

Driving Change for Collective Impact:

Summary of Discussions



On January 20th, members of organizations involved in providing mental health services within the Edmonton region came together for a workshop hosted by the United Way of the Capital Region, City of Edmonton and the Mental Health Stewardship Committee. The discussions during the workshop focused on improving access to and the delivery of mental health services to individuals and families in the region.

Several presentations were provided at the start of the day regarding context and background, the mental health continuum working groups, MLA Heather Sweet provided an overview of the Mental Health Provincial Review, Kate Gunn provided an overview of End Poverty Edmonton and Craig Staniforth gave a presentation on Edmonton's Centralized Intake Model (see Appendix 3 for further information).

In part, the workshop was the result of The United Way and City of Edmonton's recent successful grant application that provides funding to develop a comprehensive community mental health action plan. The objectives of the action plan are:

- Maximize the collective resources
- Leverage opportunities to respond to gaps with existing resources
- Foster innovative approaches to achieve joint goals
- Identify a continuum of integrated supports that respond to the mental health needs of the community.

David Rust will oversee the development of the action plan, and was introduced at the beginning of the workshop. He spoke briefly about his new role and asked participants to be frank, open and honest about their experiences, their successes and their challenges. This sharing of experience will help strengthen the work being done.

Tammy Horne, the Principal of Wellquest Consulting was also introduced to participants. She is working as a consultant supporting the development of the plan. To date, her work has focused on the creation of a developmental evaluation approach to support the project. This approach is particularly well suited to evaluating the complexity of this project.

The conversations at the workshop will serve as the starting point for the development of the community action plan, with the actions identified by members helping to inform the report's recommendations

Participants were asked to discuss two questions in small groups. The first asked them to identify the highest priority short, medium and long-term actions they believe are critical to the success of the plan. The second focused on the specific commitments each organization was willing to make in order to make progress on the priority actions identified in the first conversations.

This report is meant to highlight the most commonly raised responses. However, to ensure that no detail is lost, raw notes captured at the workshop have been included in Appendix 1 and Appendix 2.

Priority Setting Towards 2020

The Coordinated Mental Health Action Plan seeks to ensure that the right mental health services are provided to the right people, in the right combination and at the right time. To help set priority actions, participants in the workshop were asked what, in their opinion where the top one or two short term, medium term and long term actions within the Action Plan's five priority areas. Several themes emerged in the responses, which have been broken out by priority area below.

Although participants were asked to categorize actions as short, medium or long term, there was little consensus achieved on which actions fit into each category. Generally speaking, participants saw their priority actions as including short, medium and long term components – that is, they believed that they can begin to be acted upon immediately, but will likely require long-term commitment. Thus, this report does not have categorized identified priority actions in this way.

Community Care and Support

The most commonly identified priority to improve community care and support was increasing support to front-line staff. Several different tactics to provide this support were discussed, including:

- **Provide cultural awareness training to staff:** Many clients have different cultural backgrounds and their care could be improved by staff who understand their unique cultural needs.

- **Ensure clients can access care:** Client centered services should be tailored to meet clients' needs, and must be accessible. Participants suggested that care could be provided in the spaces where clients are most comfortable, rather than primarily in offices. As well, they suggested examining the possibility of providing accessible transportation for clients who require it.
- **Deliver more mental health first aid training:** Places where clients or potential clients might make first contact with the mental health system should increase the numbers of staff with mental health first aid training. This includes schools, General Practitioners, reception staff at clinics and others.
- **Integrate mental health awareness into alternative care settings:** For example parents could be asked basic mental wellness questions when they take their children to pediatric appointments. As well, mental health awareness could be integrated into school curriculum to help children become aware of mental health issues.
- **Build relationships:** Participants highlighted the importance of building and maintaining relationships in the community. They noted that people will go to the places and individuals they are familiar and comfortable with for information and support. This included building relationships with faith leaders, who participants said were a frequent first point of contact for people reaching out for assistance with mental health issues and who participants believe will be an especially important point of connection for new Canadians needing to access mental health services.

Navigation

Participants repeatedly identified the complexity of navigating the mental health system as one of the largest barriers to improving care. They made several recommendations to overcome the challenges posed by this complexity, including:

- **Implement more wayfinding support:** Participants felt that patients who are more able to navigate the system independently are better advocates for their own care. Increasing the amount of wayfinding support will help clients take a more active role in their treatment. Participants repeatedly came back to the idea of identifying system “navigators” who would be responsible for assisting clients find and access the services they require. These navigators would also help service providers connect to partner organizations. Participants highlighted the need for wayfinding support to be available in multiple

mediums – through text messaging, by telephone, over the internet, etc. as not all clients will be comfortable accessing information in the same way.

- **Provide physical “navigation” support:** Participants believe that resources should be allocated to help clients physically navigate the system. They pointed to the model currently used by the Cross Cancer Institute that sees volunteers accompany patients and their families through their appointments.
- **Expand 211:** Expanding the existing “211” mental health and crisis intervention information line was suggested as a potential short/medium term action that could provide navigation assistance. Though participants generally believed the service was effective at providing information, they believe that additional resources are required for it to expand its capacity.
- **Move toward a centralized intake model:** Participants generally agreed that the long-term goal of Edmonton’s mental health system should be to move towards a centralized intake model. In this model, patients would be provided with a single point of entry into the system, which would match them with the service or services most appropriate for their needs.

Underlying all the conversations about navigation was the recognition that different clients will require different levels of assistance in navigating the system. For example, while some people will be able to simply call a number or look up information online, others may need a handoff to a caseworker to help get them to appointments.

Service Integration

In order to provide the best possible care, Edmonton’s mental health system will need to become better integrated. As one participant put it – *“some of the biggest barriers are the existing system.”* In order to help break down these barriers, participants suggested:

- **Develop a common language:** Different service providers sometimes use their own definitions for certain words. The development of a common language, employed across the system would ease communication between organizations.
- **Develop system-wide outcomes:** Organizations should work to identify a common set of outcomes the system should be working towards. Once these outcomes are broadly understood, service

providers should then examine their mandates and determine how they can best meet the system's needs.

- **Integrate Services:** There are already examples of successfully integrated services (i.e. social worker/EPS joint teams). Edmonton's mental health should build on these successes and work towards a more integrated approach to service delivery. This should include exploring the co-location of service delivery.
- **Provide joint training opportunities:** Joint training opportunities help to foster relationships between people and organizations. Service providers should keep each other informed of potential joint opportunities.
- **Reduce barriers to sharing information:** FOIPP and patient privacy protections are important, however they can sometimes cause barriers to sharing patient information between service providers. The system needs a better way to share information between providers and ensure "warm handoffs" that do not require clients to repeatedly provide the same information over and over.

Above all, participants noted that different people respond differently to types of treatment – and that we need to understand the complexity and diversity of clients and their needs when trying to develop a streamlining system. The system will need to be flexible and consider a continuum of services that work for all patients.

Evidence Use

During discussion, three main ideas were raised on how best to incorporate evidence into Edmonton's mental health system. They were:

- **Examine the social return on investment:** In order to deploy funds in the most effective way possible, participants suggested examining the use of a social return on investment model, especially with regard to valuing early intervention and prevention.
- **Partner with research organizations:** Participants felt that partnerships with local research institutes, especially at the University of Alberta, would help provide insight in to leading practices from other jurisdictions and academia.

- **Avoid “death by pilot”:** Participants noted that good ideas are often evaluated as pilot programs, which can end once the initial pilot funding runs out. They said the system needs to find a way to ensure that pilot programs that perform well continue to receive funding.
- **Leverage staff knowledge:** Participants frequently spoke about the need to enable frontline staff to recommend changes to policy and practices based on their experience.

Information Dissemination

When discussing how best to disseminate information about the mental health care system to clients, their families and other stakeholders, participants came to three main recommendations:

- **Use multiple formats:** Information needs to be provided to clients in a format that suits them, this could include texting, email, telephone, web, and other means.
- **Ensure information is up to date:** Information provided by service delivery organizations should be kept current. At a minimum, organizations should commit to keeping their websites updated regularly.
- **Develop better public awareness of mental health issues:** A greater understanding needs to be developed amongst members of the public about mental health issues, including the impact of family violence and other trauma on mental health. It was suggested this understanding could be developed through broad advertising campaigns, as well as targeting information towards teachers, coaches, and other community leaders.

Commitment and Next Steps

At the end of the day, participants had reached an understanding on the case for change that is behind the community action plan, and shared a desire to create a more integrated, client centered system. All participants committed to two main courses of action that will help improve the state of Edmonton’s mental health system. These were:

- **Commit to further discussions:** All of the participants in attendance recognized that additional work will need to be done in order to make progress on the actions identified during the workshop. All of them

committed to being involved in an ongoing dialogue on how best to move the action plan forward. Importantly, this commitment was not limited to participating in large, workshop-type conversations similar to this event, but also included a commitment to meeting informally and having ongoing conversations with partner organizations and stakeholder groups.

- **Commit to improving information sharing:** All participants agreed that organization websites should be kept up-to-date and should link to other service providers in the sector. This will aid in system navigation, and help to integrate service delivery.

Many participants also made specific commitments that their organization would be willing to undertake in order to mobilize the community action plan's priority areas. Details about these commitments has been attached to this report as Appendix 2.

The most powerful aspects of the day were the tangible readiness to act, the demonstrable appetite for collaboration and the generous way in which participants shared information and enthusiasm with one another. The community mental health action plan process began with a clear willingness on the part of the entire sector to work together to strengthen mental health services and support in the region.

Appendix 1: Priority Setting Towards 2020 Raw Responses

Below are the annotated responses from participants from the discussion on priority setting towards 2020. The responses have been grouped under each of the five priority areas and categorized into short, medium or long term actions.

Community Care & Supports

Short Term Actions

- Address transportation issues:
 - Include mental health workers with police and children's crisis teams
 - Provide assistance physically moving people within the system (i.e. to appointments)
- Increase training and support for front line providers, including:
 - Cultural awareness training
 - Mental Health first aid.
 - Training and education on post-traumatic stress
 - A more supportive atmosphere for staff to engage in professional development training.
 - Resources to fill-in when staff are outside the office.
 - Identify a lead to coordinate and develop a menu of staff training for community members and community agencies.
- Identification of natural system navigators network
 - Examine the possibility of having navigators at appointments – similar to the Cross Cancer Institute
 - Improve the connection of clients to appropriate experts
 - Develop an inventory of senior providers and what each is able to do
- Develop a common understanding and language regarding mental health and wellness across the system.
 - Implement common mental wellness questions in multiple locations. (i.e. Health unit, pediatrician, etc)
- Provide support and advocacy for caregivers and family members of clients who are in the mental health system
- Connect newcomers and Syrian refugees to primary care

Medium Term Actions

- Make sure front line service providers aware of the need to incorporate Mental Health enquiries into all client visits
- De-centralize some aspects of mental health system leadership
 - Provide frontline staff with opportunities to share their knowledge with key leaders.
- Increase partnership with primary care clinics and leverage opportunities for community based intake.
- Develop more health clinics like the East End Health Centre/Urgent Care Clinic to be spread throughout the city.
- Centralize intake for clients
- Increase resourcing for informal supports such as the little person place, or drop-in community hubs

Long Term Actions

- Resource a full-time police officer that would be dedicated to addressing mental health issues in schools.
- Ensure resources are available to provide consistent, full time, long term workers
- Utilize community resources in addition to resources from AHS
- Change attitudes towards mental health within the community. Shift to providing support (especially for seniors and youth) before problems become a “crisis”

Navigation

Short Term Actions

- Help clients navigate the system independently. Self-navigation will lead to better capacity for self-advocacy, and can help integrate patients into their own recovery processes.
- Create a single entry point into the system. This will allow people to only have to tell their “story” once.
- Train navigators who can help patients through the system
 - Ensure multiple methods of connecting with navigators. By telephone not only way people seek information
 - Deploy those with lived experience in the system as volunteers/navigation support

- Develop a “network of navigators” that can help connect agencies to one another. Expand awareness of the mandates of other agencies
- Improve information sharing across systems and agencies
- Expand the use of multi-disciplinary teams
- Newcomers going to religious organization, make resources know to those communicate
- Ensure 211 Alberta is properly resourced and encompasses all community resources.
- Increase number and type of multidisciplinary teams especially in prevention work
- Develop a shared vision for mental health care amongst organizations within the system.
 - This will require organizations to look beyond their mandates and think critically about the needs of the system and how their organization can best support it.
- Ensure that resources are available to seniors (especially seniors in homecare settings) to allow them to access mental health services.
- Getting the central intake up and running
- Ensure that new Canadians are able to access and navigate the system.
- Connect with religious leaders and organizations to distribute mental health information.
- Higher intervention/involvement of youth in need of help with their recovery/treatment process

Medium Term Actions

- Need to develop local autonomy that allows front line staff to make suggestions around system navigation

Long Term Actions

- Learn from the ARCH pilot at Royal Alexandra Hospital, which provides immediate assessment for all presenting issues – Ideally this would be implemented at every door to the system
- Find a better way to share health information between system partners. Better information sharing is needed to create seamless handoff barriers
 - This may include advocating to the Province for accommodations under FOIP

- Coordinate with other agencies so that services can be provided without clients having to switch providers

Service Integration

- The system needs to work together to develop common outcomes for service integration, including definitions and common language. Once this is done work can begin on determining how organizations can best meet the needs of the system.
- The system needs to incentivize collaboration
 - Discuss with funding partners the creation of special grants that could only be accessed through collaboration with other agencies.
- Multi-disciplinary teams
- Advocacy around funding stability for clients
- Provide/expand collaborative training opportunities. These allow for relationship building between agencies.
- Learn from and expand to good work happening – i.e relentless connector, social work and police team. Caring community collaboration - all in for youth work.
 - Build on models like community action team IPACT – multidisciplinary teams work well
- Formalize a partnership with AHS to bring clinical services into community agencies or community spaces
 - Agencies will need to focus on building relationships with one another.

Medium Term Action

- Have to address high-level policies. The system has to address agencies that don't work with addictions and mental health. Too often they are linked.
- Increase the collocation of services
 - Find more ways to work from a premise of “how can we” not can/can not
 - Joint case loads
- Create links with AHS to information in the “computer system”

Long Term Action

- Work with agencies to have time, space, and resources, to build understanding about a new way of working
 - Work out the layers for managing the new way of working – Funders, agencies, and backbone.

Evidence Use

Short Term Actions

- Base our work in proven practices
 - “Health for Two”
- Leverage social return on investment (SROI) data
 - Measures have to be meaningful and clients perspective
- More partnership with University
 - Create a culture of evaluation within the system – we need to know what works and what doesn’t.
 - Research should be embedded in work
 - Disseminate the best and shared practices

Medium Term Actions

- Researchers should work with the community to identify research needs, rather than researchers determining them in isolation.
 - Open line of communication between researchers and community (partnership/collaboration)
 - Understand what community members need.
- Collect SROI data on some projects of promise currently underway
- Take other models that work
- Evaluation should be built in to new programs from the start.
- Bring evidence based reports to the front line centralized cleaning house
- Policy is not practice

Long Term Actions

- Work towards developing a set of system-wide common outcomes

Information Dissemination

Short Term Actions

- Find successes to learn from who's doing things well and publicize them so that others can learn
- Implement multi-modal methods of communication/information sharing. There needs to be more than just information available by phone or internet.
- Work towards developing awareness among school aged children about mental health issues.
 - Include teachers coaches, caregiving, adults trained in recognizing mental health addictions problem even student peer "gatekeepers" in these mental health awareness efforts
- Sharing information with who needs to know what
 - Confidentiality of client vs. client's care
- Sharing information with families
- Central agency to collect and disseminate information
- 211 network of similar navigators
 - Build capacity relationships
- Develop a system-wide engagement strategy for use by all agencies
- Mandatory requirements to update at central information site about your organization and services

Appendix 2: Commitment and Next Steps Raw Responses

Below are the raw responses regarding organization's specific commitments and next steps to be taken on the priority actions.

- **MAPS**

- Can use methodology of current people's experiences
- Can connect some overlapping work to leverage wisdom & efforts on parallel path

- **ECDSS**

- Can provide collaborative training – (Venue & expertise)
- Cross sector/Cross agency opportunities
- Training navigators – principles of practice for relentless connectors

- **YMCA**

- Mental Health first aid trainer on staff – open spaces sometime available for others to attend training.
- Participate on committees and on community collaboration
- Join the process of learning – stay on the journey toward the next evolution. Stay in the conversation with one another.

- **Compass Centre**

- Continue to be at the table
- Bring a broader view to the conversation
- Leverage our relationships and prevention focus
- Contribute expertise to training opportunities

- **GRIT**

- Linking children's social emotional development to overall health
- Linking parents understanding to other child social emotional well-being
- Support conversations around service integration between CASA, Glenrose, etc. to better align with parents readiness for support – capacity building – bridge menu options for services to use relationships with families to overcome policy & system barriers.

- Bridge/Family/School
- CASA/Glenrose child care
- **City of Edmonton assessment & short term counselling**
 - Work on relationships to support to warm hand overs
 - Look at where City Service fits with 211 and system Craig spoke about (“Cautious Willingness”)
 - Keep track of numbers of referrals & those that aren’t followed through
 - Track those clients that are supported with joint case loads
 - Bring community organizations (churches, mosques, community leaders) together to share this information with foster collective wisdom
- **ECSD**
 - ECSD is committed to supporting MH
 - MH specific training for frontline workers & value of the work being done
- **CMHA**
 - Critically examined 211 networks. More space, more conversation cafes, less presentations.
 - Look at offering more Mental Health First Aid to other partners.
 - Continue to explore connections between community service providers and the health system.
 - Continue to engage peers, look for new ways to engage those with lived experience in service provision
 - 211 information & referral
 - Maintain partnerships & collaboration with other services to develop “warm transfer procedures”
 - Maintain updated data base to help system navigation
- **Homeward Trust**
 - Open to sharing their experience in centralized intake and building that system.
- **Child and Youth Advocate Office**
 - Keep working with your around self-advocacy
 - Ensure advocates are aware of resources

- **YMCA**
 - Inner city mental health committee participation, continue to share learning about resources with staff.

- **AHS**
 - Continue to advocate for patient rights, to encourage more information sharing within the health system
 - Spread the knowledge into AHS
 - Educating the general practitioners and client educators to medical staff
 - Ability for community services to go to the training in AHS PCN training

- **ACCFRCR**
 - Supporting any knowledge mobilization
 - Evaluation research related to this initiative
 - Participate in providing guidance
 - Working with government organization
 - Share knowledge locally and with provincial

- **ESCS**
 - Research about immigrant refugee seniors
 - Language barriers etc.
 - Help other senior organizations understand how to be culturally sensitive
 - Create network within community
 - Work with all to collaborate

- **Mental Health Foundation**
 - Regain funds
 - Evaluate funding proposals
 - Priorities collaboration

- **ECVO**
 - Can provide a formalized process of network navigator, then engagement
 - Role for ECVO to convene and connect a broader network of organizations (i.e. Sports, community, environmental)
 - Increase linkages with E.P.S. more holistic approaches
 - Synchronization of services to create synergies

- **YWCA**
 - Can offer space for co-located groups
 - Work with University of Alberta and EPS to help community resource officers develop plan, goals, etc
 - Commit to keep our websites up to date
 - We need more “paper” so clients can take things home. Commitment here (brochures, etc.)

- **CMHA**
 - Coordinate a peer navigator networker meeting
 - Meet with United Way, COE and other stakeholders to look at promoting 211; develop a communications plan
 - Review 211 networker meeting objectives and see if there is another way to organize to meet networking rules of community agencies
 - Add volunteers to wellness network to be volunteer peer navigators beyond AHS services

- **Strathcona County**
 - Intake work (networker & reviews)

- **Edmonton Public Schools**
 - How to file Mental Health file aid training
 - Training in Suicide Prevention
 - Mobile Mental Health team

- **Native Counseling Services**

- Resiliency model – Cree World View
- Historic Trauma
- Self determination
- Wants to continue to relationship build with all levels – clients, other agencies, government
- Disseminate the program further
- Elders assistance with information dissemination – story telling – Rosalie Native Counselling Association

End Poverty Edmonton

- Advocacy to right people
- Community convener
- Could be long term holder of Mental Health continuum

- **City of Edmonton**

- Wants Edmonton to champion that they are navigators
- Work with AHS to be navigators, warm hand offs back and forth
 - ✓ Linking protocol with Today Centre
- Expand use of elders to make programs/agencies
- Need common language, strength based focus - client centered
- Connect with Ernie about outcome focused collaborative service delivery project
- Connect with CFS Health Partnership Unit to enhance collaboration

Appendix 3: Presentation Summary Notes.

Several presentations were given to participants at the start of the workshop. The content of these presentations has been summarized below.

Presentation 1: Context and Background

- Jean Dalton from the United Way of the Capital Region and Dean McKeller from the City of Edmonton opened the day's session with a presentation.
- They provided participants with a brief overview of current initiatives underway to improve and streamline the Edmonton area's mental health system and some of their history.
 - In early 2014, both the City of Edmonton and the United Way of the Capital Region were focusing on poverty reduction. Both acknowledged that addressing mental illness was a key part of any poverty reduction initiative.
 - They brought together a small working group together to begin brainstorming what an ideal mental health system would look like, and what changes need to be made to the current system to achieve this ideal state.
 - They examined the continuum of services from stigma reduction to counseling to acute care to identify gaps in services.
 - This process culminated in the *Mental Health/Counseling Services in Edmonton: A Continuum of Support* white paper.
 - Paper identifies a vision that puts prevention first, is focused on patients and their families and is barrier-free
 - The paper identified 16 goals: 11 short-term and 9 long term
 - Several Provincial agencies, including the Child and Youth Advocate were having similar discussions to those occurring in Edmonton.
 - The ideas and goals produced from the conversations at the provincial level closely aligned with those in Edmonton.
 - Given this, provincial and local partners began to engage in a conversation on shared action.

- These conversations produced several documents, including:
 - *Taking the Next Steps*
 - Mental Health Gap Analysis
 - Mental Health Action Plan (January 2015)
- The 'Mental Health Stewardship Committee' oversaw much of the work that has been done to date on this issue. It is made up of people from several different organizations.
 - The committee drafted and submitted a response to the Alberta Mental Health Review. Their submission was based on the recommendations from the previous conversations.

Presentation 2: Mental Health Continuum Working Group Report Backs

- Jill Osler from the City of Edmonton provided participants with an update on behalf of the Mental Health Continuum Working Groups
- Three working groups were struck, with each tasked with prioritizing the different recommendations from the White Paper.
- Working Group 1 was tasked with Recommendation 1 – Building Healthy and Resilient Communities focused on prevention.
 - They identified three goals:
 - Goal 1: Strengthen social and emotional development of children in the early years to enhance child mental health from birth to six years old
 - The group conducted a scan of what programs are in existence and being used.
 - The working group hopes to connect with many of the organizations involved in early childhood mental health to develop a comprehensive scan of programs

- Goal 2: Expand Mental Health First Aid Training
 - Goal 3: Consistent mental health messaging added into existing junior and high school community based programs
- The mandate of group 2 was to foster development of healthy children youth and families with a full continuum of services for children youth and families. Their main takeaway was that the system needs to create a process for “warm handoffs” between agencies so that clients don’t have to repeatedly tell their stories.
 - Next steps are still being determined. At this stage, partner agencies need to become involved in order to make progress.
- Group 3 was tasked with examining how to enhance community based services, capacity and supports. They identified two main goals.
 - Goal 1: Develop training around common language definitions e.g. “mental health literacy strategy. The group created a tip sheet that began to outline common definitions of frequently used terms.
 - Goal 2: Look at existing databases to better meet referral needs and influence to improve access and information available. The group met with 211 and other partners and distributed the common language tip sheet.
- Next steps: Evaluate distribution and use of the common language tip sheet and begin production of a digital version. Distribute the sheet to new audiences and potentially add audience specific information (i.e. seniors, children, etc).

Presentation 3: Overview of Provincial Mental Health Review

- MLA Heather Sweet provided a short overview of the work of the Provincial Mental Health Review on behalf of the Government of Alberta.
- The Review was an opportunity for Albertans to provide input into the mental health system
- The Review received more than 100 written submissions, and more than 3000 online survey responses.
- The Committee developed 30 recommendations that were put forward to the Minister of Health in a written report. The report will be made public in the coming weeks.
- The Review Panel heard that lack of awareness are undermining the system
 - A strong desire for better system integration
 - A focus on early intervention and prevention
 - A need to focus on social housing
 - The need for more culturally appropriate services for aboriginal, metis and inuit Albertans
 - The strain on police and other emergency services
- MLA Sweet re-affirmed the Government's commitment to improving addictions and mental health care for Albertans
- Their goal is that every person with mental health issues feel supported during every stage of their interaction with the mental health system.
- She asked participants to read the review when it is released publically and to identify which recommendations their organizations would be able to partner with the province to help address.
- Lastly, she told participants that public submissions to the government's mental health amendment process will open on Monday if they are interested in providing comment.

Question and Answer

- One participant asked if the Review Committee asked if the review had identified key actions that need to be taken in order to address the report's recommendations.
 - MLA Sweet replied that yes, many of the conversations during the review process addressed the implementation of actions.
- Another participant asked about how/if the review addresses cultural supports for new Canadians in the area of mental health and addictions.
 - MLA Sweet replied that there are conversations occurring about how to ensure a collaborative approach to addressing the unique challenges to new Canadians, especially in light of the settlement of Syrian refugees.
- One participant asked if the Review Panel considered the link between sexual health and mental health, given the increasing rates of HIV and other sexually-transmitted infections. They said that addressing mental health when addressing sexual health is key.
 - MLA Sweet responded that while there is not explicit linkage between sexual health and mental health, the Government is having many other conversations about how to support high-risk youth.
- One participant asked about the perception that there is a "vacuum" of leadership around addictions and mental health in the healthcare system. They asked if the report considered or addressed the leadership model for mental health.
 - MLA Sweet answered that there have been conversations about the leadership of the system, especially given the large number of former frontline workers in the Government. However, she cautioned that these changes will involve significant cultural change and will take time to implement.

Presentation 4: End Poverty Edmonton Overview

- Kate Gunn from the City of Edmonton provided participants with a short overview and update on the City's *End Poverty Edmonton* strategy.
 - The goal of the strategy is to end poverty in Edmonton within a generation.
 - Over the past two years, the Mayor's Task Force has been working on identifying strategies and goals to address poverty in Edmonton. It began as a group of 22 people, and has expanded to more than 200 people today.
 - Integral to the work of the Task Force has been the development of a definition:
 - "Poverty is defined as when people lack, or are denied economic, social and cultural resources to have a quality of life that sustains and facilitates full and meaningful participation in the community"
 - The Task Force has made a business case to ending poverty – currently chronically homeless individuals cost the system more than \$100,000 a year. Providing housing to these individuals would cost approximately \$35,000 a year.
 - The strategy has 28 priorities. The 4 main areas these priorities fall into are:
 - Towards true reconciliation
 - Justice for all
 - Move people out of poverty
 - Investing in a poverty free future
 - The overarching theme of the strategy is to: "Change the conversation: Build a movement"
 - The strategy widely consulted. More than 1700 people were consulted through 30 in-person engagement sessions. 1200 people also completed an online survey.
 - The major gap these consultations identified was that addictions services must go hand in hand with mental health services.

- Priority 19 of the strategy focuses on improving timely access to mental health and wellness services and addictions support and articulates a number of actions that need to be taken to address this issue.
- Kate ended her presentation by informing participants with ways their organizations can connect with the Task Force, and help identify which areas of the strategy they may be able to partner with the City of Edmonton on addressing.

Presentation 5: Edmonton's Centralized Intake Model

- Craig Staniforth from Alberta Health Services provided an overview of the work on Edmonton's mental health system's centralized intake model.
- The model is meant to address problems that patients have accessing and navigating the current web of addictions and mental health services.
- He noted that even for professionals working within the system, it can be difficult to navigate.
- According to a study done by AHS, nearly 1/3 of respondents said that the mental health system did not meet their needs because they did not know where to go. This is in addition to the populations that feel they did not have their needs met by the mental health system.
- He said that in order to begin to address these issues, the system needs to adjust its thinking towards a more client-focused view.
- The work done to date has identified a number of barriers to clients accessing the right services, including:
 - Clients not knowing who to call
 - No evidence-based referral process between addictions and mental health services
 - Long wait lists

- As a result of these barriers, referrals are often made to multiple different services, creating inefficiency in the system, and an undue burden on patients.
- He spoke to the need for service providers to think differently about the provision of mental health services. He likened accessing mental health services to shopping – that some clients may simply want to browse what is being offered, rather than commit immediately to a rigid model of treatment.
- Centralized intake would create one place to be referred to the right service for a client, rather than the current model where clients may wait for a long time waiting for to access a service not appropriate for their need.
- The vision for a centralized model is:
 - A zone-wide addiction and mental health strategy of assisting clients, their families and referral agents find the appropriate service in an immediate, welcoming, concurrent capable, easily accessible and coordinated way.
- Ideally, the service would have one location/team (likely a call-centre). Clients, physicians seeking referrals and AHS staff are able to have an immediate response to their questions.
- The centralized intake service would also be able to refer clients to bridging and interim services when waiting lists for services exist.
- In order to ensure that all services are considered when “matching” clients, there would need to be oversight in the coordination of programs. The system needs to ask enough questions to make an informed referral in consultation with the client.
 - This will require that services have known inclusion/exclusion criteria, referral pathways, wait lists, etc.
- Ideally, once implemented, the system would never leave a client “on their own” to find the appropriate services.
- The service needs to be nimble – that wherever the client attempts to gain entry into the system the client (or care provider) will be able to consult with the intake team to help navigate to appropriate services.

Presentation 6: Edmonton and Area Mental Health Initiative

- Jean Dalton and Dean McKeller updated participants on the status of the United Way and City of Edmonton's Family and Community Safety Program grant application.
- The United Way was successful in receiving funding to develop a comprehensive community mental health action plan.
- The objectives of the action plan are:
 - Leverage opportunities to respond to gaps with existing resources
 - Foster innovative approaches to achieve joint goals
 - Identify a continuum of integrated supports that respond to the mental health needs of the community.
- This session will serve as the starting point for the development of the community action plan.
- Jean introduced David Rust who will oversee the development of the action plan, who spoke briefly about his new role and the action plan development process.
 - He asked participants to be frank, open and honest about their experiences, their successes and their challenges. This sharing of experience will help strengthen the work being done.
- Dean introduced Tammy Horne, who is the Principal of WellQuest Consulting and is working as a consultant on the plan. She spoke about her role in supporting the development of the action plan.
 - She has been working on a creating a developmental evaluation approach to support the project.
 - This approach is particularly well suited to evaluating the complexity of this project.
 - She also spoke about the importance of approaching this project through the lens of collective impact, and evaluating the impact of a large number of individuals and organizations.
 - This includes articulating a shared vision, shared language, and common indicators.

- She asked participants that during the day's conversations to consider how they will work together to reinforce the work of one-another in order to build a better mental health system.