South West LHIN

Agenda Item 5.4

Report to the Board of Directors

Peer Support Integrations

Meeting Date: **January 17, 2017**

Submitted By: **Kelly Gillis Senior Director, System Design & Integration**
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Submitted To: ☒ **Board of Directors** ☐ **Board Committee**

Purpose: ☐ **Information Only** ☒ **Decision**

Suggested Motions

THAT the South West Local Health Integration Network (LHIN) Board of Directors does not wish to issue an integration decision regarding the proposed integration of peer support services as described in the Formal Notice of Intended Voluntary Integration submitted to the South West LHIN by Choices for Change Alcohol, Drug & Gambling Counselling Centre and Phoenix Survivors Perth County on December 16, 2016.

and

THAT the South West LHIN Board of Directors does not wish to issue an integration decision regarding the proposed integration of peer support services as described in the Formal Notice of Intended Voluntary Integration submitted to the South West LHIN by the Canadian Mental Health Association, Oxford branch and the Oxford Self Help Network on December 20, 2016.

and

THAT the South West LHIN Board of Directors allocate one-time funding up to $132,500 in 2016/17 ($62,500 to Choices for Change Alcohol, Drug & Gambling Counselling Centre and $70,000 to Canadian Mental Health Association, Oxford branch) to support the integration of peer support programs with the identified lead Mental Health and Addiction agencies.

Purpose

The purpose of this report is to provide information to the South West LHIN Board of Directors to enable the Board to determine whether or not it wishes to issue an integration decision regarding the voluntary integrations proposed by Choices for Change Alcohol, Drug & Gambling Counselling Centre (CFC) and

Phoenix Survivors Perth County (Phoenix) and by the Canadian Mental Health Association (CMHA), Oxford and the Oxford Self Help Network (OSHN). These initiatives are considered integrations as there will be a transfer of programs and funding from Phoenix to CFC and from OSHN to CMHA Oxford. Both Phoenix and OSHN will cease to function as separate entities. A brief update is also provided on the status of integration planning for peer support services within the other sub-regions of the LHIN.

Background

Peer Support is an essential and valued component of a client-centered, recovery oriented system of Mental Health and Addictions (MH&A) care. Currently, the South West LHIN provides funding (just over $1M) to six Consumer Survivor Initiatives (CSIs) organizations/Peer Support programs:

1. Phoenix Survivors Perth County
2. Psychiatric Survivors Network of Elgin
3. Oxford Self Help Network
4. CAN-VOICE (London Middlesex)
5. Consumer/Survivor Development Project provided by Hope Grey Bruce Mental Health & Addiction Services
6. Peer Support program provided by CMHA Huron Perth

CONNECT for Mental Health was a non-LHIN funded peer support program providing programs and services in London. In 2016, the Ministry of Health and Long-Term Care committed one-time funding to support hospital-based peer support in hospitals. These one-time funds were allocated directly to CMHA Middlesex, who used them to purchase services from CONNECT for 2016/17 to provide hospital-based peer support in London.

The need for changes to the current peer support system have been highlighted and prioritized since 2011. Work on the overall South West LHIN Peer Support Strategy began in 2014. Additional background and details regarding this work are included in Appendix 1.

Strengthening Peer Support Services

Through the South West LHIN Peer Support Strategy, the South West LHIN has been working with the Leadership and Governance of CSIs/peer support programs and Mental Health and Addiction (MH&A) providers since December 2015 with a focus on enhancing peer support, through integration, at the sub-region level (Grey Bruce, Huron Perth, London Middlesex, Oxford and Elgin). Significant engagement has occurred at sub-region and LHIN-wide tables to identify core components of a peer support model that is aligned with the best available evidence, to determine education standards and to identify peer support lead agencies. The peer support model for the South West LHIN was agreed to by both peer support and MH&A providers in September 2016. Following agreement on the model, work at a sub-region level was initiated to identify integration opportunities between peer support and lead MH&A providers, building upon the strengths of the existing peer support programs.

The rationale for integrating peer support programs into lead MH&A organizations in each sub-region, is to improve access to services and provide a better experience for clients with MH&A concerns by strengthening peer support services across the South West LHIN. The following table outlines how peer support services will be improved for clients as a result of integration into lead MH&A organizations:

Current State		Future State
Inequitable and inconsistent peer support program delivery between sub-regions	→	Availability of peer support wherever individuals are in their recovery journey including locations such as the community, hospital, outpatients, work and school, as well as wherever they live - urban, rural or remote locations across the South West LHIN

Current State		Future State
Disconnect and lack of referrals to other MH&A health service providers	→	Coordinated services and resources between peer support and other MH&A health providers
Variance in peer support roles and lack of formal training	→	Defined peer support roles and formalized training standards and resources based on promising practices
Small, marginalized CSIs/peer support programs; Inadequate monitoring and evaluation	→	Stabilized peer support services embedded in the MH&A continuum of care and within sustainable peer support hubs and organizations; Monitoring and evaluation of peer support services

Current Status

The Huron Perth and Oxford sub-regions have completed initial integration plans and have submitted Notices of Intended Voluntary Integration to the LHIN.

Huron Perth Sub-Region
A Formal Notice of Intended Voluntary Integration was submitted to the South West LHIN by CFC and Phoenix on December 16, 2016. Pending the integration with Phoenix, CFC will provide peer support services within Perth County and Phoenix will cease to operate as an independent organization. CMHA Huron Perth will continue to provide peer support services within Huron County. Although CMHA Huron Perth is not a formal partner within the integration submission, they have been and will continue to work with CFC and Phoenix to ensure service coordination within the sub-region.

Oxford Sub-Region
A Formal Notice of Intended Voluntary Integration submitted to the South West LHIN by CMHA, Oxford and the OSHN on December 20, 2016. The integration will result in the dissolution of OSHN as a separate entity and the peer support program will merge into CMHA Oxford, as the lead MH&A organization for the Oxford sub-region.

London Middlesex and Elgin Sub-Regions
Initial planning discussions continue in the London Middlesex and Elgin sub-regions. Separate Board to Board engagement sessions facilitated by South West LHIN Board members were held with the Peer Support Network of Elgin (PSNE) and Can-Voice board representatives on December 19, 2016. Both sessions were productive and specific next steps were identified to continue to advance integration plans.

Grey Bruce Sub-Region
Peer support programming within the Grey Bruce area is provided by Hope Grey Bruce Mental Health and Addiction Services. Opportunities to continue to strengthen programming continue to be explored within this already integrated model of service delivery.

Issuing an Integration Decision

As outlined in Section 27 of the *Local Health System Integration Act (LHSIA), 2006*, upon receipt of a Notice of Integration the LHIN may consider if the proposed integration is in the public interest. This will include consideration of whether the proposed integration is consistent with the LHIN's Integrated Health Service Plan and any other relevant matter as decided by the LHIN Board.

The Board then has two options:

1. **LHIN does not object to intended integration**: The LHSIA allows the LHIN 90 days to consider the notice of intended integration from a Health Service Provider (HSP). If the LHIN does not

object to the intended integration, it may simply choose to take no action. In that case, after 90 days have elapsed from the day the HSP gave the LHIN notice, the provider may proceed with the integration. While the LHSIA does not require it to do so, the LHIN may choose to notify the HSP that it does not intend to issue a decision stopping the integration.

2. **LHIN has concerns about intended integration:** If the LHIN has concerns about the intended integration based on the notice from the HSP, it can take steps towards preventing the integration from proceeding. The LHIN must notify the HSP within 90 days of receiving the Notice of Integration that it proposes to issue a decision ordering the provider not to proceed with the integration. The LHIN must provide a copy of the proposed decision to the HSP and must make copies of the decision available to the public, also within the 90 day timeframe.

Analysis of the Proposed Integration

Both integrations have been evaluated to ensure they are in the best interest of the public. The following table outlines the impacts of the integrations:

Impacts	Huron Perth	Oxford
Impacts on Patients and Services (from public's perspective)	• The agreed to model will build upon the strengths of peer support services currently offered in the South West LHIN to standardize and expand peer support services to enable availability of peer support wherever individuals are in their recovery journey including locations such as the community, hospital, outpatients, work and school, as well as wherever they live - urban, rural or remote locations across the South West LHIN. New and existing clients will benefit from: o Additional peer support programs including family and caregiver peer support o More locations and peer support program options (e.g. in hospital, community, workplace) o Identification of clients for diagnostic groups (e.g. depression, bipolar) o Expansion of peer support for age-related groups including the adolescent population • The new model is designed to support linguistic and cultural needs of the residents of the South West LHIN	
Impacts on Labour	• CFC has agreed to "grandfather" the existing program staff. • Existing volunteers will be given the opportunity to transition to the program at CMHA CFC • Through ongoing engagement, there has been positive support from staff, volunteer and members regarding the integration	• Current OSHN roles will be reviewed for match to the agreed to peer support model. This may result in less total employees within the peer support program. • Existing volunteers will be given the opportunity to transition to the program at CMHA Oxford • Through ongoing engagement, there has been positive support from staff, volunteer and members regarding the integration
Impacts on Health Service Provider Management / Board Structure	• Currently Phoenix has a Board and Executive Director. The integration will result in one Board of Directors and one Executive Director through CFC. • CFC has agreed to have 2 Phoenix Board members join the CFC board. The remaining Board members will form an Advisory Committee for the Peer Support program	• Currently OSHN has a Board and Executive Director. The integration will result in one Board of Directors and one Executive Director through CMHA Oxford. • OSHN and CMHA Oxford have formed a Joint Integration Steering Committee with staff, Board members, peer support members and CMHA Oxford clients to oversee the integration activities.

Impacts	Huron Perth	Oxford
	• From April 1 to June 30, 2017, a skeleton Board of Directors for Phoenix will exist to approve the final audit and facilitate dissolution. • After June 30, 2017, Phoenix's Board of Directors cease to exist. • CFC has agreed to have 2 Phoenix Board members join the CFC board. The remaining Board members will form an Advisory Committee for the Peer Support program. • The Boards of CFC and Phoenix unanimously support this integration.	• After June 30, 2017, OSHN's Board of Directors cease to exist • The Boards of CMHA Oxford and OSHN unanimously support this integration.
Financial Impacts	• One-time costs of up to $62,500 have been identified to support legal fees and severance costs (if required). Severance may only be applicable if the current ED of Phoenix does not apply/is not the successful candidate for the Peer Support Program Manager position.	• One-time costs of up to $70,000 have been identified to support legal fees and severance costs (if required). Severance may only be applicable if the current ED of OSHN does not apply/is not the successful candidate for the Peer Support Program Manager position.
Impact to Service Accountability Agreements (SAAs)	• Base funds and accountability for the peer support program will be transferred from Phoenix to CFC ($144,314) on April 1st, 2017 and will be incorporated into lead organization accountability agreement. • Impact to Service Accountability Agreements (SAAs): The M-SAA process will be managed through the transition and LHIN staff will work with CFC to ensure the terms and conditions are met with respect to the termination of the M-SAA for Phoenix	• Base funds and accountability for the peer support program will be transferred from OSHN to CMHA Oxford ($159,627) on April 1st, 2017 and will be incorporated into lead organization accountability agreement. • Impact to Service Accountability Agreements (SAAs): The M-SAA process will be managed through the transition and LHIN staff will work with CMHA Oxford to ensure the terms and conditions are met with respect to the termination of the M-SAA for OSHN.
Impact on Outcomes	• The agreed to model will ensure coordinated services and resources between peer support and other MH&A health providers: o Seamless transitions between acute and community and vice versa (services are natural integrators) o Coordinated and integrated service delivery within peer support services with formal connections to primary care, housing, children and youth, justice, employment programs o Removal of silos/barriers to care - peer support programs will now be truly integrated into the MH&A system • The agreed to model will ensure that each peer support program will offer a full array of services to optimize access to a consistent menu of programs and services. • Current peer supporters receive a variation of training programs ranging from Ontario Peer Development Initiative (OPDI) Level 1 and 2 training for a few individuals, to in-house training/ orientation programs that cover basic information. The agreed to model will incorporate formalized training standards and resources based on promising practices. By collaborating with larger organizations, CSI/peer	

Impacts	Huron Perth	Oxford
	support programs will be able to strengthen the services they offer. This would not only allow them to respond to more people in need of support, but would let them benefit from the training, financial and other supports a larger organization can offer. This would ensure the strengthening and sustainability of peer support for the future.	

Conclusions and Recommendations

LHIN staff have confirmed due diligence related to the proposed integration between CFC and Phoenix and between CMHA Oxford and OSHN and, therefore, recommend that the LHIN not issue integration decisions to stop or amend the integrations.

Next Steps

Subject to LHIN Board consideration of the integration proposals:

- Review of January 6, 2017 submission of joint Community Annual Planning Submission (CAPS)
- The M-SAA process will be managed through the transition and LHIN staff will work with the HSPs to ensure the terms and conditions are met with respect to the termination of the M-SAAs for Phoenix and OSHN. Funding to Phoenix and OSHN will be terminated March 31, 2017
- CFC and CMHA Oxford 2017/18 M-SAAs will be approved at the March 2017 meeting of the LHIN board. Funding for peer support services will be included
- On April 1, 2017:
    - Peer Support Program accountability will be integrated with the existing programs and services of CFC in Perth County and CMHA Oxford in Oxford County.
    - Both Phoenix and OSHN will begin a 90-day wrap-up of operations, including a final audit. Phoenix and OSHN will wind up by June 30, 2017. LHIN staff will be assisting with transition plans starting in January 2017.
    - Implementation of the core components of the agreed to model of peer support that are not currently offered in each County will begin, as well as monitoring and evaluation of the initiatives.

Next Steps in Peer Support Strategy:

- Elgin and Middlesex:
    - Meetings in January, 2017 to continue integration planning
    - It is anticipated that the planning of these integrations will be complete and transition initiated by March 31, 2017
    - Implementation and evaluation of agreed to model during 2017/18

Appendix 1 – Additional Background and Supporting Documentation

Consumer Survivor Initiatives (CSIs) are self-help groups, alternative businesses or support services run by people with diagnosed mental illness, for people diagnosed with mental illness.

Peer Support is a naturally occurring, mutually beneficial support process, where people who share a common experience meet as equals, sharing skills, strengths and hope, allowing people to learn ways of coping from each other. Intentional peer support is any organized peer support provided by and for people with mental health problems. Peer support initiatives are the programs, networks, agencies or services that provide peer support.

Vision: To create a connected, seamless system that provides consistent and equitable peer support built on promising practices across the South West LHIN.

The South West LHIN recognizes Peer Support as an essential and valued component of a client-centered, recovery oriented system of MH&A care in the South West. Within the South West LHIN, there is a pressing need to better integrate existing CSI/peer support programs with other community MH&A services to improve client access to a coordinated range of services and supports and to address risks and challenges related to governance, financial controls, human resources and other back office supports currently experienced by CSIs within the South West LHIN:

- *The Time is Now - Community Capacity Report* (CCR), completed in 2011 and the CCR Refresh, completed in 2014, both highlighted peer support as one of several key areas requiring system improvement resulting in recommendations to strengthen peer support integration and infrastructure across the South West.
- Ontario's mental health strategy, *Open Minds, Healthy Minds* (2011), calls for more community supports for people with lived experience. It seeks to enhance the capacity of peer support services to build a better quality of life for people with mental illness. Research shows peer support is associated with:
    - Reductions in hospitalizations for mental health problems,
    - Reductions in 'symptom' distress,
    - Improvements in social support, and
    - Improvements in people's quality of life.
- In 2014/15 the South West LHIN Board of Directors approved one-time funding for St. Joseph's Health Care London to procure resources to work with the South West Alliance Network (now called the Peers Envisioning and Empowering Recovery Across the Southwest (PEERS) Network) and the South West Addiction and Mental Health Coalition to procure a consultant to lead the development of a Regional Peer Support Model including integration opportunities for local and regional structures in the South West LHIN.
- April 2015: The final report "*Development of a Peer Support Strategy for the South West LHIN*" was received.
- October 2015: The South West LHIN Board of Directors received the report, supported the 4 priorities identified in the report and directed LHIN staff to engage CSIs and community MH&A providers in facilitated integration and collaboration processes to strengthen CSI programs and services with implementation targeted for fiscal 2016/17. The four priorities identified in the report include:
    1. Improving existing models of peer support
    2. Promoting standards for peer support training and investments in people
    3. Establishing linkages and integration processes between peer support offered by CSIs and the MH&A system
    4. Enhancing the governance and infrastructure of CSIs.
- December 2015: face to face meeting in Stratford (Board Members and Staff)
- December 2015 – August 2016:
    - Completed current review of peer support programs in the South West LHIN
    - Engagement with Boards, Peer Members and MH&A Agencies

    - Communication - LHIN wide teleconferences on a bi-monthly basis as a communications and engagement strategy
    - Formed sub region peer support working groups - engaged CSIs and MH&A agencies for ongoing feedback (monthly meetings)
    - Created an inventory of ongoing training and current training resources and standards to inform the peer support model for the South West LHIN
- September 2016: Shared and formalized the Peer Support model for the South West LHIN with CSIs and MH&A providers.
- September 2016 – present: Engagement with Governance and Leadership at sub-region level to identify peer support lead agencies and integration opportunities between peer support and lead MH&A providers, building upon the strengths of the existing peer support programs.
- Next steps:
    - Continued integration planning in London Middlesex and Elgin with goal to complete integrations and initiate transition initiated by March 31, 2017
    - Continued work in each sub-region to assess what elements of the agreed to model need to be implemented within their sub-region and develop a plan for implementation during 2017/18.

The reports noted are all available on our website here:
http://www.southwestlhin.on.ca/goalsandachievements/Programs/MentalHealthAddictions.aspx

Benefits of Integration

The embedded peer support programs already benefit from the resources the larger organization has to offer. The current stand-alone CSIs, as part of larger organizations, would be able to respond to many more people and would benefit from the training, financial and other supports a larger organization can offer - ensuring the sustainability of peer support. Lead MH&A Organizations will have:

- Proven partnerships within the MH&A system
- Leadership and Governance capacity
- An effective understanding of the peer support values and guiding principles:
    - Integration
    - Personal characteristics
    - Recovery and healing
    - Partnerships
    - Capability
    - Inclusivity and diversity
- Working relationships with area peer support/CSIs
- Understanding of community/area/population of needs
- A commitment to improving client outcomes

Once the stand-alone CSIs are integrated into Lead MH&A organizations there will be:

- The ability to expand peer support programs and build peer support hubs in each sub-region
- Improved economies of scale, efficiencies and optimized resources
- Sub-region wide marketing and communications plan including materials such as brochures, posters etc.
- Peer support standards and practices linked with accountability

Peer Support Program Core Services

All Peer Support Program Components will be offered in a variety of settings across the sub-region to ensure equitable access including:

- **Intentional 1:1 Peer Support**: peer support services within community settings (focusing on issues such as education, employment, Mental Health systems navigation, systemic/individual advocacy, housing, food, security, internet, transportation, recovery education, anti-

discrimination work, etc.). Formal matching of one to one peers will be an important component of the new model.

- **Group Peer Support**: group members share a common experience and coping strategies together
- **Family/Caregiver Peer Supports**: provided to persons who are family members of persons with a mental illness or mental health concern, by volunteers who are also family members of a person with a mental illness or mental health concern.
- **Diagnostic Group Supports**: i.e. depression, bipolar, dual diagnosis
- **Hospital Based Peer Supports**: to include transitional discharge supports i.e. support provided to individuals prior to their discharge from hospital, developing a discharge plan to include matching the individual with a peer supporter once discharged
- **Life Stage Specific Peer Support**: i.e. youth, new mothers, elderly
- **Ethno-Specific Peer Support**: culturally specific peer supports
- **Workplace Peer Support**: workplace based programs where employees with lived experience are selected and prepared to provide peer support to other employees within their workplace.
- **Psychosocial Rehab**: support that promotes personal recovery, successful community integration and satisfactory quality of life for persons who have a mental health illness or mental health concern.
- **Outreach and Education**: i.e. workshops to community organizations (schools, libraries, churches) on topics concerning mental illness and recovery, sharing personal experiences of recovery through public speeches or media.
- **Leisure and Social Activities** i.e. bowling, bingo, arts & crafts, euchre tournament

Desired Outcomes

1. Availability of peer support wherever individuals are in their recovery journey

Currently there is a broad spectrum of peer support models offered, ranging from friendship models/informal support to intentional peer support and clinical care in clinical settings:

- These are largely based on informal practices and a social service model.
- As the majority of peer support programs currently offer primarily a clubhouse/walk-in model, there are challenges for clients to access services due to transportation, distance or location.
- There is a lack of peer supports in workplaces and clinical settings.
- Cultural and language barriers are an issue.
- There is a lack of peer supports for families or special populations.

A range of accessibility is important. The new model will ensure that each peer support program will offer a full array of services to optimize access to a consistent menu of programs and services.

The new model will enable availability of peer support wherever individuals are in their recovery journey including locations such as the community, hospital, outpatients, work and school, as well as wherever they live - urban, rural or remote locations across the South West LHIN.

2. Coordinated services and resources between peer support and other MH&A health providers

There is a concerning disconnect and lack of referrals between peer support programs and other MH&A health service providers. Most of the beneficiaries of peer support are identified through word of mouth, outreach and community referrals.

The new model will ensure coordinated services and resources between peer support and other MH&A health providers:

- Seamless transitions between acute and community and vice versa (services are natural integrators)

- Coordinated and integrated service delivery within peer support services with formal connections to primary care, housing, children and youth, justice, employment programs
- Removal of silos/barriers to care - peer support programs will now be truly integrated into the MH&A system
- Connection within Lead MH&A organizations will:
    - Provide more locations the programs can be offered
    - Identify clients that can benefit from different peer support programming options
    - Identify clients for diagnostic groups (e.g. depression, bipolar)
    - Assist with formalizing clinical connections in hospitals

3. Defined peer support roles and formalized training standards and resources based on promising practices

Current peer supporters receive a variation of training programs ranging from Ontario Peer Development Initiative (OPDI) Level 1 and 2 training for a few individuals, to in-house training/ orientation programs that cover basic information. While some in-house training programs are comprehensive, the majority of programs do not meet the content areas established by the Mental Health Commission of Canada (MHCC).

The new model will incorporate formalized training standards and resources based on promising practices.

4. Stabilized peer support services embedded in the MH&A continuum of care and within sustainable peer support hubs and organizations; Monitoring and evaluation of peer support services

While funding for peer support overall is over $1M, this translates into fairly lean budgets at an individual organizational level. 4 of the 6 LHIN funded providers, and CONNECT for Mental Health are all stand-alone organizations. The overall structure of a peer support model can be a challenge without having the right organizational supports in place.