ADDICTIONS AND MENTAL HEALTH NETWORK OF CHAMPLAIN Draft Notes
March 28th 2019

AGENDA ITEM	RESPONSIBLE/ Required by
WELCOME & APPROVAL OF AGENDA	
Welcome / Introduction of Members	
Consultation: Ontario's First "OHT"? **Comments** 1. How difficult to get a Common scorecard for organizations? a. Achieved this goal early on we needed to focus on common outcomes. 1st draft was a conglomeration of all scorecards as our data merged, we had new data to look at. i.e. how long to get a patient from hospital to a home with a nurse beside them. E.R. measures were more community measures than hospital measures a measure of how the healthcare system is working than how the hospital is working. 2. Through collaboration what solutions did you find for Mental Health & Addictions returning visits a. Open beds in halls & offer overtime to staff in order to provide care. If the CCAC added more discharges during ER surges to help get patients out of ER and into the home and homecare it was less costly overall. On average CCAC $75/day in hospital $700/day for hallway medicine b. ER receives clients who are suffering a mental illness or addiction who are in or close to crisis. Concept of how to extend acute care services better into the community through partnerships. This follows the same cost model as above i.e. take a bed, seen by nurse, Dr. Then get a referral. More resourcing in community to support clients in the community allowing an early referral into the programs before they reach the ER. In the winter the ER's became a cold shelter. There has to be a better way to manage this need. 3. Will this be a proposal for an O.H.T.? a. No because CCAC's are now LHIN's b. Models could be used i.e. fully integrated acute care with home care. i.e. Nurse or PSW would go to the home before the patient was discharged to ensure all needs would be met. Once the patient was at home the nurse was available no delay and if the nurse needed any support, they could contact the floor where they came from and if they had to be re-admitted they could skip the ER and have direct admittance. 4. Primary care is a foundation for the OHT model did your relationship change evolve a. Primary care community were thrilled that we were organizing so they could deal with 1 group for hospital and home stay. Consistent information. Gave us credibility and allowed for conversations on how to work together i.e. telephone consults, telephone discharges. 5. How did you manage varying pay scales between organizations? Union reaction a. Did not change any pay scales each organization stayed on their own pay scale. A single HR department worked. We did not enter into this agreement for cost savings it was to	M. Anderson

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develop a more sustainable system. When you merge to pull money you will not be successful. Models that focus on better patient care are ideal. There were no layoff or job loss issues. Osler was challenged with budget and in a couple of incidents we subsidized moving staff around to avoid termination pay when this was an option.	

Standing Reports	
• LHIN Update • Confirmation from MOH significant investment in Mental Health. o Community mental health & addictions 3million in new funds directive in how they will be used. i.e. mobile crisis teams with Police services, transitional case management workers for justice individuals, supportive housing, investing in counselling for marginalized individuals, expanding LGBTQ2 counselling services, opioid treatment services, o Investment in mental health inpatient beds. Surge beds will now be recognized as fully funded beds o Cannot obtain federal funds unless province matches • OHT developments. More than a dozen applications across Champlain over 150 across the province they are looking to accept 5-7 will have responses by June 2019.	K. Barclay
• Financial Update – quarterly June 2019	J. Michels
• CAC • Adding members to the CACC • Working on online presence • Encouraged CACC members to look at online recovery	R. Evans
• FAC • Future role of FAC with health care system changes. Still under discussions	D. Boileau
• Pathways to Better Care • Looking for representation from clients, family, community to have voices heard & shared. Solicited steering committee members. AMHNC was brought up to involve they are current with issues, dedicated members, engaged in HSIP process, relevant experience. Representative on operations committee need to be empowered to speak want members engaged at all levels of process. Financial support: Pathways would reimburse AMHNC and support them. Representatives would carry messaging from AMHNC table and liaise with both tables. Each committee would propose/appoint a member. Steering committee meeting is May 30th. Asking for an alternate for each member for full coverage.	A. Savard
Inpatient capacity report:	
Comments/Summaries/Areas of Interest/Concern	
Next Meeting June 27th 2019 5pm-7pm The Royal Room 1425	