



GENERAL BOARD MEETING
WEDNESDAY, JUNE 30 2010
QUESTIONS & ANSWERS

Submitted by: Brenda Wilson, Director, Citizens' Counselling Centre

Q With the termination of Citizens' Counselling Centre's contract with VIHA last December, it was agreed that Citizens' would no longer receive referrals from VIHA. We continue to receive referrals, particularly from psychiatrists. Some are for patients being discharged from Eric Martin Pavilion and/or patients with a diagnosed mental illness. We must send these clients back to their psychiatrists with the hope they will be offered other options. We would like to know what services are being put in place for them within VIHA's mental health system of care so we can redirect them, knowing they will receive the support VIHA staff, and they themselves, believe they need.

A Staff in VIHA's Victoria Mental Health and Addiction Services (MHAS) Intake Program were advised in the fall of 2009 to discontinue directing referrals to Citizens' Counseling Centre (CCC) and the other community counseling programs whose service contracts were discontinued at that time, as part of VIHA's overall budget strategy announcement that took place in October 2009. We regret that some referrals apparently continue to be made, and we will remind Intake staff that CCC is no longer able to accept referrals from VIHA. Psychiatrists working with our various programs will also be reminded. Thank you for bringing this to our attention.

Over the past several months, the MHAS Intake program has been strengthened by a number of clinical counselors transferred from the Urgent Short-Term Assessment and Treatment (USTAT) program and by the reassignment of some psychiatrists to provide more rapid one-time consultation and very short-term intervention service to patients referred by their General Practitioners (GPs). We continue to work with many GPs as part of the collaborative mental health care program supported by the British Columbia Medical Association, in conjunction with the BounceBack program offered through the Canadian Mental Health Association in Victoria and several other Vancouver Island communities.

Submitted by: Lyne England, The Vancouver Island Association of Family Councils

Q Would you please verify that the same "New Model of Care" that was instituted in the VIHA Region is now going to be introduced in the Fraser Health Authority Region but with a lower target of care hours per resident. If this is so, what justification is being used for this to happen?

A We are aware that the Fraser Health Authority is introducing a new care delivery model in residential care, however that is not within the purview of VIHA, and therefore your questions should be directed to them.

Q Does this mean that the promised evaluation of the "New Model of Care" for the VIHA Region has been completed? If so, how can one obtain a copy of or view said evaluation? If not, when will the first promised evaluation of the VIHA's latest "New Model of Care" for the VIHA Region be completed and when will it be made public?

The Residential Services Care Delivery Model was a 3-year project with a timeframe of 2007-2010. This process continues to be refined and adjusted based on learnings, and as a result, a formal evaluation has not yet been completed. However, our premise of shifting to a different skill mix has been adopted provincially.

Additionally, VIHA, in conjunction with the other health authorities, is piloting a Care Delivery Model Redesign tool that has been implemented in the acute care sector of five of the six health authorities. In due course, this will also be implemented within the residential care sector, and will have an impact on the current residential services care delivery model. This continues to be a work in progress to provide the best care possible to our residents.

Q On page 6 of the March 31, 2010 Board of Directors General Board meeting minutes Mr. Waldner noted that, "VIHA meets regularly with Family Councils continually exploring ways to improve care". The Vancouver Island Association of Family Councils would like to learn a more detailed explanation of these meetings to the extent of which VIHA personnel attend?

A As you are aware, current practice is not consistent throughout British Columbia and within this health authority. However, beginning this fall, in accordance with the Ombudsman's report and new Ministry of Health requirements, standardized processes for the engagement of family members in residential care sites will begin to be put in place. This will typically be through a Resident Family Council, or an equivalent process that meets the needs of family members of the site.

Currently, the frequency of meetings varies from site to site, depending on the activity level of the family council; most sites have monthly meetings. A few sites have an elected Chair from the Family Council; at most other sites, the meeting is actually chaired by a VIHA staff member (usually the Social Worker). Other staff may attend as required, depending on the issues being discussed. These staff could include the Administrator, Social Worker, VIHA support services staff, etc. VIHA Executive Staff have also attended Family Council meetings upon request, to discuss specific issues and concerns.

Q How frequently and do they participate or simply observe?

A Please see answer above. Frequency of participation will vary from site to site, the availability of staff to attend and the wishes of the family council. The level of involvement (i.e. active participation or simply observation) will also vary depending on the issues being discussed and the wishes of the family council membership for that site. Family Council meetings are supported by VIHA and/or the affiliate site (e.g. meeting room provision, administrative support, staff attendance).

Q Do these regular meetings include both public and private pay facilities?

A As outlined above, current practices, the presence of, and activity level of family councils varies from site to site. This fall, a family council or equivalent process will apply to both VIHA owned and operated sites as well as to sites that are privately owned which receive public funding for their operations.

Q **Is attendance at the meetings optional for the VIHA representative and if not, how should the Family Council be notifying someone at VIHA and if so whom would that be?**

A As explained above, VIHA staff make every effort is to attend the meetings at VIHA owned sites, or to ensure a delegate representative attends if the usual representative is not available. In addition, family members concerned about an issue and/or the family council leadership typically have regular interactions with a site's leadership, such as the Administrator or Director of Care. We recommend notifications of meetings and meeting invitations be provided through those individuals. Senior VIHA leadership/executive staff may also attend meetings upon invitation to discuss a specific issue or concern.

Q **Are the same Family Councils monitored continually or does this happen on a rotation basis? If so, where would one find the visitation schedule?**

A As explained above, every effort is made to ensure a representative from the site attends the meetings, whether this is the Site Manger, Director of Care, Social Worker, Medical Coordinator or some other representative or their delegate. Family Councils are separate entities from the health authority or the residential care site. As such, the family council would not be 'monitored' in a formal sense. Certainly, if approved by the family council, site leadership would review meeting minutes, follow up on issues raised, etc. Meeting dates and the minutes of previous meetings would be posted at each site.