

## Leadership of Clients and Family Members in Shaping Integration of Addictions and Mental Health Planning

*A work in progress in the Champlain LHIN*

## Welcome

### Panelists

- Claude Lurette – Client Advocate & Co-Chair JCoPN
- Cynthia Clark – Family Advisory Working Group (FAWG)
- Bernadette Wren - Champlain Mental Health Network (CMHN)
- Debra Hook – Champlain Addictions Coordinating Body (CACB)

## Presentation Objectives

- Describe leadership of clients and family members in the mental health and addictions integration initiative
- Demonstrate how integration enhances planning expertise
- Outline process for integration of planning
- Discuss evaluation and lessons learned
- Profile impact of client and family leadership
- Discuss implications for broader paradigm shift: client and family leadership in planning and policy

## Background

- Background: Champlain Addictions Coordinating Body and Champlain Mental Health Network
- LHIN priority & integration legislation: integration of CACB and CMHN from two "Joint Community of Practice Networks" to one
- Winter 2008: Co-Chairs draft Terms of Reference for Transitional "JCoPN"
- Call for members – original structure included 1-2 clients and 1-2 family members – received much greater response
- Spring 2009: first meeting of the Transitional "JCoPN"
  - Brainstorming meeting
  - Key focus on client and family engagement
  - Agreement to move to a membership based on equality (equal representation of providers and clients and family representatives)
- April – May 2009
  - MOHLTC 10-year Addictions and Mental Health Strategy
  - LHIN Integrated Health Services Plan Consultation

## Leadership of Clients and Family

- Strong history of client and family engagement in mental health
- Supportive infrastructure to participate in planning
  - Compensation for expenses, including meeting preparation and attendance
  - Orientation and training
  - Taking the time to fully discuss issues and answer questions
  - Encourage discussion and spend time clarifying what we mean, and what we intend to do
- Engagement from multiple 'sectors' ex. Consumer-Survivor Initiatives, Organizational Client and Family Advisory Committees, CMHN Family Advisory Work Group

## Leadership of Clients and Families

- Set the planning context and principles for integration of MH and Addictions Networks:
  - Reality check through 'on-the-ground' experiences
  - System needs to make sense and work
  - Access is paramount
  - Whole person approach
  - Move from "talking" recovery to walking the talk
- Pivotal roles that clients and families play in systems advocacy and design from conception of initiatives – providers acknowledge and capitalize on this

## How has integration demonstrated enhanced planning?

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Looking over past six months...

- Regular communications (we're listening to each other)
- CMHN/CACB integrated submission to LHIN Integrated Health Services Plan (2010-2013) identified strategies for:
  - Consistent definitions and terminology
  - Coordinated access, meaningful engagement of clients and families, prevention/promotion, enhancing capacity (financial and HR), target benchmarks
- Joint submission for funding to conduct integrated, focused needs assessment
- Advocacy to the LHIN for planning functions and IHSP goals/indicators

## Integration Process

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- Creation of Transitional Joint Network
- Sharing of histories/achievements
- Reaching consensus on key functions
- Creating terms of reference for the Network for Addictions and Mental Health that is guided by a Strategic Steering Council – focus on flexibility, decision-making, engagement of broader mental health and addictions community
- Consulting with CACB and CMHN on future roles, transition considerations
- Meeting with the LHIN on common understanding of roles, funding strategies
- Developing ongoing evaluations and communications action plans
- Target kick-off: January 2010

## Evaluation

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- Crucial enabler to effectiveness is adequate support
  - Planning and administrative
  - Expense compensation and orientation/training
- Permanent Network will be evaluated on two fronts:
  - Internal functioning
  - Overall effectiveness in meeting network objectives and 'moving' the system
- Communications Action Plan is also in development

## Lessons Learned

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- Pre-conditions
  - Meaningful dialogue will require trust
  - Belief that everybody comes to the table with good intentions
  - Members' commitment to the process
- Belief in common principles/values: think about the whole-system (and not from a specific vantage, e.g. specific population age group or culture)
- Shared understandings: outputs/process is owned by the system – process is not driven by the LHIN
- Communications is an important key: visibility in addictions and mental health communities, clear collaborative process to resolve conflict and difficult issues
- Supports / Resources
- Being Action-focused
- Strive to be with the best

## Conclusion

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- Impact of these strengthened relationships, leadership of clients and families
- What does the future hold?