

The Mental Health
Care and Treatment
Review Board

ANNUAL PERFORMANCE REPORT
2008-2009

Chairperson's Message

I am pleased to provide the 2008-2009 Annual Report for the Mental Health Care and Treatment Review Board in accordance with the requirements of the *Transparency and Accountability Act* for a Category 3 Government Entity. In the development of this report careful consideration was given to the strategic directions of government, as communicated by the Minister responsible for this entity. (See Appendix A).

This Annual Report provides an overview of the activities of the Mental Health Care and Treatment Review Board accomplished during the fiscal period 2008-2009. This is the first fiscal year in which some of the more detailed statistics have been collected on the functioning of the Review Board. The ability to provide this information is a significant accomplishment. As with any new information, the analysis identifies ways in which improvements can be made and gives rise to more questions. The Review Board looks forward to dealing with the recommendations to issues that emerge or are more clearly defined as a result of the insight gained from such data collection by the end of this planning cycle, March 2011 or before.

The Board applauds the assistance of Barbara Jackman in coordinating the administrative work of the Board, under challenging circumstances.

The Review Board's desire and interest in improving the administration of the Mental Health Care and Treatment Act and the time devoted to the treatment hearing process is a significant contribution, which I wish to acknowledge at this time. The Board recognizes that the people who come before Panel Hearings deserve no less.

As Chairperson of the Mental Health Care and Treatment Review Board, my signature is indicative of the entire Review Board's accountability for the preparation of this report, any variances, and for the achievement of the specific objectives contained therein.



John L. Ennis
Chairperson

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1.0. Overview

Mandate

The Mental Health Care and Treatment Review Board is established pursuant to Section 56 of the *Mental Health Care and Treatment Act*. The duties and responsibilities of the Board include reporting annually to the Minister on its operations and on other matters as required by the Minister and performing the other functions that may be prescribed by the regulations.

The key function of the Mental Health Care and Treatment Review Board is outlined in Section 56. (1) of the *Mental Health Care and Treatment Act* and the purpose of the Board is to hear and decide applications under the *Mental Health Care and Treatment Act*.

The primary role of the Mental Health Care and Treatment Review Board is to review applications made by patients seeking a review of the issue of certification of involuntary admission under Section 64(1) (a) of the *Mental Health Care and Treatment Act*, to review applications made by patients seeking a review of the issuance of a Community Treatment Order under Section 64(1)(b) of the Act, and to review applications made by a patient alleging the denial of a right under Section 64(1)(c) of the Act.

Membership

The Mental Health Care and Treatment Review Board is appointed pursuant to Section 57. (1) of the *Mental Health Care and Treatment Act*. The terms of appointment are stated at Sections 58(1) and (2) of the *Mental Health Care and Treatment Act*. Current Board Members and their terms are referenced at Appendix B.

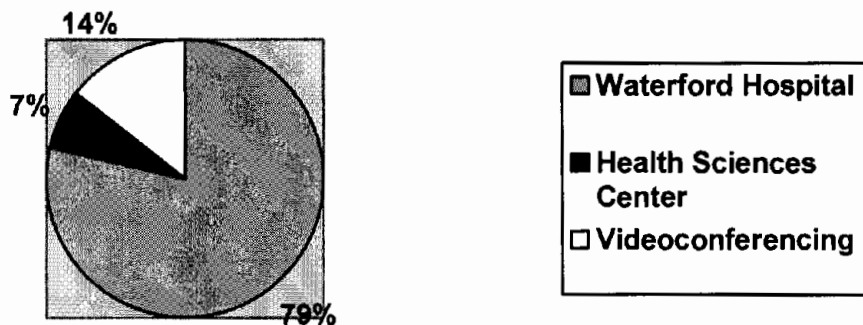
In 2008-2009, one Board Member resigned and a new Board Member was appointed.

Meetings

The Mental Health Care and Treatment Review Board is available to meet as required and has met at various locations in St. John's and by teleconference in 2008-2009. The Panels hear applications on an *ad hoc* basis and conduct other business at various locations. The following is an overview of the locations of the 44 hearings that took place in 2008-2009,

Table 1: Overview of the Locations of the 44 Hearings (2008-2009)

- 35: Waterford Hospital
- 3: Health Sciences Center
- 6: Videoconferencing
 - 3 at Western Memorial, Corner Brook
 - 2 at Central Newfoundland Regional Health Center, Grand Falls-Winsor
 - 1 at Community College, Clarenville



Finances

The Mental Health Care and Treatment Review Board is not required to have an audited statement. In the 2008-2009 year, total expenses were approximately \$48,475.01, broken down as follows:

Paid to Board Members:	\$38,344.74
Paid to Psychiatrists ¹	\$ 7,087.50
Videoconferences	\$ 2,703.90
Courier expenses	\$ 338.87

Administrative support and remuneration of board members' expenses are provided by the Department of Health and Community Services.

¹ Written reports and attendances at hearings

Values

The Review Board has adopted the Department's values and incorporated them into Review Board activities and decision making. They include:

Collaboration

Each person engages actively with partners.

Fairness

Each person uses a balance of evidence for equity in decision making.

Privacy

Each person manages and protects information related to persons/families/organizations/communities and the department appropriately.

Respect

Each person provides opportunities for others to express their opinions in an open and safe environment.

Transparency in decision making

Each person is forthcoming with all information related to decision making except where prohibited by legislation.

Excellence

Each person performs to the best of their ability, and within available resources.

Primary Clients

The primary clients of the Mental Health Care and Treatment Review Board are those who make applications to the Board pursuant to Section 64 of the *Mental Health Care and Treatment Act* and the following applications may be made:

64. (1) ...

- (a) an application by an involuntary patient to review the issuance of certificates of involuntary admission or a certificate of renewal;
- (b) an application by a person who is the subject of a community treatment order to review its issuance or renewal; and
- (c) an application by a persons detained in a facility alleging a denial of a right set out in section 11 or 12.

These applications are in addition to the automatic reviews of second renewals for involuntary patients in section 33 and issuing or renewing community treatment orders in subsection 53(3) of the *Mental Health Care and Treatment Act*.

Vision

The Mental Health Care and Treatment Review Board supports the vision of the Department of Health and Community Services. The Review Board supports the achievement of this vision by affording clients of mental health services the opportunity to have a certificate of involuntary admission or community treatment order reviewed, and to assess allegations of denial of rights. The Mental Health Care and Treatment Review Board thereby furthers optimal health and well being and the effective use of resources.

“The Vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well being”

Mission

The Mental Health Care and Treatment Review Board's mandate is not broad enough to develop a separate mission; therefore the Departmental Mission for the 2008-2011 planning period has been adopted.

By March 31, 2011 the Department of Health and Community Services will have guided the implementation of provincial policies and strategies that are developed to ensure equitable and quality services in population health, enhanced public health capacity, and accessibility to priority services and improved accountability and stability in the health and community services system.

The Review Board contributed to the Departmental mission by ensuring appropriate/ improved accessibility to priority services, which are inclusive of mental health services, and by improving accountability to clients of mental health services.

Note: For an updated and complete version of the Department of Health and Community Services' and the Mental Health Care and Treatment Review Board's 2008-2011 Plans, which contain the current mission, contact the Department of Health and Community Services Tel: 709-729-4984 or email: healthinfo@gov.nl.ca or visit <http://www.health.gov.nl.ca/health/>

2.0. Shared Commitments

While the Review Board operates as an entity independent of the Department of Health and Community Services and the Regional Health Authorities, the Board has a shared commitment with those organizations in an effort to provide the best care to those with mental health issues. The Review Board does require interaction at the point of Application with senior administrators and the acute psychiatric care teams in order to fulfill its mandate. Other entities/persons with which the Review Board has a shared commitment include:

Patient Advocates

There are no officially designated Patient Advocates and the *Act* does not reference such advocates. Currently the Patient Advocate role is an informal one played by a friend or relative on behalf of the applicant, or more broadly by non-government organizations such as the Canadian Mental Health Association or the consumer group, Consumers Health Awareness Network Newfoundland and Labrador (CHANNAL).

Rights Advisors

Persons appointed by the Minister pursuant to Section 13 of the *Act* to give advice and assistance to persons subjected to certificates of involuntary admission and community treatment orders. Rights Advisors also explain the certification process to the person; assist the person with applications to the Board, and to accompany the person to the hearing.

Newfoundland and Labrador Legal Aid Commission

Persons who are subject to certificates of involuntary treatment or community treatment orders are able to access legal advice and assistance. The role of counsel is an integral part of the hearing in that counsel assists the Panels with clear and relevant evidence from the Applicant and with effective cross examination of the Hospital Authority.

3.0. Report on Performance

Over the course of the 2008-2009 fiscal period, the Mental Health Care and Treatment Review Board met as needed. This means that panels of three members, inclusive of a lawyer, who is Chairperson, a physician and a lay person, reviewed applications on behalf of involuntary patients who are admitted or require renewal certificates, or persons who are the subject of community treatment orders, or who are alleging denial of rights resulting from involuntary psychiatric assessment. Decisions of the Review Board are communicated directly to Applicants and/or their representatives and to the admitting psychiatric facility.

The Mental Health Care and Treatment Review Board provides an involuntary patient with a mechanism to access a review of the issuance of a certificate of involuntary admission. It also provides a means by which a person who is subject to a community treatment order can review the issuance or renewal of such an order.

<p>The Board heard its first application for review of a Community Treatment Order in this fiscal year. This aspect of the Board's role will be enhanced as applications for review of Community Treatment Orders are heard.</p>
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The Review Board acts as a check and balance within the mental health system and spans the continuum of care from community / primary care to facility based / tertiary/ emergency care and contributes to a more informed citizenry and a more accountable mental health system. The Review Board supports the strategic direction of "Improved Accountability and Stability of Services " by monitoring decisions made within the mental health system and encouraging more appropriate use of available resources, as is evident in the following goal statement.

Goal: By March 31, 2011, the Mental Health Care and Treatment Review Board will have contributed to more appropriate access to mental health services and accountability by reviewing applications on behalf of persons in the above circumstances.

Measure: Contributed to more appropriate access and accountability in mental health services

Table 2: Goal Indicators – Planned and Actual Activity

Planned Activity	Actual Activity
Number of applications received from mental health services	A total of 101 applications were received in 2008-2009. This represents an increase over the 91 received in 2007-2008. (Refer to Table 4 on page 15 for more information.)
Number of panels convened	44 review panels were convened as per the meetings location information on page 7.
Number of hearings held	There were 42 hearings convened and this represents a 100% increase over 2007-2008. Two applications were summarily dismissed by the Chair and did not require a hearing. This represents no change to the number of applications summarily dismissed compared to the 2007-2008 year.
Number of certificates confirmed / cancelled	<p>There were 35 certificates confirmed and this is over a 100% increase from the 2007-2008 year, in which there were 16 certificates confirmed. There was also 1 community treatment order confirmed for the first time since this clause in the new legislation was introduced.</p> <p>There were 5 certificates not confirmed, which is the same as 2007-2008.</p> <p>Note: The term “cancelled” is not appropriate in this context. Certificates are either “confirmed (upheld)” or “not confirmed (terminated)”</p>
Yearly reports provided	The Review Board provided the 2007-2008 Annual Activity Report, which was the final report under the <i>2006-2008 Transitional Activity Plan</i> .

Discussion of Result:

The above represents an 11 % increase in the number of applications over the 2007-2008 fiscal year, the first year statistics were kept. This resulted in a 100% increase in the number of panel meetings for Review Board members. There were 2 summary dismissals, thus the 42 hearings.

There is an 86% confirmation rate of certificates presented at panel hearings. This includes the community treatment order, which was upheld, and marks the first application for review of a community treatment order in the 2008-2009 fiscal year.

The 2007-2008 Annual Activity report was the first report to include statistics on activity of the Review Board. As a result of this, more information on the functioning of the Review Board was collected to inform decision-making and meet the 2011 goal in a manner that effectively contributes to more appropriate access and accountability in this aspect of mental health services. Such data collection lead to an identification of areas of improvements that can be addressed in 2009-2010 and beyond to truly meet the needs of those who look to the Review Board as a source of independent review.

A further report of the extent to which this goal has been achieved will be provided in the 2009-2010 and the 2010-2011 Annual Performance Reports. The remainder of this report focuses on progress in achieving the 2008-2009 annual objective and provides the indicators for 2009-2010.

ANNUAL OBJECTIVE 2008-2009

The Mental Health Care and Treatment Review Board has developed the following annual objective to accomplish the above goal over a 3 year period. At this time, the defined mandate of this Review Board results in the annual objective remaining the same for each year of this Activity Plan. The following reports on the annual objective for 2008-2009; the indicators for the 2009-2010 year are found on page 19.

By March 31, 2009, the Mental Health Care and Treatment Review Board will have reviewed applications under the *Mental Health Care and Treatment Act* to ensure the conditions for issuing or renewing certificates are appropriate and communicate the decision directly to clients or their representative.

Measure: Reviews completed

Table 3: 2008-2009 Objective Indicators

Planned Activity	Actual Activity
Number of review panels convened	44 review panels were convened as per the Physical Location information on page 6 and in the Goal section of this report.
Number of hearings held	There were 42 hearings held and this represents a 100% increase over 2007-2008.
Number of certificates confirmed/ cancelled	<p>There were 35 certificates and 1 community treatment order upheld/ confirmed (83%). This represents an increase of over 100% and the first community treatment order confirmation in comparison to 2007-2008.</p> <p>There were 5 certificates (12%) not confirmed. This was the same as 2007-2008.</p> <p>Two applications (5%) were summarily dismissed by the Chair and did not require a hearing. This represents no change in applications being summarily dismissed from the 2007-2008 year.</p>

The information supporting these indicators is found in the Tables and Figures for 2008-2009 on the next pages. This is the first fiscal year in which some of the following statistics have been collected and the ability to provide information in this manner is a significant accomplishment for the Board. As with any new information, the analysis gives rise to more questions and arriving at resolutions to issues that emerge as a result of the insight gained from such data collection. Data collection is ongoing and further information and analysis is needed over a longer time period.

The information provided in the Tables gives some insight into the nature and volume of work by the Review Board and will provide continuity between that provided in previous plans and reports and those that are required in future.

DISCUSSION OF RESULTS

There was an increase of about 11% in Applications made to the Review Board in 2008-2009, and the number of hearings and decisions rendered doubled from 2007-2008 to the current fiscal year. The figures below indicate much greater accessibility of the Review Board process under the new Act. The increase in the number of hearings resulted in increased data being collected related to the administrative processes supporting the Review Board and the requirements of Review Board members. The information related to this follows.

TABLE 4

**THE MENTAL HEALTH CARE AND TREATMENT REVIEW BOARD
ACTIVITY 2007-2008 and 2008-2009 FISCAL YEARS**

Review Board Activity	Total for 2007- 2008	Total for 2008-2009
Status of Applications	Number of Applications	
Received	91	101
Summarily dismissed by Chair	2	2
Cancelled ¹	52	39
No hearing set ²	6	12
Rescheduled ³	10	5
Postponed ⁴	0	1
Hearings convened ⁵	21	42
Result of Hearings by Review Board Panels		
Certificates upheld/ confirmed	16	35
Certificates not upheld / not confirmed	5	5
Community Treatment Orders upheld/confirmed⁶	0	1
Panel lacking jurisdiction	N/A	1
Decisions communicated	21	42

¹ Applications cancelled include those that had been scheduled and did not proceed because the applicant or his/ her representative choosing not to proceed (i.e. withdrew) or the applicant was decertified and no longer required a hearing.

² No hearings were set means that the applicant was decertified and/or discharged prior to the scheduling of the hearing

³ Hearings were rescheduled due to factors such as non-availability of psychiatrist, adverse weather conditions

⁴ Hearing was postponed to obtain further evidence, but not rescheduled to another date

⁵ Hearings convened means that review board members met in person or used communications technology to hear and decide upon an application.

⁶ The first application for review of a Community Treatment Order was heard in 2008-2009

Cancellations of Hearings:

Cancellations of hearings were the result of decertification prior to the hearing dates and/or withdrawal of applications by the patient. The timeliness of notification of cancellation have been identified as an issue. Table 6 reveals the length of notice provided by Applicant/Hospital Authority out of 38 cancelled Applications (information on one hearing was not available):

Table 5: Length Of Notice Provided By Applicant/Hospital Authority			
Number of Applicants	Less Than 24 Hours Notice	1 Day Notice	2 or More Days Notice
38	9	7	22

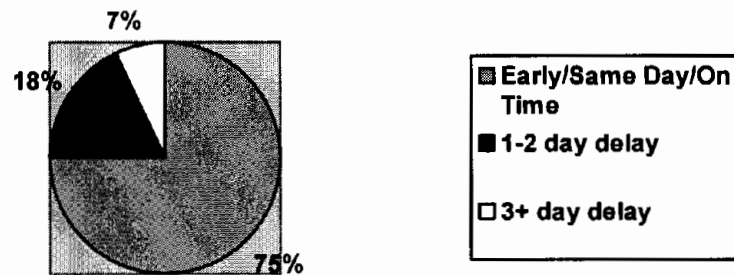
There were 6 hearings postponed/rescheduled; however there is no legislative or regulatory requirement or indication within which the rescheduled/postponed hearings must be heard. There is potential to address this through guidance, legislative amendment and/or regulatory requirement as to the nature of postponements/ rescheduling of Applications such that achieving the Board’s mandate and mission is ensured.

Timeliness of Appointment of Panels and Hearing Dates (Table 6 A and B)

The following represents data collection that has started to be consistently kept in the 2008-2009 fiscal year. The Act provides specific timelines to guide the review process and this has provided parameters for the information collected:

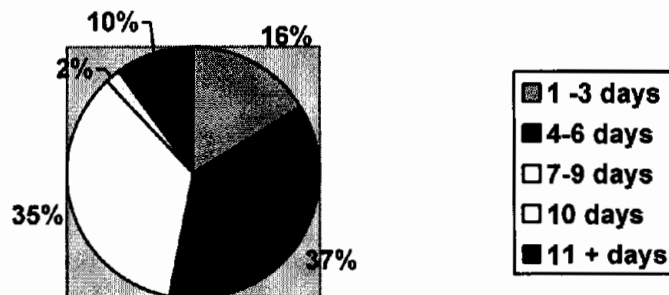
TABLE 6

A. Timeliness of Appointment of Panels, Hearing Dates and Notices per Section 66(2) of the Act (Percentage)



It is usual that panels are struck, hearing dates are set and notices are sent out to the participants at the same time. The above shows that the appointments of Panels, setting of hearings and notifications to parties were done on time, early or on the same day in 75% of the applications received. Delays of 1-2 days over the legislative requirement occurred in 18% of applications; delays 3 days and longer (the longest being 12 days) occurred in 7% of cases.

B. Timeliness of Hearings Being Heard Per Section 67 of the Act (Percentage)



Ninety Percent of the hearing dates were set within the legislative requirements. Of the 10% that fell outside the legislative requirements, the longest time was 15 days.

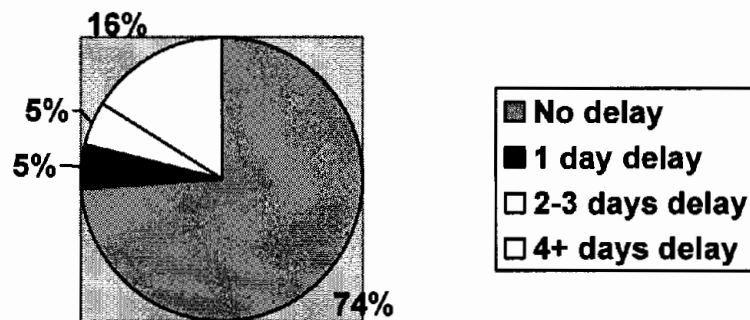
Presently, statistics are not being kept with respect to monitoring the timeliness of hearings being set or cancelled, however, this will be addressed in 2009-2010.

Timeliness of Decisions Rendered and Delivered (Table 7)

The legislative requirements for the timing of decisions to be rendered and delivered as set out at Appendix B.

TABLE 7

**Timeliness of Decisions Rendered and Delivered
Per Section 71(2) of the Act (Percentage)**



In the 42 hearing in 2008-2009, 73% of decisions were rendered and delivered to the Applicant and the Hospital Authority in accordance with the legislative requirements. Seven percent (7%) of decisions were rendered 4 or more days after the hearing date.

The remaining 20% of decisions were delivered with delays of 1-3 days, usually as a result of time taken to obtain signatures from Panel members, adverse weather issues, and emergent matters arising with Panel members. Further work will be done in 2009-2010 to address the timeliness of rendering board decisions that fall outside of the legislative timelines and arrive at meaningful solutions.

ANNUAL OBJECTIVE 2009-2010

By March 31, 2010, the Mental Health Care and Treatment Review Board will have reviewed applications under the *Mental Health Care and Treatment Act* to ensure the conditions for issuing or renewing certificates are appropriate and communicate the decision directly to clients or their representative.

Measure: Reviews completed

Indicators:

- Number of review panels convened
- Number of hearings held
- Number of applications received and reviewed
- Number of decisions communicated

The annual objectives, like the mandate and activity of the Review Board, remain consistent for the duration of the 2008-2011 Activity Plan. In 2009-2010, an indicator has been added to reflect the conclusion of the review process. Performance related data will continue to be collected for reporting progress on the 2011 goal for the duration of the 2008-2011 Activity Plan.

The indicators for 2010-2011 will be developed at the end of 2009-2010 when progress is determined and the remaining work for the final year can be identified.

4.0 Accomplishments and Highlights

The proclamation of the new Mental Health Care and Treatment Act, which replaced legislation over 30 years old, continues to be a significant development in improving access to a priority health service across the Province.

In the 2008-2009 fiscal year, the Board heard the first application to review a Community Treatment Order. There are presently very few applications based on allegations of denial of rights.

The Board has met on two occasions to discuss implementation issues, the annual report and to make recommendations to improve procedural matters, which are referred to in this Report.

5.0. Challenges and Opportunities

The Board confirmed that certification/community treatment orders were upheld in 86% of applications made to the Board. However given the increase in the number of hearings, the following administrative matters represent opportunities and challenges for the review Board in the 2009-2010:

Procedural Matters

Review Board Membership

The following represents the number of hearings and decisions confirmed for each Board member:

Table 8: The Number Of Hearings And Decisions Confirmed For Each Board Member (2008-2009)			
		Appointed to Panel - but hearing cancelled or rescheduled	Appointed to Panel – And hearings proceeded
Legal	A	7	16
	B	11	6
	C	8	9
	D	8	11
	E	11	2
<hr/>			
Physicians	A	24	32
	B	6	2
	C	12	10
	D	3	0
<hr/>			
Public	A	18	19
	B	22	25
	C	5	0
	D	0	0
<hr/>			

This Table reveals that the work amongst Board members is not being evenly distributed. While some of this can be accounted for by varying regional requirements, the ability to videoconference negates much of that rationale. A lack of Board member availability significantly hampers the Board in its ability to function and meet its mandate. The Review Board will seek to address this situation in 2009-2010. As the current number of Board Members (particularly the Public and Physician sectors in 2008-2009) does not allow for contingencies for illness, etc., the Review Board anticipates continuing to work with the DHCS regarding the appointment of review board members and seek the appointment of additional or alternate Board Members to form Panels. As well, Board members would be more prepared if a refresher seminar was provided at the commencement of each term.

Administrative Support

Presently, administrative support for the review Board is provided by a half time position in the Mental Health and Addictions Division at the DHCS. This is an effective and efficient arrangement, however, the Review Board is an independent entity and wishes to explore further partnership options and mechanisms to provide administrative support and deal with the added costs associated with a half-time position. Such administrative costs include dedicated telephone and fax lines to ensure confidentiality, computer and internet costs, office supplies, etc. As the Review Board matures under the new legislation, addressing these issues will increase its capacity to address the increased demand for hearings, enable it to more effectively fulfill its Mission, Vision and Mandate, and most importantly, ensure the independence of the Review Board.

Communication

Presently, telephone, fax and email are used to communicate with Board members. However, most, if not all, Board members are accessible using electronic mechanisms, such as computer with internet and email technology. Providing that the appropriate measures for security and privacy of information can be assured, there is opportunity to have electronic communication support the appointment of panels, notification of hearings and filing of decisions as a standard method of communication between Board members, and among the Board, the Hospital Authority, Newfoundland and Labrador Legal Aid Commission (and private legal counsel) and the Department. Clients send and receive applications, notifications and decisions via transmission through their legal counsel, rights advisor or directly from the Hospital Authority.

In the course of implementing the hearings as required by the Act, the Board has identified areas where further communication and collaboration among these organizations/persons could enhance the Mandate, Vision and Mission of the Board, and, more importantly, directly enhance the delivery of services to those with mental health issues.

Amended and Standardized Forms

Current Application Forms need to be updated to ensure that the Panels receive appropriate information and to ensure consistency and fairness among Applicants and the Hospital Authority. Forms are also required for postponements/rescheduling of hearings by the Board, Applicant and Hospital Authority, and cancellation of hearings by the Applicant and the Hospital Authority.

Review Board Hearing Experience

In addition to focusing on processes related to improved functioning of the Review Board, the Review Board is also focused on the experiences of applicants and their representatives and creating a barrier free environment to ensure effective outcomes. Some of the challenges identified in the past year include:

- a. Applicants rarely meet with legal counsel until just prior to the hearing. The perception is that the Applicant does not have adequate time to instruct counsel, even though the Panel often grants 10-15 minutes delay in the hearing for consultation to occur.
- b. Physicians do not provide reports and information to the Panel or the Applicant in advance. This often necessitates a delay and/or additional time in the hearings.
- c. Confusion regarding the setting of the hearings, decertification/discharge of Applicants without notice to the Panel, and difficulty in appointing a Panel lead to delays for the Applicant.

Community Resources

Access to community based mental health and addictions services is a focus area of the DHCS 2008-2011 strategic plan. In keeping with this the Review Board emphasizes that for some Applicants, the lack of community resources was a deterrent to proceeding with decertification. Increasing awareness of the need for a continuum of treatment services and continuing to prevent the unnecessary detention of the Applicant as well as ensure the safety of the Applicant and/or the community is an ongoing challenge for the Review Board. The following excerpt from a recent decision highlights the dilemma:

'This Panel does not accept that a "lack of resources" is a reasonable excuse for the continued certification of a person with mental health issues. This Panel expects that, in the implementation and application of the Mental Health Care and Treatment Act, those responsible for the implementation of programs to ensure that persons, who would otherwise have their freedom restricted by the certification process, will have access to appropriate community treatment and follow up rather than be subject to continued involuntary care.' (February 6, 2009)

As a follow up to such issues and as we strive to improve the health system within existing resources, the Review Board recognizes an opportunity to conduct an interim review of the newly pronounced Act and the implementation of same. In 2009-2020, there is an opportunity to further explore the most effective means to achieve this with through mental health care providers, who appear before the Panels, with Legal Aid and Consumers Health Awareness Network Newfoundland and Labrador (CHANNAL), clients and other stakeholders.

Appendix A: Strategic Direction

(Source 2008-2011 Activity Plan)

Strategic Direction Title: Access to priority services

Outcome: Appropriate access to priority mental health services that are provided across the continuum of care in a range of settings from community / primary care to facility based/ tertiary/ emergency care.

Clarifying Statement: In a province with a vast geography and a declining and aging population with diverse health needs, the ability to provide accessible and appropriate health and community services is very challenging. While most programs are designed for the general population, flexibility and adaptation are needed to ensure access for vulnerable citizens and population with special needs.

Government's Strategic Direction	Focus Areas of the Strategic Direction 2008-2011	This Direction is/was			
		Addressed in the:			
		plans of other entities reporting to the department	addressed in the entity's activity plan	addressed in the entity's operational plan	addressed in the work plan of a branch/ division of the entity
Improved accessibility to priority services	Access to community-based mental health and addictions services		X		
	Access to appropriate primary health services		X		
	Home care and support services in the areas of end of life care, acute short term community mental health, case management, short term post discharge IV medications and wound management		X		
	Options to support choices of individuals in need of long term care and community supports		X		

Strategic Direction Title: Accountability and stability of health and community services

Outcome: Clients and providers are more informed on the conditions for issuing or renewing certificates and the decisions resulting from the review of applications are communicating directly to clients or their representative.

Clarifying Statement: The health and community services system consumes approximately 44 percent of all government expenditures. As a result, ability to sustain the provision of quality health and community services requires appropriate use of existing resources and the monitoring of decisions made within the health system as done by the Mental Health Review Board. This Board directly communicates decisions from their review to clients and their representatives, thereby enhancing the accountability within mental health services and overall within the health system.

Government's Strategic Direction	Focus Areas of the Strategic Direction 2008-2011	This Direction is/was			
		Addressed in the:			
		plans of other entities reporting to the department	addressed in the entities activity plan	addressed in the entity's operational plan	addressed in the work plan of a branch/ division within the entity
Improved accountability and stability in the delivery of the health and community services within available resources	Identify and monitor outcomes for selected programs		X		

Note: For a complete version of the Department's strategic directions, contact the Department of Health and Community Services Tel: 709-729-4984 or email: healthinfo@gov.nl.ca or visit <http://www.health.gov.nl.ca/health/> .

Appendix B: Board Members 2008-2009 Fiscal Year

NAME	APPOINTMENT	TERM EXPIRY DATE RESIGNATION DATE
Ms. Mary Pia Benuen	Public	October 1 2011
Dr. Alec W. Brace	Physician	October 1 2010
Ms. Moyra Buchan	Public	October 1 2010
Ms.Sandra M. Burke	Legal	October 1 2010
Dr. Delores S. Doherty	Physician	October 1 2011
Mr. John Ennis ¹	Legal	October 1 2011
Ms. Janine Evans	Legal	Appointed : June 4 2008 October 1 2010
Mr. Samuel M. Kean	Public	October 1 2010
Ms. Brenda Kelly	Public	October 1 2010
Dr. Alan J. McComiskey	Physician	October 1 2011
Mr. John McGrath, QC	Legal	October 1 2011
Ms. Kim McLennan	Legal	October 1 2010 Resigned June 4 2008
Dr. Teodoro Rosales	Physician	October 1 2010
Ms. Judy A. White	Legal	October 1 2011

¹ Chairperson of Mental Health Treatment and Review Board

Appendix C: Referenced Legislative Sections

(All references are to the *Mental Health Care and Treatment Act* unless otherwise noted)

1.0 Overview

Membership – Appointment of Board Members

57. (1) The board shall comprise a minimum of 13 members appointed by the Lieutenant-Governor in Council and consist of
- (a) a chairperson, who is a member in good standing of the Law Society of Newfoundland and Labrador;
 - (b) 4 persons, each of whom is a member in good standing of the Law Society of Newfoundland and Labrador and who expresses an interest in mental health issues;
 - (c) 4 persons, each of whom is a physician; and
 - (d) 4 persons, each of whom is neither a member of the Law Society of Newfoundland and Labrador nor a physician and each of whom expresses an interest in mental health issues, with preference being given to a person who is or has been a consumer of mental health services.
58. (1) A member of the board shall be appointed for a term of 3 years.
- (2) Notwithstanding subsection (1), members of the first board appointed under this Act shall be appointed to the following terms:
- (a) the chairperson and 2 persons referred to in each of paragraphs 57(1)(b), (c) and (d) shall be appointed for a term of 4 years; and
 - (b) 2 persons referred to in each of paragraphs 57(1) (b), (c) and (d) shall be appointed for a term of 3 years.

3.0 Report on Performance

Discussion of Results – Timeliness for Setting of Hearings

- 66. (2) within 2 clear days of receipt of an application the chairperson of the board shall appoint a panel and designate a chairperson of the panel and refer the application to the chairperson of the panel.
- 67 (1) A panel shall hear and determine an application as soon as is reasonably possible and in any event no more than 10 clear days after receipt of the referral under subsection 66(2).
- (2) Within 2 clear days of receipt of the referral of the application under subsection 66(2), the chair of the panel shall give notice of the date, time, place and purpose of the hearing to the parties to the application.

Discussion of Results – Timeliness of Decisions Rendered

- 71 (2) Within 3 clear days following the conclusion of its review, the chairperson of the panel shall deliver
 - (a) to each party, its decision, in writing, signed by the members of the panel, together with reasons in support of the decision, and where the decision of the panel is not unanimous, any dissenting opinion; and
 - (b) To the chairperson of the board, a copy of its decision, together with reasons, and any dissenting opinions, and a record of all evidence presented to the panel.

“Clear days” are defined at Rule 3.01 of the Rules of the Supreme Court, 1986, as amended:

- (a) Where the time limited for the doing of a thing expires or falls upon a Saturday, Sunday or holiday, the thing may be done on the day next following that is not a Saturday, Sunday or holiday.
- (b) Where there is a reference to a number of clear days or "at least" a number of days between two events, in calculating the number of days there shall be excluded the days on which the events happen.
. . . .
- (h) Where any limited time less than six days from or after any day or event is appointed or allowed for doing any act or taking any proceeding, Saturdays, Sundays and holidays shall not be reckoned in the computation of the limited time.