
PATHWAYS TO BETTER CARE

STEERING COMMITTEE

TERMS OF REFERENCE

BACKGROUND

The Regional Capacity Building Program (the “Program”) is a regional initiative that emerged from the [Connecting the Circle of Care Mental Health and Addictions Action Plan 2013-16](#) and has evolved to support the work identified in the [Champlain LHIN Integrated Health Service Plan \(the “IHSP”\) 2016-2019](#)

The primary purpose of The Program is to prioritize and support the implementation of collaborative, cross-organizational and quality improvement initiatives identified by the Champlain LHIN IHSP. This program actively applies the lens of lived experience¹ to help build and sustain a quality improvement agenda around local priorities.

The Steering Committee was created in the spring of 2014 to provide the leadership and cross-representational perspectives to The Program. The Steering Committee will work in collaboration with the executive sponsors of the Program and provide support and expertise to project teams. This committee will report to the program sponsors, The Champlain LHIN and The Royal.

¹ Lived Experience is the term used by the program to include both clients and consumers. It includes people who experience, or are at risk of, mental health issues and/or problematic substance use and those in Recovery.

MISSION & PRINCIPLES

The Steering Committee will work with others to implement coordinated changes to the Champlain mental health and addictions system - leading to improvements for those with lived experience and their families. Our focus is on enabling and sustaining change through action, collaboration, knowledge, education, and expertise.

Principles:

1. The voice of those with lived experience¹ and their families² (as defined by them) must determine our focus and approach.
2. We will continually work with a client perspective that promotes a strength based Recovery Model.
3. We believe that having front line perspectives, those with lived experience, and family members at all tables will enable and support active collaboration.
4. We believe in supporting diversity and equity. Through this approach we will work to provide appropriate care and services that are responsive to clients and their families.
5. We believe that a strong mental health and addictions system requires collective action and coordination.
6. We will model and foster personal, professional and organizational cultures, attitudes and actions that support teamwork.
7. We are committed to innovating to improve our system in a measurable way.
8. We will work to build capacity through continuous quality improvement within our sectors and organizations
9. We will solicit input to identify system bottlenecks and create as well as support the implementation of solutions.

² Family is defined as the personal support system as defined by an individual with lived experience. It will vary from person to person.

PURPOSE, SCOPE & ACCOUNTABILITY

A number of key action areas identified in the 3 year plan depend upon partnership including: integrated systems of care; centralized access; and collaborative care planning. However, these action areas rely on a binding commitment to collaborative action. These collaborative activities are beyond the scope of a single agency and are well suited to a regional program of system capacity building.

Progress has been made in the capacity, accountability and improvement of individual services; however, the shared accountabilities for standards, protocols, transitions, knowledge exchange, evidence-based practice improvements, information sharing and education remain primarily un-systematized. Collaborative action is required to achieve gains in these shared accountabilities and leadership and partnership are required for collaborative action.

One thing high performing health systems have in common is their own system-wide capacity building mechanism to ensure that shared accountabilities, evidence based practice improvements and knowledge exchange are ingrained in the culture of the system³.

The Steering Committee will work to:

- Ensure that the Program's strategic goals and strategies are aligned to the Champlain LHIN's IHSP (2016-2019)
- Provide oversight of progress on the Program's strategic goals and any strategy modifications
- Provide advice and guidance on significant changes to the overall Program scope and that of individual projects
- Review executive level project status updates including project issues and risks
- Monitor achievement of major program milestones
- Provide advice on program resources to accomplish strategic goals
- Provide recommendations regarding issues and risks which are escalated to the Committee
- Identify and guide project approach through the development and approval of project charters
- Provide clinical and operational leadership and support for the projects
- Identify and recommend the necessary clinical and operational leadership and support for the project(s)

³ Connection the Circle of Care, Mental Health and Addictions Action Plan 2013-2016 p.37.

- Gives guidance around the risks and opportunities in regards to the implementation of LHIN defined deliverables
- Gives guidance to what stakeholders should be involved with the implementation of LHIN defined deliverables.
- Support the Program and it's projects by communicating the vision and working to reduce barriers and mitigating risk
- Facilitate collaboration amongst the Champlain LHIN's mental health and addictions providers
- Evaluate policy changes which may impact the Program
- Receive periodic briefings from the Program Director and the Project Manager regarding program and project progress, resource needs, issues, risks funding and expenditures.
- Recommend program closure and transition to ongoing maintenance and operations

The Steering Committee is a champion of quality improvement, efficiency and effectiveness, and collaborative decision making in support of the shared interests of seamless and appropriate service delivery and recovery.

The Steering Committee is accountable to the co-sponsors of the Program, The Champlain LHIN and The Royal. The Steering Committee will support the program for the next three years of its mandate as well as support its devolution/evolution/closure as of March 2019.

MEMBERSHIP

The membership of the Steering Committee will reflect the diversity among the Champlain LHIN's mental health and addiction providers and those with lived experience.

Members should have a familiarity with mental health and addiction services/experiences and a basic familiarity with organizational development and change.

Members will bring multiple perspectives to their role on the Steering Committee and project teams rather than representing a single organization (Aug 16). Membership on

the Steering Committee is broader than representing a single organization, agency or network.

Membership will include, but is not limited to representation from:

- Executive sponsors
- Francophone
- Community mental health
- Outside of Ottawa
- Aboriginal communities
- Front line staff
- Family members
- Program director
- Individuals with lived experience
- Addictions programs
- Clinicians in the hospital setting
- Addictions and Mental Health Network
- Clinicians in the community

Ex-officio⁴ members will include:

- Centre for Addictions and Mental Health
- Réseau Des Services De Santé En Français

The membership may expand over time to a maximum of 21 members. Persons will be invited to provide input and expertise as required.

Responsibilities of Members:

Members should:

- Be able to make a one year commitment to the Program and ideally be able to renew their commitment for a second year.
- Contribute to establishing and supporting the vision and goals of the Regional Capacity Building Program (Pathways)
- Reflect and support seamless service delivery that is prevention based and/or recovery focused.
- Bring forth their multiple perspectives and knowledge bases and not represent a single agency, organization or network.
- Prepare for and attend meetings or arrange a well informed and briefed designate

⁴ Ex-officio means that both these organizations have standing membership at the Steering Committee as they are system planning organizations. These members have the ability to vote on decisions (Aug 16).

- Contribute to discussion and participate on project teams as requested
- Support the orientation and learning of new members of the steering committee and/or project working groups

Chair & Leadership:

Co-chairs will be elected by the committee membership and a succession plan will be established to ensure the rotation of co-chairs. The co-chairs should reflect the diversity and multiple perspectives of the Steering Committee.

Chair tenure should be no more than 2 ½ years.

Co-Chair Responsibilities:

The Co-Chairs will have the support of the Program team staff for many of the tasks outlined below:

- Plan meetings and develop agenda
- Provide leadership to discussion and decision making
- Receive communication from members
- Report to the Program Sponsors
- Facilitate review of Terms of Reference as needed
- Provide orientation to new members of the steering committee.

Succession Planning:

An annual membership review will take place for all members in the spring. Members will be asked if they are interested in maintaining their membership for another year. Strategies to fulfill vacancies will be identified by an ad-hoc membership working group, who will bring their recommendations to the Steering Committee for approval.

Co-chairs will time their stepping down from the chair position and/or steering committee to ensure there is a minimum of six months between a co-chair turn-over.

Resources Available:

The Steering Committee and the Program are supported with 3.5 FTE positions, one program manager, one facilitator, one decision support/epidemiologist and 0.5 director. Minutes of the meeting will be recorded by resources associated to the program. Support to enable full participation by all members will be offered, these include, but are not limited to:

- Travel/time reimbursements as per guidelines
- Electronic meeting participation (Ontario Telehealth Network -- OTN) arrangements.
- Capacity building for members to increase knowledge and understanding of processes, protocols, health system etc. through regular outreach and communication with Program staff.

Meeting Frequency:

The Steering Committee has a mandate to support the Program for three years.

- Monthly meetings

Quorum:

Quorum is the minimum number of people needed to hold a meeting when decisions have to be made. Quorum is defined as 50% of the membership plus 1 member.

Decision making:

Decisions will be made by consensus whenever possible. When a consensus is not reached and the Chairs determine that a formal decision is required, a simple majority of members should constitute approval of a motion.