



Canadian
Collaborative
Mental Health
Initiative

Initiative
canadienne de
collaboration en
santé mentale

Terms of Reference

Project Description

The Canadian Collaborative Mental Health Initiative is a project funded by the Primary Health Care Transition Fund for two years, ending March 31, 2006, to improve the effectiveness of the primary health care–mental health care interface. The Primary Health Care Transition Fund was established to support the transitional costs of implementing large-scale primary health care renewal initiatives. As a result of such initiatives, it is expected that fundamental and sustainable change to the organization, funding and delivery of primary health care will result in improved access, accountability and integration of services.

Canadian Collaborative Mental Health Care Consortium

The project was developed and will be overseen by a Steering Committee comprised of members of the Canadian Collaborative Mental Health Care Consortium. The members are: Canadian Alliance on Mental Illness and Mental Health, Canadian Association of Occupational Therapists, Canadian Association of Social Workers, Canadian Federation of Mental Health Nurses, Canadian Mental Health Association, Canadian Pharmacists Association, Canadian Psychiatric Association, Canadian Psychological Association, Dietitians of Canada, Canadian Nurses Association, Registered Psychiatric Nurses of Canada, The College of Family Physicians of Canada.

Associations that are members of the Consortium are termed ‘partners’ in this document

Primary Health Care Transition Fund

The objectives of the Primary Health Care Transition Fund, which were agreed to by federal, provincial and territorial governments, are to:

- ☞ increase the proportion of the population having access to primary health care organizations that are responsible for the planned provision of a defined set of comprehensive services to a defined population;
- ☞ increase the emphasis on health promotion, disease and injury prevention and the management of chronic diseases;
- ☞ expand 24/7 access to essential services;
- ☞ establish interdisciplinary primary health care teams, so that the most appropriate care is provided by the most appropriate provider; and
- ☞ facilitate coordination and integration with other health services, whether in institutions or communities.

Primary health care is one of the key priorities in the Action Plan agreed to by provincial and territorial governments for renewing Canada's publicly – funded health system. The main purpose for primary health care reform is to ensure that Canadians have access to the right care by the right provider when and where they need it.

For Canadians, the first point of contact with the health system is most likely to be primary care. Modern health care requires the services of a range of health care providers and the meaningful engagement of consumers. The work of these diverse participants will be enhanced through close coordination and teamwork.

Across Canada, provinces and territories have introduced innovative models of primary health care, resulting in improved access, better health, more satisfied providers and the relief of pressures elsewhere in the health system, such as emergency rooms. As a result, First Ministers have committed their governments to broadening and accelerating primary health care initiatives.

Project Purpose

To undertake initiatives instrumental to the achievement of the following vision:

- ☞ A well-integrated public health system, with health care providers from
- ☞ a variety of backgrounds working in partnership with consumers and their families, communities and one another to enable consumers to access
- ☞ health promotion, prevention, treatment/ intervention and rehabilitation services:
 - from the most appropriate provider
 - when they need it
 - in a location that is accessible
 - with the fewest obstacles.

These initiatives will include:

- ☞ Review of the current state of collaborative mental health care
- ☞ Development of strategies for the implementation of collaborative care
- ☞ Development of a charter of understanding among the twelve partner organizations that will influence their future activities and those of the providers they represent
- ☞ Development of recommendations for adopting collaborative mental health care approaches to facilitate the integration of services provided by primary health care providers, health care providers from other specialties, and other community resources
- ☞ Identification of research priorities in collaborative mental health care.

Project Objectives

The goal of the project is to improve the mental health and well – being of Canadians by strengthening relationships and improving collaboration among health care providers, consumers, families and communities.

The Canadian Collaborative Mental Health Initiative will strengthen the delivery of mental health care in primary care settings through the promotion of interdisciplinary collaboration. Activities that would be considered to be within the scope of the Initiative include, but are not limited to, the following:

- ✎ initial care for people with serious mental illness;
- ✎ ongoing care for people with serious or moderate mental illness;
- ✎ hospital care in communities where hospitals provide primary care;
- ✎ voluntary care;
- ✎ community care;
- ✎ mental health care for children;
- ✎ mental health care for the elderly;
- ✎ mental health care for residents of long-term care facilities;
- ✎ addictions treatment;
- ✎ telepsychiatry.

Secondary or tertiary hospital-based care is not considered to be within the scope of the project. It is acknowledged, however, that interdisciplinary collaboration characterizes best practices in hospital-based care as well, and models could be found in this sector that might be emulated in primary care settings.

Project Deliverables

The Initiative has four major deliverables, as identified in the project proposal. These are:

1. Analysis of the Current State of Collaborative Care

- ✎ Determination of success factors, barriers, enablers
- ✎ International context
- ✎ Pan-Canadian policy context
- ✎ Annotated bibliography
- ✎ Typology of initiatives/approaches.

2. *Strategies*

- ✎ Plans for removing barriers to the adoption of collaborative health care approaches or to the implementation of such approaches for meeting the mental health needs of Canadians.

3. *Charter Development*

- ✎ Shared vision of collaborative care acceptable to all partners of this project; commitment on the part of members of the Steering Committee to work together to increase collaboration in the delivery of mental health care and social services across Canada.
- ✎ Promotion of new partnerships among providers, consumers, families and community groups.
- ✎ Development of materials, tools, presentations and workshops for educating primary health care providers, mental health care providers, consumers and their families, funders and health policy makers on the following:
 - principles of collaborative care
 - implementing and evaluating collaborative care approaches.
 - Collaborate with selected Regional Health Authorities currently implementing these approaches in their jurisdictions.

4. *Dissemination.*

- ✎ The communications plan will be embedded in, and will reinforce, all deliverables, and will be designed to maximize the Initiative's momentum beyond the project's completion.

Project Schedule

	2004-2005				2005 - 2006			
	Q1*	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Project Initiation	■							
Analysis		■	■	■				
Charter			■	■				
Development				■	■	■	■	
Consultation				■	■	■	■	
Approval						■	■	■
Strategy Development			■	■	■	■		
Implementation			■	■	■	■		
Policy			■	■	■	■		
Curriculum			■	■	■	■		
Other								
Dissemination								
Communication Plan		■	■					
Website		■	■	■				
Final Report							■	■

* Q1 = April, May, June

Project Budget \$3.8 million over two years [see Schedule B]

Project Approach

The project will be managed by an Executive Director reporting directly to a Steering Committee comprised of representatives of Consortium members. The Executive Director will be responsible for ensuring that the work flows at a pace consistent with the project scope and time frame. Task groups, comprised of Steering Committee members with the addition of experts from various health professions and from different parts of the country, will be set up to guide the achievement of each deliverable. The work of the Task Groups will be supported by a combination of employed and contract staff and consultants with specific tasks. Reasonable efforts will be made to have work undertaken by professionals in different disciplines and from different regions of Canada.

Project Risks and Opportunities

The greatest risk identified by the Steering Committee is the possibility of failing to make the case for change sufficiently compelling to motivate front-line providers,

resulting in insufficient engagement in the field. Steering Committee and staff members will take the steps necessary to mitigate this risk.

Assumptions and Constraints

The field of primary health care will change – the intense focus of all governments on improving access to, and the performance of, primary health care will result in significant changes.

The delivery of health care will be characterized by shortages of all professionals and occupational groups for the foreseeable future, deepening the need to make the best possible use of the widest range of capabilities available.

Rules of the Road

Role of the Steering Committee

Members of the Steering Committee include up to two representatives of each partner organization and the project's executive director (ex-officio, non-voting). Each partner organization is entitled to one vote. Consistency in Steering Committee membership is important to the success of the project. Accordingly, partner organizations agree to appoint representation to the project for the duration of the Initiative.

Responsibilities of the Steering Committee include the following:

- ☞ Provide strategic direction and support to the Executive Director.
- ☞ Project oversight: receive reports from Executive Director and provide advice to ensure that the project remains within scope, budget and timeline.
- ☞ Provide a forum for consensus – building and for strengthening linkages between partner organizations.
- ☞ Review project communications strategy to ensure messages are consistent with both project goals and the goals/strategies of member organizations.
- ☞ Approve the project workplan and budget, along with proposed changes presented by the Executive Director.
- ☞ Review and approve project documentation for dissemination
- ☞ Provide forum for consensus – building.
- ☞ Create subcommittees and task forces where such bodies may be helpful to the efficient execution of the project. In creating subordinate bodies, the Steering Committee will not delegate its decision-making responsibilities.

Responsibilities of Members of the Steering Committee

- ☞ Provide a conduit between the project and the collective experience and wisdom of the partner organizations. Prepare for and participate in Steering Committee meetings.

- ☞ Listen respectfully.
- ☞ Represent the views and positions of the parent organization, its members and the clients they serve.
- ☞ Consider the multiple points of view, keeping in mind the goal of promoting the greatest benefit to the consumer.
- ☞ Facilitate timely decision-making by partner organizations and their constituencies.
- ☞ Provide a link between the Executive Director and the members of their Association and activities germane to the project.
- ☞ Participate in dissemination/communication activities (e.g. share project documents within their organizations, apprise their organization of the achievement of project milestones).
- ☞ Promote principles of collaborative care within their organizations.
- ☞ Declare any conflicts of interest (i.e. identify any activities of the Initiative from which the member may potentially benefit materially and report these activities to the Steering Committee) and remove oneself from decision-making processes relevant to the declared conflict to ensure that they have not had any influence on decisions.

Role and Responsibilities of the Chair of the Steering Committee

The Chair of the Steering Committee is appointed by a simple majority of the Steering Committee for the duration of the project. The function of the Chair is to:

- ☞ ensure that meetings are purposeful and directed to the attainment of project goals;
- ☞ ensure that meetings proceed with an appropriate balance of debate and harmony and to see that all members have an opportunity to have their views heard respectfully;
- ☞ with the Executive Director, represent the project externally.

Role and Responsibilities of the Executive Director

The Executive Director is responsible for implementing and directing the Canadian Collaborative Mental Health Initiative. The Executive Director will oversee all aspects of the project's operation, including budget and resource allocation, management of consultation, research and communication contracts and activities, and liaison with a variety of stakeholder groups, including representatives of provincial and territorial governments. The Executive Director will also be responsible for assembling a team to support the work of the project.

The Executive Director:

- ☞ is responsible for ensuring that project activities are consistent with the achievement of project goals and with the workplan as approved by the Steering Committee;

- ☞ is responsible for ensuring that project expenditures are consistent with the project budget and are within the total allocation provided for the project.
- ☞ appraises the Steering Committee of any material changes to the workplan, the rationale for the changes and the expected implications for the project timetable and outcomes;
- ☞ hires staff within the project budget (hiring practices are to be consistent with policies of the College of Family Physicians of Canada);
- ☞ engages consultants to undertake defined tasks or project components, taking care to ensure that contracts to initiate these engagements are:
 - clear as to the scope of the assignment, the deliverable and the
 - timeframe;
 - consistent with prudent and ethical business practices;
 - consistent with the policies of the College of Family Physicians of Canada;
 - determined through a competitive process if the value of the contract is expected to exceed \$24,999.00; and
 - consistent with the reporting requirements of Health Canada.

The Executive Director is accountable to the Steering Committee and liaises on a regular basis with the Chair of the Steering Committee. To ensure compliance with The College of Family Physicians of Canada's (CFPC) administrative processes and to provide oversight of CFPC's Recipient Organization role under the Contribution Agreement, the Executive Director will report to the representative appointed by CFPC.

Project Expenditures

The Steering Committee will be responsible for approving the project budget, any subsequent changes to the budget and any material expenditures that are not anticipated in the budget.

The Executive Director must ensure that expenditures are consistent with project goals, the project budget, and prudence and good judgement.

The Executive Director must comply with the accounting and reporting requirements of both Health Canada and the College of Family Physicians of Canada.

Meetings of the Steering Committee

Meetings will be held every two months or at the call of the Chair. Normally, meetings will be held at the College of Family Physicians of Canada, 2630 Skymark Avenue, Mississauga, Ontario. All agenda items must be submitted at least two weeks in advance of the meeting through the project coordinator.

Members will be provided with a schedule of meetings, with time and location clearly identified.

Decision-Making

The Steering Committee is the principal decision-making body for the Initiative. The Steering Committee will make decisions that will define or alter the scope of the project, its budget or its schedule. The Executive Director will make decisions necessary to the execution of the project within the scope, budget and schedule, as defined by the Steering Committee.

Roberts Rule of Order will be the reference of record for the conduct of Steering Committee meetings. In the normal conduct of business, decisions will be made by consensus. Consensus is achieved when all Steering Committee members can commit to supporting the decision once it has been made. When a decision is to be made, the Chair will endeavour to ensure that all relevant points of view have been heard and will seek to frame the decision such that a consensus can be achieved. Although most decisions will be by consensus, when voting is necessary, a simple majority will rule. If the decision requires a show of hands, the Chair will identify the process for decision-making. The decision to accept the final version of the Charter will be by consensus.

Decisions regarding approval of the budget, or approval of changes to the budget, material changes in the scope or schedule of the project, the hiring or termination of the Executive Director, or changes in the composition of the Steering Committee will be made by a majority of the partners present. In such instances, a motion will be introduced by a partner and seconded by another. The Chair will call for discussion of the motion and when satisfied that points of view have been expressed, will call the question. Members will vote by a show of hands. Each partner organization present will be entitled to one vote.

Minutes will be taken for each meeting of the Steering Committee and will record all decisions taken by the Steering Committee, whether by consensus or by vote. The Executive Director will provide meeting minutes and all documents necessary for meeting preparation in sufficient time to ensure that all members have the opportunity to be fully prepared for meetings of the Steering Committee.