require clarification.</p> <p>Greater integration of children's services in primary care settings.</p> <p>Attention paid to disability issues.</p> <p>Chapter on special populations includes population groups and clinical groupings (ethnocultural, francophone, First Nations, dual diagnosis, >65 years, transitional youth, concurrent disorders, geriatric care.</p> <p>Consistent funding formula for homes for persons with special needs.</p> <p>Ensure equitable access for all communities to access ACTT services.</p> | <p>Early identification and intervention will be a priority with integrated programs across age spectrum.</p> |
| Champlain District | <p>Develop a common referral form and protocols for emergency situations involving possible admission to a scheduled facility's inpatient or outpatient</p> | <p>Community service plans including crisis planning should be part of the Rehabilitation and Recovery Teams and must be accessible in the person's language of</p> | <p>Provincial Panel of Experts for Mental Health Services for Children and Youth.</p> <p>Service agreements for specialised services, affiliation agreement amongst providers.</p> | <p>Initiatives be undertaken to reduce the risk of substance abuse. Best practice protocols in withdrawal management should be used in all hospitals and detox centres.</p> |

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| | <p>program. Designate waiting area in emergency departments.</p> <p>Establish crisis beds at scheduled facilities.</p> <p>Common intake and discharge process between providers.</p> | <p>choice.</p> <p>24 hour bilingual crisis line.</p> <p>Explore stream lined intake for ACT and RRT, standardized screening protocols.</p> <p>Mobile crisis response. Ottawa crisis service sponsored by schedule 1 facility.</p> <p>Community-based respite beds.</p> <p>Linkage with primary care providers – CHCs, family physicians, psychiatrists.</p> <p>Formal plan required to deal with the movement of forensic patients into the community. High risk forensic patients should not be moved.</p> | <p>Focus on rural considerations.</p> <p>Focus on housing and supports for children and youth.</p> <p>Focus on French language services, children and youth, transitional youth, ageing.</p> | |
| South East | <p>Crisis response be sponsored by schedule 1 hospitals but co-located throughout the community.</p> | <p>Fund comprehensive range of services including expanded range of first line interventions, medical</p> | <p>Specialised services for special needs (population and clinical groupings) organized at the district level.</p> | <p>Expand early identification and first episode programs.</p> <p>District Trust undertake promotion and advocacy.</p> |

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| | <p>Prepare community for scheduled be reductions.</p> <p>Develop consultation and referral protocols for psychiatric consultation, inpatient care and specialty services.</p> | <p>consultations, emergency and crisis response, intensive case management, intensive community treatment and support based on shared care models.</p> <p>Clearly mandate community services to undertake shared care.</p> <p>Standardized screening and diagnostic protocols for intake procedures for all programs.</p> <p>Clarify the role of CCACs vis-à-vis services for the mentally ill.</p> | <p>Academic clinical leader for each specialty area.</p> <p>Move specialised services to locally based delivery.</p> | |
| North East | <p>Standardise components for functional planning.</p> <p>Designate separate ER space.</p> | <p>Regional project to define assessment processes and then mandate services to use the process.</p> <p>Ministry should review crisis programs and then divest from hospitals to integrated agencies.</p> | <p>Separate chapter on seniors.</p> | |
| North West | | <p>Establish a community mental health centre in Thunder Bay. Transfer appropriate programs</p> | <p>French language plan.</p> <p>Aboriginal Mental Health Strategy.</p> | |

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| | | <p>from Lakehead Psychiatric and Thunder Bay Regional.</p> <p>Create Call/Go/Access Framework to streamline access.</p> <p>Centralized regional information and referral system.</p> <p>Shared care model.</p> <p>Includes lab services, ACTT teams, telehealth.</p> <p>Common assessment protocols.</p> <p>Reliance on service agreements to deliver programs.</p> | | |
| Central East (Penetanguishene) | <p>Shared care models.</p> <p>Standardized acute treatment.</p> | <p>Establish Resource Centre for information and linkage, enhancement of local crisis services, system navigator.</p> <p>Standardized intake, assessment, case management.</p> | | |

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| | | Shared care model. Rationalise role and responsibilities. | | |
| South West | Focus on Ministry development standards of case management and discharge planning, clarify expectations re roles and responsibilities, enhance funding and access. Develop plans to address inadequate facility physical plant and staffing issues. | Each mental health network to designate an agency to assume responsibility for centralized information and referral. Expand crisis services. Shared care models. | Recommendations on specialised services for children and youth, dual diagnosis and persons with personality disorders. Separate sections for aboriginal needs and French language services. Policy Framework for Residential Treatment Facilities. Specialised services to be provided regionally by CAMH with some being provided locally by selected community mental health agencies. | Community-wide and early detection campaign. Funding for early detection and intervention programs. Regional Centres to deliver early detection and early intervention. |
| Toronto-Peel | Designated mental health system manager in Toronto and in Peel (two separate boards) will ensure the organization of a continuum of first line services and supports (see community), intensive services and supports and specialized services and supports.. | First line services and supports to include regional information line, community mental health agencies, schedule 1 emergency rooms, family physicians and CHCs. Wider range (Peel) and better integration (Toronto). | | |

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| | <p>Intensive services will include local formalized networks of community mental health agencies and schedule 1 hospitals.</p> <p>3 point plan to integrate services and 14 point plan to coordinate and collaborate.</p> <p>Will also have responsibility for housing and housing supports.</p> | <p>Stream line access so as to centralize information and referral functions and facilitate access to services.</p> | | |
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Individualized Supports Comparative Highlights

- All reports dealt with the supports required by individuals to stay in their communities and make recommendations around income supports, housing, employment, consumer and peer support and family supports.
- Income issues related mainly to the ability to pay market rents and the costs of medication. The allowance under the Ontario Disability Supports Program was mentioned a number of times as a barrier to securing quality housing and employment.
- All Task Forces recommended improving the range of housing options available as well as increasing the amount of housing available. Some referenced the need to de-link housing eligibility with on-site case management or service.
- A number of Task Forces recommended onsite service provision optional.
- A number, but not all, made recommendations to improve rights advice or support advocacy. Some proposed expanding the patient advocacy office to community services, some proposed a separate advocacy office independent of service providers, some proposed advisory structures on rights and advocacy either locally or provincially.
- Recommendations on employment all focused on creating meaningful paid work rather than sheltered workshop environments. This included incentives for employers, consumer business initiatives, a continuum of vocational support including counselling and assessment. One region proposed more on an overall economic plan for alternative businesses.
- Consumer and peer support was referenced in all the reports with a focus on more funding, peer support and mentoring, self-help organizations.
- A number of Task Forces proposed a specific funding formula for consumer initiatives: 1% on top of existing budget, increasing .5% a year until 5% of total budget.
- A number of Task Forces specifically referenced social and recreational programs as needing attention.
- Family supports were referenced in all the reports with a focus on supports to family members acting as care givers. Respite care and other supports were recommended. A number of Task Forces recommended funding a specific family advocacy organization either locally or provincially.

Comparative Table on Individualized Supports

| | Income | Housing | Rights Advice/Advocacy | Employment | Consumer and Peer Support | Family Support |
|------------------------------|---|--|--|---|---|---|
| Provincial Task Force Chairs | Develop income support policy framework. Reflect local rents. Cover medication costs for those who wish to be employed. | Mental health housing strategy Provide choice in supported living arrangements Housing should be linked to funds not service provision | Should extend beyond those in hospital and cover community services. | Meaningful paid work. | Peer services should be funded as clinical services Support consumer initiatives | Provide supports to family members, partners and friends who provide care |
| Central East (Whitby) | Focus on disability issues. | Develop full range of options based on a continuum of housing supports. Mental Health Housing Advisory Committee. | Independent Ombudsperson grievance process for consumers. | Incentives for employers to hire. Benefit management strategies. Support consumer business initiatives. | Develop peer support programs under self-help support organizations. Develop mentoring capacity. | Develop family support programs under self-help support organizations. Fund programs to care for parents and their children's mental health. |
| Central South (Hamilton) | MOH should advocate for higher | Intensive community supports | Expand psychiatric patient advocacy office to | Continuum of vocational services including | Increase range and number of consumer roles. | Build family self help organizations. |

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| | <p>ODSP allowances and indexation.</p> | <p>including de-linked case management and on-site housing supports.</p> <p>Continuum of housing types and form for people with serious mental illness.</p> <p>Shift from custodial care to supportive and supported housing.</p> | <p>represent all consumers of the mental health system.</p> <p>Consumer and Family Charter of Rights and Responsibilities.</p> | <p>assessment and counselling, supported education and employment, small business development and consumer owned and operated businesses.</p> | <p>Peer support roles will be explicitly incorporated into shared care arrangements.</p> <p>1% on top of existing budget for consumer initiatives with an annual increase of .5%. – up to 5% within 8 years.</p> <p>Peer support to reflect needs of ethnocultural, francophone, First Nations communities.</p> | <p>Reduce the burden on family caregivers through options for respite care.</p> |
| Champlain District | <p>Focus on disability issues. Increase ODSP allowances to pay market rent.</p> | <p>Examine different models of home support services, create an inventory of resources.</p> <p>Create one point of access</p> | | <p>Work Group to make joint recommendations on vocational and employment support services.</p> <p>Develop consumer run businesses.</p> | | |

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| | | <p>for supportive housing.</p> <p>Specialised residential rehab treatments models should be developed.</p> <p>Shelter allowance be linked to market rents.</p> | | School to work pilot project. | | |
| South East | Advocate for changes to Ontario Disability Support Program | Additional funding to support housing needs of those with serious mental illness. | | <p>Adopt integrated employment support model.</p> <p>Transform workshop environments into affirmative business opportunities.</p> <p>Business partnerships with local employers and the Trust.</p> <p>Provide drug coverage for those who want to work.</p> | <p>Fund comprehensive consumer initiatives.</p> <p>Geographic parity for programs.</p> <p>District Consumer Advisory Council.</p> | <p>Fund comprehensive range of services.</p> <p>Geographic parity for services.</p> |

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| | | | | Ministry to develop standards for employment supports. | | |
| North East | Advocate for changes to the Ontario Disability Supports Program | Update benchmark for housing spaces. Additional options for people with serious mental illness. Northeast Mental Health Housing Workgroup. | Provincial Framework for Advocacy. Northeast Mental Health Consumer and Family Advocacy Office | Supports to work for those on ODSP | Allocate 1% on top of existing budget to consumer-based initiatives phased in over two years. Then .5% increase per year. Long term target of 5% of total budget. Funding of consumer initiatives. | Support and education, information for family members. Fund a family advocacy organization. Family representation on Boards and Committees. |
| North West | | Appropriate, safe and affordable housing for people with serious mental illness tailored to specialized populations. More supportive housing beds. | Provincial standards. Advisory Committee for Client Rights and Advocacy. Rights advice in schedule 1 facilities. Individual | Economic Advisory Committee with the Ontario Council of Alternative Businesses. Develop a regional Economic Resource Centre. | Ensure appropriate social and recreational services. Coordinated consumer and family supports. | Fund a family organization in Thunder Bay. |

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| | | Update housing benchmarks. | advocacy for families and clients/ | | | |
| Central East (Penetanguishene) | | Corporate housing arm of MHGA to cover all housing stock | Advocacy expanded to include all consumers. | Mental health system act as a model employer. | Enhance peer support self help options. | Family Charter of Rights. |
| South West | Ministry to lobby for tax incentives for individuals housing people with mental illness. Increase ODSP benefits. | Develop standards and a rating system. Rent geared to income housing. Provide options for supportive housing. | Expand advocacy to cover community services. | Funding for employment support services with local coordination of programs. Drug coverage while employed. Ministry to hire people with personal experience with mental illness. | Develop consistent expectations and standards of practice. | Fund a family initiatives needs analysis. Financial assistance to aging parents who are caregivers. Develop standards of practice. |
| Toronto-Peel | | Regional Board to increase housing and support options particularly for people with unique or complex needs. | | Regional Board to increase educational and vocational opportunities and benefits, stream access to services on a regional basis | Regional Board to increase the range of consumer initiatives and self help supports. Boards to support regional and local networks and | Regional Board to increase the range and distribution of social-recreational opportunities for consumers and families. |

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| | | Streamline access to housing and housing supports on a regional basis. | | and remove disincentives to work | alliances. Boards to implement 4 point plan to streamline access to services and supports for consumers and families. | Recognize and support family members roles as care providers. Boards ensure equitable access to family self help supports. |
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System Level Supports Comparative Highlights

- Most reports recognized the need for the health system to integrate and link with other service delivery and policy systems such as social services, justice, and education. A variety of approaches were taken: some proposing the Ministry of Health and Long-term Care facilitate and collaborate and some proposing the Ministry be designated the lead department for coordinating mental health services for all populations.
- The linkage was envisioned at the local and regional level through government regional offices.
- All reports made recommendations about the need for information systems with regional level information for performance evaluation and accountability; and, with client/consumer level information for outcome and quality management purposes. All recommended a common client data set and information sharing with appropriate confidentiality protection.
- Some reference was made to privacy legislation although it was not clear whether Task Forces saw it as a barrier to data set development or not. Central South specifically noted it was a problem.

Comparative Table on System Level Supports

| | Linkages | Management Information |
|------------------------------|---|---|
| Provincial Task Force Chairs | Linkage to: Attorney General Colleges/universities Community, family and children's services Education Public safety & security | Develop policy to support the development of management information systems. |
| Central East (Whitby) | | Regional information system containing personal health information. Establish a data management system. |
| Central South (Hamilton) | | Integrated consumer records or protocols for sharing information. Develop common provincial database to measure system and consumer outcomes as well as agency/program outcomes consistent with a recovery framework. |
| Champlain District | Ensure a continuum of hospital services and community linkages. | Identify a provincial lead body for the information system and develop a single information system.. Establish a data set development group for all provincially funded service organisations. Establish a unique client identifier. Single information system for the region. |
| South East | Ministry of Health and Long-term Care should function as the coordinating Ministry for mental health issues for all diverse populations (children and youth, dual diagnosis, those on disability, mentally disordered offenders). | Develop district-wide information system infrastructure to support registries, computerized records and performance monitoring. |

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| | Interministerial Task Force to evaluate services for children and youth, particularly transitional youth. | |
| North East | | <p>Single information system to encompass all funded services. Include computerized regional database.</p> <p>System should function in English and French.</p> <p>Provincial Working Group to review all existing systems and Regional Working Group.</p> |
| North West | | Information management plan for collection of data and sharing of information. |
| Central East (Penetanguishene) | | <p>Integrated management information system to support planning, service evaluation and appropriate resource allocation.</p> <p>Regional information system with minimum data set on clients.</p> |
| Southwest | | <p>Create mental health services registry.</p> <p>Common electronic mental health data base.</p> <p>Agreement for data sharing and client info.</p> <p>Provincial policy for information systems.</p> |
| Toronto-Peel | Designated mental health system manager to ensure increased integration among service and support providers and increased coordination, collaboration, and deployment of shared service models. | Premier's Council to develop evaluation, information management and research plan to support increased accountability. |

Health Human Resources/Education and Training Comparative Highlights

- The majority of reports recommended a focus on health human resource planning for mental health professionals and workers. Issues included numbers of personnel, education and training, competency development, linkages to academic centres.
- Most Task Forces raised the issue of the need for wage parity between service providers and the need for harmonization.
- Most Task Forces referenced the need to remove barriers to physician participation: improve sessional fees, consultation fees, and a move to alternative payment plans were all recommended.

Comparative Table on Health Human Resources and Education and Training

| | HHR Framework | Education Training | Wages |
|------------------------------|--|--|---|
| Provincial Task Force Chairs | Establish a policy framework to support regional mental health services | <p>Training for workers shifting from a hospital to a community setting.</p> <p>Training for justice sector workers.</p> <p>Develop competencies for recovery-based system using innovative technologies.</p> <p>Develop peer approaches for people living with mental illness to assume the role.</p> <p>Training for volunteers.</p> | Harmonize wages between hospital and community workers |
| Central East (Whitby) | <p>Human resource analysis to measure existing resources, credentials and educational needs of staff.</p> <p>Plan to address recruitment, retention and education.</p> | <p>Mental health training for primary care nurse practitioners, extended class nurses and hire these workers.</p> <p>Link to academic centres to ensure curricula are designed appropriately.</p> <p>Enhance televideo and teleconference capacity.</p> | <p>Ministry of standardize job expectations and salary ranges.</p> <p>Sessional fees for psychiatrists and family physicians to engage in shared care models.</p> <p>Expand funding to psychologists and other mental health professionals for psychotherapy.</p> <p>Eliminate salary discrepancies between community and facility workers.</p> |
| Central South (Hamilton) | Develop a human resource plan. | Education and training strategies to support a recovery-based system and | Review and revise pay levels of employees to reflect current wage |

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| | Develop physician work force database. | integrated support for special populations. Increase education and training capacity to support evolving system, reduce stigma and discrimination and ensure public awareness. | scales for like positions. Address pay equity requirements. |
| Champlain District | Human Resources Workforce Planning and Action Committee to implement a workforce plan. Identify core competencies for human resources in a recovery-oriented system. Study feasibility of regional job evaluation system. Funding for recruitment and retention. | Develop curricula, competencies, in-service education and training. Funding for in-service education and training. Training for emergency personnel. Use district-wide approaches for supported employment education. | Increase salaries at the community level where appropriate. |
| South East | Too soon to detail workload adjustment policy. Need committee to examine work force issues provincially and Trust to create a HR Adjustment Committee. | Trust should undertake skills enhancement and assessment of basic competency levels. | Funding parity across service areas. Variety of payment options for physicians. |
| North East | | | Alternative payment plans for physicians. Examine staffing levels. |
| North West | | Two governance boards to implement education and training plan for all levels of mental health services. | Alternate payment plans for physicians. |

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| | | <p>Education and training plan in collaboration with First Nations.</p> <p>Establish an Education Advisory Committee.</p> | |
| Central East (Penetanguishene) | Refinement of core competencies. | <p>Comprehensive labour and training strategies should ensure redeployment.</p> <p>Training strategies need to incorporate recovery philosophy.</p> | |
| South West | <p>Ministry develop guidelines for staff qualifications.</p> <p>Use more IMGs.</p> <p>Ban municipal incentives for recruitment.</p> | <p>Consultation and training for mental health professionals.</p> <p>Incentives for family physicians to train in psychiatry and training in shared care.</p> | <p>Review of compensation models including equity of wages.</p> <p>Expand physician billing codes to include hourly rates for non-clinical activities. (eg planning, committee work)</p> |
| Toronto-Peel | <p>Human resources, education and training plans. Premier's Council to address provincial workforce issues to ensure ongoing recruitment and retention.</p> <p>Regional mental health boards implement HHR plans for Toronto and Peel.</p> | Regional mental health boards to develop education and training plans. | |

Funding and Resources
Comparative Highlights

- Almost all the Task Forces recommended a provincial funding formula to include current services in the region with some variation as to OHIP services and portions of children mental budgets.
- A formula that was fair and equitable and established minimum levels of investment was recommended.
- Some recommended the funding be indexed to COL and inflation and some recommended a population health approach based on health needs.
- A majority of Task Forces recommended public education campaigns locally, provincially or both.

Comparative Table on Funding and Resources

| | Funding Formula/Framework | Public Education |
|------------------------------|--|--|
| Provincial Task Force Chairs | <p>Develop a mental health funding formula that sets minimum investment levels.</p> <p>Annual % increases should be equal to other health sector funding increases.</p> | <p>Broad-based public education campaign to increase awareness.</p> <p>Educate insurance industry on the recovery philosophy.</p> |
| Central East (Whitby) | <p>Regional envelope to include existing community funding, global budget of Whitby mental health centre, homes for special care and approved homes, schedule 1 facility budgets, OHIP sessional fees, some child and youth mental health dollars.</p> <p>Develop framework for fair and equitable formula for stable funding over multi year frame.</p> | <p>Transition team to develop broad based public education and dialogue strategy.</p> |
| Central South (Hamilton) | <p>Regional envelope for community-based, schedule 1, specialised mental health and regional non-tertiary funding.</p> <p>Develop a consistent funding formula for homes for persons with special needs.</p> | <p>Regional Mental Health Authority should develop annual public education plans.</p> <p>Provincial strategy for public education. Focus on concurrent disorders, risk factors and supports within the general campaign.</p> |
| Champlain District | <p>Mental health envelope would include all community mental health funding, scheduled hospital mental health budgets, OHIP billings, regional specialized services and the MOHLTC portion of children’s mental health budgets</p> | <p>Create a public education work group.</p> <p>Create “Dummy’s Guide to Terminology and Concepts in Mental Health Services.”</p> |
| South East | <p>Base budgets be indexed to cost of living and inflation.</p> <p>Increased resources using benchmarks of \$80.00 per capita for adult services and \$31.00 per capita for children.</p> | |

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| | <p>Index funding for family supports to funding for consumer initiatives to maintain ratio.</p> <p>Initially should be per capita funding but move towards population based needs approach.</p> <p>Transportation costs should be built in to agency budgets.</p> | |
| North East | <p>Consolidate funding envelope for mental health services in regional offices.</p> <p>Initiate provincial process to establish funding formula.</p> | Ministry should determine whether or not to renew the north east public education campaign. |
| North West | | Two governance boards should develop a public education plan. |
| Central East (Penetanguishene) | Develop provincial funding framework to ensure appropriate, equitable distribution of services across regions Move toward population based funding methods. | <p>Integrated management information system.</p> <p>Regional information system with minimum data set for all clients.</p> |
| South West | Transportation costs should be included in agency budgets. | Public mental health literacy strategy. |
| Toronto-Peel | | Premier's Council should develop a provincial mental health promotion and public education strategy and action plan |

Accountability

Comparative Highlights

- Accountability was a major theme for all the Task Forces. Most recommended an accountability framework with clear expectations, roles and responsibilities outlines. Service providers would have agreements which would be monitored and evaluated. A number recommended report cards or some form of annual public report.
- A number of Task Forces specifically mentioned the need to create population and community benchmarks which should be published regularly as a way of tracking progress.
- A few reports proposed an accrediting process for service providers by a third party.

Comparative Table on Accountability

| | Report Card | Framework | Benchmarks | Accreditation |
|------------------------------|--|---|---|---|
| Provincial Task Force Chairs | Annual report card to the public on the progress on mental health reform | Develop an accountability policy framework | DHCs to establish population and community benchmarks | Inventory of approved accrediting bodies and require service providers be accredited. |
| Central East (Whitby) | | | | |
| Central South (Hamilton) | | Regional mental health agency fund a recovery focused Centre of Excellence to develop the infrastructure for accountability, evaluation and research. | Centre of Excellence to measure progress. Ministry to outline benchmarks for schedule 1 facilities, optimal psychiatric support for outpatient, day hospital and emergency services. | |
| Champlain District | Governing structure should develop a mental health services system report card to assess use of integrated approaches. | | Outcome measurement system be developed including a pre-determined level of community employment. Outcome targets be set prior to programs being funded. Population and community benchmarking. | Inventory of approved accrediting bodies require providers to be accredited. |
| South East | | Fund infrastructure needs to create district-wide performance monitoring and | Trust should designate Planning, Research and Evaluation Unit (recommended at Queens | |

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| | | accountability system. | University) | |
| | | | Develop common data set to report on outcomes. | |
| North East | | Develop accountability framework and process for defining priorities and allocating money. | Customize an approach to population and community benchmarks. | |
| North West | Corporate report card for public release. | Develop accountability framework for service delivery, consumer and family supports. | | |
| Central East (Penetanguishene) | Annual dissemination of performance monitoring information. | | | MHGA require third party accreditation of transfer payment agencies |
| South West | | | | Ministry to develop an accrediting process for mental health services. |
| Toronto-Peel | | Premier's Council with Ministry, Toronto and Peel Regional Boards to implement 3 point plan for accountability purposes. Regional mental health boards to contribute to the plans. | | |

Appendix A Inventory of Material from Mental Health Implementation Task Force Reports

1) The Time is Now. Provincial Forum of Task Force Chairs

Sets out recommendations for reform as identified by the 9 Task Force Chairs.

Covers:

- funding,
- housing
- management information
- accountability
- HHR
- regional governance
- special needs
- interministerial linkage
- income supports
- scheduled facilities
- residential treatment
- recovery.

2) Seizing the Opportunity. Report from the Central East (Whitby) Mental Health Implementation Task Force

Covers:

- funding
- integration of services
- establish regional governance
- continuum of services and supports (services, special needs, employment, housing, family, social and recreational)
- HR
- Public education
- Childrens mental health

Executive Summary

| | |
|------------|----------------------------------|
| Appendix A | Confidentiality Guidelines |
| Appendix B | Membership Lists |
| Appendix C | Inventory of MOHLTC |
| Appendix D | Community Mental Health Programs |
| Appendix E | Diversity Strategy |
| Appendix F | Mental Health System |
| Appendix G | Implementation Strategy Table |
| Appendix H | Implementation Strategy Timeline |
| Appendix I | References |

3) Making Recovery Happen. Report from the Central South Mental Health Implementation Task Force

Covers:

- Accountability (access and integration, shared service models)
- Supports (consumer, family, special populations, unique populations, first line, intensive and specialised services)

4) Foundation for Reform. Report from the Champlain District Mental Health Implementation Task Force

Summary of Recommendations

Section One: Structural Components

Section Two: Management Information Systems and Performance Indicators

Section Three: Rhetoric to Recovery

Barriers to Recovery

Recovery Statement

Consumer Charter

Meaningful Consumer Involvement

Peer Support

Moving the Yardstick

Strengthening Consumer Involvement

Section Four: Families as Partners in the path to Recovery

Section Five: Specialized Service Providers' Protocol

Section Six: Community/Hospital Providers Interface Protocol

Section Seven: First Line Services

Section Eight: Intensive Services

Section Nine: Specialized Services

Dual Diagnosis

Specialised Residential Rehab

Integration

Court Ordered Diversion

Building Community Based Services

In Forensics

ACTS

Youth & Mental Health Forensics

Ageing

Section Ten: Building a Continuum for Housing

Section Eleven: Homes for Persons with Special Needs

Section Twelve: Cross Sector Integration and Collaboration and General Directions for Children and Youth Mental Health Services

Section Thirteen: Human Resources in a Reformed Mental Health System

Section Fourteen: Advocacy

Section Fifteen: Public Education

Section Sixteen: Enhancing the Opportunity to Work

Section Seventeen: First Nations and Mental Illness

Section Eighteen: Diverse Cultures and Mental Illness

Section Nineteen: Children and Youth

Section Twenty: Multi Year Plan, Cost Analysis and Priorization

5) On the Road to Recovery. Report from the East (South East) Mental Health Implementation Task Force

Volume One

Volume Two

Covers:

- System design
- Transition plan
- Interministerial linkages
- Resources
- First line, intensive and specialised services
- Consumers
- Family
- Employment
- Housing
- Transportation
- Access
- Shared service models
- Accountability
- Prevention
- Telepsychiatry
- HR
- Queen's University

6) The Time for Change is Now. Report from the North East Mental Health Implementation Task Force

Executive Summary
Introduction
Values and Vision
Overview of Components
Service Delivery
Consumer Initiatives
Family Supports
Employment and Education
Housing
Forensics
Seniors
Special Populations
Hospitals
IT
Performance Evaluation
Advocacy
Governance
System Management
Projects

7) A Regional Mental Health System. Report from the North West Mental Health Implementation Task Force

Covers:

- Governance
- Access

- Continuum of services and supports
- Shared service models
- Aboriginal issues
- HR
- Public education
- Education and training
- Implementation
- resources

8) Maintaining a Strong Commitment. Report from the Central East Mental Health Implementation Task Force

Summary

Full Report

Appendix 1: Scenarios

Appendix 2: Role and Functions

Appendix 3: Governing Agency

Appendix 4: Basket of Services

Appendix 5: Vision

Additional Reports

Financial Considerations

HR

Covers:

- governance
- resources
- integration of services

9) Report from the South West Mental Health. Implementation Task Force

Covers:

- system design
- continuum of services and supports

10) The Time Has Come: Make it Happen. Report from the Toronto Peel Mental Health Implementation Task Force

Companion Report

Appendix K: Backgrounder on Governance

Appendix L: Risk Mitigating Strategies

Appendix M: Governance

Appendix N: Regional Board Executive

Appendix O: Homes for People with Special Needs

Appendix P: Budget

Covers:

- services and supports
- continuum of services and supports

- governance

11) Expert Panel on Forensics.

Covers:

- Leadership and Accountability
- Information and Data
- Concepts and Definitions
- System Capacity and Integration
- Inter-ministerial Issues