

**Hamilton Niagara Haldimand Brant
Local Health Integration Network**

Minutes of the Business Meeting of the Board of Directors May 31, 2017

A meeting of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on May 31, 2017, at the Boardroom, Hamilton Niagara Haldimand Brant Local Health Integration Network, 264 Main Street East, Grimsby, Ontario, and beginning at 2:00 p.m.

Present: Janine van den Heuvel, Chair
Paul Armstrong, Member (Teleconference; 2:00-3:15 p.m.)
Saqib Cheema, Member
Bill Chopp, Member
Madhuri Ramakrishnan, Member
Bill Thompson, Vice Chair
Dominic Ventresca, Member
Mervin Witter, Vice Chair

HNHB LHIN Staff
in Attendance: Donna Cripps, Chief Executive Officer
Nancy Dojcsak, EA to CEO & Board of Directors, Recording Secretary
Derek Bodden, Director, Funding
Emily Christoffersen, VP Commissioning, Performance and
Accountability
Dr. Jennifer Everson, VP Clinical
Dilys Haughton, VP Home and Community Care
Linda Hunter, Director, Strategic Priorities
Miranda Ingribelli, VP People and Talent Management
Trish Nelson, Director, Communications
Tom Peirce, Executive Lead, Transition and Project Management Office
Martina Rozsa, VP Health System Strategy and Integration
Rosalind Tarrant, Director, Planning
Cindy Ward, VP Resource Stewardship and CFO

Guest: Dr. David Higgins, President, St. Joseph's Healthcare Hamilton

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

A.2 Approval of the Agenda

MOVED: Janine van den Heuvel

SECOND: Bill Chopp

That the agenda of May 31, 2017, be adopted, as circulated.

CARRIED

A.3 Declaration of Conflicts

No conflicts were identified at this time.

B. Education Session

B.1 Mental Health and Addictions

(Presentation is appended to original set of minutes and labelled as Appendix 1)

Presenter: Dr. David Higgins, President, St. Joseph's Healthcare Hamilton



Key Points of Discussion:

- Dr. Higgins acknowledged the support of HNHB LHIN and provided an overview of the Provincial Mental Health Strategy that includes a web of agendas and funding arrangements
- *Open Minds, Health Minds – Ontario's Comprehensive Mental Health and Addictions Strategy* was published in 2011 and identifies 5 strategic pillars:
 - Promote resiliency & well-being in Ontarians
 - Ensure early identification and intervention
 - Expand housing, employment supports and diversion and transitions from the justice system
 - Right Service, Right Tim, Right Place
 - Fund based on need and quality
- The importance of the Provincial Mental Health & Addictions Leadership Advisory Council was highlighted, noting that its function is to provide advice – not implementation
- The importance of early intervention and aligning with the proper services and agencies, was stressed
- One of the goals is to provide the same level of support across the region
- Forensic beds are comprised of patients that are not criminally responsible for their actions due to mental illness and patients are rehabilitated and re-integrated into the community, noting that this is in partnership with the judicial system
- It was confirmed that children under 16 years old are also admitted to these programs, but noted that it is not ideal being in an adult ward
- Consolidation of paediatric mental health beds occurred in Hamilton and advised that access to these beds from other areas within the LHIN occurs through the hospitals
- It was stressed that the process must be guided by the patient and their family – noting that there is now a MHA Patient and Family Advisory Committee
- It was noted that involvement with the school boards would assist with early intervention and highlighted the high demand for same
- A case study was shared and accompanied by the implementation plan to avoid delays for a future paediatric mental health patient
- Action plan for older adults and those with special needs (eg; dementia) has not yet occurred, highlighting that elder care strategies do address some of this and dementia strategy is also being developed provincially

C. Minutes of the Last Meeting

C.1 Approval of the Minutes of April 26, 2017

MOVED: Mervin Witter

SECOND: Madhuri Ramakrishnan

That the minutes of the Board Meeting – Business of April 26, 2017, be adopted as circulated.

CARRIED

D. Reports

D.1 Report of the CEO

MOVED: Saqib Cheema

SECOND: Madhuri Ramakrishnan

That the Report of the Chief Executive Officer (CEO) be received and filed.

CARRIED

Key Points of Discussion:

- Integration with HNHB CCAC occurred on May 10, 2017 and the Leadership Team was introduced:
 - Tom Peirce – Integration lead
 - Dr. Jennifer Everson – Clinical Lead
 - Miranda Ingridelli – VP, People and Talent Management (HR/OD)
 - Cindy Ward – VP, Resource Stewardship and CIO
 - Martina Rozsa – VP, Health System Strategy & Integration
 - Linda Hunter – Director of Strategic Priorities
 - Trish Nelson – Director of Communications and Community Engagement
 - Derek Bodden – Director of Funding
 - Dilys Haughton – VP, Home and Community Care
 - Emily Christoffersen - VP, Commissioning, Performance & Accountability
 - Ros Tarrant – Director of Planning
- Mervin Witter’s term ends June 1st and his leadership and commitment was acknowledged
- All Board and Board Committee Meetings will occur at the Hamilton branch office beginning in June – details will be included in meeting material
- Transition went very well on May 10th and no negative impact was experienced by patients
- Recruitment for sub-region Directors is underway
- Anchor tables in each of the sub-regions are being implemented
- Priorities include flow from hospital to home seamlessly, EOL care and central intake work with musculoskeletal patients
- LTCHs must be licenced and the Minister of Health (through the Ministry) makes the sole decision who owns the licence and operate the LTCH and determines the number of beds in a community
- The Minister will accept input from the LHIN, but the decision is made by the Minister through the Ministry

- 78,000 LTCH beds in the province; 30,000 are eligible for re-development - not up to the design standards of the province (eg; size of the room, isolations precautions etc.)
- 75% are for-profit and 25% are not-for-profit LTCHS
- HNHB LHIN has approx 10,500 LTC beds and 3,800 of those beds (in 42 homes) require re-development – mostly in the smaller LTCHs
- All of the providers are stating that there is a need to bring the smaller homes together to gain economy of scale
- The plans for all of the LHIN providers are unknown at this time
- Revera plans to combine its 3 homes and create a 256-bed LTCH between Brantford and Ancaster and announced this on April 13th – public meetings are underway – further discussion to occur at the June Board meeting and will also include WLs for each LTCH
- It was clarified that the LHIN does not have the authority to approve moving LTCHs and this has not occurred - it was suggested that a letter to the editor could be submitted to the local newspapers (in Grimsby and Brantford) highlighting the process and adding this to the HNHB LHIN website
- It was clarified that all LTCHs (for-profit and not-for-profit) all receive funding from the Ministry and are all regulated by the Ministry

D.2 Report of the Chair

MOVED: Dominic Ventresca
 SECOND: Mervin Witter

That the Report of the Chair be received and filed.

CARRIED

Key Points of Discussion:

- Looking for volunteers to sit on Advisory Panels – HNHB LHIN board chair is sitting on the Executive Compensation Advisory Panel
- Interviews occurred in May for new potential LHIN Board Members

D.3 Report of the Audit Committee Chair

MOVED: Janine van den Heuvel
 SECOND: Madhuri Ramakrishnan

That the Report of the Audit Committee Chair be received and filed.

CARRIED

D.3(a) Approval of Audit Committee Minutes of March 22, 2017

The Audit Committee held a meeting on May 31, 2017. The minutes of the Audit Committee meeting of March 22, 2017, were approved by the Audit Committee for receipt by the Board of Directors.

MOVED: Saqib Cheema
SECOND: Janine van den Heuvel

That the minutes of the Audit Committee meeting of March 22, 2017, be received and filed.

CARRIED

D.3(b) Consent Agenda

The Audit Committee reviewed the consent agenda of May 31, 2017, consisting of:

- i. Adult Ambulatory Mental Health Program Funding Transfer
- ii. Quarterly Posting of Expenses
- iii. LHIN's Annual Report on Consultant Use (BPSAA Directives)

MOVED: Janine van den Heuvel
SECOND: Saqib Cheema

That the consent agenda of May 31, 2017 be received and filed.

CARRIED

D.3(c) New/Other Business

D.3(c)(i) Presentation of the 2016-17 HNHB LHIN Audit

Steve Stewart from Deloitte presented the year-end communication to the Audit Committee. This was the result of Deloitte representative findings from the financial audit conducted from April 24 to April 28, 2017.

MOVED: Janine van den Heuvel
SECOND: Saqib Cheema

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve the Post Audit Report and Financial Statements from Deloitte LLP.

CARRIED

D.3(c)(ii) Hospital Funding

Staff presented an overview of the HNHB LHIN hospital funding investments for 2017-18. The presentation was included with your meeting materials.

MOVED: Bill Thompson
SECOND: Saqib Cheema

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network received the Hospital Funding Report.

CARRIED

E. Closed Session

MOVED: Dominic Ventresca
SECOND: Madhuri Ramakrishnan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network move to a closed session at 3:45 p.m. to discuss a matter of personal or public interest.

CARRIED

E.2 Report of the Chair on the Closed Session

During the closed session, the Board discussed a matter of personal and public interest.

MOVED: Bill Thompson
SECOND: Mervin Wlitter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network moved to a closed session at 3:45 p.m. to discuss a legal matter and returned to an open session at 4:51 pm.

CARRIED

F.2 Adjournment

The Board of Directors – Business meeting be adjourned at 4:53 p.m.

Original Signed by:

June 28, 2017

Janine van den Heuvel, Chair

Date

Original Signed by:

June 28, 2017

Donna Cripps, Corporate Secretary

Date

Hamilton Niagara Haldimand Brant Local Health Integration Network Mental Health and Addictions

Dr. David Higgins, President
St. Joseph's Healthcare Hamilton
HNHB LHIN Board of Directors
May 31, 2017

Objectives

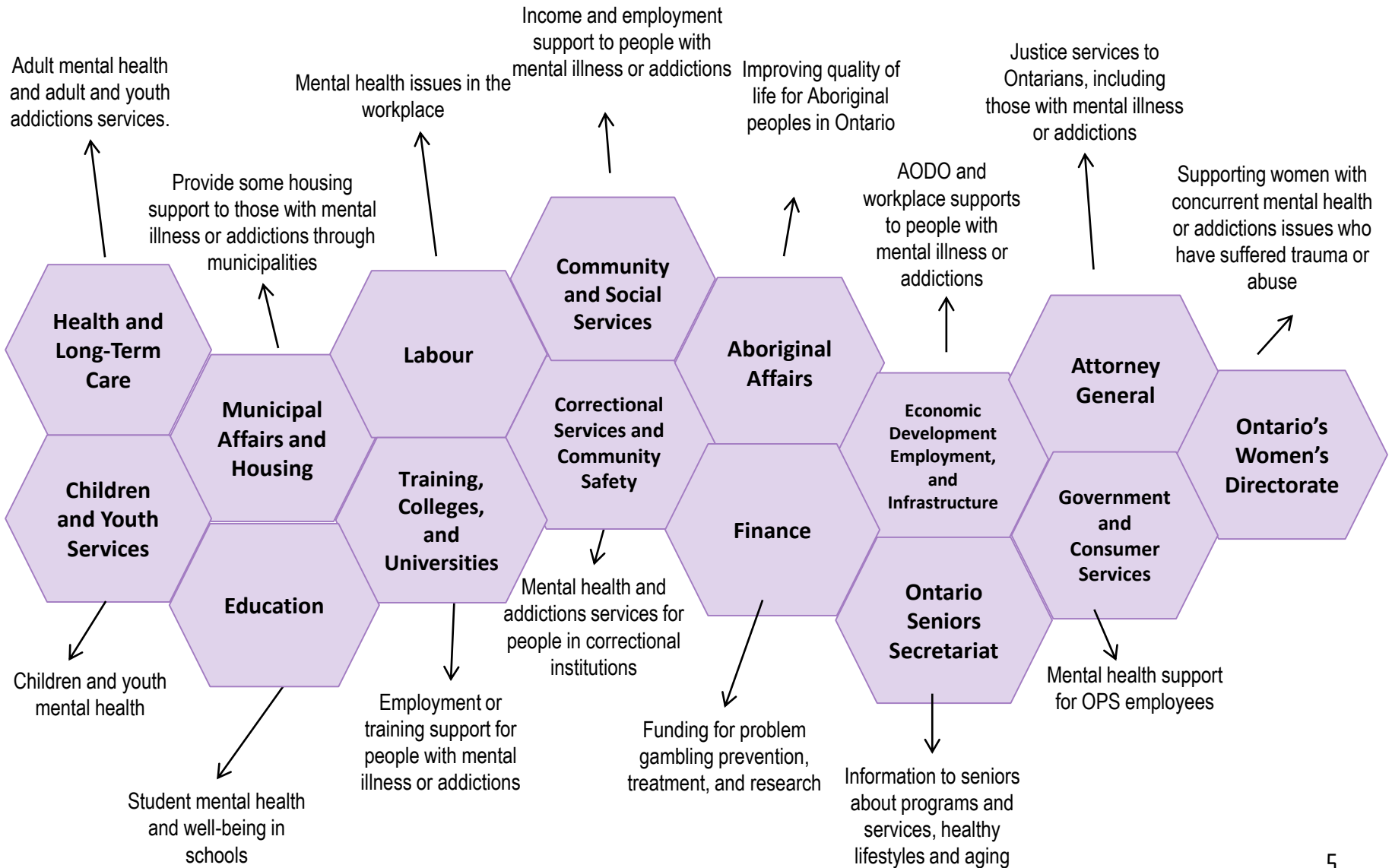
- Provide an Overview of:
 - ❖ Provincial Mental Health and Addictions (MHA) Strategy
 - ❖ Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN)-funded Health Service Providers and Funding
 - ❖ HNHB MHA Advisory Committee
 - ❖ HNHB MHA Advisory Committee Action Plan 2016-18

Provincial MHA Strategy

Introduction

- The complexity of the MHA system presents a challenge for persons needing access to MHA services.
- This complexity also presents a challenge for health service providers and other agencies/stakeholders working to improve the quality of life for persons with MHA.
- The HNHB MHA Advisory Committee and the LHIN recognize the importance of developing effective working partnerships and innovative collaborations to move the system forward with stakeholders that are not funded by the LHIN e.g. Primary Care, Municipalities, MCYS.
- The following slide attempts to show this complexity of the MHA system and the need for an All Government Approach to MHA.

An All Government Approach to MHA



Ontario's MHA Strategy

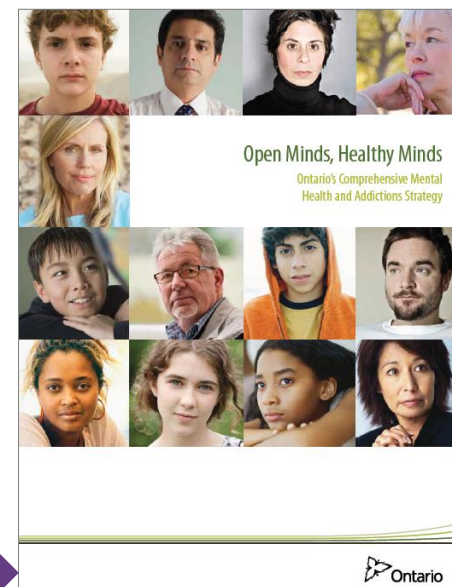
- Launched in 2011, ***Open Minds, Healthy Minds - Ontario's Comprehensive Mental Health and Addictions Strategy*** aims to address systemic issues;
- **Strategy vision statement:** Every Ontarian enjoys good mental health and well-being throughout their lifetime, and all Ontarians with mental illness or addictions can recover and participate in welcoming, supportive communities.
- The Strategy is divided into two phases:

Phase 1: Launched 2011

- ❖ Led by MCYS
- ❖ Focused on children and youth mental health. Ongoing transformation in children and youth mental health system will be aligned with Phase 2.

Phase 2: Launched 2014 - 2021

- ❖ Led by Ministry of Health and Long-Term Care (ministry)
- ❖ Expanded scope to include MHA across lifespan and between services
- ❖ MHA Leadership Advisory Council (2014-17)
- ❖ **Parallel Indigenous Engagement (2015)**
- ❖ **Patients First Act – builds on progress since 2012**
- ❖ **MHA Priorities identified in Minister of Health's 2017-18 mandate letter to LHINs**



Phase 2 Supported by Five Strategic Pillars

Open Minds, Healthy Minds Vision:

Every Ontarian enjoys good mental health and well-being throughout their lifetime, and all Ontarians with mental illness or addictions can recover and participate in welcoming, supportive communities

By 2020, the strategy will support the following outcomes:

- Better service experiences for people and their families
- Improved access to services
- More people stably housed
- Fewer avoidable hospital admissions or readmissions
- More people identified and served through integrated primary care and community services
- Reduced reliance on emergency departments
- Improved transitions of youth to adult system
- More people receiving evidence-based programs
- More students graduating high school
- Reduced absenteeism at work
- More people feel safe, engaged and supported at work

Phase 2: Strategic Pillars

Pillar 1

Promote resiliency and well-being in Ontarians

Pillar 2

Ensure early identification and intervention (EI)

Pillar 3

Expand housing, employment supports and diversion and transitions from the justice system

Pillar 4

Right Service, Right Time, Right Place

Pillar 5

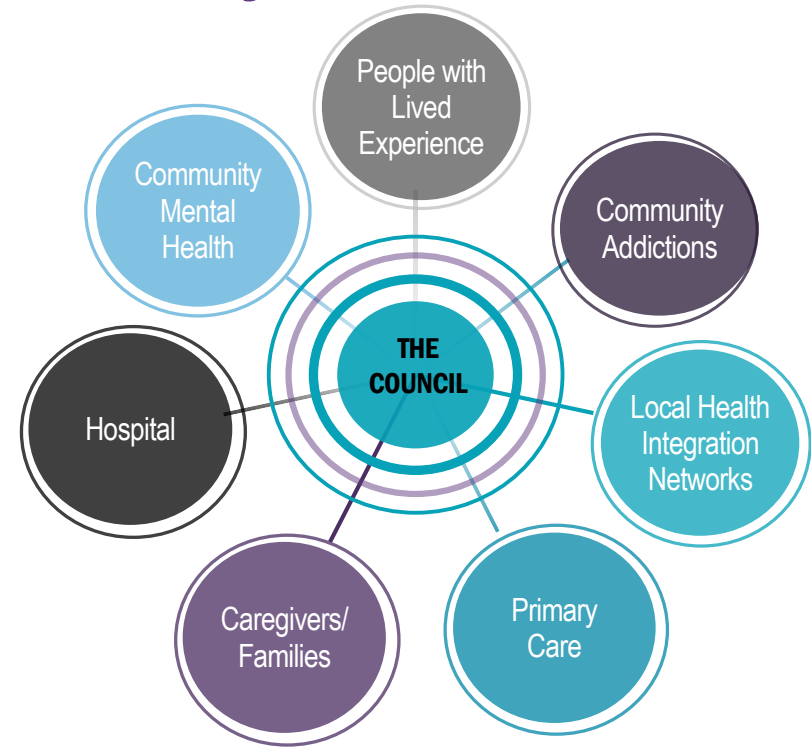
Fund based on need and quality

Integrated system planning and system accountability:

Establish and strengthen the critical functions of provincial quality, oversight and accountability of mental health and addictions services

Provincial MHA Leadership Advisory Council

- Appointed by the Minister of Health and Long-Term Care in November, 2014 for a three-year mandate;
- Council's key deliverables:
 - ❖ **Strategic Planning** – system-level priority setting, problem identification in MHA;
 - ❖ **Advice on Strategic Provincial Investments;**
 - ❖ **Implementation of the Strategy** – external oversight and accountability of key strategic initiatives and cross-sector champions;
 - ❖ **Tracking Program and Public Reporting** – author annual progress report;
 - ❖ **Adhoc Advice on Mental Health and Addiction Initiatives** – provide meaningful guidance to the government on MHA issues and initiatives.



A Multi-Sectoral Advisory Body



HNHB Strategic Alignment with Provincial Recommendations

Provincial MHA Leadership Advisory Council Priorities 2015

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Prevention, Promotion and Early Intervention	Youth Addiction	Supportive Housing	System Alignment and Capacity	Community MHA Funding Reform

Provincial MHA Leadership Advisory Council Recommendations 2016

Equity	Recommendation 1: Promote, Prevent and Intervene Early	Recommendation 2: Close Critical Service Gaps		Recommendation 3: Build Foundations for System Transformation	
	Priority 1	Priority 2	Priority 3	Priority 4 *New*	Priority 5
<ul style="list-style-type: none"> Equity & anti-racism FL services Indigenous: 1) Indigenous-designed, developed & delivered. 2) Culturally safe, quality experience, and greater role in local service planning for Indigenous partners; 3) Create and integrate Indigenous approaches 	Prevention, Promotion & EI <ul style="list-style-type: none"> Focus - youngest Ontarians Invest in school-based interventions Engage transitional-aged youth Raise awareness in adults & seniors 	Youth Addiction <ul style="list-style-type: none"> Screening and brief intervention capacity Increase capacity for developmentally appropriate services, withdrawal mgmt. & residential treatment 	Supportive Housing <ul style="list-style-type: none"> Create 30,000 units over 10 years 	Structured Psychotherapy <ul style="list-style-type: none"> Pilot PT models Establish service standards & referral pathways 	System Alignment and Capacity <ul style="list-style-type: none"> Adopt core MHA services and 10 system indicators and data quality strategy Develop MHA funding model

HNHB MHA Strategic Priorities (P = Priority work plan project; O = Ongoing; E = Explore)

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
<ul style="list-style-type: none"> Early Intervention (P/O) MHA promotion, prevention and resilience (O) Child & adolescent transition to adult services (P/O) Crisis outreach and supports (P/O) Anti-stigma/cultural competency (P) 	<ul style="list-style-type: none"> Concurrent Disorders (P/O) Addictions sector value-stream mapping (P) *New* 	<ul style="list-style-type: none"> Supportive housing (P/O) 	<ul style="list-style-type: none"> Align with provincial direction when available 	<ul style="list-style-type: none"> Core Services (P/O) Data, Scorecard (E) Repeat ED visits (P/O) Long inpatient stay population (P/O) Coordinated Access Models (E) Access to Sch 1 beds/Critical O/P) Capacity building for providers (O)

Provincial MHA Strategy – Priorities



HNHB LHIN MHA Services

HNHB LHIN MHA Services

38 organizations located at 97 sites, providing
306 programs funded by HNHB LHIN
(includes Hospital and Community Providers)

Number of Program Types: Mental Health – 199, Drug/Alcohol – 90, Problem Gambling – 17

Schedule 1 Hospitals	Bed Type and Number
St. Joseph's Hospital	Adult Inpatient – 328* <i>*Includes 100 Provincial Forensic Beds, as of 2017-18</i>
Niagara Health System	Adult Inpatient - 86
Brant Community Healthcare System	Adult Inpatient - 18
Joseph Brant Hospital	Adult Inpatient - 16
McMaster Children's Hospital	Paediatric Inpatient - 26

HNHB LHIN Funding

Hospital Adult
Inpatient
\$55.8M

Hospital Forensic
Inpatient
\$27.8M

Hospital
Outpatient
\$29.8M

5 Providers (OCDM 2015-16 Net Expenses)

\$113.4M
+
\$85.5M = **\$198.9M**

38 Providers (2016-17 LHIN Funding as of May 15, 2017)

Community Mental
Health
\$62.8M

Addictions
\$18.1M

Problem Gambling
\$0.8M

Sessional Fees
\$2.5M

Psychiatric
Outpatient Medical
Salaries \$1.3M

HNHB LHIN Investments 2012- 17 Investments to Support Provincial Priorities

- ***Promote resiliency and well being \$309,039***
 - ❖ LHIN-wide MHA promotion and resilience training
- ***Early Identification and intervention \$2,285,851***
 - ❖ Implementation of EI programs across the LHIN
- ***Expand housing, employment supports and diversion from justice system \$4,520,561***
 - ❖ Mobile Crisis Rapid Response Teams across the LHIN and in Halton
 - ❖ Supportive housing
- ***Right service, right time, right place \$7,904,913***
 - ❖ Indigenous MHA services in Niagara
 - ❖ Concurrent Disorders Capacity Building Strategy
 - ❖ Assertive Community Treatment Team

Total LHIN Investment \$15,020,364

HNHB MHA Advisory Committee

Evolution from 2011 to date

Evolution of the HNHB MHA Advisory Committee

Ontario's Comprehensive
10-year MHA Strategy,
*Open Minds, Healthy
Minds*, released
MCYS-led Phase 1
launched

**HNHB Advisory Group
(AG) strategic pillars
identified and supported
two LHIN-wide initiatives:
Early Intervention and
Concurrent Disorders**

Five
Provincial
Advisory
Council
priorities
identified

**December 2016 - New
Advisory Committee
established**
**HNHB AG endorsed 2016-18
MHA *work plan that shifted
from planning to action and
implementation***

2011

2012

2013

2014

2015

2016

Inaugural HNHB AG
established with
focus on identifying
strategic-level issues
and supporting
regional planning

MOHLTC-led phase 2
of provincial MHA
strategy launched;
Provincial MHA
Leadership Advisory
Council established

HNHB AG revised
strategic pillars to align
with provincial strategy,
and partnered with LHIN
to undergo MHA
strategic planning

HNHB Vision for MHA services

- **Aim:** Address the growing need/demand for MHA services and the complexity of the system, through a focus on populations, integration, outcomes, and the reduction of variation between services and programs
- **Goals:**
 1. Reduce variation in MHA services
 2. Build capacity within the MHA system
 3. Improve access to MHA services
 4. Reduce stigma in MHA services



MHA Patient and Family Advisory Committee

- Under development
- Guiding principles (HQO Patient Engagement Framework):

Partnership

Responsiveness

Empowerment

Learning

Transparency

Respect



HNHB MHA Advisory Committee 2016-18 Action Plan

2016-18 Action Plan



Completed



In progress



Not yet started

- Develop a sustainable capacity-building strategy

Concurrent disorders



- Develop service delivery model

Early intervention



- Develop LHIN-wide standardized pathways and protocols

Schedule 1 bed access



- Implement MCH-SJHH transition protocol & identify next priorities

Child & Youth transitions



- Conduct long-stay population review

Schedule 1 long stay



- Identify core services at neighbourhood, sub-region and LHIN levels

MHA core services



- Identify an integrated, coordinated, and accessible Addictions system

Addictions system mapping



- Implement quality improvement projects to address contributing factors

Repeat MHA ED use



- Develop service delivery models for and enhance access to COAST & MCRRT

Crisis outreach and support



- Improve capacity of and access to supportive housing services

Supportive housing



- Develop & implement LHIN-wide strategy targeting health service providers

Anti-stigma



Sally's Experience

Day 1:

Sally went to her local emergency department (ED) as a result of mental health concerns. Sally was assessed by the physician there.

Day 2:

Sally was transferred to the ED of the nearest hospital with mental health beds where she was assessed by a pediatrician

Day 3:

Sally was assessed by a psychiatrist, and then admitted to an adult mental health bed to wait to be transferred to the nearest children's mental health bed.

Day 4:

Sally was transferred to the regional children's mental health program.



Sally's Experience: How can we do better?

Sally's mother raised her daughter's negative experience

- Why did it take so long (four days) to get to the right level of care?
- Why did we have to go through two EDs and three hospitals?
- What can be done to make this better for the next 16 year old seeking MH services?



Action Taken:

Task:

- Development of new patient-centered pathways to Children's Inpatient Mental Health Services

Members:

- Hospitals and LHIN staff including the LHIN Physician /Lead and Primary Care Physician Lead

Outcomes:

- New Patient-Centered ED to ED Pathway that **Expedite** referrals from Community Hospitals with no Child and Youth Psychiatry Services

What Would this mean for Sally?

- If Sally was to present to her local ED today in the same circumstances she would be transferred immediately to the regional children's mental health facility

Thank you