

Report to the Board of Directors

Peer Support Strategy for the South West LHIN

Meeting Date: October 20, 2015

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Submitted To: Board of Directors Board Committee

Purpose: Information Only Decision

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South West LHIN staff are bringing forward the “*Development of a Peer Support Strategy for the South West LHIN*” report as well as seeking Board engagement and support in relation to proposed facilitated integration and collaboration activities between Consumer Survivor Initiatives (CSIs)¹ providing peer support programs and Mental Health and Addictions (MH&A) organizations across the South West LHIN.

There is a pressing need to better integrate existing CSIs (peer support² 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. An integrated range of mental health services will not only improve ease of access and navigation to community services for clients with mental health concerns, but will lead to improvements in quality and achieve greater value for money and service sustainability.

Suggested Motions

THAT the South West LHIN Board of Directors receive the final report “*Development of a Peer Support Strategy for the South West LHIN*” which was completed in April 2015.

and

¹ 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.

² 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.

THAT the South West LHIN Board of Directors support the four priorities identified in the “*Development of a Peer Support Strategy for the South West LHIN*” report and direct 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.

Alignment to 2013-16 Integrated Health Service Plan (IHSP) Strategic Directions and Key Drivers

- Improve Access to Family Health Care
- Improve Coordination and Transitions of Care for Those Most Dependent on Health Services
- Drive Safety through Evidence –Based Practice
- Increase the Value of Our Health System for the People We Serve

Key Drivers

- Technology to Connect and Communicate
- Quality and Value
- Connecting and Empowering People

Impact on Big Dot Outcomes

- Reducing 15,000 emergency room visits and hospital readmissions, resulting in 10,000 more days at home
- Increasing the availability of family health care
- Increasing availability and access for community supports for people resulting in 17,000 more days at home

Background

The South West LHIN provides funding (just over \$1M) to six CSI organizations/programs:

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

The six LHIN-funded CSIs are all part of the South Western Alliance Network (SWAN). The role of SWAN is to enable member organizations to work together to support the full involvement of consumers/survivors in the development of the mental health service system.

Ontario’s mental health strategy, Open Minds, Healthy Minds, 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.

Building on the MH&A Community Capacity Report Refresh (2014) recommendations, 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 (SWAN) and the South West Addiction and Mental Health Coalition (the 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. The final report “*Development of a Peer Support Strategy for the South West LHIN*” was received

in April 2015. The executive summary is attached and the full report can be found on the South West LHIN website [here](#). The report identifies “*Peer support as an essential and valued component of a client-centered, recovery oriented system of mental health and addiction care.*”

Report Highlights

The report provides four key areas of focus for the strategy including:

1. Improving Existing Models of Peer Support
2. Promote Standards for Peer Support Training and Investments in People
3. Establish Linkages and Integration Processes between Peer Support Offered by CSIs and the Mental Health Care System
4. Enhance Governance and Infrastructure of CSIs

In addition, the report includes a literature review, peer support promising practices, an environmental scan, values and guiding principles, vision and outcomes, implementation considerations for a peer support strategy, and a logic model for evaluation considerations. While the final report suggests that the strategy will take up to three years to implement, as well as require consultant resources to lead the work, South West LHIN staff believe this work can be completed by LHIN staff with support and direction from the LHIN Board and working in partnership with health service providers.

Implementation Approach

Leveraging the implementation considerations outlined in the final report, as well as existing structures, the South West LHIN team proposes that we use LHIN resources, including governance engagement leadership and support from LHIN Board members, to implement a strategy with the following goals to ensure sustainability of CSIs:

- Strengthen SWAN structure, with involvement of MH&A community partners to become the regional support for strategic oversight of peer support
- South West LHIN to facilitate integration and collaboration discussions between CSIs and community MH&A organizations to implement formal linkages
- Implement identified promising practices

Engagement to date has included:

- CSIs on September 9, 2016. Full support received for four priority areas, approach and proposed next steps.
- The Coalition on September 11th, 2015. Full support received for four priority areas, approach and proposed next steps.
- South West LHIN Board October 20, 2015 to provide a status update on peer support and seek support.

Facilitated integration and collaboration activities, along the integration spectrum, will be required to integrate CSI's with the broader MH&A system. The SWAN, the Coalition and the LHIN will work with CSIs and community mental health agencies, including CMHAs in each county as well as Hope Grey Bruce, to achieve the identified outcomes.

Next Steps

Pending receipt of support from the LHIN Board for the proposed approach, LHIN staff will schedule meetings with participating health service providers. It is anticipated that the first face-to-face meeting will take place at the end of November and include governance involvement. It is requested that two LHIN Board members be identified to participate in this process.

The first face-to-face meeting will concentrate on the following two areas of focus with the objective being to identify opportunities for those CSIs who are not already integrated with community MH&A organizations:

- Establish Linkages and Integration Processes between Peer Support Offered by CSIs and the Mental Health Care System
- Enhance Governance and Infrastructure of CSIs

A series of regular meetings will then be scheduled to develop an implementation plan and advance implementation using a phased approach, beginning with CSI organizations identified to have the greatest opportunity for improvement.