

## **Local Health Integration Networks: Response to Government Consultation Questions Released October 6th**

The Canadian Mental Health Association (CMHA) Ontario, the Centre for Addiction and Mental Health (CAMH) and the Ontario Federation of Community Mental Health and Addiction Programs (OFCMHAP) welcome the opportunity to participate in the government's consultation process regarding the health transformation agenda.

Our sector is committed to working with the Ontario government to plan a mental health and addiction system that is an integral part of the mainstream health care sector and that best meets the needs of consumers and families living with mental health and addiction needs.

The first series of consultation questions put forward by the government regard plans to better integrate and coordinate health services at the local level through Local Health Integration Networks (LHINs). As requested, many of our organizations' members will have submitted responses to these questions reflecting their unique local perspectives and situations. We also felt it would be helpful to submit a sectoral response, drawn primarily from the input of over one hundred representatives of our three organizations who came together on September 14, 2004 to identify key themes that we believe must guide the government and healthcare reform strategy if it is to benefit people living with mental health and addiction needs and their families. This sectoral response is outlined below:

### **Question #1 – What examples of healthcare integration already exist in your LHIN area?**

Mental health and addiction organizations have been working hard over the past number of years to establish linkages among and integrate their services with those of other parts of the healthcare system. Doing so provides consumers and families living with mental illness and addictions with the continuity of care across treatment and support settings that is so needed to promote and support recovery.

Our organizations' members, branches and staff will have submitted specific examples of such integration within their local communities to you directly. We have asked our members to forward their examples to us as well, so that we can compile a comprehensive list of healthcare integration examples in which the mental health and addiction sector is involved. This comprehensive list will not be completed by the October 15, 2004 deadline for responses to these questions, but will be forwarded to you as soon as it is complete.

### **Question #2 – What are the critical factors for the successful implementation of the LHIN in your area?**

On September 14, 2004, our sector worked together to generate some preliminary advice to the government regarding principles which we believe must govern the planning and implementation of the transformation agenda (including the LHINs) if it is to benefit

consumers and families living with mental illness and addiction. Representatives also developed a list of factors critical to ensuring the successful implementation of the LHINs.

### ***Principles to govern planning and implementation of the transformation agenda***

- *Addiction and mental health promotion, prevention, treatment and support must be integral to the transformed healthcare system:* Twenty percent of the general population suffers from a mental illness or addiction in any given year and 3% experience profound suffering and persistent disablement. More people are hospitalized in their lifetimes for mental illness than for cancer and heart disease. New research and clinical advances mean that we know more about the treatment, care and recovery of people with mental illness and addictions. The benefits of these advances are not fully realized because mental illness and addictions continue to be viewed separately from physical health issues and have not been adequately included in health reform initiatives. The lack of attention and investment addressing mental health and addiction needs of Ontarians is a reflection of the stigma and shame associated with these disorders. Yet, people cannot have good health without good mental health. Untreated mental health and addiction problems cause enormous suffering and productivity loss when they could be addressed at an earlier stage, effectively and efficiently in the community. A transformed healthcare system must therefore include addiction and mental health promotion, prevention, treatment and support as integral components of the broader system. The artificial separation between physical and mental health must end. Applied to the implementation of LHINs, this principle means that both addiction and mental health must be included within the mandate of each LHIN's planning, coordination, integration, management and funding responsibilities. In addition, LHINs should be directed to build on existing strengths and networks so as not to undo creative and effective integration solutions where they currently exist.
- *Consumers and families must be at the centre of the transformation agenda and involved in all aspects of planning, decision-making, implementation and service delivery:* If the transformed healthcare system is to become truly consumer-centred and able to improve the health of Ontarians, then consumers and families living with mental health and addiction needs must be integrally involved in the transformation of the system. Applied to the implementation of the LHINs, this principle means that:  
i) consumer and family participation must be enshrined in any legislation and policy related to the establishment of the LHINs; ii) consumers and families must be provided with the supports needed to facilitate their participation (e.g., training, transportation and childcare); and iii) consumer and family organizations must be invested in and supported so as to be able to make their voice heard. Furthermore, LHINs must ensure that consumers and families from *diverse* backgrounds and with *diverse* experiences are fully able to access and participate in mental health and addiction care planning, decision-making, implementation and service delivery.

- *Access to housing, income, employment and social supports is critical to treatment and recovery – without investments in these areas, the government’s transformation agenda cannot fully address the addiction and mental health needs of Ontarians:* We know that people living with addictions and mental illness can and do recover. We also know that to support people in their recovery processes, significant emphasis must be placed on areas that aren’t normally thought of when discussing recovery from acute physical illness. In addition to high quality clinical care, people living with addictions and mental illness need to be able to access a range of community-based supports including safe, affordable housing and housing supports, educational and vocational opportunities and supports, income supports, social supports, and peer and self-help supports. Without these, the clinical care provided can have very little impact. While some of the services and supports that are needed by people living with mental illness and addictions are different from that which one might consider traditional health care, they must be supported in both government policy and funding priority. Applied to the implementation of the LHINs, this principle means that these currently MOHLTC-funded services and supports *must* be included within each LHIN’s planning and coordinating mandate and viewed as a priority for increased investment over time. In addition, LHINs should be directed to ensure the development of linkages and coordination with the broader community of services needed to best support people living with mental health and addiction needs.

### ***Factors critical to ensuring the successful implementation of the LHINs***

- *For LHINs to truly enable an integrated healthcare system that provides a continuum of care for people in their communities, they should have responsibility for all parts of the system:* To build a truly integrated healthcare system, LHINs should have planning, coordination, integration, management and funding responsibility for *all* parts of the healthcare system. Otherwise, those sectors left outside the LHINs may remain unaligned with the rest of the system, compromising the effectiveness and impact of the LHINs and the entire transformation agenda. In addition, representation on the LHINs should be based on what a balanced, determinants of health-based and integrated healthcare system should look like, rather than on the basis of existing resource allocations, size and numbers of organizations.
- *LHINs should be mandated to plan and fund services based on population needs, monitor and respond to the changing needs of local communities, and address the specific needs of diverse communities and marginalized groups:* LHINs’ decision-making processes must be driven by on-going and fact-based analysis of prevalence, severity, impact, outcomes, and population need statistics and assessments in each local community. These assessments should go beyond the analysis of existing utilization and referral patterns, in recognition of the fact that such patterns are often a function of existing resource allocations, societal attitudes regarding specific health problems, and help-seeking behaviours and beliefs. LHINs should be directed to enhance the capacity and profile of health promotion and prevention efforts in order to

make a real difference in population health outcomes and life expectancy. Finally, the true success of the LHINs should be measured by the impact they have on improving the health and quality of life of Ontario's most marginalized populations, including people with mental health and addiction needs.

- *LHINs must be given the policy framework, mandate, authority and resources to do their work effectively:* The LHINs' role in moving health care from a collection of services to a true health care system is a significant one. LHINs must be given the policy framework, mandate, authority and resources to do this work effectively. First, without the existence of a clear policy framework within which to work, LHINs may simply replicate or exacerbate existing problems in the system. This policy framework should be based on the use of a broad definition of health, emphasize community-based approaches to planning and funding health services and supports, clearly define provider roles and responsibilities, and include within it a clear and comprehensive accountability/evaluation framework (i.e., a framework that include outcomes meaningful to consumers and families). Second, LHINs require sufficient legislated authority and the levers needed to effect change, such as incentives, accountability mechanisms, change management tools, and the ability to reallocate resources based on community needs. Without sufficient resources to drive and sustain the changes made, LHINs will go the way of past health system reform efforts and not be able to accomplish their admirable but ambitious system-building agenda and objectives.
- *Accountability relationships must occur horizontally among organizations, as well as vertically between consumers, families, service providers, LHINs and government:* LHINs must be directed to consider and drive health system integration horizontally – among organizations and other LHINs – as well as vertically – between consumers, families, service providers, LHINs, and government. The LHINs must also be directed to build linkages with the other sectors that have an impact on the people's health. In addition, accountability to consumers should be entrenched through on-going assessments of the impact of LHINs on consumers and families' health outcomes and lives over time. Only in this way will a healthcare system be built that is truly integrated and that has and demonstrates a collective and shared responsibility and accountability for the outcomes it produces for the citizens of Ontario.
- *A mental health and addiction information system must be developed and implemented:* Proper planning, coordination, management and funding of mental health and addiction services are critically dependent on the availability of appropriate and timely information. Information systems are critical to the LHINs if they are to ensure accountability at the provider and system level for the outcomes achieved. Tracking and comparison data is essential to ensure investments target best practices in care and treatment. Finally, a centralized information and referral system would improve access to services and make the system easier to navigate provided it does not limit the choices made available to consumers and families.

- *There must be continued investment in community-based services to ensure that the capacity exists within the system to reduce hospitalization and meet people's needs in the community:* Community-based mental health and addiction services have demonstrated their effectiveness in supporting people with serious mental illness and addictions to live in the community. These services have been shown to prevent hospitalizations and shorten episodes of acute illness. Currently however, the geographic distribution and existing capacity of mental health and addiction human resources is of concern. LHINs should be directed to continue to invest in community-based mental health and addiction services at a rate that ensures adequate community-based service capacity, equitable geographic distribution of resources, and reduced pressure on the system's more expensive alternatives.

Finally, it is important to note that attendees at the September 14, 2004 working session also discussed the need, in addition to establishment of the LHINs, to maintain capacity at the provincial level to establish, promote and support implementation of province-wide policy, standards, and coordination across LHINs, as well as to ensure, coordinate and support the delivery of selected province-wide services and supports.

**Question #3 – What role can you and your organization play in collaboration with the Ministry as the LHIN planning work continues in your area?**

Again, as requested, many of our organizations' members will have submitted responses to this question that reflect the unique roles they can play in collaboration with the Ministry as the LHIN planning work continues in their specific areas. However, there are a number of generic roles mental health and addiction organizations can and are willing to play in each area. Addiction and mental health organizations can and will:

- Contribute their system integration knowledge, experience and advice through participation in any government-sponsored surveys and consultation sessions regarding LHIN planning and implementation (e.g., identification of key transition issues faced by people moving through the healthcare system, provision of successful examples of system integration and key lessons learned, definition of key indicators of successful implementation of the LHINs)
- Serve on local transition teams and/or working groups if and when they are established in each area
- Leverage existing and establish additional communication networks among their local sectoral colleague organizations to ensure all addiction and mental health organizations are informed about, engaged and involved in the local planning processes
- Facilitate the organization of consumer and family forums through which to ensure the meaningful input of consumers and families in the planning and implementation process
- Provide education and training on addiction and mental health issues to LHIN planning and implementation table members

- Model the desired system change through participation in existing and newly developed system integration projects
- Channel local perspectives and advice to the sectors' provincial organizations to facilitate the development and communication of common provincial perspectives and advice

In addition to the roles our organizations' members can play in each local area, we believe that our three organizations have the role and responsibility to work together to ensure that addiction and mental health issues, expertise, experience and perspectives are brought together and communicated consistently through a common voice at a provincial level as the LHIN and other transformation agenda planning work continues throughout the province.

We look forward to learning more about the implementation process for the LHINs so that we can continue to contribute to the government's efforts and ensure the needs of people living with mental illness and addiction in Ontario are met.

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