TO:	**CHAIR AND MEMBERS COMMUNITY AND PROTECTIVE SERVICES COMMITTEE MEETING ON FEBRUARY 19, 2020**
FROM:	**SANDRA DATARS BERE MANAGING DIRECTOR, HOUSING, SOCIAL SERVICES AND DEARNESS HOME**
SUBJECT	**IMPLEMENTATION OF THE COMMUNITY MENTAL HEALTH AND ADDICTIONS STRATEGY**

RECOMMENDATION

That, on the recommendation of the Managing Director, Housing, Social Services and Dearness Home, the report by the Ivey International Centre for Health Innovation, Implementation of London's Community Mental Health and Addictions Strategy (attached as Appendix A) **BE RECEIVED** for information.

PREVIOUS REPORTS PERTINENT TO THIS MATTER

- London for All: A Roadmap to End Poverty (SPPC: April 18, 2016)
- London for All Update: First 12 Month Recommendations and Development of the Implementation Body (CPSC: November 15, 2016)
- Update on Mental Health and Addictions Strategy (CPSC: January 24, 2017)
- Community Mental Health and Addictions Strategy (CPSC: September 12, 2017)
- Community Mental Health and Addictions Strategy for London: Moving Forward Together (CPSC: December 5, 2017)
- Implementation of the Community Mental Health and Addictions Strategy Contract Award Request for Proposal 18-43 (CPSC: December 10, 2018)

STRATEGIC PLAN LINKAGES 2019-2023

The Community Mental Health and Addictions Strategy (CMHAS) is aligned to the Strategic Plan for the City of London 2019 – 2023 under the *Strategic Area of Focus* – Strengthening Our Community, *Outcome* – Londoners have access to the supports they need to be successful, *Expected Result* – Support improved access to mental health and addictions services, and *Strategy* – Strengthen and support the mental health and addictions system.

BACKGROUND

The *Community Mental Health and Addictions Strategy for London: Moving Forward Together* report, which provided key strategic directions to transform London's mental health and addictions services at a systems level, was presented to Council on December 12, 2017. Council directed that remaining budgetary funds of $112,000 be allocated towards implementation of the recommendations. On December 18, 2018, Council approved the award of the Request for Proposal 18-43 to the Ivey International Centre for Health Innovation (Ivey) to implement the recommendations of the Community Mental Health and Addictions Strategy at a cost of $111,974.

Over the past 11 months, Ivey staff employed a grassroots, community engagement model to drive implementation of the strategic directions recommended through the CMHAS process. The following strategic directions were implemented:

- *Foster Collaboration*
  - Create governance structure to align mental health and addictions services
  - Focus and align existing collaborative forums, tables and initiatives
- *Grow Awareness*
  - Develop London Asset Map of mental health and addictions services
  - Reinforce and coordinate a central, single door for information about local assets

- *Expand Communication*
    - Communicate mental health and addictions services across providers, agencies and the public
    - Open and build communication channels

The report recommends that two additional strategic directions, *Enhance Access* and *Build Capacity* be addressed as future areas of longer-term community work.

Of the five strategic directions listed above, *Foster Collaboration*, was given particular attention. Ivey succeeded in gradually building consensus around a governance structure to organize the complex system of mental health and addictions services tables and committees. The governance framework is designed to increase collaboration, focus, and strategic alignment, beginning with the creation of a Strategic Direction Council.

FINANCIAL IMPACT

Council approved $200,000 towards the creation of the Community Mental Health and Addictions Strategy, of which $88,000 was directed towards the development of the Community Mental Health and Addictions Strategy, was completed in 2017. The remaining funds of close to $112,000 were used towards the implementation of the recommendations through the Ivey International Centre for Health Innovation.

An assessment growth business case in support of the Community Mental Health and Addictions Strategy implementation has been submitted through the priority framework associated with the Assessment Growth Policy.

CONCLUSION AND NEXT STEPS

The Ivey International Centre for Health Innovation was successful in addressing three strategic directions recommended through the CMHAS process. This included the initiation of a process to create a coordinated system of mental health and addictions services. Further work is required to address the outstanding strategic directions, and to ensure continued collaboration among key stakeholders. The momentum of this valuable and necessary work can only continue with ongoing funding and staffing to address the outstanding strategic directions recommended by CMHAS. Ivey staff and members of the Strategic Direction Council are seeking additional funding from a variety of sources.

PREPARED BY:	**SUBMITTED BY:**
JILL TANSLEY **MANAGER, STRATEGIC PROGRAMS AND PARTNERSHIPS**	**KEVIN DICKINS** **MANAGER, EMPLOYMENT AND INCOME SUPPORT SERVICES**

RECOMMENDED BY:
SANDRA DATARS BERE **MANAGING DIRECTOR, HOUSING, SOCIAL SERVICES AND DEARNESS HOME**

C: Ivey International Centre for Health Innovation

Appendix A

IVEY | International Centre for Health Innovation

Implementation of London's Community Mental Health and Addictions Strategy

Final Report

December 2019

Table of Contents

1. Overview

The Corporation of the City of London published London's Community Mental Health and Addictions Strategy (CMHAS) in November 2017. The Ivey International Centre for Health Innovation (Ivey Health) received the contract to support the implementation of the CMHAS between January and November 2019. This 11-month contract focussed on the following recommendations:

- *Foster Collaboration*
  - Create governance structure to align mental health and addiction (MH&A) services
  - Focus and align existing collaborative forums, tables and initiatives
- *Grow Awareness*
  - Develop London Asset Map of MH&A services across all funders
  - Reinforce and coordinate a central, single door for information about local assets
- *Expand Communication*
  - Communicate MH&A services across providers, agencies, and the public
  - Open and build communication channels

Through consultations with diverse stakeholders across the MH&A system, including frontline workers, middle managers, and senior leadership of MH&A organizations, people with lived experience and their caregivers, youth, Indigenous individuals, the Francophone community and newcomers, the recommendations were vetted to ensure they resonated with the community.

Key Project Deliverables:

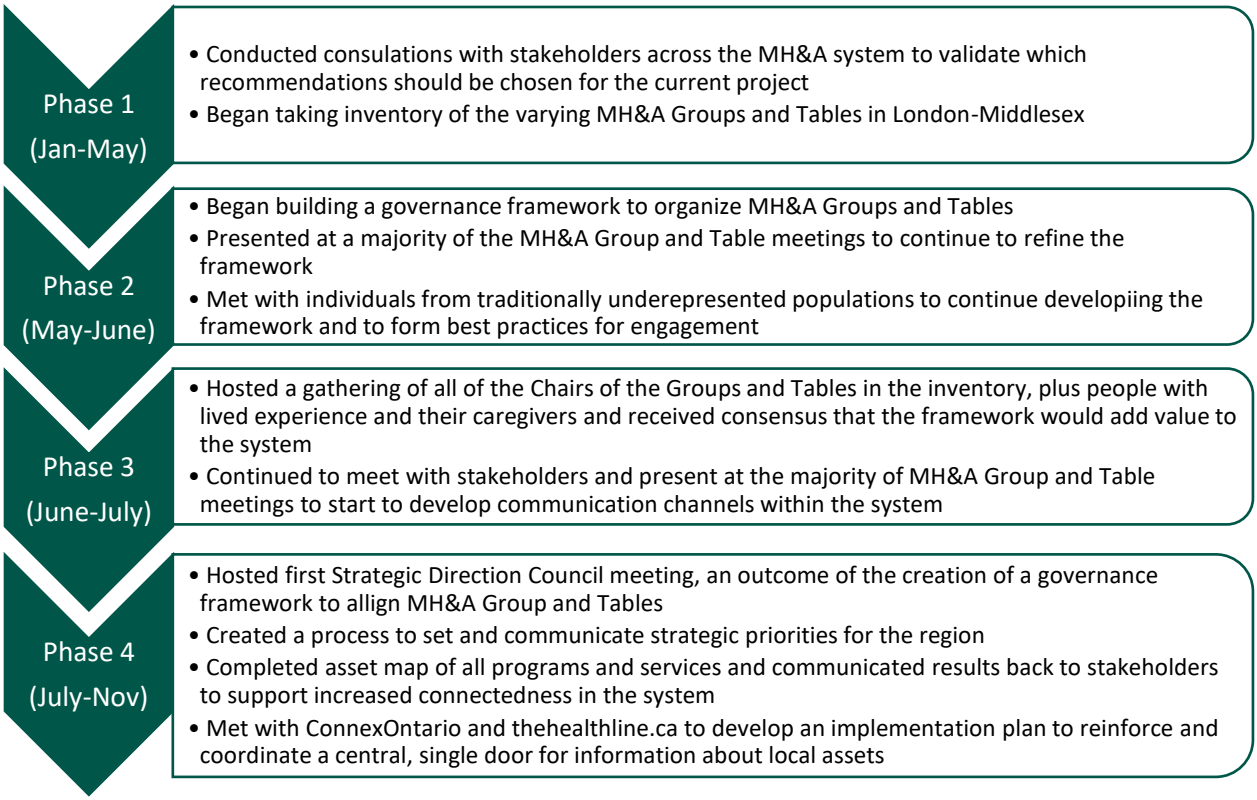
- Inventory of all Groups and Tables in London-Middlesex that have a mandate for MH&A, building transparency in regards to their mandate, purpose, membership, and population focus (see Section 3.1.1)
- A system-wide governance framework to increase collaboration, focus and strategic alignment amongst MH&A Groups and Tables (see Section 3.1.2)
- Best practices for engaging people with lived experience and their caregivers (see Section 3.1.2)
- An asset map for all programs and services focused on mental health and addictions in London-Middlesex (see Section 3.2.1)
- A strategy to work with the various repositories of MH&A services (e.g., ConnexOntario, thehealthline.ca) to coordinate a central, single door for information about local assets (See section 3.2.2)
- Formalized communication channels to ensure there is a process in place to align the work of the various MH&A Groups and Tables (see Section 3.3.2) and to set strategic priorities for the region (see Section 3.4.1)

2. Process

The current project utilized a grassroots, community engagement model for driving the implementation of the CMHAS. From the beginning of the project a diverse group of stakeholders from the MH&A System in London-Middlesex co-created the development of the deliverables outlined in this report. A phased approach, as outlined in Figure 1, was utilized to ensure appropriate community engagement occurred at all phases of the current project.

- 338 consultations took place throughout the project (60 individual meetings; 278 through presentations at MH&A Group and Table meetings; note that some individuals were consulted more than once or attended multiple meetings)
- 53 of the 338 consultations involved people with lived experience, their caregivers, and other traditionally underrepresented populations (i.e., youth, Francophone community, Indigenous individuals and newcomers)
- Two large meetings were hosted to move the deliverables forward. Both meetings had extremely strong engagement in attendance and completion of a pre-work survey prior to the meeting; Gathering of the Chairs meeting (100% attendance; 91% completion rate for survey); Strategic Direction Visioning meeting (100% attendance; 82% completion rate for survey)

Figure 1: Process for Project Deliverables



All of the deliverables in this project came about through continual iterations based on community feedback. An integral part of the process for completing deliverables was appropriately engaging people with lived experience and their caregivers (see Section 3.1.2 for recommendations for engagement with this community).

3. Outcomes

3.1 Strategic Direction: Foster Collaboration

3.1.1 Focus and align existing collaborative forums, tables and initiatives

Before a strategy to focus and align the existing collaborative forums, tables and initiatives that exist in London-Middlesex could begin, a thorough inventory of all Operational Groups ("Groups") and System Planning Tables ("Tables") related to MH&A was created (see Section 3.1.2 for a description of Groups and Tables in the System). Early feedback from the MH&A community indicated a need for greater system clarity, organization, and optimization of the many existing Tables and Groups working in the sector. Several key challenges were identified, which were addressed throughout this work: (1) the organizational commitment and time required from staff members to attend meetings was felt to be excessive by many participating organizations; (2) the content and discussions of several meetings were duplicative and often conducted in isolation; and (3) many of the planning-oriented tables did not have partnering action-oriented groups to drive planning recommendations.

This inventory includes a collection of Terms of Reference, current mandate/mission, purpose, population focus, and membership lists. This serves three purposes: (1) to gain a full picture of the current Groups and Tables with a mandate for MH&A in London-Middlesex, (2) to provide transparency around the current actions and purpose of each Group and Table, and (3) to work to align the Groups and Tables to reduce unnecessary duplication, ensure maximum use of resources and enhance opportunities for Groups and Tables to work together.

Inventory Overview

London-Middlesex has 5 Operational Groups, 6 System Planning Tables and 3 that are both Operational Groups and System Planning Tables with a mandate specific to MH&A, for a combined total of 14 Groups and Tables (see Table 1 for a list of all Groups and Tables and Appendix A for the complete inventory). Membership lists for these Groups and Tables were not always well maintained or frequently updated. The following presents a snapshot of summary information from the Groups/Tables.

- 63 organizations are represented at one or more Group or Table[1];

[1] These descriptives were completed with membership lists from 10 of the 14 Groups/Tables. Results do not accurately represent the current state as the majority of membership lists are not up to date and do not reflect all of the individuals that attend a meeting (many are on a mailing list, but do not attend).

- the organizations with the most representatives are the Canadian Mental Health Association, London Health Sciences Centre, Addiction Services Thames Valley, Western University, Vanier Children's Services and the Southwest LHIN

- 4 Groups and Tables focussed on transitional aged youth, 3 for people in crises, 3 that cover the entire lifespan, 1 for child and youth, 1 for justice, 1 for the Francophone community and 1 for the newcomer community[2]
- 261 individuals sit at these Groups and Tables and 10% of these individuals are members of 2+ Groups or Tables[1]
- 8,715 human resource hours per year are spent at meetings[1,3]
- Strong alignment in mandates was noticed across Groups and Tables with main themes including timely service, collaboration, access, youth, and system[2] (see Figure 2 for mandate alignment)

Table 1: Overview of MH&A Operational Groups and System Planning Tables

Operational Groups	System Planning Tables
▸ French Mental Health and Addiction System Network Table* ▸ Frontline Transitional Aged Youth Community Committee ▸ Human Service and Justice Coordinating Committee ▸ London Connectivity Table ▸ London Middlesex Enhanced Mental Health and Addictions Crisis Committee* ▸ Middlesex Situation Table ▸ Transitional Age Protocol Community Implementation Team ▸ Youth Mental Health and Addiction Council*	▸ Community Drug and Alcohol Strategy - Steering Committee ▸ Core Services Leadership Council ▸ French Mental Health and Addiction System Network Table* ▸ London Middlesex Enhanced Mental Health and Addictions Crisis Committee* ▸ London Middlesex Local Immigration Partnership ▸ London/Middlesex Addiction and Mental Health Network ▸ South West Addiction and Mental Health Coalition ▸ Towards an Integrated Mental Health System ▸ Youth Mental Health and Addiction Council*

* identified as both an Operational Group and a System Planning Table

Figure 2: Word Cloud Drawn from Group and Table Mandates

[2] These descriptives are representative off all 14 Groups/Tables.

[3] Calculated with the assumption that each meeting will take a total of 1 hour travel time and that there is 100% attendance at meetings.

Recommendations:

- Have each Group/Table conduct an internal review assessing their Terms of Reference, current membership, effectiveness, composition, etc. (see Appendix B for internal review template) and use the results to drive changes (if applicable)
- Encourage Groups/Tables to assess how they engage people with lived experience and their caregivers using the recommendations in Section 3.1.2
- The Strategic Direction Council should consider using the information from the MH&A Group and Table inventory (see Appendix A) to drive conversations about reducing unnecessary duplication and addressing gaps in current offerings
- Continue to update the inventory to reflect the current state of the system

3.1.2 Create governance structure to align MH&A services

Building off of the work outlined in the previous section, and through consultations with the London-Middlesex community (including services providers, mental health organizations, people with lived experience, their caregivers, and traditionally underrepresented populations) a framework for developing a governance structure emerged for the region. This framework (see Figure 3) will be used as a roadmap for integrating system-level planning for the region and is the basis for focussing and aligning the various forums, tables and initiatives, as outlined in Section 3.1.1. This framework represents the Mental Health and Addictions System ("System") in London-Middlesex, and includes the following components (see Appendix C for additional information):

Figure 3: Framework for the London-Middlesex Mental Health and Addiction System

- At the core of the System are **people with lived experience and their caregivers.** These groups are the focus of the work that the System does and must be represented across all layers in an authentic way, as appropriately defined by them. See below for recommendations for engaging these communities, as suggested during project consultations (see Section 3.1.1).

- At the **Community** level are all individuals in London-Middlesex, including groups and forums that work towards the social determinants of health related to MH&A, as well as informal groups, such as peer support and faith-based groups

- In the outer layer of the System are **Operational Groups**, which are action oriented groups with a mandate of MH&A (e.g., London Connectivity Table). They have representation from a minimum of two organizations in the sector. They manage implementation of group-relevant strategic priorities in collaboration with System Planning Tables including special consideration of (but not exclusive to) the System's strategic priorities (as established by the Strategic Direction Council)

- The next layer of the System is **System Planning Tables,** which are planning oriented and represent a sector of the System (e.g., Child and Youth Core Services Leadership Council) with appropriate representation from related agencies. They identify specific gaps or challenges within the defined sector and set strategic priorities for that sector including special consideration of (but not exclusive to) the System's strategic priorities (as established by the Strategic Direction Council)

- The newly formed **Strategic Direction Council (SDC),** will serve as a voice for the MH&A system in London-Middlesex to drive strategic priorities for the region while ensuring that all decisions and actions are anchored in how it will have an impact on the people that they serve. It will include the Chairs of all of the System Planning Tables, representatives from people with lived experiences and their caregivers, Board representatives and operational leads from the six most connected MH&A agencies (as determined through Social Network Analysis), and a representative from the City of London and Middlesex County. See Appendix D for SDC Terms of Reference, outlining objectives and actions, guiding principles and membership.

- Lastly, the System will be supported by a **System Director,** a dedicated person who will bring engagement and project management resources to the System to ensure the successful coordination and driving of strategic priorities for the region. See Appendix E for the proposed job description and budget for the role.

Best Practices for Engaging People with Lived Experience and Their Caregivers:

- *Authentic engagement:* have the individuals decide the appropriate level and way they should be engaged; co-create with people with lived experience and their caregivers
- *Representation: t*here should be at least three people representing each group in order to ensure they feel comfortable sharing their perspectives at meetings; ensure diversity in representation
- *Accessible engagement:* language and wording in agendas and at meetings should be inclusive as not all individuals have familiarity with MH&A terminology; there should be multiple ways to engage individuals such as individual meetings, phone calls, and meeting them in their own environment
- *Agenda setting*: include them in setting the agenda for meetings; offer to call them before meetings to review the agenda so they can adequately prepare for the content to be discussed at the meetings
- *Compensation:* individuals should be compensated monetarily for their time and travel expenses if they are not being paid by an organization to attend a meeting
- *Meeting location:* meetings should be held in environments that are welcoming to individuals (e.g., not in a clinical setting); location should be easily accessible by public transportation
- *Meeting time*: consider a time of day that will be accessible to them as meeting times will be impacted by job priorities, childcare, etc.

Recommendations:

- Secure sustained funding for the System Director role
- Finalize SDC Terms of Reference
- Finalize membership for the SDC, with an emphasis on building relationships with people with lived experience, their caregivers and traditionally underrepresented populations
- Host second SDC meeting to set strategic priorities for the region (see Section 3.4.1 for process to set strategic priorities)

3.2 Strategic Direction: Grow Awareness

3.2.1 Develop London Asset Map of MH&A services across all funders

A related project of Ivey Health, “Working Together”, was incorporated into the current project given the strong alignment with the CMHAS. “Working Together” is a collaborative project between Ivey Health, Western University and London Health Sciences Centre, and funded by the London Community Foundation through the support of the Isabel Hodgkinson Fund, to build an asset map for MH&A system resources and assess network relationships.

Supporting the multi-faceted needs of people with mental health, substance use, and addictions challenges requires a dynamic system of care that engages both the health and social services sectors. Designing a system to meet these needs presents significant challenges. In particular, local providers continue to note that navigating this extensive system is challenging for them and the clients they serve. The first step in addressing system-level challenges amongst mental health, substance use, and addictions services is to first describe the system, which has not yet been done in a comprehensive way in the London-Middlesex region.

This project created an asset map of MH&A services across all funders in London-Middlesex. The project included the following elements:

- **Inventory:** an inventory of publicly- and privately-funded mental health, substance use, and addictions services in London-Middlesex was created by leveraging existing resources (e.g., ConnexOntario, and thehealthline.ca), as well as conducting Google searches for any programs and services not captured within these databases. Programs and services were included if they self-identified as offering services to support people in addressing a mental health, substance use, and/or addiction challenge.

- **Survey**: electronic surveys were distributed to all identified programs and services, including independent practitioners. The survey asked participants to list partners they work with and rate the strength of each partnership, as well as their experience working with each partner. Programs were also asked to list services they have difficulty accessing.

- **Social Network Analysis:** based on survey data, social network analyses were conducted using Gephi to create maps of relationships. The maps were sized according to eigencentrality (i.e., importance or influence within the network) for the following two levels:
    - The organization-level (see Figure 4)
    - The program/service-level (see Figure 5)

- **Results Distribution**: One-page infographics summarizing survey results specific to each participating program or service were created and distributed to provide relevant and accessible feedback to all participants. See Appendix F for a sample feedback form.

Results

- 435 unique entries identified for inclusion in the inventory (74% were programs and services and 26% were independent practitioners)
- 85% response rate for programs and services; 55% for independent practitioners
- 85 organizations represented, including post-secondary programs, housing-first services, and counselling services

- On a scale of 1 to 7, with 7 being “very strong”, respondents reported an average relationship strength with partner organizations of 4.97
- On a scale of 1 to 7, with 7 being “very positive”, respondents reported an average score of 5.32 when ranking their experience working with partners
- In order of difficulty, the external support service categories that respondents identified as most difficult to connect with were housing (n=139); counselling (n=84); primary care (n=68); family and caregiver support (n=52); and, employment (n=37); see Figure 6

Figure 4: Organization-level social network map

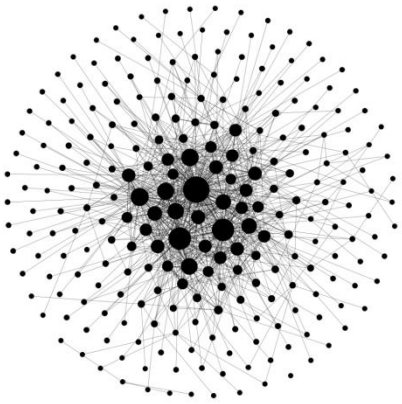


Figure 5: Program/Service-level social network map

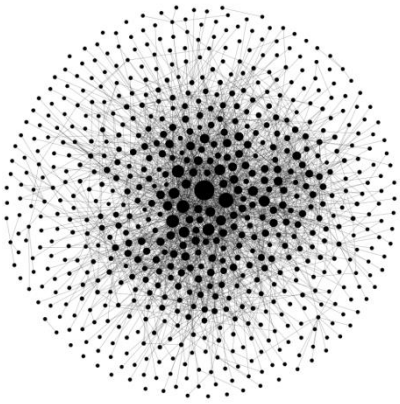
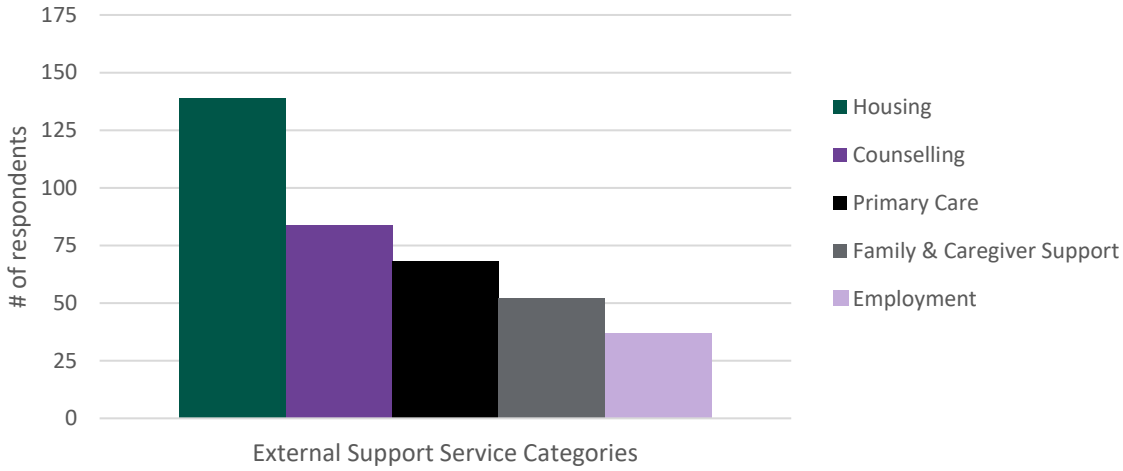


Figure 6: Support service categories most difficult to connect with



Findings from the “Working Together” project were shared with MH&A network stakeholders in July, at the same time the SDC was being established and the project team was meeting with the Groups and Tables to collect feedback and buy-in to the governance framework. Findings from the “Working Together” project helped to identify system relationship management challenges, inform areas of improvement for each Group, Table and organization, and determine the most connected agencies for participation at the SDC.

Recommendations:

- Provide targeted consultation-based support for participating organizations in interpreting results specific to their operations and support them in implementing changes accordingly
- Repeat Social Network Analyses in future years to measure change over time
- Continue knowledge translation and dissemination activities, including the development of a manuscript for publication

3.2.2 Reinforce and coordinate a central, single door for information about local assets

It was identified that there were three steps required to begin the process of reinforcing and coordinating a central, single door for information about local assets. In the current project the leads of ConnexOntario and thehealthline.ca met to discuss this recommendation.

- STEP ONE: ensure that people in London-Middlesex who are looking for mental health and addiction services are able to identify where those services are. Broadly speaking, the users of these access points are healthcare providers and people seeking services for themselves or their loved ones.

- STEP TWO: gain clarity on existing local repositories for data for mental health and addictions services. Three major repositories that are currently available:
    - **ConnexOntario**: a non-crisis phone line and online chat platform where individuals can call to get connected to resources in mental health and addiction
    - **thehealthline.ca**: a widely available online database that provides easy to understand government and non-government resources for over 200 sectors, one of which is mental health and addictions
    - **ReachOut**: a crisis phone line and online chat platform that provides information, support and crisis services for people experiencing mental health and addiction crises

- STEP THREE: once clarity on all available repositories is achieved, clarity on the differences between the varying repositories, processes for data collection and maintenance, and mechanisms for accessing information must be defined. Working with the organizations who maintain the repositories, a regional strategy must be developed to ensure that:
    - There is no duplication in collection of information and processes are aligned
    - Information can be shared across all repositories (i.e., users of the system are receiving the same information, no matter which repository they access)
    - Clarity into which user groups are being targeted by each repository and how to effectively guide them to the right information
    - A shared communication strategy and common messaging to inform potential users about the differences in the repositories

Recommendations:

- The Strategic Direction Council should consider setting the recommendation to reinforce and coordinate a central, single door for information about local assets as one of their strategic priorities for the region
- Utilize the 3-step process outlined above to drive this recommendation
- Develop a sustained communications strategy to ensure that end users (providers and people seeking services) have clarity into how to access information

3.3. Strategic Direction: Expand Communication

3.3.1 Communicate MH&A services across providers, agencies, and the public

The project team built off of the "Working Together" project outlined in Section 3.2.1 to expand communication of the MH&A services across the system.

- A core element of the project was to distribute one-page infographics summarizing survey results specific to each participating program or service in order to provide relevant and accessible feedback to all participants and to facilitate building stronger and additional connections with other programs and services. See Appendix F for a sample feedback form
- Overall results from the "Working Together" project were presented to 131 individuals at 9 Group and Table meetings, where participants were encouraged to use the results to build stronger connections with other programs and services in London-Middlesex
- The full inventory of MH&A services was sent to ConnexOntario and thehealthline.ca, two databases for local MH&A services, to ensure their databases included all up to date information

3.3.2 Open and build communication channels

A strong component of the framework for the MH&A System outlined in Section 3.1.2 is the development of strong communication channels between the Strategic Direction Council, Operational Groups, and System Planning Tables. Currently, the system has 14 Groups and Tables, many with overlapping mandates, actions and goals. In order to align these Groups and Tables, communication channels were developed in consultation with members of the MH&A community.

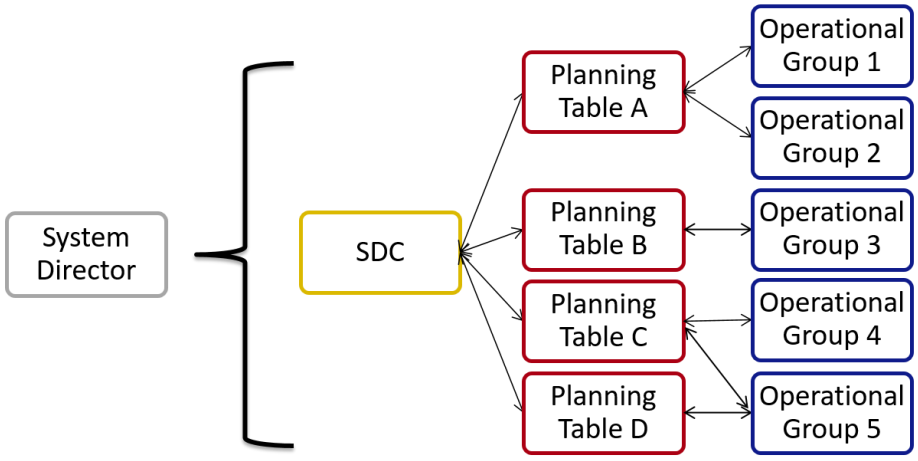
The goal of the communication channels, as outlined in Figure 7, is to ensure that each Planning Table is paired up with one or more Operational Group, so that there are direct lines of communication, which will ultimately feedback to the Strategic Direction Council. For example, the Core Services Leadership Council (a System Planning Table) may be paired with the Frontline Transitional Aged Youth Community Committee (an Operational Group) and the Youth Mental Health and Addiction Council (an Operational Group). All communication is bi-

directional and transparent across all levels of the System. The System Director will be a key driver in supporting the Groups and Tables to ensure the communication channels are flowing consistently and appropriately. Simple standardized forms will be used to support these bi-directional communication channels (see Appendix G for an example form).

Steps to Drive Communication Channels

- STEP ONE: Operational Group sends completed communication form to their assigned Planning Table
- STEP TWO: Planning Table reviews and discusses form at their meeting, returns their meeting minutes with an update regarding the discussion of the communication form
- STEP THREE: Each Planning Table will summarize activities from their Table and their assigned Operational Group at the Strategic Direction Council meeting
- STEP FOUR: The Strategic Direction Council will send meeting minutes to all Groups and Tables via the System Director

Figure 7: Proposed Communication Channels for MH&A System



Recommendations:

- Create formal pairings between System Planning Tables and Operational Groups and ensure bi-directional communication channels are being adhered to by utilizing the communication forms
- Develop a website to host the Group and Table inventory that was outlined in Section 3.1.1, including current mandates and actions of each
- Integrate the website with www.healthchat.ca features to develop an online portal for all Groups and Tables to use where they can post their Terms of Reference, members list, work plans and meeting minutes; all of which can be accessible to all members across the System

3.4 Remaining Strategic Directions

3.4.1 Process for Setting Strategic Priorities

A main deliverable of the current project is the development of the Strategic Direction Council, as outlined in Section 3.1.2. Currently in London-Middlesex, there is no way to set MH&A strategic priorities for the region. The development of the SDC fills this gap, with the following objectives and actions.

- Serve as a voice for the mental health and addictions system in London-Middlesex, while ensuring that all decisions and actions are anchored in how it will have an impact on the people that we serve
- Engage all layers of the System, including the community, people with lived experiences and their caregivers, Groups and Tables in proposing potential strategic priorities for the mental health and addictions system
- Select 1-2 planning-level strategic priorities for the region to collaboratively pursue
- Utilize data management and population health management to drive priority decision making to ensure that at the core of these decisions are improving the experience of care for the people who are being served
- Disseminate to the system agreed upon strategic direction priorities and framework for goal setting, monitoring and reporting
- Work to reduce unnecessary duplication and increase efficiency at the system level

Suggestions for Setting Strategic Priorities

The key element for setting strategic priorities for the system is through a collaborative approach with the Operational Groups and System Planning Tables in the System. The communication channels described in Section 3.3.2 will be harnessed to drive this work. The Strategic Direction Council's role is to review and distill priority suggestions from the System and utilize a consensus-based model for decision making (see "A Practical Guide for Consensus-Based Decision Making, Madden, 2017).

"Consensus-based decision making is based on a deliberate process of consensus building, whereby members of a group actively participate in finding a decision together that all members can feel comfortable with. A consensus decision does not necessarily reflect complete unanimity. However, decisions reached by consensus do reflect the thoughts and feelings of the group as a whole, rather than just the majority" (Madden, 2017)

Potential sources for priority suggestions, include:

- Remaining recommendations from London's Community Mental Health and Addictions Strategy
- Utilize quantitative and qualitative evidence (e.g., survey people with lived experience and their caregivers)
- Start with what is currently being done by the Groups and Tables and determine alignment and gaps
- Align with strategy at the Ministry level

Recommendations:

- Host second meeting of the SDC
- Set 1-2 strategic priorities for the region, using the suggestions outlined above

4. Conclusions and Next Steps

Several initiatives have aimed to align and better coordinate MH&A services in the London-Middlesex region, but fragmented service delivery and unclear patient flow and communication channels are ongoing challenges. The current project set out to build relationships, trust and processes to mitigate these challenges. Support from stakeholders in the system was tremendous and coupled with the beginnings of creating a solid foundation, the following suggestions are recommended to keep the momentum and to drive system-level change.

2020	▸ Secure funding for System Director role and finalize membership for the SDC (see Section 3.1.2) ▸ Conduct internal review of all Groups/Tables in light of the proposed system framework and use results to to drive conversations about reducing unnecessary duplication and addressing gaps (see Section 3.1.1) ▸ Create formal pairings between Groups and Tables and ensure bi-directional communication channels are being adhered to utilizing the outlined communication forms (see Section 3.3.2) ▸ Set 1-2 strategic priorities for the region and disseminate them across Groups and Tables with a framework for goal setting, monitoring and reporting (see Section 3.4.1) ▸ Update MH&A Group and Table inventory to reflect the current state of the System (see Section 3.1.1) ▸ Apply for system-level funding to drive system strategic priorities ▸ Establish a common public communications strategy for information about the local MH&A sector, including examining capabilities of ConnexOntario, thehealthline.ca, and ReachOut (see Section 3.3.2) ▸ Continue to build relationships with people with lived experience, their caregivers and traditionally underrepresented populations (see Section 3.1.2)
2021	▸ Monitor and report on strategic priority progress and make adjustments where necessary ▸ Launch website for MH&A Groups and Tables and integrate www.healthchat.ca to organize members of these Groups and Tables (see Section 3.3.2) ▸ Apply for system-level funding to drive system strategic priorities ▸ Continue to update the MH&A Group and Table inventory to reflect the current state of the System (see Section 3.1.1) ▸ Continue to build relationships with people with lived experience, their caregivers and traditionally underrepresented populations (see Section 3.1.2)
2022	▸ Monitor and report on strategic priority progress and make adjustments where necessary ▸ Set additional strategic priorities if capacity exists ▸ Repeat analyses from the “Working Together” project to measure change over time (see Section 3.2.1) ▸ Continue to update the MH&A Group and Table inventory to reflect the current state of the System (see Section 3.1.1) ▸ Continue to build relationships with people with lived experience, their caregivers and traditionally underrepresented populations (see Section 3.1.2)

5. Appendices

Appendix A – Mental Health and Addiction Group and Table Inventory

Group/Table	Category	Population Focus	Geographic Region	Mandate/Mission	Purpose	Meeting Information	Lead Information
Community Drug and Alcohol Strategy - Steering Committee	System Planning Table	Primarily those who are marginalized, but strategy as a whole is for the entire population	London-Middlesex	Create, implement, and evaluate a comprehensive drug and alcohol strategy to reduce problematic substance use and harm that reflects the needs of the entire community, through the use of a person centred, equity-focused approach based on the four pillars of prevention, harm reduction, treatment, and enforcement	The mandate of the committee is to provide guidance and oversight to the implementation and evaluation of the Middlesex London Community Drug and Alcohol Strategy. Including: • providing leadership to implementation of recommendations contained within the Middlesex London CDAS including decisions regarding implementation structure and workgroups. • developing the overall plan and process to implement the key priorities in the Strategy. • supporting the development of an evaluation framework and indicators. • supporting communication with community partners and the public, providing common messaging for decision makers and community champions	Bimonthly, 1.5 hours	Rhonda Brittan (Chair); Janet McAllister (Coordinator)
Core Services Leadership Council	System Planning Table	Children and youth, from birth to age 17	London-Middlesex	To serve as the forum for collaborative system planning and coordination of the publicly funded Children and Youth Mental Health (CYMH) agencies in London and Middlesex.	1. Promote transformation of the CYMH system toward optimal functioning given current resources constraints, in terms of quality and effectiveness of services, equitable and timely access, and continuity of care, including pathways and transitions among service providers within the CYMH system, between the CYMH and adult systems, and across related service sectors. 2. Promote improved system functioning through better alignment of services, addressing gaps in service, and optimal allocation of resources. 3. Support and advise the Lead Agency in fulfilling its service-planning mandate as established by the Ministry of Children and Youth Services (MCYS) through the Moving on Mental Health agenda. 4.	Approximately 6 times/year, 3 hours	Jim Madden (Chair)

					Collaborate in the development and ongoing refinement of a comprehensive, clear, and accurate view of the current and evolving state of the CYMH system. 5. Collaborate in the analysis of mental health related strengths and needs of children, youth, their families and communities, through means including shared measurement and continuous communication.		
French Mental Health and Addiction System Network Table	Operational Group and System Planning Table	Full continuum of Francophone population	SW-LHIN	A South West region where every Francophone has access to equitable mental health and addictions services and enjoys good mental health and well-being throughout their lifetime.	The French Mental Health and Addictions System Network Table (hereafter known as the "Table") via the co-Chair or delegate will become a member of the appropriate decision making tables and will provide regular reports, seek/provide information and recommendations as it relates to the availability and implementation of French language services and the Francophone community.	5 times per calendar year, 2 - 3 hours	Karna Trentman (Co-Chair); Suzy Doucet-Simard (Co-Chair)
Frontline Transitional Aged Youth Community Committee	Operational Group	Transitional aged youth	London-Middlesex	The Transition Aged Youth Community Committee provides a space for information sharing and support in system navigation for TAY services in the London area.	Benefits of TAY meetings are the updated intake processes and wait times, information sharing and support, having a face to the name (connection building) of a community service partner.	Quarterly, 2 hours	Ashely Cochrane (Chair)
Human Service and Justice Coordinating Committee	Operational Group	Those individuals with mental disorders, addictions, developmental disabilities, fetal alcohol spectrum/disorder and/or acquired brain injuries, who are involved or at risk of becoming involved with the criminal justice system	London-Middlesex	To identify local priorities, develop and implement strategies for coordination of collective services, and convene as appropriate working groups.	To coordinate in the joint planning, coordination and integration of service delivery for individuals with mental disorders, addictions, developmental disabilities, fetal alcohol spectrum/disorder and/or acquired brain injuries, who are involved or at risk of becoming involved with the criminal justice system, in London and Middlesex County.	Quarterly, 1.5 hours	Michele Murray-Smith (Co-Chair); Noelle Brady (Co-Chair)

London Connectivity Table	Operational Group	Anyone in crisis	London	Shared leadership and intervention for improved community safety and well-being through timely and responsive partnership mobilization.	Attendees bring a high risk case that they need consultation for and the group comes up with a plan to help that individual and harness the resources at the table	Once per week, 30 minutes - 2 hours (depending on the cases)	Christine Sansom (Co-Chair); Michele Murray-Smith (Co-Chair)
London Middlesex Enhanced Mental Health and Addictions Crisis Committee	Operational Group and System Planning Table	16 and up in crisis (not youth or children); mostly adult focused	London-Middlesex	Mental Health and Addiction (MH&A) service providers and community partners in London Middlesex have been working together since 2011 as part of the London Middlesex Enhanced Mental Health and Addictions Crisis and Transitional Case Management Service Committee (the Committee). The purpose of this group has been to improve crisis services, as well as provide insight into the implementation of transitional case management services for both addictions and mental health. The work of this committee has resulted in a strong partnership with MH&A and the London Police Service (LPS), the creation of the London Middlesex MH&A Crisis Center.	Through partnership, this Committee will provide MH&A transitional/urgent supports in an effort to divert clients with a mental illness and/or addictions from the Emergency Department and/or inpatient unit in London Middlesex; Come together within scope of agencies Go over report; trend, immediate need in community, initiatives going on, work plan	Bi-monthly, 2 hours	Christine Sansom (Co-Chair); Pam Hill (Co-Chair); Amy Raine (Admin Assistance)
London Middlesex Local Immigration Partnership – Health & Wellbeing Subcouncil	System Planning Table	Newcomers and immigrants	London-Middlesex	A collaborative community initiative designed to strengthen the role of our community in serving and integrating immigrants	LMLIP works to achieve the five overarching outcomes of the six Sub-councils. These outcomes are: Welcoming Community, Communication and Access to Information, Coordination and Collaboration, Supports and Services for Immigrants and Reduction of Systemic Barriers.		Jill Tansley (Co-Chair of Central Council); Dev R. Sainani (Co-Chair of Central Counil); Corrine Walsh (Chair of Health & Wellbeing Subcouncil); Cathy McLandres Vice-Chair of Health & Wellbeing Subcouncil
London/Middlesex Addiction and	System Planning Table	Lifespan of individuals with	London-Middlesex	To strive to reduce the impact of mental illness and addictions by ensuring that all citizens of London Middlesex have timely access to an	To coordinate and build mental health and addiction services in the London Middlesex community where every person enjoys good mental health and well-being throughout their	Every 6 weeks, 1.5 hours	Martha Connoy (Co-Chair); Beth Mitchell (Co-Chair)

Mental Health and Network		mental health and addictions needs		integrated system of excellent, coordinated and efficient promotion, prevention, early intervention, community support and treatment programs.	lifetime, and where all citizens with mental illness or addictions can recover and participate in a welcoming supportive community.		
Middlesex Situation Table	Operational Group	Anyone in crisis	Middlesex	Shared leadership and intervention for improved community safety and well-being through timely and responsive partnership mobilization.	Attendees bring a high risk case that they need consultation for and the group comes up with a plan to help that individual and harness the resources at the table	Once per week, 30 minutes - 2 hours (depending on the cases)	Lori Griffith (Chair)
South West Addiction and Mental Health Coalition	System Planning Table	Lifespan of individuals with mental health and addictions needs	Southwestern Ontario	To strive to reduce the impact of mental illness and addictions by ensuring that all persons in the South West Region have timely access to an integrated system of excellent, coordinated and efficient promotion, prevention, early intervention, community support and treatment programs.	A South West region where every person enjoys good mental health and well-being throughout their lifetime, and where people with mental illness or addictions can recover and participate in a welcoming supportive community.	6 times per year, 3 hours	Linda Sibley (Co-Chair); Catherine Hardman (Co-Chair)
Towards an Integrated Mental Health System	System Planning Table	Not focused on particular population, seek to improve service for infants, children, youth, parents, couples, and adults, and their families and natural support networks	London-Middlesex	The "Toward an Integrated Mental Health and addictions System" (TIMHS) group exists to support the vision of infants, children, youth, parents, couples, and adults, and their families and natural support networks receiving high quality mental health and addictions services in a timely and coordinated manner within our local area. Specifically, TIMHS seeks to build awareness, familiarity, and understanding of each other's work and experience. Through regular meetings and other events, TIMHS creates a self-organizing forum for professionals to come together to build and enhance a sense of community and reduce barriers to service.	The aim of the committee is to create effective collaboration across sectors of children and adult mental health as well as the child welfare sector in an effort to effectively service entire families, alleviate the risk of future harm and support mental health.	Quarterly, 2.5 hours	Jeff Carter (Chair)

Transitional Age Protocol Community Implementation Team	Operational Group	Transitional aged youth	Thames Valley	The Bridge between Child and Adult services will be built from the voices and opinions of youth, who will be informed and supported in their journey to well-being.	Enhance connectedness and system flow between the child and youth mental health and addiction sector, the adult mental health and addiction sector, and allied sectors by adapting and implementing a youth transitioning protocol in collaboration with system partners.	Not currently meeting	Beth Powell (Co-Chair); Jim Madden (Co-Chair)
Youth Mental Health and Addiction Council	Operational Group and System Planning Table	Transitional aged youth	London-Middlesex	* currently in development	* currently in development	Monthly, 2 hours	Alec Cooke (Co-Chair); Lily Yosieph (Co-Chair)
Youth Wellness Hub	Operational Group and System Planning Table	Transitional aged youth/emerging adults	London-Middlesex	The Youth Wellness Hub London provides coordinated and collaborative mental health, addictions, career, housing, and peer-support services to youth and their families. This collaborative community is driven by youth for youth (age 15-25) and is committed to improving access to and experience with youth services by: • Providing timely access to easily identifiable mental health and substance use treatment and support through walk-in or low barrier services in a youth-friendly location • Providing evidence-based, multi-faceted support matched to the needs of the individual • Offering co-located mental health, substance use, primary medical, dental and OB/GYN care, plus vocational, housing, and other supports • Collaborating with youth and their families to evaluate the success of this model and co-creating new services moving forward	The point is to communicate about the organizations (requirements, wait times) among the organizations who provide services to emerging adults in our community. The goal is to optimize services, minimize wait times and improve collaboration among these groups	Variable from bi-weekly to every other month, 1.5 hours	Elizabeth Osuch (Co-Chair); Steve Cordes (Co-Chair)

Appendix B – Group/Table Internal Review Template

Group/Table Internal Review

Each Group/Table are encouraged to complete an internal review and to assess the results of the review to drive change (if applicable). Below are two steps Groups/Tables can take to complete this internal review.

Step One: Revisit your Terms of Reference to make any necessary changes. Tasks could include:

- Revisit mandate statement: does this reflect the work that is needed in the community and the work that this group wants to take on? Adjust as necessary.
- Revisit membership: does current membership reflect active participants in Group/Table? Are there any missing communities/representatives that need to be added based on the selected mandate?

Step Two: Internal Review Survey

All members of the Group/Table should complete the following survey. Groups/Tables are encouraged to adapt this to fit the needs of their Group/Table. Aggregated results of the review should be shared and discussed at a Group/Table meeting, with time to develop actions for change (if applicable).

Circle the response that best reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).

Survey Template

A. Meetings

1. The vision for our Group/Table is known by all members and drives the work of the Group/Table.	**1**	**2**	**3**	**4**	**5**
2. The mandate for our Group/Table is distinct from other Groups/Tables in the sector.	**1**	**2**	**3**	**4**	**5**
3. Our Group/Table regularly engages with other Groups/Tables with similar or aligned work.	**1**	**2**	**3**	**4**	**5**
4. Our Group/Table is connected with at least one Operational Group or System Planning Table to drive recommended action.	**1**	**2**	**3**	**4**	**5**
5. Our Group/Table operates with a strategic plan or a set of measurable goals and priorities.	**1**	**2**	**3**	**4**	**5**
6. Our Group/Table's regular meeting agenda items reflect our strategic plan or priorities.	**1**	**2**	**3**	**4**	**5**
7. Meeting agendas are well planned so that we are able to get through all necessary business matters.	**1**	**2**	**3**	**4**	**5**
8. Meetings are generally efficient and a good use of members time.	**1**	**2**	**3**	**4**	**5**
9. People we serve and their caregivers are at the core of all of the decisions that we make.	**1**	**2**	**3**	**4**	**5**

B. Membership

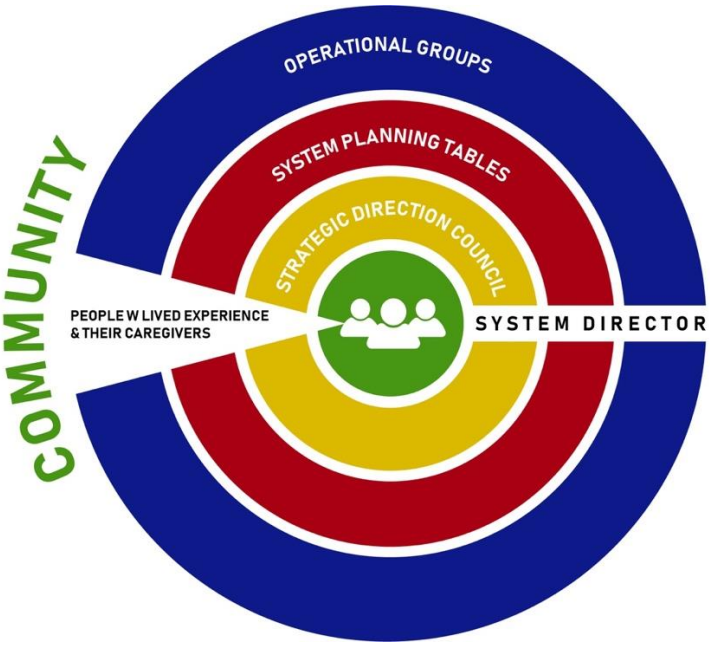
1. The majority of members come prepared to the meetings.	**1**	**2**	**3**	**4**	**5**
2. There is adequate representation of organizations as members as is deemed appropriate given the mandate of our Group/Table.	**1**	**2**	**3**	**4**	**5**
3. Composition of membership includes people with lived experience, caregivers, Indigenous people, newcomers and other traditionally underrepresented populations.	**1**	**2**	**3**	**4**	**5**
4. Members do a good job encouraging and dealing with different points of view.	**1**	**2**	**3**	**4**	**5**

C. Chair/Co-Chair

1. The Chair is well prepared for board meetings.	**1**	**2**	**3**	**4**	**5**
2. The Chair helps the members stick to the agenda.	**1**	**2**	**3**	**4**	**5**
3. The Chair is skilled at managing different points of view.	**1**	**2**	**3**	**4**	**5**
4. The Chair tries hard to ensure that every board member have an opportunity to be heard.	**1**	**2**	**3**	**4**	**5**
5. The Chair, or an assigned delegate, ensures recommended action are driven in between meetings	**1**	**2**	**3**	**4**	**5**

Adapted from A Form for Board Evaluation (cmaa.org, 2019) and Board Self-Evaluation Questionnaire (governinggood.ca, 2016)

Appendix C – London-Middlesex Mental Health and Addiction System



Terms and Definitions:

- System: a framework to organize MH&A stakeholders in London-Middlesex
- Community: all individuals in London-Middlesex
- Sector: population with a specific need (e.g. child & youth, housing, etc.)
- Group: action oriented
- Table: planning oriented
- Council: provides direction to the System

People with lived experience, their caregivers:

- These groups are at the core of the System and must be represented as they feel appropriate across the System

Operational Groups:

- **Objectives:**
  - represents a minimum of 2 organizations that include in their mandate MH&A and/or social determinants of health related to MH&A (e.g., MH&A crisis, housing challenges)
  - action oriented
  - manages implementation of group-relevant strategic priorities in collaboration with System Planning Tables including special consideration of (but not exclusive to) the System's strategic priorities (as established by the Strategic Direction Council)
  - engages in bi-directional communication with relevant Community stakeholders, Operational Groups, and System Planning Tables
- **Potential Meeting Frequency:** weekly to monthly (or as defined by the group)

- **Potential Members:** program managers and/or front line service providers from related agencies, subject matter experts and people with lived experience and their families/caregivers (10-30 members).

System Planning Tables:

- **Objectives:**
    - represents a sector of the System with appropriate representation from related agencies
    - identifies specific gaps or challenges within the defined sector
    - planning oriented
    - sets strategic priorities for that sector including special consideration of (but not exclusive to) the System's strategic priorities (as established by the Strategic Direction Council)
    - supports goal setting, monitoring and reporting of selected strategic priorities in collaboration with Operational Groups
    - facilitates bi-directional communication between relevant Community stakeholders, Operational Groups, and Strategic Direction Council
- **Potential Meeting Frequency:** quarterly (or as defined by the table)
- **Potential Members:** decision makers from related agencies, subject matter experts and people with lived experience and their families/caregivers (10-20 members).

Strategic Direction Council:

- **Objectives:**
    - Serve as a voice for the mental health and addictions system in London-Middlesex, while ensuring that all decisions and actions are anchored in how it will have an impact on the people that we serve
    - Engage all layers of the System, including the community, people with lived experiences and their caregivers, Groups and Tables in proposing potential strategic priorities for the mental health and addictions system
    - Select 1-2 planning-level strategic priorities for the region to collaboratively pursue
    - Utilize data management and population health management to drive priority decision making to ensure that at the core of these decisions are improving the experience of care for the people who are being served
    - Disseminate to the system agreed upon strategic direction priorities and framework for goal setting, monitoring and reporting
    - Work to reduce unnecessary duplication and increase efficiency of resources at the system level
- **Potential Meeting Frequency:** 1-2/year
- **Potential Members:** one Chair from each of the System Planning Tables, three people with lived experience and 3 caregivers, one representative from the Board of Directors and one operational leader of the top 6 connected organizations in MH&A, representative of the City of London and Middlesex County

System Director:

- Dedicated person to support the System with engagement and project management resources to ensure the successful coordination and driving of strategic priorities for the region

Appendix D – Strategic Direction Council Terms of Reference

Disclaimer: These Terms of Reference have been developed in consultation with the MH&A community, and were presented at the first SDC meeting in November 2019 for feedback and input. These terms will be finalized and ratified at the next SDC meeting, currently planned for early 2020.

Objectives and Actions:

The Strategic Direction Council will:

- Serve as a voice for the mental health and addictions system in London-Middlesex, while ensuring that all decisions and actions are anchored in how it will have an impact on the people that we serve
- Engage all layers of the System, including the community, people with lived experiences and their caregivers, Groups and Tables in proposing potential strategic priorities for the mental health and addictions system
- Select 1-2 planning-level strategic priorities for the region to collaboratively pursue
- Utilize data management and population health management to drive priority decision making to ensure that at the core of these decisions are improving the experience of care for the people who are being served
- Disseminate to the system agreed upon strategic direction priorities and framework for goal setting, monitoring and reporting
- Work to reduce unnecessary duplication and increase efficiency of resources at the system level

Guiding Principles:

The Strategic Direction Council will be guided by the following principles:

- ***People with lived experience and their caregivers are at the core of what we do*** – all decisions and actions taken are anchored in how it will have an impact on the people that we serve
- ***Equity lens*** – we will apply an equity lens in all aspects of the Strategic Direction Council, including how we conduct meetings, interact with each other and the community, make decisions, etc.
- ***Consensus decision making*** - we will make decisions "based on a deliberate process of consensus building, whereby members of a group actively participate in finding a decision together that all members can feel comfortable with. A consensus decision does not necessarily reflect complete unanimity. However, decisions reached by consensus do reflect the thoughts and feelings of the groups as a whole, rather than just a majority" (Madden, 2017)
- ***Systems-level thinking*** - we all come from different organizations or sectors of the community. It is important to embrace these unique roots, but we will work to take a systems-level approach to all of the work that we do and make decisions with the interests of the system in mind
- ***Respect*** - we all come with our differences and these differences can make us stronger. No matter the conversation, we will treat all voices at the council with respect and will ensure every voice is heard
- ***Openness and transparency*** - the work and discussions at the Strategic Direction Council must include the voices of our community and the work being done at the Council must be transparent and communicated back to the community

- **Authentic representation and engagement** - we recognize that the mental health and addictions work in London-Middlesex has not always represented the diverse population of our community. We will work to learn from these communities what the best way is to authentically represent and engage them in all areas of this work (see below for best practices for engaging people with lived experience and their caregivers)
- ***Challenge the status quo*** - we are looking to do things differently, innovate often, challenge our typical motives and consistently reflect on our actions
- ***Action-oriented and outcome driven*** - we will ensure that all of the conversations lead to actions and where possible will monitor outcomes for the region
- ***Accountability*** - each member of the Strategic Direction Council will attend the meeting (or send an alternate) and complete preparatory work prior to the meeting

Best Practices for Engaging People with Lived Experience and Their Caregivers

- *Authentic engagement:* have the individuals decide the appropriate level and way they should be engaged; co-create with people with lived experience and their caregivers
- *Representation: t*here should be at least three people representing each group in order to ensure they feel comfortable sharing their perspectives at meetings; ensure diversity in representation
- *Accessible engagement:* language and wording in agendas and at meetings should be inclusive as not all individuals have familiarity with MH&A terminology; there should be multiple ways to engage individuals such as individual meetings, phone calls, and meeting them in their own environment
- *Agenda setting*: include them in setting the agenda for meetings; offer to call them before meetings to review the agenda so they can adequately prepare for the content to be discussed at the meetings
- *Compensation:* individuals should be compensated monetarily for their time and travel expenses if they are not being paid by an organization to attend a meeting
- *Meeting location:* meetings should be held in environments that are welcoming to individuals (e.g., not in a clinical setting); location should be easily accessible by public transportation
- *Meeting time*: consider a time of day that will be accessible to them as meeting times will be impacted by job priorities, childcare, etc.

Membership

- One* Chair from each Planning Table (*two spots will be available if they are from a traditionally underrepresented population e.g., youth council, Francophone, Indigenous, & newcomer communities)
- Three people with lived experience
- Three family/caregiver representatives
- One representative from the Board of Directors and one operational leader of the top 6 connected organizations in mental health and addictions (i.e., ADSTV, CMHA, FSTV, LHSC, and St. Joseph's Healthcare, Vanier Children's Services). If the operational leader is also a Table Chair, this individual will be asked to serve both roles
- Representative of the City of London
- Representative of Middlesex County

- A list of alternates will be developed for each membership position

Meeting Frequency

- Quarterly for the first year, followed by twice a year
- Ad-hoc meetings if needed, with an option to meet over the phone for small discussions

Chair

- To be determined

Appendix E – System Director Job Description and Proposed Budget

JOB DESCRIPTION

The Mental Health and Addiction System Director (System Director) will support the London-Middlesex MH&A community with engagement and project management resources to ensure the successful coordination of the system. They will have big picture thinking and be able to drive action across the system. They will report to the Strategic Direction Council (SDC).

Responsibilities

- *Operation* Management
    - Support the SDC, including setting meetings and agenda and cultivating a culture of consensus making, full participation of all members and engagement of people with lived experience, families/caregivers and traditionally underrepresented populations
    - Support the work of the SDC, including monitoring and supporting the communication channels across the system
    - Drive the implementation of SDC recommendations and priorities
    - Seek funding opportunities in collaboration with the SDC and system partners
- *Research Support*
    - Monitor system indicators and performance
    - Utilize population health management techniques
    - Provide research support and liaise with additional research support when necessary
- *Relationship Building*
    - Build relationships with people with lived experience, families and traditionally underrepresented groups and ensure appropriate engagement throughout the MH&A system
    - Liaise with community organizations to access the mental health system and connect with appropriate partners
    - Sit as an ad-hoc member of Operational Groups and System Planning Tables within the MH&A system
- *Communications*
    - Facilitate communication channels between the Strategic Direction Council, Operational Groups and System Planning Tables and ensure the communication channels are functioning appropriately
    - Develop and maintain a website or utilize an existing platform in order to create a system to enhance transparency and improve collaboration throughout the MH&A system
    - Write case studies, reports and publications of success stories in the region

Requirements

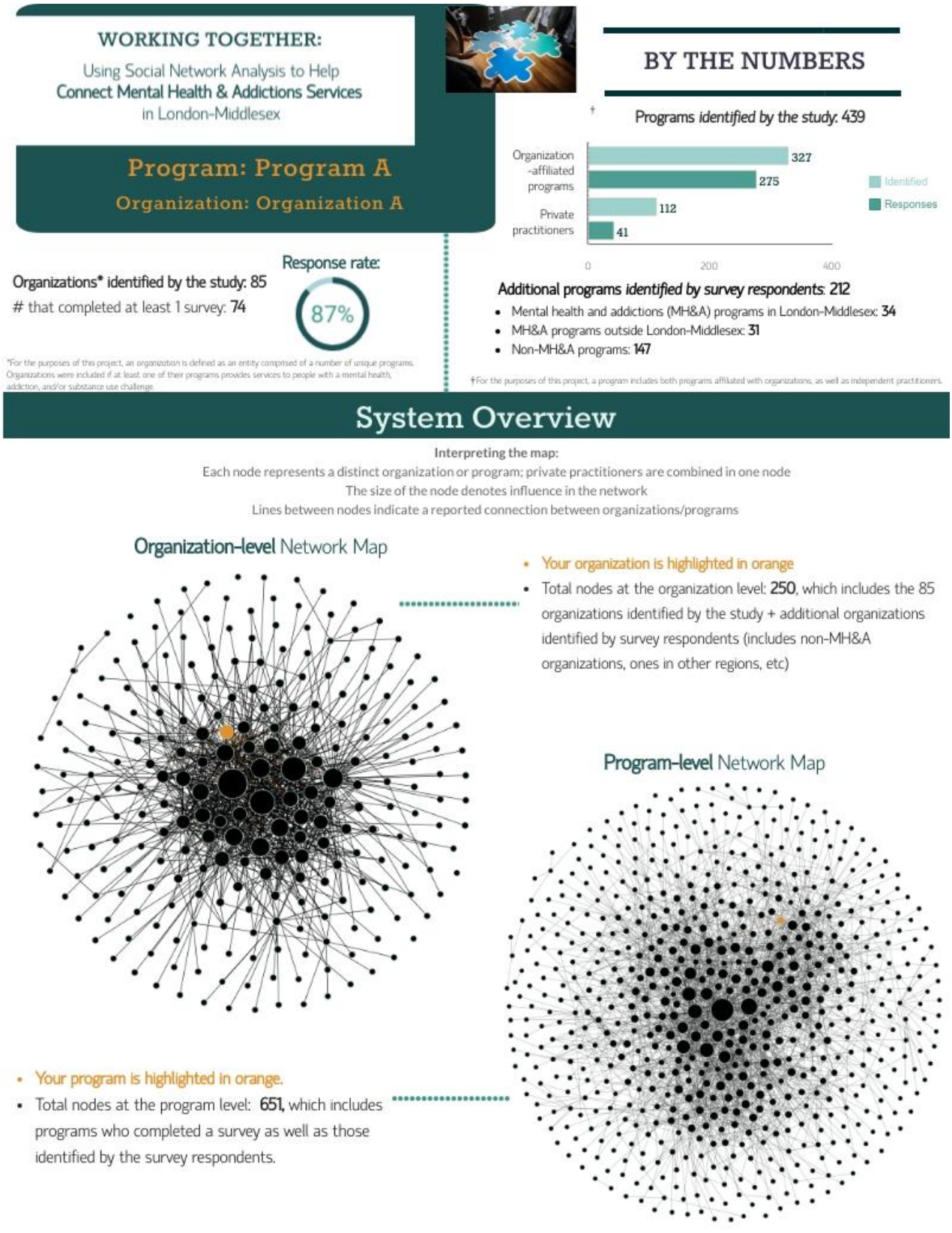
- Master's degree, or equivalent work experience and education
- Minimum of 3 years community leadership/project management experience

PROPOSED BUDGET

Cost Categories	Total Budgeted (per year)
Human Resources	
System Director (salary including benefits)	$ 100,000
Continuing Education	$ 2,000
Administrative Support (1.5 days/week)	$ 16,000
Research Support (1.5 days/week)	$ 18,000
Honorariums for People with Lived Experience	$ 4,000
Human Resources Subtotal	***$ 140,000***
External Resources*	
Meeting Expenses (e.g., room booking, refreshments)	$ 2,500
Office Space (e.g., Innovation Works)	$ 2,500
Marketing (e.g., website hosting, marketing materials)	$ 4,000
Travel	$ 2,500
Miscellaneous expenses (e.g., communications, laptop, software, teleconference fees, etc.)	$ 3,500
External Resources Subtotal	***$ 15,000***
Total	**$ 155,000**

* External Resources could be supported in-kind by participating organizations

Appendix F – Sample Working Together Feedback Form



What We Heard From You

Survey responses

You reported that you worked with **8** other programs.
In these relationships, you reported:
An average STRENGTH score (1 being weak, 7 being strong) of **3.5**
[range: 2 - 6]
An average EXPERIENCE score (1 being low, 7 being high) of **6.5**
[range: 5 - 7]

Each program or service and each organization were given a ranking of relative influence in the network.
Your program's ranking out of 651 is **270**
Your organization's ranking out of 250 is **20**

Our survey gathered information from other programs on their reported relationship with you. The average number of relationships reported to any program was 2.64. A total of **3** program(s) reported working with your program/service.

Resources to connect with

You indicated you had the most difficulty connecting with services related to **Family and Caregiver Support, Housing,** and **Medication**. Based on the above, the following services self-identify as addressing these needs. Also refer to Help Yourself Through Hard Times from Information London (informationlondon.ca) for more listings by category.

- **Family and Caregiver Support:** Search southwesthealthline.ca for "Mental Health Peer and Family Programs" and "Respite Care" (subdivides further)
- Caregiverexchange.ca
- Victorian Order of Nurses - Caregiver training, information, and education
- CMHA Middlesex - Family Support Program
- Vanier Children's Services - Respite services
- Bartimaeus Inc. - Specialized Behavioural Support
- **Housing:** Search southwesthealthline.ca for "Housing Referral and Rights" or "Shelters, Transitional Housing, and Drop-In Centres for Women"
- Fanshawe College - Off-Campus Housing Listings
- First Nations Housing Co-op
- LIFE*SPIN Community Housing Initiative
- City of London - Housing Access Centre
- London and Middlesex Community Housing
- Western University - Off-Campus Housing Service
- Landlord and Tenant Board - Southwestern Regional Office
- Salvation Army - Centre of Hope
- Ontario Tenants Rights
- **Medication:** Search southwesthealthline.ca for "Pharmacies"

Due to the large number of respondents, this list was generated in a standard format for each category. Please disregard any programs you already work with, and contact the project leads for alternatives.

To search in general for services that your program and/or clients may benefit from connecting with, please consider the following resources:

ConnexOntario
Health Services Information

Canadian Mental Health Association
Middlesex
Mental health for all
The Support Line (CMHA) or Reach Out (CMHA)

SouthWesthealthline.ca

NEXT STEPS

- **Additional analyses of the data are possible! Please contact us to learn more.**
- We hope to present and publish our findings in a variety of formats, and to explore how this project can be extended and applied in future projects.
- In the future, it may be prudent to replicate the study in order to capture and reflect changes to mental health and addictions programs in London-Middlesex

QUESTIONS? COMMENTS? WANT TO LEARN MORE?

Contact us!

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Appendix G – Example Communication Form for MH&A System

MH&A System Communication Channels

The purpose of this form is to facilitate communication and to build stronger connections between all members within the London-Middlesex MH&A system. Please use the spaces below to provide an update of (insert Group name) to (insert Table name).

1. What has been the main focus for the ***past*** 3-4 months of your Group?
2. What is the main focus for the ***next*** 3-4 months for your Group?
3. What has made your group feel productive and/or hindered your productivity?
4. Does your Group have any requests, questions or suggestions for the System Planning Table or Strategic Direction Council?
5. Is there a success story from your Group that you would like to share?