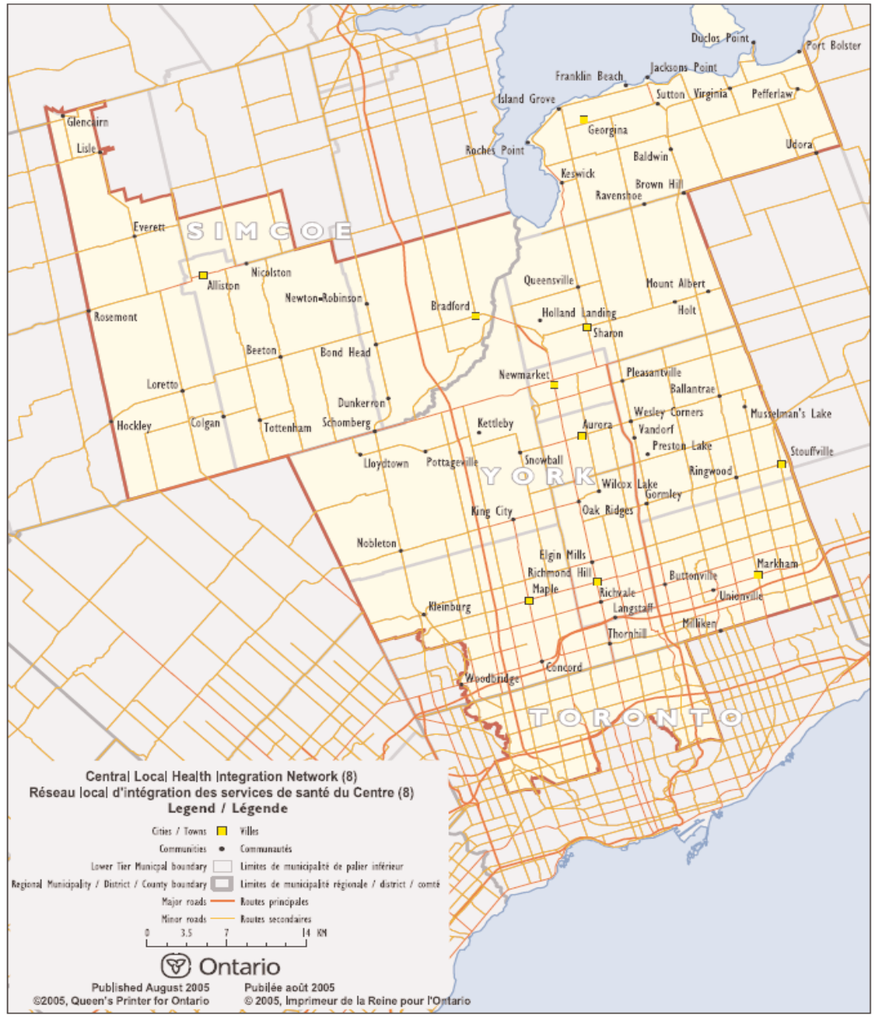
MAP OF THE CENTRAL LHIN



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THE CENTRAL

LHINFO SOURCE

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STAKEHOLDER ENGAGEMENT PHASE II: ON THE ROAD

Central LHIN has established five Regional Stakeholder Groups (RSG) and held sessions with more than 25 opinion-leaders in the community about LHINs, the Central LHIN Integrated Health Services Plan (IHSP) process and the importance of stakeholder engagement in all the work that we do. During these sessions, RSG members identified 150 potential opportunities for the Central LHIN to meet with existing groups, networks and coalitions in their respective communities.

From that pool of opportunities, we facilitated 25 interactive group sessions with more than 400 people, who represent diverse areas of interest and geographies. These sessions provided valuable information about their experiences with the health care system and their initial perception of LHINs. We asked for input about the current state of health care in terms of:

- what is working,
- what needs improvement, and
- where the gaps/shortages are.

We received a wide range of responses regarding consumer experiences with the health system, and their perceptions of the LHIN and the overall health care transformation agenda. Some common themes included:

- satisfaction with the level of care they receive from doctors and nurses,
- difficulty accessing services (wait times, lack of family physician, etc.),
- poor coordination and access to information across providers, and that
- the elderly, young people, people with low income and new immigrants are especially disenfranchised.

Engaging Asian Seniors in Richmond Hill

The next step is to use this input to guide the development of the Central LHIN's statements of vision, values and strategic priorities. The Board of Directors will undertake this task in early April. In May, we will once again go back to the community for validation of these statements and further input in the development of the Integrated Health Services Plan (IHSP).

Ontario

NEW MEMBERS OF THE BOARD

Colin Benjamin

From 1989 to 1999, Colin Benjamin was the Assistant Vice-President of Research Administration at the University Health Network. In years prior, he was Corporate Director, Research Institute at the Toronto Hospital (1988) and Manager, Research Facility, Research Administration at Toronto General Hospital (1985). In 1991, he received his Masters in Health Services Administration designation from the Canadian School of Management. Earlier in his career, he worked as a Chief Research Technologist at Université de Sherbrooke, Quebec. His current community involvement includes Care Watch Toronto, the Caribbean Cultural Committee and Full Circle Educational Recreational Child & Family Centre.

Anne Marie Dalimonte

Since 1994, Anne Marie Dalimonte has been Executive Director of Growing Tykes Child Care, a not-for-profit day care agency. She has been Director and Executive Vice-President of Valencia Fresh Foods since 1989. From 1985 to 1994, she was President of Tiny Tykes College, operating two for-profit daycare centres in east end Toronto. She is also a former member of the Vaughan Chamber of Commerce, a member and former Director of Childcare Advisory Board (City of Toronto), member of the Canadian Federation of Independent Business and a member of the National Association for the Education of Young Children.

Monique Moreau

Monique Moreau has practiced family medicine in Alliston since 1997. Other activities include being a coroner, surveying for Canadian Council on Health Services Accreditation, and being an examiner for the College of Family Physicians of Canada. Previous experience includes teaching family medicine at the University of Toronto and being a preceptor for allied health trainees. Her Board experience includes Stevenson Memorial Hospital 2003 to 2006, as well as St. Michael's Homes, Toronto, and Les Residences Lyne Ferguson in New Brunswick.

Did you know that the Central LHIN…

… is one of the most culturally, linguistically and geographically diverse regions in the province.

… is the most populous LHIN, with more than 1.5 million residents.

… has the lowest percentage of daily cigarette smokers in the province.

… residents have the lowest hospitalization rates in the province.

(sources: 2003/2004 population census data, Central LHIN Health Profile)

"COLLABORATION CORNER"

The Central LHIN Mental Health and Addictions Planning Group was established in late 2005, building upon the existing York Region Mental Health Committee, a self-organizing, collaborative working group made up of providers and consumer/survivors. This article was co-authored by three members of the group: Linda Bell of Bellwood Health Services, Marie Lauzier of York Support Services Network, and John O'Mara of Addiction Services of York Region.

Mental Health and Addictions has been identified as a priority for the Central LHIN. That's the position taken by the 2004 Central LHIN Planning Priority Steering Committee and supported by the Ministry of Health and Long-Term Care.

In Fall 2005, Hy Eliasoph, CEO of the Central LHIN, met with addiction and mental health professionals in our LHIN. Together, we agreed that designating mental health and addictions as a priority provided a tremendous opportunity to improve service access and delivery in these two very important areas. Treatment providers and consumer representatives accepted responsibility for planning the mental health and addictions component of the Integrated Health Service Plan for our LHIN.

Due in September 2006, we have less than a year to plan and prepare the report for the Ministry of Health. That's a very tight timeline. Fortunately, we are not starting from scratch. We have the assistance and support of the LHIN staff and can draw on 10 years of community collaboration and planning. Getting feedback from both consumers and providers is a critical component of this process.

Best practices and benchmarks are the new buzz words for quality care. The 2002 reports from the Provincial Mental Health Implementation Task Forces made several recommendations on how to meet the needs of people with a serious mental illness. Reports like these are essential to our mission to improve access and delivery.

However, the mental health reports from 2002 did not address the needs for improving addiction services. That said, addiction services do have resources to draw on including a provincial treatment registry database, and standardized assessment and discharge tools.

LHIN staff, providers, and consumer representatives have been meeting to further the plan's development. Within the larger group, participants have agreed on principles for the mental health and addictions system, and for working together within the reality of Central LHIN. The group has also defined the essential elements for both a mental health and addiction service continuum.

Smaller, task-oriented groups have spearheaded different components of our plan. One group is developing and implementing a survey that will take a snap shot of the current service in Central LHIN. Another has defined a process for completing the written plan.

Overall, we are moving forward with an aggressive schedule to clarify the capacity and configuration for the preferred future state of mental health and addiction services across Central LHIN.

The mental health and addiction specialties have an opportunity to learn from one another to improve the system of care for everyone. We are committed to working together to integrate these areas into the broader health context.